

V(A). Planned Program (Summary)

Program # 2

1. Name of the Planned Program

Families: Expanding Human Potential

V(B). Program Knowledge Area(s)

1. Program Knowledge Areas and Percentage

KA Code	Knowledge Area	%1862 Extension	%1890 Extension	%1862 Research	%1890 Research
504	Home and Commercial Food Service	5%		0%	
703	Nutrition Education and Behavior	40%		0%	
704	Nutrition and Hunger in the Population	5%		0%	
712	Protect Food from Contamination by Pathogenic Microorganisms, Parasites, and Naturally Occurring Toxins	10%		0%	
801	Individual and Family Resource Management	15%		0%	
802	Human Development and Family Well-Being	15%		0%	
805	Community Institutions, Health, and Social Services	10%		0%	
	Total	100%		0%	

V(C). Planned Program (Inputs)

1. Actual amount of professional FTE/SYs expended this Program

Year: 2010	Extension		Research	
	1862	1890	1862	1890
Plan	60.0	0.0	0.0	0.0
Actual	58.7	0.0	0.0	0.0

2. Actual dollars expended in this Program (includes Carryover Funds from previous years)

Extension		Research	
Smith-Lever 3b & 3c	1890 Extension	Hatch	Evans-Allen
1357351	0	0	0
1862 Matching	1890 Matching	1862 Matching	1890 Matching
1357351	0	0	0
1862 All Other	1890 All Other	1862 All Other	1890 All Other
3480120	0	0	0

V(D). Planned Program (Activity)

1. Brief description of the Activity

Training such as Partnering With Parents and Family Development Certification Training are five month educational opportunities and Parenting in Communities is 18 months long. Educational programs were directed toward individuals, families, professionals and community leaders through multiple methods -- classes, web-based programs, workshops, and mass media to strengthen their knowledge and skills.

117,772 adults and youth, directly and indirectly, were reached through ISUE parenting education efforts. 25,366 adults (parents and professionals) and youth were reached through direct contact and 92,406 were reached through indirect contact. 20,368 parents and 2,290 professionals who deliver parent/family education to parents were reached through sequential parenting education workshop series, one-session workshops, as well as parenting education/family development curricula and certification training programs. The trainings addressed understanding parent and child development; developmentally appropriate guidance; strengthening parent/child interaction and communication; family literacy; preventing substance abuse and core competencies for family and parenting professionals. Professionals trained by ISUE reached 14,500 parents through parenting education workshops and home visits. 15,580 parents participated in parenting fairs and ISUE online communities and received ISUE parenting newsletters. Another 7,000 parents and professionals were exposed to Strengthening Families Program 10-14 through presentations at national and local meetings and open houses at schools. 16,586 youth were involved in in-depth parenting/family education workshop series (i.e., Family Story Teller; Strengthening Families Program: Parents and Youth 10-14). An additional 40,236 youth were reached through parenting education programs conducted by professionals that ISUE trained to deliver parenting education.

9,960 child care and early childhood education professionals received training to improve child care quality in a variety of care settings. Education included basic first aid, health and safety, guidance and discipline, development, nutrition, learning environments, curriculum, new staff orientation, childhood obesity, and active play. 321 early childhood educators received instruction and assistance to self-assess the overall quality of care and educational services, develop improvement plans, and implement changes. Over 72% of all Iowa child care centers and preschools participated in the Iowa Better Kid care New Staff Orientation Program. 1,026 child care preschool teachers received 16 hours of instruction and completed activity assignments specific to their worksite. 138 child care center directors received instruction in new staff orientation, staff feedback and coaching procedures. 927 child care professionals participated in early learning webinars, 95 percent of these participants reported making one or more program improvements. There were 3,686,007 page views on the National Network for Child Care website, representing 2,315,432 visits. There were 118,253 page views and 26,285 visits to ISUE child care websites.

