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## Understanding Motivations among Sustained Cooperative Extension Partners for Obesity Prevention in Rural Louisiana

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# **UNDERSTANDING MOTIVATIONS AMONG SUSTAINED COOPERATIVE EXTENSION PARTNERS FOR OBESITY PREVENTION IN RURAL LOUISIANA**

A Thesis

Submitted to the Graduate Faculty of the  
Louisiana State University and  
Agricultural and Mechanical College  
in partial fulfillment of the  
requirements for the degree of  
Master of Science

in

The School of Nutrition and Food Sciences

by  
Catherine Ruth Losavio  
B.A., Louisiana State University, 2017  
December 2022

Dedicated to the Extension agents and coalition members who  
are determined to leave Louisiana better than they found it.

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## Abstract

Louisiana consistently has one of the highest rates of obesity in the nation with higher concentrations of obesity in many rural parishes (i.e., counties). Due to over a century of visibility and engagement in rural communities, Cooperative Extension (Extension) is uniquely poised to reach remote rural communities disproportionately impacted by obesity. As Extension increases its use of community coalitions and implements its new National Framework for Health Equity and Well-Being, understanding motivations and communication preferences among long-term rural coalition partners for obesity prevention and health promotion has become essential for duplicating successful local-level policy, system, and environmental (PSE) changes. This study explores motivations among LSU AgCenter Healthy Communities coalition members in three rural Louisiana parishes covered by the CDC High Obesity Program (HOP) – Madison, St. Helena, and Assumption. Semi-structured focus group discussions (FGD) with current coalition members (n=9) addressed motivations for joining and sustaining participation in coalitions, preferred means of communication, and current communication practices both internally and externally. FGDs were transcribed manually and coded using Dedoose qualitative analysis software to identify significant themes. Participants reported that recruiting key community members, keeping coalition members informed, celebrating progress and successes publicly, and maintaining a collaborative environment were major motivators for their sustained participation in LSU AgCenter-led coalitions. Participants also reported significant difficulty sustaining engagement from other residents, mainly due to apathy among community members. Further research should examine: (1) whether these themes

apply to coalitions facilitated by Extension programs across the state and (2) possible barriers and disincentives among rural residents who do not actively participate in coalitions.

## Chapter 1. Introduction

According to the Behavioral Risk Factor Surveillance System (BRFSS), the prevalence of obesity remains significantly higher among adults living in rural areas than those living in urban areas.<sup>1</sup> In keeping with these data, Louisiana has an obesity prevalence of 36%, with higher concentrations of obesity in most rural parishes (i.e., counties).<sup>2</sup> While many possible factors contribute to high obesity rates across the United States, addressing the social determinants of health (SDH) that contribute to obesity is widely recognized as a critical piece of the puzzle.<sup>3-5</sup> However, community-level involvement has proven critical for the implementation of evidence-based health promotion strategies aimed at addressing SDH in rural areas.<sup>6-11</sup>

Due to over a century of visibility and engagement in remote rural communities across the United States, Cooperative Extension (Extension) enjoys the reputation of being a reliable community resource that provides practical, evidence-based information through direct education and community outreach.<sup>12</sup> As a result of Extension's trusted status, it is uniquely poised to reach remote rural communities disproportionately impacted by obesity.<sup>13</sup> As Extension and community coalitions become increasingly utilized tools for improving public health,<sup>12-16</sup> understanding motivations and communication preferences among long-term partners participating in local coalitions has become essential for duplicating successful local-level policy, systems, and environmental (PSE) change strategies, which have been shown to positively impact obesity prevention efforts and increase access to physical activity, healthy food, and healthcare.<sup>17,18</sup>

This study employed semi-structured focus group discussions (FGD) to



investigate motivations for engaging and sustaining participation among community coalition members in three out of six Louisiana parishes covered by the CDC High Obesity Program (HOP): Madison, St. Helena, and Assumption. All HOP programs are administered through land grant university Extension services. In Louisiana, HOP is administered through the Louisiana State University Agricultural Center (LSU AgCenter) Extension service. While research does exist regarding barriers and facilitators to community-participatory approaches to PSE work among Extension personnel,<sup>10,16,19</sup> existing research lacks examinations of motivations among organizations and individuals that partner with Extension to prevent obesity and promote public health through PSE projects and community coalition work in rural settings. Additionally, existing assessments of coalitions largely focus on describing common features of effective coalitions rather than exploring perceptions among coalition members, which limits our understanding of individual, interpersonal, and organizational processes within the Social-Ecological Model that contribute to coalition building.

Given the demonstrated need for further research on the subject and the fact that formal community-based participatory approaches to public health remain relatively novel across rural Extension programs despite their inclusion in Extension's new National Framework for Health Equity and Well-Being,<sup>20</sup> the study at hand stands to contribute to the limited existing body of knowledge about how Extension programs can better facilitate and replicate successful coalitions for health promotion in rural areas. Examining the experiences and perceptions of sustained coalition members in rural environments may help address some of the unique sustainability challenges faced by many rural coalitions.<sup>21</sup>

Using qualitative methods, this study explored participants' experiences and opinions to uncover recurring themes across coalitions in different parishes with a shared imperative. Results were shared back with Extension agents and coalition members in the study's target parishes. Results will also be used to create coalition recruitment recommendations and provide guidance to Extension staff seeking sustainable partnerships within the communities they serve.

## Chapter 2. Literature Review

### Rural Obesity

Obesity is a public health epidemic associated with increased risk for developing chronic diseases and medical costs estimated in the billions.<sup>1,22</sup> Some barriers to healthful eating and physical activity that contribute to the obesity epidemic overlap across both rural and urban environments. For example, recent research suggests significant room for improvement among Supplemental Nutrition Assistance Program (SNAP)-authorized retailers in both rural and urban settings in terms of availability of nutrient-dense options and marketing of obesogenic foods.<sup>23-25</sup> Additionally, a lack of safe infrastructure for both pedestrians and bicyclists is often a barrier for active transportation in both urban and rural communities.<sup>26,27</sup> However, despite these overlapping factors, higher concentrations of obesity often exist in rural areas in the United States.<sup>2</sup>

While many possible factors contribute to a high prevalence of obesity across the country, residents of rural communities in the United States contend with a unique set of barriers to healthful living that are absent or less impactful for those living in urban areas.<sup>28,29</sup> Access to healthful foods like fresh fruits and vegetables<sup>10,30,31</sup> and opportunities for safe physical activity like active transportation<sup>26,27</sup> are limited by a variety of policy, systemic, and environmental barriers. For example, high prices, poor quality, and lack of capacity stock healthful options among rural food retailers in Louisiana.<sup>10,31</sup> Additionally, barriers to active transportation may limit secondary benefits such as community participation, which is a valuable form of social capital in terms of policy and planning.<sup>27</sup> Formative assessments of destinations and environmental

support needs for active transportation likely differ between urban and rural environments,<sup>32</sup> but the majority of existing research focuses on urban environments. Current research suggests that local-level involvement is critical for effectively and sustainably addressing health barriers, especially in rural communities.<sup>6,7,11,15,33,34</sup>

Louisiana is not exempt from these national trends. Louisiana consistently has one of the highest rates of obesity in the nation, and higher concentrations of obesity exist in many rural parishes (i.e., counties).<sup>1,2</sup> Existing research provides a look into the extensive environmental and systemic barriers to healthful food access for residents. In some rural Louisiana communities, residents perceive lack of food retail competition as a contributing factor to poor food quality and price gouging in local stores. Lack of transportation and adequate funds or government assistance to “make ends meet” were also reported to contribute to poor access to quality food.<sup>31</sup> Additionally, the nutrition environment in 48 food stores and 39 restaurants across three rural, low-income Louisiana parishes were assessed using a shortened version of the Nutrition Environment Measurement Survey (NEMS). With the exception of a grocery store and fast food restaurants in one parish, NEMS results across communities indicated poor food environments due to lack of healthful options in stores or on menus.<sup>8</sup> Store owners in three rural parishes cited lack of space, existing contracts with food suppliers, and lack of food sourcing options were reported as barriers to stocking healthful food options.<sup>10</sup>

While a national study reported upward trends in the prevalence of adults in both rural and urban environments meeting physical activity guidelines for Americans, those living in the rural South were an exception to increased rates of physical activity.<sup>26</sup>

Some researchers suggest that the climate in the South contributes to this stagnation in meeting physical activity targets.<sup>35,36</sup> However, social and systemic issues likely also play a role. In one rural Louisiana parish, a park revitalization project aimed at increasing use of a public park effectively reduced the perception of crime at the park. However, both adults and youth still reported feeling unsafe using the park for exercise due to ongoing concerns about crime, gangs, and gun violence.<sup>37</sup> In other studies, rural residents in the South, especially older women, reported safety concerns related to walking or running in neighborhoods due to loose dogs and crime.<sup>38,39</sup> These reported barriers to physical activity access are considered a few of many social determinants of health.

