

Faithful Families Eating Smart and Moving More: The Role of Volunteer Lay Leaders in the Implementation of a Faith-based Health Promotion Program

Annie Hardison-Moody
Doctoral Candidate, Graduate Division of Religion
Emory University
S214 Callaway Memorial Center, 537 Kilgo Circle, Atlanta, Georgia 30322
Phone (919) 740-5920 * Fax (919) 513-0159 * Email: ahardis@emory.edu

Carolyn Dunn, Ph.D.
Professor and Nutrition Specialist
Department of 4-H Youth Development and Family and Consumer Sciences
North Carolina State University
Campus Box 7606, Raleigh, NC 27695
Phone (919) 515-9142 * Fax (919) 515-3483 * Email: carolyn_dunn@ncsu.edu

David Hall
Extension Associate, Faithful Families Coordinator
Department of 4-H Youth Development and Family and Consumer Sciences
North Carolina State University
Campus Box 7606, Raleigh, NC 27695
Phone (919) 515-1788 * Fax (919) 513-0159 * Email: david_hall@ncsu.edu

Lorelei Jones
EFNEP Coordinator
Department of 4-H Youth Development and Family and Consumer Sciences
North Carolina State University
Campus Box 7606, Raleigh, NC 27695
Phone (919) 515-9140 * Fax (919) 513-0159 * Email: lorelei_jones@ncsu.edu

Jimmy Newkirk
Assistant Branch Head
Physical Activity and Nutrition Branch, North Carolina Division of Public Health
1915 Mail Service Center, Raleigh, NC 27699-1915
Phone (919) 707-5218 * Fax (919) 870-4804 * Email: jimmy.newkirk@dhhs.nc.gov

Cathy Thomas
Branch Head
Physical Activity and Nutrition Branch, North Carolina Division of Public Health
1915 Mail Service Center, Raleigh, NC 27699-1915
Phone (919) 707-5216 * Fax (919) 870-4804 * Email: cathy.thomas@dhhs.nc.gov

Abstract

Faithful Families Eating Smart and Moving More (Faithful Families) is a research-based program that promotes healthy eating and physical activity in faith communities in nine counties in North Carolina. Faithful Families has worked with forty-one faith communities located in limited resource communities in these nine counties in North Carolina. Faithful Families uses the multi-level model to empower volunteer lay leaders and members of faith communities to carry out, in partnership with county level staff, individual education, policy and environmental changes, and community engagement and county-level coalition building. Volunteer lay leaders have become health ambassadors in their communities, connecting faith and health for program participants using scriptures, prayers and personal examples. Dramatic increases in positive nutrition and physical activity behaviors were recorded, notably as a result of training and working closely with volunteer lay leaders. Additionally, volunteers continue to advocate for policy and environmental changes that affect the healthy eating and physical activity behaviors of their faith communities and their counties. Program implementation draws on focus group research with volunteer lay leaders and program participants. Recommendations for working with volunteer lay leaders in faith communities on health promotion programs are presented.

Key Words:

lay leader, nutrition policy, health behavior, health promotion, religion

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Introduction

Faithful Families Eating Smart and Moving More (Faithful Families) is a research-based program that promotes healthy eating and physical activity in faith communities in nine counties in North Carolina. The program was developed by the North Carolina Cooperative Extension Service and the North Carolina Division of Public Health to address the rise in obesity and overweight in North Carolina (North Carolina Department of Health and Human Services, Division of Public Health, State Center for Health Statistics. 2007; Trust for America's Health, Robert Wood Johnson Foundation, 2010). Working with faith communities is a promising strategy for

promoting healthy eating and physical activity in community settings, particularly in North Carolina. According to the Pew Forum on Religion and Public Life U.S. Religious Landscape Survey (2008), 69% of North Carolinians reported that religious beliefs and practices are "very important" in their lives. Almost half of survey respondents reported that they attend religious services at least once a week (Pew Forum On Religion in Public Life, 2008). Because faith communities have the potential to impact the behaviors and practices of a significant portion of the population in the United States, programs that integrate healthy eating and physical activity into the life and environment of the

faith community can positively influence the health of individuals.