Nutrition and health programs were offered in every major community and most counties in Iowa. The program focused on improving nutrition education and behavior to reduce negative health

consequences brought about by overweight, obesity and inactivity; improving food handling behaviors and practices by consumers, food processors and producers, and foodservices for the purpose of reducing the incidence of food borne illness; and mitigating food insecurity within communities in the state. Programs were directed to professionals, volunteers, community leaders, individuals and families through multiple delivery methods. Direct delivery methods included educational classes, workshops, discussions, webinars, one-on-one interventions and hotlines. Indirect delivery methods included public service announcements, billboards, newsletters, radio/television media programs and websites. The Spend Smart Eat Smart website was revised according to a needs and preference study conducted on the target audience. Live Healthy Iowa (adult) and Live Healthy Iowa - kids (youth) programs encouraged physical activity and healthful eating using the team concept. Expanded Food and Nutrition Education and Food Stamp Nutrition Education Programs delivered basic nutrition information utilizing paraprofessional educators to qualifying low-income Iowans. The Iowa EFNEP and FNP program are administered through Extension to Families and 4-H Youth Development, with partnership and support of Extension faculty. Over 350,000 nutrition calendars were purchased by 35 states to support nutrition education for low income families. Cooking DVDs, a supplementary product for the calendar, sold over 2000 copies. Audiences learned about the myriad of factors in the current socioeconomic environment contributing to overweight and obesity including genetics, the feeding relationship, lack of physical activity, technology, portion distortion, and food availability. Community advocacy for public and environmental policy change was promoted as a measure to meet the demands of the growing problem of food availability. Approximately 750 childcare providers attended training over a nine-month period of time during this report. Professional development for food and nutrition professionals was delivered via Current Issues in Nutrition (CIN) webinar to participants in 32 states and 2 international sites. Food safety education included certification programs and training sessions delivered via direct and indirect methods. The ServSafe® food safety certification program, developed by the National Restaurant Association, included at least 8 hours of direct training and successful completion of a certification exam. Other food safety programs focused on safe food handling from farm to fork, allergen controls, cleaning and sanitizing, handwashing, food stands, canning and food preservation. Health fairs, interactive web-based lessons, streaming videos, Flash animations, SafeFood© Blog, downloadable signage, and podcasts on the Extension Food Safety web site were examples of indirect educational efforts.

2. Brief description of the target audience

Audiences included parents of young children and teens, young mothers, families with lower incomes, caregivers of children and adults, family support workers (including parenting educators), couples, athletes, coaches, health professionals, worksite employees, food service managers, food processors, policy makers, businesses, community citizens and leaders, home improvement contractors, caregivers of children and adults, school staff, food service, and commodity groups.

Certification and food safety educational programs were presented to adults and youths with an interest or need to learn more about safe food practices from farm to fork. These included adults employed in the retail food industry as managers or line workers, non-managerial staff and volunteers at food stands, and fresh produce growers.

Nutrition education programs were provided to adults and youth of all ages - more specifically health/nutrition professionals, older adults at congregate meals sites, adults participating in worksite wellness programs, school staff (food service personnel, nurses) and students, parents of young children participating in EFNEP/FSNE (limited income families), NEST(low income parent education program), and WIC programs, childcare workers including Headstart, HOPES(family support home visitor program) and Parents as Teachers, adults and youth attending health fairs, and adults/youth with an interest or need to learn about nutrition seeking out community programs and internet resources.

Indirect contacts were made with approximately 9 million people via the Iowa State University Extension food safety website. For example, in August 2010, there were 15,000 hits and close to 4,000 views to the school HACCP web pages, which includes training tools and HACCP Standard Operating Procedure templates. Kindergarten - Grade 12 schools are required to have a food safety plan based on HACCP principles; ISUE resources are widely used by districts throughout the country as part of their districts' plans.

V(E). Planned Program (Outputs)

1. Standard output measures

2010	Direct Contacts Adults	Indirect Contacts Adults	Direct Contacts Youth	Indirect Contacts Youth
Plan	80000	111000	20050	5000
Actual	141562	1075469	29401	99481

2. Number of Patent Applications Submitted (Standard Research Output)

Patent Applications Submitted

Year: 2010
 Plan: 0
 Actual: 0

Patents listed

3. Publications (Standard General Output Measure)

Number of Peer Reviewed Publications

2010	Extension	Research	Total
Plan	15	12	
Actual	18	4	0

V(F). State Defined Outputs

Output Target

Output #1

Output Measure

- Number of parents and family members in educational programs related to child care, parenting, couple relationships, aging and housing.