### **Social Determinants of Health**

According to the World Health Organization (WHO), social determinants of health (SDH) are the “non-medical factors that influence health outcomes.”<sup>3</sup> In other words, SDH are the cultural, environmental, social, societal, economic, institutional, and systemic conditions that influence health (Figure 1). SDH offer a starting point when examining and addressing root causes of health disparities between groups. For example, many of the SDH in Figure 1 contribute to the disparities in rural versus urban adult obesity rates outlined in the previous section.<sup>4,5,26</sup>



Figure 1. Social determinants of health. Source: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion.

While biology and genetics dictate predispositions for certain health outcomes, SDH often impact epigenetics, or gene expression.<sup>40</sup> For example, environmental and behavioral factors such as air pollution and smoking are associated with increased risk for developing cardiovascular disease (CVD) and certain cancers, which are often comorbidities with obesity and disproportionately affect Black Americans.<sup>41</sup> In other words, in many cases biological determinants of health are the translation of social and environmental inputs when it comes to health outcomes. In short, current research suggests that studying both biological

and SDH can provide essential insights for more effectively approaching health promotion and disease prevention.<sup>3-5,40,41</sup>

## **Obesity Prevention**

Because many factors contribute to the obesity epidemic, strategies for preventing and reducing obesity come in many forms. While some broad approaches to prevention may be applied across a variety of settings, other approaches have been proven more effective when tailored to certain communities and demographics. Recent research supports the notion that culturally appropriate nutrition education programs could more effectively serve audiences targeted by federal programs.<sup>42-44</sup> While some research asserts that direct education related to nutrition and physical activity remains an important piece of the puzzle, combining this strategy with policy, systems, and environment (PSE) changes has proven more effective than direct education on its own.<sup>45,46</sup> However, other research suggests prioritizing PSE changes over direct education in light of evidence that PSEs are more effective at improving diet quality.<sup>47</sup>

### **Policy, Systems, and Environmental Changes**

Policy, systems, and environmental (PSE) changes are informal and formal modifications to policies, systems, and environments aimed at improving community and public health. In recent years, a wide range of public health professionals have begun implementing PSE strategies as a tool for preventing and reducing obesity rates.<sup>11,17,18,48</sup> Whereas previous approaches to reducing obesity focused mainly on directly educating individuals about nutrition and physical activity with the goal of spurring behavioral changes,<sup>46</sup> PSE strategies seek to address some of the underlying factors that contribute to obesity which

remain outside individuals' control such as poor food and physical activity environments. Research has shown that PSE strategies can effectively work to mitigate the impacts of obesity by removing common barriers and providing necessary access for making healthful choices.<sup>9,11,45</sup>

Most obesity-prevention PSE strategies focus on nutrition and physical activity environments. For example, county coalitions facilitated by Extension in rural Kentucky achieved modest success at increasing fruit and vegetable consumption through social marketing and small-scale interventions like taste tests. However, addressing physical food retail environments (e.g., choice architecture via recipe samples and healthy check-out aisles) significantly increased fruit and vegetable consumption among residents.<sup>7</sup> Existing research provides evidence and guidance for effectively approaching community-level PSE strategies.<sup>6,8,9,11</sup> However, other research indicates that the impact of coalition strategies may be both negatively and positively influenced by local community leadership, risk aversion or inclination, and a community's capacity for self-reflection.<sup>21</sup>

### **Cooperative Extension as a Public Health Tool**

Cooperative Extension (Extension) is a system for extending research, resources, and information to communities from land grant universities via informal education programs.<sup>12</sup> Due to over a century of visibility and engagement in rural communities, Extension is uniquely positioned to reach remote rural communities disproportionately impacted by obesity.<sup>12,13,16,49,50</sup> In 2014, the Extension Committee on Organization and Policy (ECOP), which falls under the umbrella of the national



Cooperative Extension System, officially recognized the importance of addressing social determinants of health within Extension programs.<sup>51</sup> The ECOP developed a National Framework for Health and Wellness, which was eventually evolved into the National Framework for Health Equity and Well-Being in 2021 (Figure 2). This new framework shifts the role of Extension in communities from expert to partner, which not only allows but encourages a community-participatory approach to addressing public health needs within communities served. The framework also requires family and consumer science Extension programs to couple direct nutrition education with PSE interventions to extend impacts beyond individual choice.<sup>20</sup> Many experts argue that combining direct education with PSE changes provides a more sustainable, effective, equitable, and economical solution to preventing obesity and other related chronic diseases than either strategy accomplishes alone.<sup>45,48</sup>

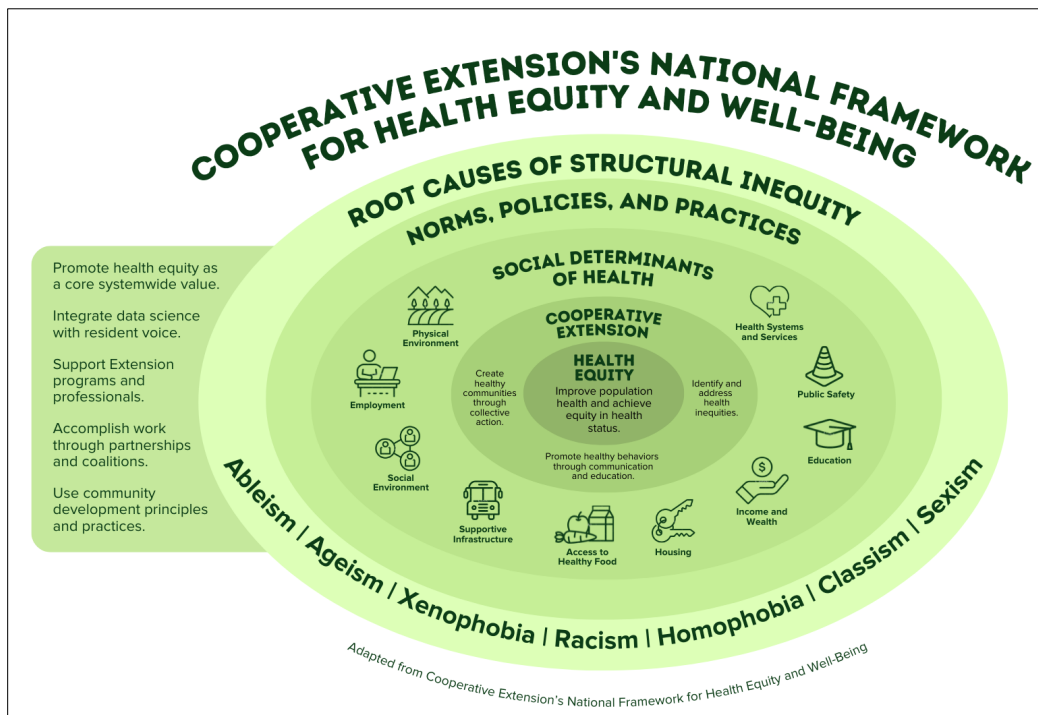


Figure 2. Adapted from the Cooperative Extension's National Framework for Health Equity and Well-Being.<sup>20</sup> Source: ECOP.

