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Multi-Level Partnerships Support a Comprehensive Faith-Based Health Promotion Program

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Abstract: This article examines the role of multi-level partnerships in implementing Faithful Families Eating Smart and Moving More, a faith-based health promotion program that works with low-resource faith communities in North Carolina. This program incorporates a nine-lesson individual behavior change program in concert with policy and environmental change. We offer an overview of the program, an evaluation of its effects on individual behavior changes and policy, and environment and practice changes and provide suggestions on lessons learned for Extension professionals who wish to partner with faith communities to promote nutrition and physical activity.

Introduction

Faithful Families Eating Smart and Moving More (Faithful Families) is a health education program that combines nutrition and physical activity classes with policy and environmental changes. The program represents a partnership between the North Carolina Division of Public Health, North Carolina Cooperative Extension Service (Cooperative Extension), and faith communities in counties throughout North Carolina.

As Prins and Ewert (2002) have noted, despite a history of collaboration between Extension and faith communities that began as early as 1914, in general these collaborations have been on the decline in the late 20th and early 21st centuries. Faithful Families demonstrates that collaborations between these two organizational entities can have positive effects on the health of community members. In this article, we offer an overview of the program, an evaluation of its effects on individual behavior changes and policy, and environment and practice changes in faith communities and provide suggestions on lessons learned for Extension professionals who wish to partner with faith communities to promote nutrition and physical activity.

Program Overview

Faithful Families is based on the socio-ecological, or multi-level model of behavior change. The socio-ecological model has been effective in faith-based health promotion interventions because it "considers the complex nature of the church community and provides a framework for intervening at multiple levels of influence on health behaviors and practices" (Campbell et al., 2007, p. 215). This type of multi-level, community-based approach has been effective in helping faith community members to become advocates for policy and environmental changes that promote healthy eating and physical activity in their organization and in the community at large (see Campbell et al., 2007; Kaplan et al., 2009; Meade, Menard, Luque, Martinez-Tyson & Gwede, 2009). Faithful Families addresses these levels through individual education and behavior, family practices and norms, organizational policies and environments, as well as county and community level change and collaboration.

Faithful Families works with faith communities where 65% of their members are low-income, as designated by eligibility for Medicaid, eligibility for free or reduced school lunches, and/or being at 200% of the federal poverty level. Working with low-resource families is consistent with the mission of the Expanded Food and Nutrition Education Program (EFNEP), one of the Extension partners on the project. This focus also allows faith communities to link economically disadvantaged members with education and resources to empower them to adopt healthy eating and physical activity behaviors that are consistent with a healthy weight.

Faith communities that participate in the program partner with local EFNEP staff to deliver a nine-session educational series that focuses on good nutrition and physical activity. The lessons are based on EFNEP's Families Eating Smart and Moving More curriculum and focus on how to plan for and prepare healthy and affordable meals at home. Trained lay leaders from each faith community work with EFNEP staff on the delivery of the lessons. Lay leaders provide the spiritual components of each lesson, bringing in faith-based questions, readings, and practices that are relevant for their particular faith community. EFNEP staff work closely with lay leaders, offering an initial training on the nine-lesson educational series and following up with them each week on the lesson plan and program recruitment.

In addition to the EFNEP-based lessons, Faithful Families staff work with each faith community to promote changes in the organization's policies and environments to promote healthy eating and physical activity. The partners at Extension and the North Carolina Division of Public Health created the Eating Smart and Moving More Planning Guide for Faith Communities, a resource to help faith communities from any tradition adopt and implement these organizational changes. This tool is available for free download at <http://www.eatsmartmovemorenc.com/FaithfulFamilies/FaithfulFamilies.html>.

Finally, Faithful Families staff connects each faith community with existing county-level resources. This includes programs offered through county Extension offices (community garden programs, food preservation and food safety programs, etc.) and through county public health departments. Faith communities are also encouraged to enact policy and environmental changes that promote healthy eating and physical activity for the community at large. In other words, they are encouraged to think beyond the walls of the organization itself as they work for sustainable changes in the surrounding community to promote healthy behaviors. These include creating a community garden on-site at the faith community that is open for public use, or developing a policy that states that non-faith community members can utilize its physical activity facilities (for example, a family life center).

Evaluation

To fully assess the individuals served by the Faithful Families program, project staff conducted member health assessments with 941 members from 41 faith communities. These assessments are carried out before beginning the Faithful Families program in each faith community, in order to determine the most pressing health needs of each community.

Table 1.
Member Health Assessment Results

Demographics	Results
Below High School Education	8.1%
Race and Ethnicity	25% White 70.5% African-American 1.4% Hispanic
Overweight or Obese	71.6%
Poverty	

	62.6% are low income as designated by 2011 Federal Poverty Guidelines (200% poverty)
Heart Disease	7.1%
Diabetes	37.1%
High Cholesterol	24.3%
Arthritis	20.4%
High Blood Pressure	37.1%

The participants attending Faithful Families educational sessions complete pre and post tests (at first class and after 9 weeks of lessons) to determine individual impacts related to making healthy food choices, food resource management, food safety, and physical activity. As of October 2011, 566 participants from 44 faith communities had completed these assessments.

Table 2.
Results of Pre and Post-Tests from Faithful Families Participants

Targeted Behavior Change	Comparing Pretest to Posttest
Physical activity	32% increase in physical activity
Fruit consumption	42% increase in fruit consumption
Vegetable consumption	49% increase in vegetable consumption
Nutrition practices (planning meals, food safety, reading food labels, etc.)	83% have shown positive changes in at least one or more nutrition practice

In addition to the individual behavior change results, the 44 faith communities that have completed the program have enacted 172 policy and environmental changes. These include policy changes like serving fresh fruits and vegetables at all faith community events and environmental changes such as marking walking routes around the faith community's parking lot to promote physical activity.

Conclusion

A key component of Faithful Families' success has been partnership at multiple levels. This type of collaboration provides sustained results for local communities, but it takes an immense amount of planning and time to develop. At a state level, Extension and the North Carolina Division of Public Health have a long history of collaboration through the development and implementation of public health programs and interventions. This collaboration affects the partnerships at a local level, because faith communities are uniquely "plugged in" to state-level resources from both partners. Again, this type of collaboration takes time, requiring several meetings to help county staff discern their role in the project's design and implementation.

Extension is positioned in many locations to effectively promote healthy eating and physical activity in faith communities, offering its many programs as well as promoting the programs of other agencies in order to meet the needs of the faith community and its members. Extension professionals can be most effective by learning how decisions are made in these faith communities. While the processes or structures may be different from Extension, most faith communities successfully achieve outcomes and goals through well-established procedures. In addition to acknowledging these differences, Extension professionals will benefit from including partners in establishing project timelines that are reasonable to all. Creating partnerships with an awareness of the unique character of each faith community will foster success.

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