Year	Target	Actual
2010	5000	37244

Output #2

Output Measure

- Number of professionals involved in programs related to childcare, aging, couple relationships, parenting and housing programs.

Year	Target	Actual
2010	5000	12250

Output #3

Output Measure

- Number of adults participating in programs on improving personal and family financial management skills.

Year	Target	Actual
2010	7500	10895

Output #4

Output Measure

- Number of adults participating in programs on strengthening consumer decision making skills.

Year	Target	Actual
2010	2500	3632

Output #5

Output Measure

- Number of participants in educational programs that increase awareness of public issues.

Year	Target	Actual
2010	1800	3886

Output #6

Output Measure

- Number of community groups formed to address a public issue.

Year	Target	Actual
2010	8	11

Output #7

Output Measure

- Number of adults who participate in Extension programs on food, nutrition, and health.

Year	Target	Actual
2010	55000	87765

Output #8

Output Measure

- Number of adult participants in Extension programs on food safety.

Year	Target	Actual
2010	1000	6192

Output #9

Output Measure

- Number of adult participants in Extension programs on food insecurity.

Year	Target	Actual
2010	300	460

Output #10

Output Measure

- Number of youth participants in Extension programs on food, nutrition and health.

Year	Target	Actual
2010	5000	25377

V(G). State Defined Outcomes

V. State Defined Outcomes Table of Content

O. No.	OUTCOME NAME
1	Number of parents improving parenting skills (child-parent communication and providing love and limits).
2	Number of professionals trained to assist families (certification programs).
3	Number of early child care programs improving learning environments and teaching strategies.
4	Number of participants better able to manage later life issues.
5	Number of individuals improving personal and family financial management skills.
6	Number of individuals strengthening consumer decision making skills.
7	Number of communities who report taking action to address public issues related to improving circumstances for children, youth and families at risk.
8	Number of adult participants who improve their diet.
9	Number of adult participants who increase their minutes of activity.
10	Number of communities that take steps to reduce food insecurity.
11	Number of participants certified in food safety programs.
12	Number of youth participants in Extension programs on food, nutrition and health.

Outcome #1

1. Outcome Measures

Number of parents improving parenting skills (child-parent communication and providing love and limits).

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Quantitative Target	Actual
2010	3500	937

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

Research reveals that lack of parenting knowledge and skills common among parents/caregivers who abuse children. Additionally, reading literacy is key to academic success for children and family well-being. Pressure has increased at the state and local level to fund family support and parenting programs with proven impacts. Increased delinquency and violence among adolescents alarmed the public during the past decade and challenged the juvenile justice system. Increases in delinquency and violence over the past decade are rooted in interrelated social problems--child abuse and neglect, alcohol and drug abuse, youth conflict and aggression, and early sexual involvement - that may originate within the family structure. Strengthening Families Program (SFP) 10-14, an evidence-based program brings together parents and their 10- to 14- year-old children, to reduce substance abuse and other problem behaviors in youth. Family Story Teller is an evidence-based family literacy program for parents and young children. Partnering with Parents is a professional development series shown to strengthen core knowledge and skills of parenting educators.

What has been done

Strengthening Families Program (SFP) 10-14, an evidence-based program brings together parents and their 10- to 14-year-old children, to reduce substance abuse and other problem behaviors in youth. Professionals were trained to deliver the Strengthening Families Program: For Parents and Youth 10 to 14, Family Story Teller, and other research-based parenting education curricula. A series of sequential parenting education workshops were delivered to parents, as well as workshops on individual parenting topics. Electronic and hard copy parenting education newsletters were delivered to parents, as well as websites with research-based parenting information.