This article presents the design and implementation of the Faithful Families program, and focuses on the role of volunteer lay leaders in program implementation and design. Volunteer lay leaders serve as pillars of the program's dissemination, in that they co-lead weekly educational lessons with trained nutrition and physical activity professionals. They also have become health ambassadors in their faith communities, drawing on training they receive from Faithful Families staff, who serve as volunteer resource managers on the project. These volunteer lay leaders work toward policy and environmental changes in the faith community and at the county level. Working closely with volunteer lay leaders has produced dramatic results in individual behavior change and in the environment of the faith community; however, as we will discuss, this type of collaborative work with volunteers takes time and relies on a give and take relationship. We describe the role volunteer lay leaders play in program implementation and offer several recommendations (given by volunteer lay leaders themselves) for volunteer resource managers who want to work with volunteers in the faith community, with particular focus on health education programming.

Program Design

Faithful Families has worked with forty-one faith communities in nine counties in North Carolina: Harnett, Lee, Durham, Moore, Cleveland, Granville, Guilford, Vance and Warren. Of the 941 individuals who provided income information on assessments conducted by Faithful Families program staff, 63% are designated as low-income (at or below 185% of federal poverty level). Faithful Families aims to improve access to and education about

healthy eating and physical activity for those who are particularly vulnerable to the effects of poverty and marginalization. According to Faithful Families health assessments, the effects of poverty on health are immense: 72% of participants are overweight or obese, 7% reported that they suffer from heart disease, 24% from high cholesterol, 20% from arthritis, 12% from diabetes, and 37% from high blood pressure.

Faithful Families is a collaborative project at the state and county level. The project was designed and is administered by state-level partners: the North Carolina Division of Public Health and the North Carolina Cooperative Extension Service, NC State University. In addition to collaboration between state-level partners, Faithful Families was developed using the input of an all volunteer advisory board. In the summer of 2007, state and local faith community leaders participated in a collaborative summit where they identified the particular needs and assets of faith communities in North Carolina related to health promotion programs and interventions. One result of the summit was the creation of a Faithful Families advisory board, a group of volunteers that met quarterly for the first two years and now bi-annually to provide guidance on program design, curriculum review, and general input and feedback on working with religious communities. This volunteer board, now made up of faith leaders and health professionals from the counties where the program has been implemented offer guidance on working with volunteers in the faith community, helping to ensure community buy-in and support for the program. As Safrit and Schmiesing (in press) have noted, "program evaluation, impact and accountability" is a key component to working effectively with volunteers, as determined by their empirical PEP model for volunteer administration (p.

23). The volunteer advisory board serves a key purpose in advocating for the program's continuation in that they provide key evaluation feedback on program progress and areas of concern.

In each of the nine Faithful Families counties, county Cooperative Extension Agents, Expanded Food and Nutrition Education Program (EFNEP) Program Associates and Health Promotion Coordinators from local health departments work together to build on existing contacts (health ministry networks, denominational bodies) to recruit faith communities and volunteer lay leaders for the project. The EFNEP Program Associate, along with the Faithful Families Program Coordinator, who is jointly employed by the NC Division of Public Health and the NC Cooperative Extension Service, took the lead and held meetings with both lay and ministerial faith community leaders in each county. Project staff spent time building relationships with these leaders to ensure project buy-in and commitment. As Carolyn L. Bird has noted, Cooperative Extension Services can greatly expand program accessibility for hard-to-reach populations by drawing on volunteers; however, these volunteers must be willing to serve in such a capacity, in addition to being able to effectively communicate with the populations they will serve (Bird, 2011). Faithful Families staff recruited volunteer lay leaders who exemplified these skills by holding in-depth conversations with faith leaders and county staff. This type of grassroots, community-based outreach demands significant time from staff and partners (Woodson & Braxton-Calhoun, 2006). However, it is key to ensuring an engaged pool of volunteer lay leaders.

Faithful Families is based on the socio-ecological or multi-level model for behavior change (McLeroy, Bibleau, Streckler, & Glanz, 1988). The model provides a framework for intervening at

multiple levels of influence on health behaviors and practices thus is appropriate for the complex nature of the faith community. The program combines evidence-based or best practices that target individual behavior with environmental and policy changes that will remain after the interventions have been completed. Research has demonstrated that a multi-level approach is both attentive to the complexities of faith community dynamics and can also help to empower faith community members to advocate for policy and environmental changes in their organization and in the community-at-large (Campbell et al., 2007; Kaplan et al., 2009). Faithful Families staff works collaboratively with volunteer lay leaders in the faith community to implement each element of the program.