Some researchers suggest that Extension provides an ideal framework for facilitating partnerships between private organizations, public entities, and local communities. Additionally, Extension also excels at identifying community needs, taking action on the needs assessed, delivering evidence-based health education, and evaluating the effectiveness of programs and PSEs.<sup>13,50</sup>

### **The High Obesity Program**

In 2010, the Centers for Disease Control and Prevention (CDC) funded obesity and tobacco-related PSE interventions in 50 communities and found that within one year, communities had successfully advanced more than one-third of their target strategies.<sup>48</sup> In the same year that the ECOP released their National Framework for Health and Wellness, the Centers for Disease Control and Prevention (CDC) launched the High Obesity Program (HOP), which targets communities in the United States with a prevalence of adult obesity greater than 40%. HOP supports community-based, PSE-focused programs administered through land-grant universities (LGUs) and Cooperative Extension Services (Extension). LGUs and Extension programs that receive HOP funding use CBPR to evaluate needs and develop and implement suitable PSE changes within target communities.<sup>49</sup>

### **Louisiana State University Agricultural Center**

In 2014, the Louisiana State University Agricultural Center (LSU AgCenter) was awarded a 4-year, \$1 million grant through HOP. Efforts focused on promoting healthful food choices at local food retailers and hospitals and enhancing safe spaces for physical activity in four Louisiana parishes with an

adult obesity prevalence above 40%. Target parishes included Madison, Tensas, St. Helena, and West Feliciana.<sup>52</sup> In 2018, the LSU AgCenter entered into a 5-year cooperative agreement with the CDC to continue implementation of HOP in Madison, Tensas, and St. Helena with the addition of three new parishes: Assumption, Morehouse, and East Carroll. West Feliciana did not continue to receive funding due to the obesity prevalence falling below 40%.

When approaching target parishes, the LSU AgCenter used the Social-Ecological Model to examine the complex social and systemic structures in each community (Figure 4). Through this examination, Extension staff identified partnership opportunities with elected officials, parish residents, faith-based organizations and other key community stakeholders in order to establish community-based coalitions. Community coalitions and Extension staff in target parishes collaborated to identify community-level needs and health barriers and develop feasible, sustainable solutions. From 2014 to the present, LSU AgCenter researchers and Extension staff have assessed several facets of the physical activity and food environments in collaboration with community members in target parishes. While LSU AgCenter researchers have explored facilitators and barriers for implementing and sustaining community coalitions among Extension agents in Louisiana,<sup>19,53,54</sup> no research has yet explored motivations among non-Extension members of the same coalitions.

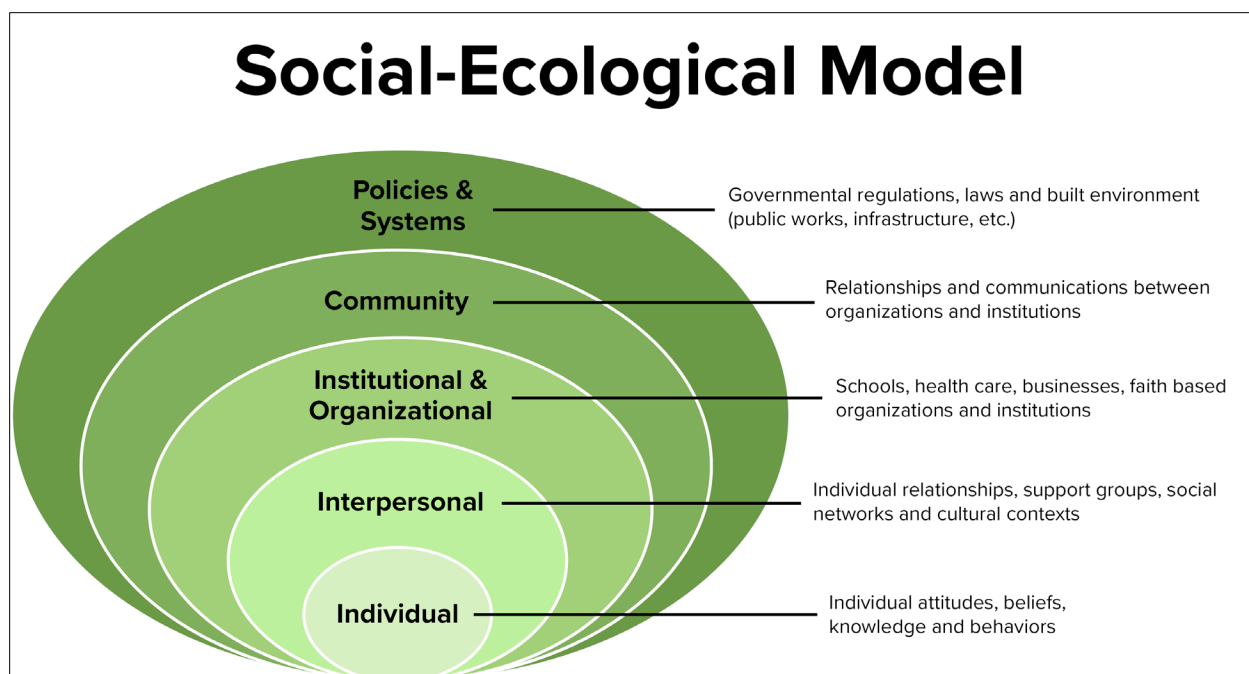


Figure 4. The Social-Ecological model for health. Adapted from the WHO.

## Useful Approaches for Qualitative Public Health Research

While quantitative research provides a critical overview of what is happening in public health (e.g., obesity trends), qualitative research can offer an insight into the why behind SDH. Qualitative research is unavoidably subject to researcher bias. However, by exploring and acknowledging reflexivity and examining the validity and reliability of results using widely accepted criteria,<sup>55</sup> qualitative researchers can improve the quality, transparency, and perceived trustworthiness of results.<sup>56</sup>

### Basic Qualitative Research

Basic qualitative research is an approach that seeks to explore “(1) how people interpret their experiences, (2) how they construct their worlds, and (3) what meaning they attribute to their experiences.”<sup>57</sup> Inherent in the employment of a basic qualitative approach is an interpretivist view of research. Whereas positivists, typically quantitative researchers, take an empirical approach by

erasing social contexts and rejecting the idea that researchers influence the construction of meaning, interpretivists believe that meaning is constructed when humans interact with the world and use both social, cultural, and historical experiences to form interpretations of data.<sup>58</sup> Although basic qualitative research is often mistaken for phenomenological research, which aims to address the essence of specific and often intense human experiences, basic qualitative research focuses the examination of processes, experiences, and perceptions of experiences.<sup>57</sup>

### **Social Cognitive Theory**

The Social Cognitive Theory (SCT) looks at “the influence of individual experiences, the actions of others, and environmental factors on individual health behaviors.”<sup>59</sup> In short, this theory examines how individual behaviors are influenced by social and societal contexts. The theory includes six overall constructs, including (1) reciprocal determinism, (2) behavioral capability, (3) observational learning, (4) reinforcements, (5) expectations, and (6) self-efficacy. Some researchers suggest that this theory is particularly suited for examining the maintenance of goal-oriented health behaviors within rural communities. The SCT provides a useful lens through which to examine individuals’ health decisions within the context of social and community influence.<sup>60</sup>

### **Community-Based Participatory Research**

Community-based participatory research (CBPR) lifts the voices of community members and values these members as experts on their own communities.<sup>61,62</sup> The conceptual model in Figure 5 outlines the contexts,

processes, interventions and research, and outcomes for CBPR. Rather than narrative and decision-making power being unbalanced in favor of researchers and organizations that exist outside of communities at the center of studies and PSE projects, CBPR welcomes community members as co-collaborators in the identification of barriers, distribution of resources, implementation of solutions, and construction of narratives.<sup>11,63,64</sup> This approach not only makes qualitative research more equitable, but it also increases the reliability and richness of data collected.