Results

Youth ages 10-14 whose parents participate in an evidence-based parenting class report their parents better monitor their activities, administer more consistent discipline, and spend more time with them than those whose parents do not participate in the class. The youth in SFP intervention communities reported a lower likelihood of engaging in risky behaviors, such as substance use and violence than do youth in control communities. The majority of parents who participated in Extension educational programming have improved or strengthened parent/child communication and the ability to provide love and limits.

Parents who participated in Family Story Teller reported improved parent/child communication, reading to their children more often, and incorporating suggestions on specific strategies to improve their children's literacy (e.g., read book cover, point to words on page as you read them).

4. Associated Knowledge Areas

KA Code	Knowledge Area
802	Human Development and Family Well-Being

Outcome #2

1. Outcome Measures

Number of professionals trained to assist families (certification programs).

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Quantitative Target	Actual
2010	120	2057

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

Emerging research points to the need for strengthened competencies among professionals delivering family support services to families for effective delivery of parenting education and other family support programs. Federal guidelines restrict family support agencies and school districts receiving federal money to offer only evidence-based federally approved programs. As pressure has increased at the state level to fund family support and parenting programs that have proven impacts, recognition has increased among state and local organizations for the need for quality professional development for individuals who deliver family support and parenting education.

What has been done

ISUE has focused on strengthening the core competencies of parenting educators/family support workers, through two in-depth training programs: 1) Partnering with Parents, focused on core competencies identified for effective parenting education; 2) Family Development Certification Training - emphasizes a strengths-based, empowering approach for helping families move towards self-sufficiency/self reliance. SFP 10-14 Master Trainers have conducted 3-day certification trainings to personnel employed by agencies and school districts around the country. These facilitators then implement the program with families in their communities The ISUE Strengthening Families Program: For Parents and Youth 10-14 is a federally approved program.

Results

ISUE certified 2,000 parenting educators and other family support professionals in the SFP 10-14 program around the world during this reporting period. 57 professionals received certificates of completion/ certification in parenting education and family development from ISUE. The certificates/certification recognizes in-depth training (55 hours of direct learning activities) and demonstration of competencies related to parenting education and family development. Program evaluation data reveal that participants strengthened their parenting education and family development knowledge and skills after participation, and actively implemented new information and strategies into their work with families.

4. Associated Knowledge Areas

KA Code	Knowledge Area
802	Human Development and Family Well-Being

Outcome #3

1. Outcome Measures

Number of early child care programs improving learning environments and teaching strategies.

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Quantitative Target	Actual
2010	1500	1952

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

ISU research examining Iowa's child care found much of Iowa's child care is poor or of mediocre quality. Overall, 20% of all observed Iowa child care was listed as good. Nearly 20% of the

observed infant child care centers in Iowa offered poor quality care, none were offering good quality care, and 40% of the observed family child care homes offered poor quality. 34% of family child care providers reported receiving no child care training within a 12 month period.

What has been done

The Better Kid Care New Staff Orientation (NSO) program provided 16 hours of instruction for child care center staff. The Early Childhood Environment Rating Scale (ERS) program provided child care center directors, preschool teachers, infant toddler teachers, and school-age teachers with self assessment, intensive instruction and guidance in developing a program improvement plan to strengthen the quality of early childhood education. The Early Childhood Consultant 15 hour skill-based training program was conducted for state child care resource and referral and nursing consultants. An Early Childhood Consultant peer mentor program was developed. 14 Early Learning Webinars were provided to help child care providers meet state licensing requirements.

Results

A retrospective survey of 310 child care professionals participating in the Early Childhood Environment Rating Scale training indicated they were able to better identify strengths and limitations, prioritize changes, and develop a workable plan for program improvement. In a follow-up survey, 95% of respondents reported making significant improvements. Post-survey results of the Better Kid Care NSO program indicated that 88% of the participants felt they could better teach and model good healthy practices, 82% reported improved communication with parents, 75% could plan more appropriate learning activities for children, 70% could manage childrens' behavior more effectively and 82% could work more effectively with staff. Early Learning Webinar participant evaluations indicated a high level of satisfaction with webinar programming, and a significant gain in knowledge and improvement in practice. In a three month follow-up study of 127 respondents, 81% reported increased understanding of how children grow and learn, 86% of respondents reported in improvements in teaching skills, 50% of respondents reporting making 1-3 program improvements and an additional 35% reported making 4-7 program improvements.