Program Implementation: Working with Volunteer Lay Leaders in the Faith community

A key component of the Faithful Families program that utilizes the skills and capacities of volunteer lay leaders is the implementation of a nine-lesson faith-based nutrition and physical activity curriculum. This curriculum combines open-ended questions about faith and spirituality with rigorously tested nutrition and educational messages developed by EFNEP. The curriculum was developed with input from county health department and Cooperative Extension staff and the Faithful Families volunteer advisory board.

Volunteer Training

Volunteer lay leaders are recruited and trained in each faith community where Faithful Families is offered. Volunteer lay leaders from the faith community are trained by Program Associates from EFNEP (who serve as the volunteer managers for the project), to co-lead educational sessions.

This extensive training and technical assistance is a part of the volunteer management plan for the program. The training includes role playing and hands-on activities to help volunteer lay leaders experience and understand their responsibilities throughout the program. Volunteers are able to practice co-teaching lessons, preparing recipes and conducting food demonstrations. This volunteer training has become standardized and is now a permanent part of the Faithful Families curriculum delivery system.

In addition to this training, the Faithful Families county staff (who serves as the volunteer manager) provides extensive technical assistance each week to the volunteer lay leaders. This includes reminders about upcoming lessons (and the respective staff and volunteer roles during the lessons), instructions about cooking demonstrations, and support for general or specific questions about the lessons. The EFNEP Program Associates have discovered that this in-depth technical assistance is necessary to ensure that volunteer lay leaders feel confident in delivery of the lessons they co-lead, which in turn leads to successful program outcomes. The success of the curriculum implementation is measured using pre-and post-test behavior questionnaires developed by EFNEP.

Working with volunteer lay leaders has been shown to be effective in faith-based health promotion programs because faith community members trust these natural leaders in their communities to deliver educational messages (Pullen-Smith, Carter-Edwards, & Leathers, 2008). As Pullen-Smith, Carter-Edwards and Leathers (2008) argue based on their work with lay health ambassadors in a diabetes program, “by training volunteers from the general community, community-based organizations (CBOs), and/or faith-based organizations (FBOs), residents can receive culturally

sensitive health education messages from individuals who are part of the community” (p. S74). Faithful Families creates such “culturally sensitive” programming through the volunteer lay leader’s role during the educational lessons. Volunteer lay leaders use scriptures, readings, and faith-based practices to connect health information to the participants’ faith tradition. As Kaplan et al. have argued, integrating religious and health messages is critical to participants in health programs in faith communities (Kaplan et al, 2009). This integration continues into the policy and environmental change component of the program, where volunteer lay leaders link potential changes in policies and environments in the faith community (serving water, hosting a community garden) to religious practices and beliefs. Volunteer lay leaders help community members identify policy and environmental changes that can be implemented in the faith community to improve the nutrition and physical activity behaviors and practices of its members.

Volunteer Lay Leaders and Community Engagement

In addition to individual education and organizational policy and environmental changes, Faithful Families works to connect faith communities to county-level organizations and programs that support healthy eating and physical activity. Volunteer lay leaders have taken what they learned from the program to build partnerships with other faith communities and health-based community groups to improve access to healthy foods and physical activity in their counties and surrounding communities. As Bird (2011) found in her study of Extension workers and SHIP volunteers, partnering organizations can draw on the resources of volunteers to expand services and contribute “to community capacity building” by training

and empowering local volunteers (p. 6). As she writes of the NC Cooperative Extension and NC Department of Insurance SHIP partnership, “both organizations benefit through enhancements to their mission execution and community residents’ lives are enhanced through the efficient delivery of services incorporating volunteer management and volunteer resources” (p.6). For Faithful Families communities, partnership and volunteer resources have contributed to significantly widened service usage of county resources by Faithful Families faith communities. This includes, but is not limited to resources for promoting good nutrition and physical activity.