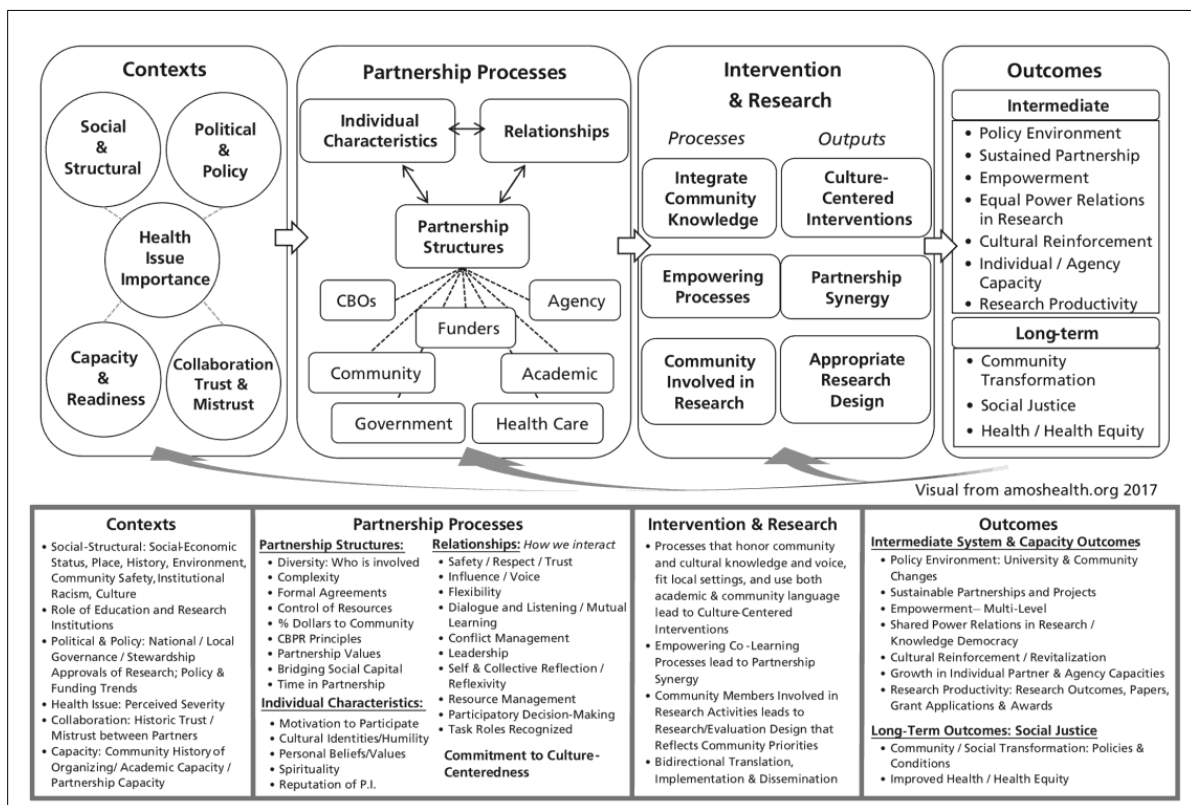


Figure 5. Conceptual model outlining factors, inputs, and outcomes for CBPR. Source: Community-Based Participatory Research for Health (2018) adapted from Wallerstein et al. (2008) and Wallerstein and Duran (2010).<sup>65</sup>

While not a new concept, CBPR has become a widely mobilized tool for exploring SDH and addressing issues of public health. Because CBPR invites

communities to co-examine research questions, studies that employ this approach enjoy a higher degree of acceptance and interest within communities at the center of research.<sup>65</sup> However, approaching public health and obesity prevention using community-based approaches is not without its challenges. Understanding social, cultural, and political contexts and building trust between researchers and community members takes time, patience, and a willingness to listen.<sup>62,65</sup> Nevertheless, welcoming community participation in the research and intervention process has been shown to lead to effective intermediate and long-term outcomes.<sup>11,48,63,64</sup>

Approaching CBPR and community coalitions through the lens of the Social-Ecological Model (Figure 4) facilitates a multi-level, upstream strategy to obesity prevention and health promotion. While each level of the Social-Ecological Model plays a role in overall community health, no single level can address SDH alone. Using a CBPR approach and the Social-Ecological Model to guide collaboration on multiple levels can broaden and deepen both research and PSE outcomes.<sup>11,33,48,65</sup>

### **Community Coalition Action Theory**

The Community Coalition Action Theory (CCAT) offers a lens through which to build an understanding of the practical function of community-based coalitions.<sup>66</sup> Built on years of peer-reviewed literature and evidence-based practices, the CCAT offers a useful framework for understanding how coalitions develop and evolve. As seen in Figure 6, this theory posits that coalitions cycle through three stages (formation, maintenance, and institutionalization) depending

on the issues being addressed by the coalition. The theory also offers specific constructs, outlines stages of development, defines key roles, and distinguishes certain outcomes related to community coalitions, with the improvement of health and social outcomes serving as the ultimate measure of efficacy.<sup>67</sup> The CCAT provides a particularly useful and practical overview of how community coalitions function based on years of both qualitative and quantitative evaluations.

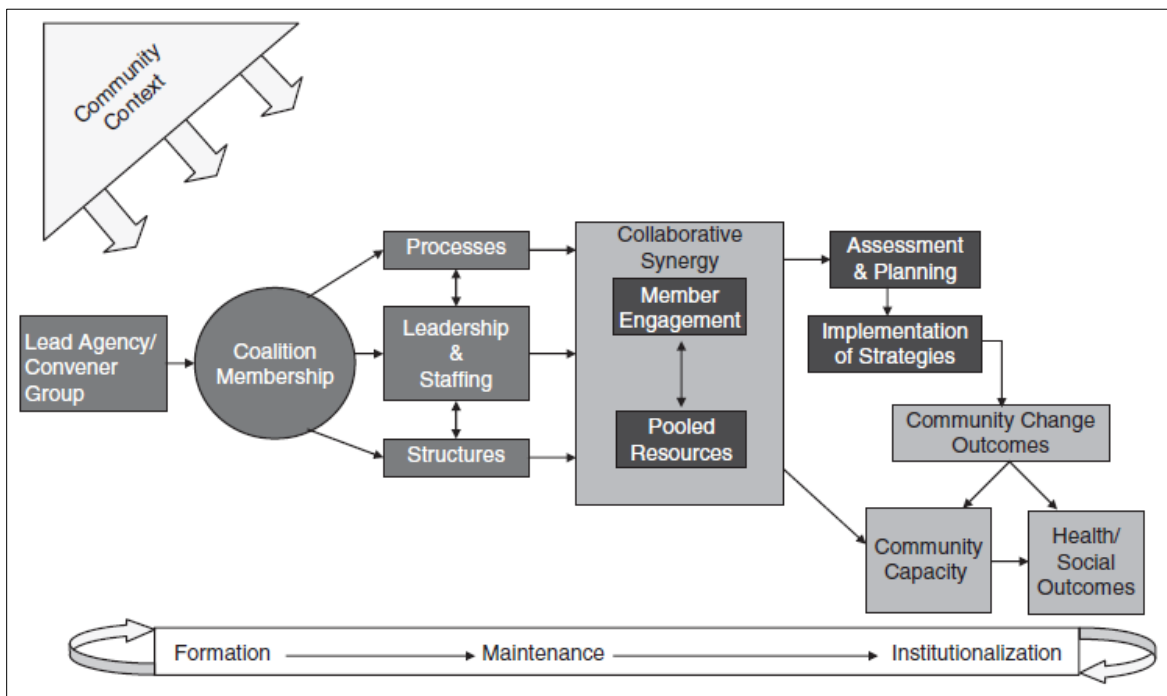


Figure 6. Visualization of the Community Coalition Action Theory (CCAT). Source: Community Organizing and Community Building for Health and Welfare: A Coalition Model for Community Action (2012).<sup>67</sup>

## Conclusion

While a wide variety of factors contribute to the increasing prevalence of obesity in both rural and urban environments in the United States, research suggests that some approaches to obesity prevention efforts should differ between rural and urban contexts. When approaching obesity prevention efforts, SDH should be taken into consideration, and a community-based participatory approach should be utilized. Recent studies



demonstrate promising results from health-focused, community-driven PSE changes in rural communities in the United States. The impact of these community-driven approaches can be expanded through further collaboration between Extension, rural residents, and other key stakeholders. In order to more effectively implement community coalition-led approaches to public health, more qualitative research is needed to understand factors that motivate sustained partnerships between rural residents, Extension staff, and community organizations from the perspective of coalition members.