4. Associated Knowledge Areas

KA Code	Knowledge Area
802	Human Development and Family Well-Being

Outcome #4

1. Outcome Measures

Number of participants better able to manage later life issues.

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Quantitative Target	Actual
2010	500	4108

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

With the rapidly aging population it is essential that theory-based middle and late life preparation education programs be developed and implemented that provide community-residing baby boomers and older adults with the knowledge and skills necessary to stay well before and during retirement. Planning for later life is critical given the challenges that accompany this life transition including health, financial well-being, social and emotional changes. Iowa's growing older adult population and its rurality (63 out of 99 counties are classified as rural) presents many challenges as more than a third of the state's population nears retirement or is currently retired. Over one-third (37%) of Iowa's population is considered a baby boomer or older.

What has been done

ISUE has focused on strengthening the core competencies of relationship educators and caregivers for mid, later life, and aging families through programs such as Encouraging Healthy Relationships, Powerful Tools for Caregivers, Am I Losing My Mind?, and Who Gets Grandma's Yellow Pie Plate? Housing related education for later life focused on workshop presentations and individual consultations on universal design, home accessibility, housing finance, smart home technology, aging in place, indoor air quality, green issues, flood cleanup and housing construction. During the reporting year, 4,108 people participated in these programs.

Results

ISUE conducts two class leader trainings for Powerful Tools for Caregivers annually. Recent trainings now bring the number of trained class leaders to 67 for Iowa, 20 for Minnesota and 4 for Nebraska. The class leaders then facilitate classes throughout the state. Impact for participants in Powerful Tools for Caregivers indicates 100% believe they are a more confident caregiver as a result of taking the class. Likewise 100% say the class provided them with helpful information about community resources. Partnerships have been developed at the state and regional level with the Area Agencies on Aging to widen the visibility of the program.

4. Associated Knowledge Areas

KA Code	Knowledge Area
802	Human Development and Family Well-Being

Outcome #5

1. Outcome Measures

Number of individuals improving personal and family financial management skills.

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Quantitative Target	Actual
2010	6000	10895

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

A deepening recession, stagnant incomes, and growing unemployment created a critical need to improve personal and family financial management skills. Families face a complex market for making financial decisions and are taking on increasing personal responsibility for making retirement planning decisions. Mismanagement of debt creates severe financial pressures that spillover effects that erode family well-being. Free tax preparation and outreach increase low-income workers abilities to access tax credits, avoid filing fees, and increase available income to meet basic family needs.

What has been done

Nearly 11,000 Iowans participated directly in family resource management Extension programs. On- going media and development of resources on the Web reach thousands of Iowans with research-based information and educational programs aiming to improve skills and change behavior to enhance financial security.

Results

Financial management educational programs resulted in:

- * 75% of respondents took steps to reduce debt
- * 85% of respondents increased contributions to employer-based retirement plans
- * 70 community VITA volunteers were trained by ISU Extension to complete tax returns for 1,600 low-income Iowans who received \$685,845 in EITC to bolster family incomes and local economies.

4. Associated Knowledge Areas

KA Code	Knowledge Area
801	Individual and Family Resource Management

Outcome #6

1. Outcome Measures

Number of individuals strengthening consumer decision making skills.

Not Reporting on this Outcome Measure

Outcome #7

1. Outcome Measures

Number of communities who report taking action to address public issues related to improving circumstances for children, youth and families at risk.

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Quantitative Target	Actual
2010	8	37

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

Poverty is often hidden in Iowa. The number of working poor is increasing and the rural urban gap is growing. Economic pressures have long term negative consequences for children and families. Solutions lie in both individual and collective/community response. Iowa's diversity is also changing, which affects communities and poverty threatens the well being of families. Citizens and community organizations together can make more informed decisions, collaborate, and take action to improve the quality of life of economically vulnerable families. For example, the overall poverty rate in Buena Vista is 10.5%, but the poverty rate for Hispanics is 21.5% and the African American poverty rate is at 60.8%. Waterloo in Black Hawk County has a poverty rate 13.9%. The poverty rate for African Americans is 35.9% for Hispanics is 21.5%.