A comprehensive Faithful Families Resource Guide was created to enhance access to resources and supplement technical assistance for each faith community. This guide is used in concert with hands-on technical assistance from county and state staff, so that volunteers in faith communities can take a more active leadership role in promoting, enacting and sustaining their own health programs and policy and environmental changes.

Volunteers play a key role in the implementation of Faithful Families at each level of the program’s influence: individual education, community change, and county coalition building. As will be elaborated below, they connect faith and health for program participants, drawing on the particular resources and traditions of their faith community. They also encourage participants to plan and implement policy and environmental changes that support healthy eating and physical activity in the faith community. Their work grounds this program. It is in large part due to their contributions that the significant program results have been achieved. These include the following results for 566 participants in the first three years of the program delivery: 88% improved in one or more food resource

management practices; 65% improved in one or more food safety practices; 66% used food labels more often to make food choices; 48% increased consumption of calcium-rich foods; 49% increased vegetable consumption; 42% increased fruit consumption; and 32% of participants increased the amount of daily physical activity. Additionally, over 119 policy and environmental changes have been made among the forty-one faith communities that have implemented Faithful Families.

Working with Volunteers in Faith Communities.

Focus group discussions with 61 individuals demonstrated that volunteer lay leaders have been empowered to serve their faith community as health ambassadors. They also play a powerful role in program delivery. Volunteer lay leaders are offered a comprehensive training with Cooperative Extension staff, after which they co-lead lessons with a Faithful Families EFNEP Program Associate in the educational series, focusing on nutrition, physical activity and the connection to faith. Volunteer lay leaders introduce the spiritual element into each lesson by offering scripture, prayers, or other practices to connect faith and health in each of the meetings. As one lay leader reported during focus groups, “Every night, when we would open our meeting, we always found a scripture that had to do with our bodies and faith. We made it an issue” (Harnett County lay leader, focus group, 2008). Making health a faith issue was not hard for participants or volunteer lay leaders. Many found that faith and health are intimately connected, citing the Christian scriptural reference of the “body as a temple,” or noting that God wanted participants to have a positive “quality of life” (Harnett County lay leader, focus group, 2008). In addition to faith having a positive influence on health behaviors,

several participants noted that their faith was strengthened by their positive progress in the program: "I feel like...for me, you have to put your mind, to have faith that you can do this. There is nothing impossible, and you can do this, and you can make this change" (Harnett County participant, focus group, 2008). When the focus group facilitator posed the question of whether others felt that their faith was strengthened through the program, another participant chimed in with, "Yeah. Because I didn't think I could stop drinking sodas. I really didn't" (Harnett County participant, focus group, 2008). Faith-based health promotion researchers have noted that when spirituality is infused in health promotion work, participants are able to make positive changes in their health behaviors (Kaplan et al., 2009). For Faithful Families participants, health and faith are intimately connected. The program emphasized these connections, building on the volunteer lay leaders' experience and community knowledge to help participants continue to integrate their spiritual and physical health.

Although initial project plans included volunteer lay leaders as co-facilitators of the nine-session educational series, project staff did not anticipate the pivotal role that these volunteers would play in the program's success. Volunteer lay leaders not only connected faith and health for participants, but they also helped communities to plan and implement policy and environmental changes that support healthy eating and physical activity. They encouraged participants to feel empowered to change the physical and habitual environment of their communities. As one woman said, "I have watched over the years how we have prepared our foods when we had functions. I actually saw a lot of unhealthy foods. I thought, OK when [Faithful Families] came along, this is a chance to educate us on how to prepare our

foods... And I thought, in my mind -- this is when a light bulb went off -- we don't have to cut out the fellowship meals, we just have to cut out the way we do them, the way we prepare them, the foods that we bring" (Harnett County lay leader, focus group, 2008). These shifts in practice and environment have changed the ways foods are served at faith community functions. As one participant noted, "One thing I will say is that we have ladies that can cook. But we're using less fat in our foods and in some situations we've eliminated it altogether. . . we have learned to change how we prepare the food [which] has been a benefit to us" (Harnett County participant, focus group, 2008). One church improved food that was being prepared for an annual event: "For homecoming, a lot of people don't know it, but we didn't have any fried chicken... and we don't usually have pitchers of water, but we did, and now we're in the process of starting a group walking, like in the area" (Harnett County lay leader, focus group, 2008). Additional policies adopted by Faithful Families faith communities include: offering water at all events, serving fruits and vegetables at all events, offering healthy options (like grilled meats), and requiring physical activity breaks during meetings and classes. Environmental changes, such as marking walking trails, encouraged faith community members to increase their physical activity levels. Faith communities also created walking groups that met 30 minutes prior to a scheduled meeting time to walk around the faith community campus. Additionally, faith communities have opened physical activity facilities to non-members and created community gardens that provide fresh fruits and vegetables to those in the faith community and other community partners. They have also joined county health teams, working to connect vital public health services and resources to their faith community members. Volunteer