## **Chapter 3. Methods**

### **Study Design**

LSU AgCenter Extension agents have facilitated community health coalitions in rural parishes across Louisiana. In six rural parishes, the coalitions are supported through CDC HOP funding. This study seeks to identify and describe HOP parish coalition members' motivations for initiating and sustaining their participation in health-focused coalitions, preferred means of communication, and current communication practices among coalition members. The study examines whether activation points for sustained coalition members align with current practices among Extension agents and provides recommendations for next steps based on results.

These research questions were explored using qualitative research via semi-structured focus group discussions (FGD) with coalition members (n=9) in three out of six HOP-funded parishes. Qualitative methods like focus groups facilitate dynamic discussion that provide valuable in-depth outputs.<sup>58,68,69</sup> A basic qualitative research approach was deemed most appropriate to allow the researcher to explore concepts and phenomena related to coalitions in greater detail and within the context of social and cultural experiences.<sup>57</sup> The investigator used the CBPR model to facilitate discussions and guide analysis and the SCT to inform the development of the interview protocol (Appendix A). Questions included in the protocol addressed the six constructs of SCT as they pertain to members' experiences with coalitions.

### **Sampling and Procedures**

The researcher obtained IRB approval (Appendix B) and used a purposeful sampling technique to recruit focus group participants who are active members of

community coalitions led by the LSU AgCenter. Further inclusion criterion was defined as adult coalition members in parishes covered by the CDC High Obesity Program (HOP), specifically Madison, St. Helena, and Assumption. All coalitions included in the study meet monthly. The FGDs were scheduled immediately following regularly scheduled coalition meetings. The researcher created a digital invitation and a short description of the research project for Extension agents to include in the meeting invitation emailed to coalition members. The FGDs were added to the end of each meeting agenda. All three Extension agents sent reminder emails to coalition members the day of the meeting. Two out of three Extension agents sent reminder text messages or made phone calls to coalition members who responded “yes” to the meeting invitation. Coalition members who chose to participate in the FGDs were compensated with a mini cooler. The mini cooler was chosen with consideration given to Extension agents’ recommendations and cultural norms in Louisiana (e.g., parades, tailgating, fishing).

The researcher conducted the FGDs between July 2022 and September 2022. One FGD was conducted in-person and two FGDs were conducted virtually via a Microsoft Teams video conference call. Although virtual focus groups occasionally pose unique challenges like technical difficulties or difficulties reading non-verbal facial cues,<sup>68,69</sup> these challenges did not play a role in either of the virtual FGDs included in this study. In one parish, the FGD was rescheduled to ensure adequate representation from the group due to an unforeseen scheduling conflict with another meeting, which overlapped with the end of the original coalition meeting. The researcher rescheduled

the FGD for a time when the majority of the coalition members present at the meeting could attend.

Prior to each discussion, participants were informed that participation was entirely voluntary, and they could choose to abstain from responding to questions or leave the FGD at any time. Written consent was obtained from each participant. At the beginning of each FGD, all Extension staff members not involved in facilitating the FGD were asked to leave the room or the virtual Teams call to ensure that coalition members felt they could share their thoughts and opinions freely. Participants were informed that identifying information including names, locations, and community-specific references would be changed to protect participants' privacy. All FGDs were recorded and transcribed. Once the transcripts were de-identified, coding and analysis began.

### **Coding and Analysis**

The researcher used a basic qualitative research approach to analyze the FGDs. By taking an inductive approach to coding, the researcher allowed themes to emerge from the codes extracted from the data rather than establishing a code book prior to analysis. The primary researcher and an independent coder used verbatim transcripts of the focus groups to identify structural, descriptive, and in vivo codes. The researchers completed the coding process using a qualitative analysis software called Dedoose. The primary researcher used Dedoose to take notes and flag significant quotes for each code. Each researcher's codes remained hidden from the others' until the coding process was completed to ensure intercoder reliability (ICR), or the degree to which independent coders come to the same conclusions when examining the data.<sup>56</sup>

Once the initial coding was completed, the primary researcher compared codes for similarities and outliers. The researchers discussed codes in order to come to a consensus. Researchers also came to a consensus on how to collapse overlapping codes into larger, more unified groups. Once a consensus was reached across the board, the codes were then compiled and analyzed to identify recurring themes across the three datasets. This portion of the analysis was greatly facilitated by the Dedoose software, which generates charts visualizing applications of codes (Figure 7). After identifying recurring themes, the primary researcher revisited notes taken in Dedoose during the coding process and revisited flagged quotes. These notes and quotes were used to contextualize themes in the results and discussion sections.

Media	Codes																						
	Challenges	Community dynamics & Institutional support	Recruiting locals	Same people, different coalitions	Facilitators	"She keeps us informed"	Community knowledge and Same people, different coalitions	The right people	Initial Communication	Email	Paid/in-kind advertisements	Public meeting	Word of mouth	Motivations	"I live here"	Collaborative environment	Community investment	Connecting the dots	Related to job	Seeing results	Totals		
St. Helena FGD Transcripts.docx	8	3	2	3		10	2	3	1	4	5			5	28	2	4	2	10	5	7	104	
Madison FGD Transcription.docx	12	3	1	8	2	16	4	7	1	5	9		2	2	5	20	2	6	3	4	4	7	123
Assumption FGD Transcript.docx	13	2	1	5	6	15	4	5	2	6	3	1		1	1	18	2	3	3	2	5	4	102
Totals	33	8	4	16	8	41	10	15	4	15	17	1	2	3	11	66	6	13	8	16	14	18	

Figure 7. Visualization of code applications across all three focus groups.

## Considerations for Qualitative Research

### Validity and Reliability

The data for this study was gathered by a researcher trained in ethnographic fieldwork. Both the primary researcher and the independent coder have prior experience with qualitative research methods, including coding. The primary researcher developed the interview protocol, which was then reviewed

for face validity by two additional researchers and Extension agents in the target parishes. The primary researcher facilitated, transcribed, and coded all FGDs included in this study, which allowed for a robust interpretation of the results. Additionally, each researcher coded the FGD transcripts independently to improve intercoder reliability (ICR).

### **Reflexivity**

Identity related to community and culture deeply influence beliefs and behaviors in Louisiana. All qualitative researchers are subject to bias, but it is important to acknowledge that I, the researcher, have worked with the Extension agents who facilitate these coalitions and have been well-acquainted with these communities and their on-going coalition-based and PSE work for about three years. I acknowledge that my experiences with these communities may make me more inclined to represent the coalitions' attitudes and dynamics in a positive light. However, I would argue that this familiarity granted deeper insights into the challenges presented and social and cultural contexts at play when guiding the FGDs and analyzing the results.

### **“Big-Tent” Criteria**

In addition to addressing more traditional considerations seen above, the researcher also took more modern standards for qualitative research into consideration – namely, Tracy's “Eight ‘big-tent’ criteria for excellent qualitative research” (Figure 8). While validity, reliability, and reflexivity broadly fall under the “big-tent,” the researcher used the criteria seen in Figure 7 to assess the quality, rigor, and credibility of the study. Tracy's criteria filled a long-standing need for

standardized practice among qualitative scholars. The criteria provides a flexible yet rich basis for evaluating both methods and results across disciplines that employ qualitative research approaches.<sup>55,70,71</sup>