What has been done

Extension specialists coached 35 Iowa communities to implement community action plans developed to reduce poverty. These Horizons communities have a population of 5,000 or less and a poverty rate of 10% or more. Teams from each community were invited to two statewide workshops (total 150 participants) where they learned about each other's efforts and about specific strategies related to asset building, leadership development and public policy. Buena Vista and Blackhawk Counties were also coached through the CYFAR project and the

Strengthening Families Program 10-14 to improve the ability of families at risk to raise children who are healthy, contributing citizens and to improve the well-being of children, youth, and families and to build community capacity to support these families.

Results

Twenty nine Horizons communities addressed food insecurity by establishing or expanding food pantries, distributed weekend backpacks of food to children in need, established community gardens, and new farmer's markets, home delivery of meals. Sixteen communities offered free income tax preparation for low to moderate income residents. Thirteen communities addressed housing issues including establishment of a Housing Trust Fund, applied new roofs, weatherization funds, home repairs, mobile home refurbishment, and rent programs. Eight communities addressed at-risk youth through mentoring or tutoring programs and eight communities provided an improved environment for entrepreneurs. Six communities provided financial education or coaching, four communities provided free-cycle programs for clothing, furniture, and household items, four communities provided Individual Development Account information for residents, and four towns in one county are served through a Workforce Development grant to increase Career Access to Strengthen Rural Iowa, computer-based program to look for jobs. Two communities offered an emergency fund to provide for immediate needs like diaper, gas necessary for work or medical need, tires or other needs. One community built a day care center connected to their Charter School which serves 30 children and provides quality child care.

Eighty-two parents and 135 youth participated in CYFAR communities in the past year. Thirty-six youth responded to 14 paired statements of desirable behaviors engaged in before and after the program. All 14 items showed significant differences on self-reported behavioral changes. Twenty-two parents responded to a 20-item evaluation of positive parenting behaviors engaged in before and after the program. Sixteen of the twenty items indicated a statistically significant change in self-reported behaviors.

4. Associated Knowledge Areas

KA Code	Knowledge Area
805	Community Institutions, Health, and Social Services

Outcome #8

1. Outcome Measures

Number of adult participants who improve their diet.

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Quantitative Target	Actual
2010	35000	15849

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

Iowans are practicing behaviors that lead to a high risk of obesity, which has increased to 26.5% of all adults in the state. This leads to increased incidence of heart disease, diabetes, certain types of cancer, and chronic diseases that can lead to disability. BRFSS data suggest less than 20% of adult Iowans consume the recommended servings of fruits and vegetables.

What has been done

Live Healthy Iowa had 19,700 participants in 2010 where they received weekly tips to increase consumption of nutrient rich foods including fruits and vegetables. EFNEP/FSNE enrolled 1,963 adults. Professional training has been provided through Current Issues in Nutrition, an interactive video webcast that is now offered twice a year. Programs in 2010 reached 326 participants (>35 different states). Professional training also included school wellness policy implementation and environmental change for school officials/staff.

Results

A survey sample of Live Healthy Iowa participants lost a total 80,000 pounds. Six-month follow-up data indicate 69% of respondents were consuming three or more servings of fruits and vegetables daily. Based on 24-hour pre- and post-food recalls, 97% of EFNEP/FSNE program participants reported positive change in any food group at exit. Based on post-program evaluations more than 75% of childcare training participants felt prepared to apply or teach health-promoting dietary behaviors.

4. Associated Knowledge Areas

KA Code	Knowledge Area
703	Nutrition Education and Behavior

Outcome #9

1. Outcome Measures

Number of adult participants who increase their minutes of activity.

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Quantitative Target	Actual
2010	20000	10222

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

Iowans are practicing behaviors that lead to a high risk of obesity, leading to increased incidence of heart disease, diabetes, certain types of cancer, and chronic diseases that can lead to disability. BRFSS data suggest that only 52% of adults are performing regular exercise meeting national recommendations. It is likely this number will decrease further as activity patterns are compared to new physical activity guidelines.