lay leaders have spearheaded these efforts in their communities, as a result of their participation in Faithful Families.

Each of these policy and environmental changes emerges out of the conversations generated during the Faithful Families classes led by the volunteer lay leaders. Volunteer lay leaders use scripted questions in the curriculum to guide participants to think about the ways that our environment impacts health behaviors and decisions. For example, questions like, “How does our faith community help members to eat smart?” help participants to explore the ways that their community might better equip its members to make healthier nutrition choices. In fact, Faithful Families program staff noted that these open-ended questions promoted an on-the-spot policy change in one faith community. After talking about the benefits of whole grain products, class participants decided to create a policy that at each of their snack-supper meals; whole wheat bread would be served along with the choice of white bread for sandwiches. While most policy and environmental changes did not happen within the course of the lesson, the lessons themselves and the conversations they generated were pivotal in informing needed policy and environmental changes. Trained volunteer lay leaders asked critical questions and built on the religious and health assets of the faith community itself. This resulted in notable policy and environmental changes. Faithful Families staff worked with volunteer lay leaders to design and implement these changes, based on the input of faith community leadership and program participants.

A significant outcome of the pilot stage of the program was the creation of a faith-based health action team as part of an existing health action team in Harnett County. The Healthy Harnett action team continues to meet regularly in order to

improve coordination and collaboration among health programs and resources in the county. This model of collaboration among faith communities, county health education programs, and existing county coalitions is being expanded into other counties.

Volunteer lay leaders have been empowered, through their training as Faithful Families volunteer lay leaders, to become health ambassadors in their own communities and in the community-at-large.

Implications and Recommendations

As with many community-based initiatives, the project plan for Faithful Families shifted to meet each faith community’s needs and perceived assets. The volunteer lay leaders noted that the flexibility of the Program Associate in working with faith communities was an incredible asset. The volunteer lay leaders recommended this type of flexible stance when working with volunteers from the faith community. As one woman said, “We learned a lot from [her]—but [she also] learned from us...[you need to be] open minded. She allowed one of the pastors to do something on clean and unclean foods; she gave us leeway” (Lee County lay leader, focus group, 2010). Another lay leader followed up, saying, “You know you have to have a knack to stand up in front of groups of people from different backgrounds and different religions, to modify how you are approaching that and do it in a nice, even way...[a] non-threatening [way]. She was] very good at presenting [that]” (Lee County lay leader, focus group, 2010). As our project staff learned, working with volunteers in faith communities requires an approach to the work as a “two-way street,” learning from the community while they also learn from you. As others have noted, taking a community-based participatory research approach to work with a faith community allows the community to be

empowered to make the changes they need and want – rather than having these things imposed from the outside (Campbell et al., 2007; Cowart et al., 2010). Our work with Faithful Families communities demonstrates that this type of participatory approach can lead to the empowerment of volunteer lay health advocates who work for community changes that are appropriate, necessary, and relevant for community members themselves. This type of collaborative work takes time and it involves partnerships at all levels – state, county, local, individual.