Eight "Big-Tent" Criteria for Excellent Qualitative Research	
Criteria for quality (end goal)	Various means, practices, and methods through which to achieve
Worthy topic	The topic of the research is <ul style="list-style-type: none"> <li>• Relevant</li> <li>• Timely</li> <li>• Significant</li> <li>• Interesting</li> </ul>
Rich rigor	The study uses sufficient, abundant, appropriate, and complex <ul style="list-style-type: none"> <li>• Theoretical constructs</li> <li>• Data and time in the field</li> <li>• Sample(s)</li> <li>• Context(s)</li> <li>• Data collection and analysis processes</li> </ul>
Sincerity	The study is characterized by <ul style="list-style-type: none"> <li>• Self-reflexivity about subjective values, biases, and inclinations of the researcher(s)</li> <li>• Transparency about the methods and challenges</li> </ul>
Credibility	The research is marked by <ul style="list-style-type: none"> <li>• Thick description, concrete detail, explication of tacit (nontextual) knowledge, and showing rather than telling</li> <li>• Triangulation or crystallization</li> <li>• Multivocality</li> <li>• Member reflections</li> </ul>
Resonance	The research influences, affects, or moves particular readers or a variety of audiences through <ul style="list-style-type: none"> <li>• Aesthetic, evocative representation</li> <li>• Naturalistic generalizations</li> <li>• Transferable findings</li> </ul>
Significant contribution	The research provides a significant contribution <ul style="list-style-type: none"> <li>• Conceptually/theoretically</li> <li>• Practically</li> <li>• Morally</li> <li>• Methodologically</li> <li>• Heuristically</li> </ul>
Ethical	The research considers <ul style="list-style-type: none"> <li>• Procedural ethics (such as human subjects)</li> <li>• Situational and culturally specific ethics</li> <li>• Relational ethics</li> <li>• Exiting ethics (leaving the scene and sharing the research)</li> </ul>
Meaningful coherence	The study <ul style="list-style-type: none"> <li>• Achieves what it purports to be about</li> <li>• Uses methods and procedures that fit its stated goals</li> <li>• Meaningfully interconnects literature, research questions/foci, findings, and interpretations with each other</li> </ul>

Figure 8. Tracy's eight "big-tent" criteria for excellent qualitative research.<sup>55</sup>  
Source: Tracy 2010.

## Chapter 4. Results

Three focus groups were conducted with a total of nine participants from July to September 2022. Two focus groups had two participants, and one focus group had five participants. Discussions lasted from 23 to 57 minutes, averaging about 35 minutes per focus group. One focus group was conducted in person and two focus groups were conducted via Teams video conferencing calls. All participants were sustained, adult members of health-focused coalitions facilitated by the LSU AgCenter in parishes with HOP funding.

### **Theme 1. Connecting the Dots for Community Investment**

A desire to connect communities with resources, information, and economic development opportunities was reported as the primary motivation for joining coalitions. Participants described an alignment between the coalition's goals and their own professional and personal goals. Aside from the connection between the coalition's work and many members' professions, most participants were also motivated to join because they were born or currently live in the community. As one participant put it, "the only way I'm leaving now is in a hearse, so I'm here. I'd like to help however I can." Two Louisiana transplants in two separate focus groups mentioned that although they reside outside the parishes they serve, they are motivated by the relationships they have built with the community and the people. One participant reported,

*It's a work role, but you know, I've also become friends with people as well. I feel I have. And so, I care about what happens there. And then it is a predominantly African American community. And I'm African American as well. So, I feel like that's my extended family, and my husband's from Louisiana. So, I'm not from*



*here, but I feel like I've adopted the state as my home, so I feel like whatever happens to this community is happening to me and my family as well.*

According to another participant who owns a business in the parish,

*And to me, you know, I am a part of it. It's my community, right? I mean it's a small community, it's a poor community but it's my community. I could go and sell probably for a lot more money but it's not my community. I wanna make sure I can do what I need to do right here in the parish.*

Knowledge of the community and its networks was seen as the greatest facilitator for accomplishing this common goal. Many participants heard about the coalition through a boss, coworker, family member, or friend. In most cases, even if initial communication was via email or during a public meeting (e.g., police jury), the sustain coalition member also reported discussing the coalition with a peer. Each group seemed to have a key member who served as an informant for the community. One group pointed out a particular participant saying, "She's like our PR person."

In all three focus groups, participants expressed a desire for greater upstream collaboration and hands-on assistance from institutions and organizations. One example, a participant explained:

*[A local farm is] gonna do the training but we need to partner with either LSU or Southern to put in the grant so we can say 'OK here's somebody who can help us do train the trainer.' I have reached out to the gentleman at LSU and the lady at Southern. Still waiting to hear back because we just...we need just a little help.*

## Theme 2. She Keeps Us Informed

The quality of communication between Extension agents and the coalition was cited as a major motivation for sustaining coalition membership. All three focus groups stated that having agendas prior to meetings, receiving timely reminders about upcoming meetings and events, and hearing updates about on-going projects were key facilitators for participants. Opportunities to both give and receive information are abundant. One coalition member reported,

*I mean if [agent] has something, she keeps us informed. She lets us know what's coming up. It's always on the agenda, you know, and we always...if we have something in particular we need to talk about that's coming up that the coalition could help with or any kind of grants that she has that can help with, she's always letting us know.*

Giving presentations on progress and accomplishments also served to encourage and inspire coalition members. Additionally, having Extension agents explain unfamiliar public health topics to the coalition was cited as a facilitator in two groups and a need in one. When discussing whether communication could be improved within the coalition, one group described:

*Participant 1: Yeah, especially if it's something that they can't understand, you know, that's not easy to grasp at what she's meaning. Say like, if you say traffic calming, you know, I don't know if everybody's quite knows what that means, but you know...*

*Participant 2: I have Google sitting there.*

*[Laughter]*

*Participant 1: Yes, so if you say something like 'the crosswalks' or something that people are...language that they are used to because we're using language that's, you know...sometimes she'll use PSE and I'm like OK, does everybody understand what a PSE is? So, you know that might be a little helpful.*

### **Theme 3. I See the Presence in the Community**

Seeing results also emerged as a key motivator among coalition members. As one participant described, "I feel like I'm doing something being a part of this." Participants felt motivated to sustain their involvement when seeing the coalition's success at establishing key partnerships. Key partners were defined as those with knowledge of the community's social and political networks, a willingness to "do the work" and show up to meetings, a job that aligns with the coalition's goals, and a desire to connect the community with resources and economic development opportunities. One participant gave the example of a community garden installation event:

*Representatives were out the wazoo. Employees were out of the wazoo. I'm like [agent], where did all of these people come from? And she was like 'oh, those are just some of my peeps.' You know? It's just like 50 people. And like ten officers and state troopers. And then we had the senator there and then you had two former governors there and then you had their cabinet there and then you have – and here we are standing there with five parents. Fifteen kids, but five parents, and they pull in with the whole van, right?*

Another participant pointed out that the coalition has addressed problems that were so long-standing that they had become invisible to the community:

*I mean, those freezers and refrigerators that they provided to the local churches because you know we get that food in from the food bank. If you get like stuff milk or you get that stuff, you gotta keep it refrigerated, so I don't know what they did before then but, you know, so that was a benefit. And the project we did up here just painting the lines for the parking lot. It was amazing how many years that went by where, you know, there was no parking stripes or lines that was there. Nobody really thought about it until this initiative came to put that in.*

While coalition members may not be aware of every detail, they are still aware of the coalition's impact,

*Participant 1: I would say so far you know things are in motion, things are happening. I don't see every part of it so I can't really tell you if it's been completed, but I know there's a lot of things in the works that they're...they give updates you know every time we have our meeting.*

*Participant 2: Yeah, I can see the presence in the community.*

#### **Theme 4. All Voices Are Heard**

Participants reported that the collaborative nature of the coalition also motivated them to sustain their participation in the coalition. Providing opportunities to share updates and discuss ideas was seen as an effective collaboration method. One participant shared,

*It's like all input matters. Everything that everybody has to say is being jotted down or taken note of or becoming a part of a new conversation attached to the current conversation that's going on, so whether your body is there or you're on the computer [for hybrid meetings]...it's always 'drop it in the chat box. what do*

*you guys think about that? Anybody wanna add to that?' And then either before or at the end of every meeting before anybody leaves or logs off, 'do you have any updates? I know this meeting was set aside for blah, blah, blah, but do you have anything you would like to share?' So, it's never just about what's on her agenda. All voices are heard.*

In another focus group, a coalition member shared,

*I wanna bring the resources that we have to this community as much as we possibly can. I feel like being a part of this coalition helps with that and there's always opportunities at the end of the meetings too to let you know everybody know like what's going on with us. like any community updates for those organizations so I could tell everybody but the screenings that we're having that's coming up and you know just kind of that thing, just the networking stuff too.*

Perhaps the most telling of all, one participant reported, "A lot of zooms make me want to nap. I've never wanted to nap on these calls."