What has been done

Activity guides incorporated into all the EFNEP/FSNE lessons covering aerobic, strength, and flexibility exercises. Live Healthy Iowa had 19,700 participants this past year, which included weekly physical activity tips and online monitoring of physical activity.

Results

More than 46% of EFNEP/FSNE graduates had a positive change in physical activity from beginning to end of program. A survey sample of Live Healthy Iowa participants logged 49 million minutes of activity. The LHI six month follow-up survey results indicate 47% of respondents stated they participate in 150+ weekly minutes of physical activity.

4. Associated Knowledge Areas

KA Code	Knowledge Area
703	Nutrition Education and Behavior

Outcome #10

1. Outcome Measures

Number of communities that take steps to reduce food insecurity.

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Quantitative Target	Actual
2010	7	9

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

Iowa surpassed the national average for those considered food insecure (national average 10.6%; Iowa 11.6%). Iowa has almost 90,000 households with 100,000 children who are food insecure.

What has been done

Nine Iowa communities addressed food insecurity through extension efforts. In addition, 13 Horizons communities addressed food insecurity through a variety of means.

Results

Through the Horizons program:

- * Small Steps to Health and Wealth was offered in two communities.
- * A food security coalition was active in three communities.
- * A Family Night Out reached 94 low resource families with information to serve healthier meals and snacks as well as increase physical activity.
- * Farmers' markets were initiated and/or expanded in two communities.
- * Community gardens expanded in one community from 22 to 39 plots. Surplus food was donated to a county home, two nursing homes and the local food pantry.
- * A home meal delivery program was established in a Horizons community to serve low income residents over age 65.

4. Associated Knowledge Areas

KA Code	Knowledge Area
704	Nutrition and Hunger in the Population

Outcome #11

1. Outcome Measures

Number of participants certified in food safety programs.

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Quantitative Target	Actual
2010	450	742

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

Food borne disease in the U.S. affects the economy and human health. In Iowa, Norovirus is a leading cause of food borne illness and is mainly contracted in foodservice establishments. Attribution of food borne illness to produce has been in the national news since the fall of 2006. This association of outbreaks to fresh produce is a concern as consumers are encouraged by government agencies and health professionals to eat five to nine servings of produce daily; yet many consumers are fearful of produce contamination. Many fresh produce items are consumed in the raw state, and thus bacteria are not subjected to the "kill step" of cooking. There is increased interest in farm to school programs and local food systems. Proper handling of product at each steps of the food chain is necessary.

What has been done

Extension is the key provider of food safety education in Iowa. During this report period, 1,259 people took ServSafe(r) courses through ISU Extension. In addition, ISU Extension provided a non-certification SafeFood(c) 101 program in collaboration with the ISU Office of Risk management targeted to student organizations.

Results

Food safety certification from the national program was awarded to 742 participants reflecting an 85% pass rate on the certification exam. Over 1,100 ISU students earned a SafeFood(c) Food Handler card, issued by Office of Risk Management, documenting their attendance at food safety training. In addition, farm food safety training and farm to school efforts reached 381 food producers/farm workers/retail food buyers and 282 people attended food preservation trainings or canner gauge testing.

4. Associated Knowledge Areas

KA Code	Knowledge Area
504	Home and Commercial Food Service
712	Protect Food from Contamination by Pathogenic Microorganisms, Parasites, and Naturally Occurring Toxins

Outcome #12

1. Outcome Measures

Number of youth participants in Extension programs on food, nutrition and health.

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Quantitative Target	Actual
2010	5000	3908

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

Obesity among youth has tripled or quadrupled, depending on sex and age, since the early 1970s according to NHANES data. YRBSS data indicate that 13.5% of Iowa youth are overweight, while 11.3% are obese; WIC data suggests overweight/obesity in Iowa will outpace the national average. Obesity among youth increases the risk of developing chronic diseases such as type 2 diabetes, hypertension, cardiovascular disease, and joint disorders. These chronic diseases among youth place a financial strain on the healthcare budget.