An additional finding and recommendation for others who wish to work with volunteer lay leaders in faith communities regards volunteer management. As noted above, the volunteer lay leader training plays a large role in supporting and training these volunteers. These trainings allow volunteers to practice skills they will utilize during the lessons they co-lead. These include: offering spiritual or religious insight when appropriate, teaching four of the five lessons on their own, and helping with food demonstrations. By offering a standardized training, Faithful Families has provided a structured environment for volunteers that empowers them to become leaders in their community and in the community-at-large. This follows Safrit and Schmiesing's (in press) recommendation that "formal programs and organizations engaging volunteer do so with a logistical, holistic, systematic process that maximizes a volunteer's impacts on the program's/organization's clientele being served while minimizing inconveniences and demands on the volunteer as an individual" (p. 2). For Faithful Families staff, working with volunteer lay leaders in faith communities has meant extensive, time consuming technical assistance in the form of (at the least) weekly check-ins with volunteer lay leaders to review upcoming lesson materials and address any concerns or

questions. It is our recommendation that others who wish to work in the faith community include time for this hands-on technical assistance in their volunteer management plans.

Building effective partnerships with faith communities entails working collaboratively at all levels of influence, including with volunteers, to encourage positive changes in policies, practices and environments. By empowering community volunteer lay leaders in program delivery and service, Faithful Families has helped to increase healthy eating and physical activity among individuals in limited-resource counties of North Carolina. Additionally, these individuals have become health ambassadors in their communities, working for policy and environmental changes to support healthy eating and physical activity in their faith communities and the community-at-large. We argue that working with volunteer lay leaders in faith communities requires a good deal of relationship building and a sense of give and take between county staff and volunteers. Working with volunteer lay leaders to develop and implement health promotion programs in communities of faith delivers results that are strong, measurable and sustainable.

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About the Authors

Annie Hardison-Moody is a doctoral candidate in the Graduate Division of Religion at Emory University. Her work explores the intersections of religion, health and healing, with a focus on health promotion, women's reproductive health and gender-based violence. She currently serves as co-Issue Editor for the Religion, Health and Healing Issue of Practical Matters: A transdisciplinary multimedia journal of religious practices and practical theology.

Carolyn Dunn is a Professor and Nutrition Specialist on the faculty in the Department of 4-H Youth Development and Family Consumer Sciences at North Carolina State University. She is a recognized professional in the area of obesity prevention. Her work includes health promotion as well as policy and environmental change. Dr. Dunn works to create innovative health education tools that are used across North Carolina and in other states. She currently serves on the Executive Committee of Eat Smart, Move More, North Carolina.

David Hall serves as the Coordinator of the Faithful Families Eating Smart and Moving More initiative, a collaborative effort of the NC Cooperative Extension's Expanded Food and Nutrition Education Program (EFNEP) and the Physical Activity and Nutrition Branch of the NC Division of Public Health. In this role, David conducts outreach to faith communities to obtain commitments for the Faithful Families project. He works with local partners to conduct health assessments in the communities and provide training for faith community leaders to create an action plan and implement policy and environmental changes, using the results from the assessments. He also provides technical assistance to faith communities in implementing the policy and environmental changes.

Lorelei Jones Lorelei Jones is an Extension Associate and Coordinator of the Expanded Food and Nutrition Education Program (EFNEP) on the faculty in the Department of 4-H Youth Development and Family and Consumer Sciences at North Carolina State University. In this capacity, she provides leadership for statewide programming for nutrition education reaching limited resource families and youth.

Jimmy Newkirk serves as the Assistant Branch Head and Physical Activity Manager for the Physical Activity and Nutrition (PAN) Branch, N.C. Division of Public Health. Jimmy provides consultation, technical assistance, and resource development for policy and environmental change initiatives including physical activity in the built environment, schools, after-school and the faith community. He staffs the NC Healthy Environments Collaborative, the Eat Smart Move More NC Advocacy Committee and serves as a representative and liaison for many statewide partnerships. Throughout his 21 plus years of professional experience with exercise science, health promotion and public contact, Jimmy has presented for numerous national, state and local audiences. He recently served as President of the National Society of Physical Activity Practitioners in Public Health and currently chairs the Public Health Workgroup of the National Physical Activity Plan. He also serves as faculty for the national Physical Activity in Public Health Course, sponsored by CDC and the University of South Carolina.

Cathy Thomas serves as the Head of the Physical Activity and Nutrition (PAN) Branch, NC Division of Public Health. Cathy has been instrumental in establishing Eat Smart, Move More NC, a statewide initiative that promotes healthy eating and physical activity for all North Carolinians. Cathy leads a team of professionals that implement the statewide obesity prevention program funded by the Centers for Disease Control and Prevention.