### **Theme 5. It's Hard to Get People to Commit**

Participants reported significant challenges recruiting locals to engage with projects and resources available in the parish. Coalition members reported that residents may not understand how their involvement will benefit them. According to one participant,

*I feel like people should be like, you know, having a parade through town when they're like 'yeah I'll call you back next week' or 'I'll be in the next meeting' and then the next meeting you're like 'hey where were you?'*

The same participant later added, “I think we have all the right people doing all the right things and probably that’s why no one else wants to do it.” Another participant in a separate focus group echoed a lack of enthusiasm in their parish, this time citing attraction to controversy among residents,

*But honest, anything that attracts M-E-S-S is where our people are, and then everything else needs a fight. You have to fight to push it to the forefront...my community, my neighbors, that’s what they’re attracted to, and if it’s not that you literally have to fight and push to bring it to their forefront to make them see the value in it.*

Participants even reported difficulty engaging some elected officials and institutional representatives. One coalition member noted,

*I mean you could see today, it’s hard to get people to commit. And obviously tonight was a police jury meeting, but you know I have a police juror on my board who’s never made it to one meeting. She’s actually had these elected officials pop in these meetings so, you know, kudos to her for that.*

One participant cited timing as a possible barrier among residents, “Well, you’re having [meetings] during the day and so if anybody is working this would mean they would have to take away from work.” However, this issue only came up at one focus group as the other two were scheduled in the evenings around 5pm.

## Chapter 5. Discussion

The goal of this study was to investigate motivations among sustained members of coalitions facilitated by LSU AgCenter Extension agents in HOP target parishes. The study used qualitative focus group discussions to explore the research question. Understanding motivations among coalition members is critical for replicating successful health promotion and obesity prevention efforts in other parishes and ensuring coalitions in this study are sustainably and effectively facilitated in the future. Gaining these insights is especially important for rural communities disproportionately impacted by preventable chronic diseases such as obesity.<sup>1,2,28,72</sup> A critical tool for understanding motivations and putting recommendations into practice is using CBPR, which lifts the voices of community members and invites them to participate in research and implementation processes.<sup>62,65</sup> While past research has explored barriers and facilitators for implementing community-led coalitions among Extension staff,<sup>53</sup> very little research has explored motivations among individual coalition members. Additionally, although existing research does offer insights into common characteristics of effective coalitions,<sup>73</sup> very few studies explore experiences and opinions of sustained coalition members, especially in rural settings. Given the demonstrated success of community coalition-led approaches to obesity prevention and the enormous time, energy, and resource costs required to launch an effective coalition,<sup>9,11,15,33,34</sup> this research may help communities and researchers further synergize efforts and broaden the impact of their work in understudied, underserved rural communities.<sup>14</sup>

The results highlight several motivations among coalition members in rural Louisiana. Participants reported that connecting the community with resources,

remaining informed about coalition projects, celebrating progress and successes publicly, and maintaining a collaborative environment as major motivators for their sustained participation in LSU AgCenter-led coalitions. The most sustainable coalition members appear to be residents, public health professionals, business owners, and elected officials who are motivated by community development. These reported motivations align with current recruitment recommendations for LSU AgCenter Extension staff and previous research in mostly urban settings.<sup>73</sup> Word-of-mouth was the most common initial communication method and was perceived as an effective way to spread awareness about the coalition. Aside from word-of-mouth communication emerging as the primary initial communication method, these results align with previous assessments of existing public health focused coalitions.<sup>14</sup>

Keeping coalition members' abreast of current events related to the coalition is a valuable strategy for sustaining partnerships. It also appears beneficial to let people know what to expect to get out of the discussion if they choose to come to that month's meeting. Sending reminders in the days and hours leading up to meetings and events also serves as a critical engagement strategy. While some may choose to skip meetings that are less relevant to them, the results of the study indicate that most coalition members who are already engaged will choose to show up to hear updates related to projects and discuss building on successes. Presentations and discussions during meetings served as a source of encouragement and motivation for coalition members. While providing explanations and presentations was seen as a facilitator, using inaccessible, jargony language was seen as a potential barrier for some participants.



These results offer a basis for providing recommendations on sustaining and expanding successes seen among existing Extension-led community coalitions.<sup>6,9,12,49,53</sup>

Having results to share back with the community provides coalition members with a sense of pride and accomplishment. When successes are celebrated, members are encouraged to forge ahead with the next project. Successes show coalition members that building upon past accomplishments or starting new projects is worthwhile. Because attending monthly meetings requires time and effort, Extension agents' efforts should focus on ensuring that meeting time is spent meaningfully. Engaging key partners that increase the visibility and political status of projects may also offer additional motivation for some coalition members. However, seeing the coalition take action on long-standing issues in the community emerged as a core motivation across coalitions. Even if coalition members were not fully involved in a particular project, they still reported a general awareness regarding ongoing and potential ventures. As demonstrated by Strayer et al., Extension-community partnerships offer a valuable opportunity for disseminating information and opportunities.<sup>13</sup> Additionally, providing evidence of the coalition's effectiveness offers an incentive for continued engagement.

Results indicate that the successfulness of coalitions in this study hinged largely on the high level of collaboration among members. Extension agents appear to create spaces where coalition members feel that offering input is worthwhile because others will listen. Once a coalition is established, maintaining a collaborative environment should remain a top priority. Effective implementation of projects and interventions appears to be achieved through equitable collaboration and teamwork. This study indicates that ensuring that coalition members feel that their input matters ensures that

their participation will continue. This notion is supported by existing research, which recommends cultivating collaboration and sharing decision-making power to maintain coalitions' effectiveness.<sup>14,15</sup> These results also support the notion that Extension can effectively facilitate community coalitions to provide a space for developing a collective voice through networking and planning.<sup>15,49</sup>

The study also revealed common challenges shared across the three coalitions. Participants primarily reported difficulty establishing and sustaining involvement from residents. Participants across coalitions expressed a desire for additional representation from community members not associated with an organization (i.e., people who are not there as part of their job). However, apathy among residents was reported as a barrier for engaging the community in all three focus groups. While speculation about lack of involvement from other residents differed between coalitions (e.g., assuming others will do the work for them, only engaging in controversial community issues, or timing of meetings), the overall consensus was that lack of motivation was to blame. However, existing research suggests that other underlying SDH less visible to active coalition members may impact community participation such as poor bike and pedestrian infrastructure.<sup>27</sup>

## **Limitations**

This study focused on coalitions in select parishes participating in the CDC HOP program in Louisiana. The sample is not nationally representative. While the themes uncovered in this study may apply to other rural parishes, results from this study may not be applicable for urban parishes. The results also only provide a speculative second-hand reflection of attitudes and beliefs among residents who do not participate

in community coalitions.

While Extension staff familiar to coalition members were not present for FGDs, some may argue that responses from participants could have been influenced by the researcher's professional association with Louisiana Cooperative Extension. This could have affected the level of honesty in participants' replies to inquiries related to satisfaction with the status quo or areas for improvement for fear of their responses being relayed to or reflecting poorly on their Extension agent. To mitigate this influence, the researcher made it clear that the results would be de-identified to maintain anonymity and that information shared during the FGDs would not be used as a measure of their agents' work performance.

While virtual interviews and FGD occasionally pose unique challenges,<sup>69</sup> the virtual format followed the typical practices for the coalitions included in this study and did not pose any significant challenges as compared to the in-person FGD. Additionally, holding an in-person FGD would have placed an undue burden on coalition members either due to transportation or time limitations, so the researcher determined that virtual was a more appropriate format.

Although parish-level Extension staff were critical in the recruitment of participants, unforeseen scheduling conflicts did limit the number of FGD participants in two out of the three parishes. Despite email, phone call, and text message reminders about the meeting, the total number of participants was lower than anticipated. However, the coalition members present during the FGDs represented long-term cornerstone partners. The quality and richness of data collected from the smaller focus groups was no less than the focus group with five participants.