What has been done

Live Healthy Iowa Kids had 10,800 participants this past year. Participants were encouraged to increase physical activity and improve nutrition choices. Weekly tips on nutrition and physical activity were received by participants. EFNEP/FSNE youth enrolled 13,029 participants this past year. Youth learned the importance of making smart choices from every food group, physical activity as part of daily life, and food safety as it relates to food handling.

Results

Over 150 participants, representing 79 school districts and 20 child care centers attended Team Nutrition workshops offered by ISUE partnered with the Department of Education. State and federal legislation (Healthy Kids Act, Child Nutrition and WIC Reauthorization) has resulted in changes to the school health environment. ISUE is partnering with the Iowa Department of Education to provide technical assistance and training for schools on school wellness policy implementation, HACCP-based food safety plan implementation, menus to meet 2005 Dietary Guidelines, compliance with Healthy Kids Act, and meeting Healthier US School Challenge standards.

EFNEP youth received approximately 6 hours of nutrition education during school enrichment, after school or summer programs. Third through sixth grade EFNEP participants improved their

nutrition knowledge in the following areas: eating a variety of foods 24%; nutrition 42%; healthy foods choices 27%; and food safety guidelines 35%.

4. Associated Knowledge Areas

KA Code	Knowledge Area
504	Home and Commercial Food Service
712	Protect Food from Contamination by Pathogenic Microorganisms, Parasites, and Naturally Occurring Toxins

V(H). Planned Program (External Factors)

External factors which affected outcomes

- Natural Disasters (drought, weather extremes, etc.)
- Economy
- Appropriations changes
- Public Policy changes
- Government Regulations
- Competing Public priorities
- Competing Programmatic Challenges
- Populations changes (immigration, new cultural groupings, etc.)

Brief Explanation

A number of programs promoting increased physical activity continue to compete with Live Healthy Iowa (Shape Up America, Walk Across America, etc.).

Federal and state legislation impacting school health environments has enhanced the interest and visibility of Extension nutrition and wellness programming.

Economic constraints continue to influence program planning and participation rates. Citizens and organizations may wish to participate in programs but lack resources of time and transportation.

Increasing interest in indirect delivery methods continue for individuals and work organizations. Several of the educational materials available via the food safety project website are in Spanish and/or limited text, such as the new Flash animations about proper glove use and hand washing posters.

The diversity of the population in Iowa continues to change and challenges programming efforts that are sensitive to ethnic cultures.

Extension in Iowa continues to experience loss of staff in the Families unit. A loss of 17 field staff and three campus staff occurred during the time period covered by this report. Reductions in staff are fueling the demand for more programming via technology.

V(I). Planned Program (Evaluation Studies and Data Collection)

1. Evaluation Studies Planned

- After Only (post program)
- Retrospective (post program)
- Before-After (before and after program)
- During (during program)
- Time series (multiple points before and after program)
- Case Study

Evaluation Results

This state plan of work has identified and implemented priority programming during the past year. Priority programming criteria included timeliness, relevance, uniqueness (services not offered by other organizations), sequential educational opportunities, and impact. Sequential programming was prioritized based on the ability to demonstrate impact. To evaluate priority programs, online surveys are capturing evaluation/impact data. These evaluation methods were implemented with two programs mid-year. Certification programs continue to use post-program assessment success as one measure of impact; in many cases these are coupled with self identified changes in attitudes and knowledge.

Key Items of Evaluation

ServSafe® program results show effectiveness in delivery of food safety information with 89% of all participants earning national certification (through National Restaurant Association) for food safety knowledge.

Childcare training results suggest more than 75% of participants felt prepared to apply or teach health promoting dietary behaviors.

Live Healthy Iowa continues to monitor self-reports of health behaviors including dietary intake and physical activity; 70% and 47% of participants reported desirable change in dietary intake and physical activity, respectively.

Participants in Horizons Study Circles indicated in pre and post surveys that 23% took individual actions to reduce poverty, 28.5 % joined in community actions to reduce poverty, and 24% spoke up for/supported policies that would reduce poverty.