## Implications and Recommendations

Results imply that providing examples of how the coalition has effectively connected community members with resources in the past could encourage new members to join. Extension agents should focus on identifying residents, public health professionals, business owners, and elected officials who are motivated by community development. Based on the results, Extension staff should use goal-oriented language when recruiting partners whose professions align with the coalition's health promotion objectives. Using past examples and outlining specific goals allows potential partners to weigh the benefits of joining the coalition against the time and effort required. Extension staff should continue to offer updates and reminders between meetings. Communication between Extension staff and coalition members should continue to be provided via email, phone call or text message, and during meetings.

Given the results of this study, Extension staff should also continue to prioritize keeping their coalitions informed about progress, opportunities, and accomplishments. Presentations and announcements during meetings emerged as effective delivery methods for providing this information. However, Extension staff be particularly mindful about explaining jargon and concepts typically unfamiliar to the general public. Input from the focus groups suggests that using more accessible language (e.g., instead of "traffic calming measures" saying "pedestrian crosswalks") may be beneficial for coalition members, especially those not affiliated with public health through work. Approaching communication in this way can provide a more equitable and approachable space for participation among average community members.<sup>14,15</sup>

Showing the results of the coalitions' work could also be further leveraged to

garner support within the community. Using word-of-mouth, print media, local news outlets, and social media to share successes with a community-wide audience may generate interest among civic minded community members and other partners with resources to share. Publicly celebrating successes not only shows appreciation for coalition members' hard work, but it also encourages continued participation.

Additionally, sharing success stories may inspire other partners, community members, and coalitions in neighboring communities.


Results indicate that once a coalition is established, maintaining a collaborative environment should remain a top priority. Effective implementation of projects and interventions appears to be achieved through equitable collaboration and teamwork. Ensuring that coalition members feel that their input matters ensures that their participation will continue. Additionally, Extension staff should focus on providing opportunities for coalition members to share opportunities and updates related to their organization rather than monopolizing the meeting agenda. Inviting engagement from the entire coalition can also ensure that meetings do not feel tedious or dull.

In contrast with goal-oriented language used to recruit professionally or civically motivated coalition members, results indicate that Extension staff may find success in using benefit-oriented, attention-grabbing language to engage average residents. Framing benefits to individuals and families in easily accessible terms may help counteract some apathy seen within communities. For example, using simple language instead of public health jargon may help residents better understand the value in attending community events that feature free health screenings. However, coalitions should remain cautious about spreading misinformation or disinformation and should

avoid stoking tension with the short-sighted goal of engagement. Results indicate that coalitions should focus on word-of-mouth and proverbial “door knocking” (e.g., handing out flyers or making announcements at faith-based gatherings) for initial communication efforts aimed at residents. Additionally, scheduling monthly meetings in the evening rather than during regular working hours may invite more participation from residents.

Based on the results of this study, further research should explore: (1) motivations among members of coalitions facilitated by Extension programs across the state and (2) reasons for limited coalition involvement among average residents. Through additional examination of motivators among sustained coalition members in a variety of settings and initial exploration of deterrents among eligible but inactive target audiences, researchers can further explore findings from this study.

# Appendix A. Institutional Review Board Approval


Updated By: Catherine Ruth Losavio @ 13-Jul-2022 03:50:39 PM

ASSIGNMENT

REVIEW

GENERAL INFORMATION

PERSONNEL

OTHER INVESTIGATORS

PART 1: RISK DETERMINATION AND HIPAA/EU AGREEMENT

PART 2: PROJECT ABSTRACT

PART 3: EXEMPTION CRITERIA FOR RESEARCH PROJECTS

PART 4: CONSENT FORMS

DATA SECURITY/MANAGEMENT

PI ASSURANCES

ALL PAGES

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**GENERAL INFORMATION**

IRB #: IRBAG-22-0029 Submission #: IRBAG-22-0029-01

\* **Title:**  
Understanding motivations among sustained Cooperative Extension partners for obesity prevention in rural Louisiana

Beginning January 1, 2019: Certificate of Completion of Human Subjects Protection Training is required for all personnel involved in the project, including students who are involved with testing or handling of data, unless already on file with the LSU AgCenter IRB. [Training link](#) You can take either biomedical or social and behavioral. Once LSU or LSU AgCenter is selected as the institution, all fees will be waived. Training with CITI expires every 2 to 3 years and must be repeated when it expires. NIH training website is no longer available. However, the IRB will honor NIH previous training if your certificate is on file or accessed for submission to the IRB. You also have the option to take Good Clinical Practice Training for Social and Behavioral Research through the Society of Behavioral Medicine. It is a free National Institutes of Health (NIH) training and certification comprised of nine video modules with knowledge tests and exercises along the way. <https://www.sbm.org/training/good-clinical-practice-for-social-and-behavioral-research-elearning-course>

\* **Principal Investigator:**  
Losavio, Catherine Ruth

Record Number	Record Type	Record Owner	Record Primary Sponsor	Record Status
IRBAG-22-0029	Human Subjects Protocol	Losavio, Catherine Ruth		Approved

Detail Field Name	Detail Field Data
Record Title	Understanding motivations among sustained Cooperative Extension partners for obesity prevention in rural Louisiana

## Appendix B. Interview Protocol

Research Question	Interview Question	Probe (if needed)
What motivates people to action? (i.e., activation point)	For these first two questions, think back to before you became a coalition member. Can you tell me how you learned about the coalition?	For example, word of mouth, social media, or local news outlets?
	Can you explain why you decided to join the coalition?	What appealed to you?
How do coalition members receive information?	For the next several questions, think about how things currently work with the coalition. Would you say you are satisfied with how you receive information about upcoming meetings, events, and projects?	<ul style="list-style-type: none"> <li>• Why or why not?</li> <li>• How would you prefer to receive this information?</li> </ul>
What motivates people to sustain their partnership?	Why do you continue to participate in the coalition?	How does the coalition fill a need for you or your community?
Is communication amongst the coalition linear, interactional, or transactional?	Think about a typical coalition meeting. Would you say you are satisfied with how the coalition communicates?	<ul style="list-style-type: none"> <li>• Why or why not?</li> <li>• How would you prefer the meetings to run differently?</li> </ul>
<b>Self-concept:</b> Do they view themselves as an important member of the coalition?	How do you view your role as a member of the coalition?	<ul style="list-style-type: none"> <li>• How do you support the coalitions goals and projects?</li> <li>• How does it help you accomplish your goals?</li> </ul>
How can we engage local community members more effectively?	Many coalitions in Louisiana consist largely of partner organizations and individuals that work on a statewide or regional level. Do you have ideas for how we could better engage local community members in the coalition?	If we can't get them to show up for monthly meetings, how we can still engage them in the planning, implementing, and evaluating projects?
<b>Self-efficacy:</b> How do they view the efficacy of the coalition/partnership?	How effective is the coalition at accomplishing its goals or filling a need for the community?	Why do you think that is? What do you think makes it effective or ineffective?

(table cont'd.)



<b>Research Question</b>	<b>Interview Question</b>	<b>Probe (if needed)</b>
Did we omit any important questions?	The overall goal of this study is to learn how the AgCenter can improve how we facilitate community coalitions. With that in mind, is there anything else we can do to improve this coalition's effectiveness?	Things like communication, technical assistance navigating state government bureaucracy, project focus, partner recruitment?

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## **Vita**

Catherine Ruth “Ruthie” Losavio was born and raised in Baton Rouge, Louisiana. She grew up chasing her eight older siblings around their neighborhood and selling peaches for a local farmer at the Red Stick Farmers Market in the summertime. After graduating from St. Joseph’s Academy in 2014, she attended Louisiana State University where she earned a Bachelor of Arts in sociocultural anthropology and a double minor in Italian and business administration in 2017. After graduating, she worked as the communications coordinator for the Louisiana Farm to School Program, during which time she enrolled as a graduate student in the LSU School of Nutrition and Food Sciences. In 2020, she became the communications coordinator for the LSU AgCenter Healthy Communities Program and continued to pursue a master’s degree while working full-time. Ruthie enjoys spending quality time with friends, family, and neighbors, periodically replacing neglected herbs in her garden, and finding secluded spots at local parks where she can hide away with a good book. She plans to receive her master’s degree in December 2022.