

V(A). Planned Program (Summary)

Program # 10

1. Name of the Planned Program

Health and Safety

V(B). Program Knowledge Area(s)

1. Program Knowledge Areas and Percentage

KA Code	Knowledge Area	%1862 Extension	%1890 Extension	%1862 Research	%1890 Research
402	Engineering Systems and Equipment	5%	5%	0%	
403	Waste Disposal, Recycling, and Reuse	0%	0%	20%	
511	New and Improved Non-Food Products and Processes	0%	0%	48%	
724	Healthy Lifestyle	70%	70%	1%	
804	Human Environmental Issues Concerning Apparel, Textiles, and Residential and Commercial Structures	0%	0%	30%	
805	Community Institutions, Health, and Social Services	25%	25%	1%	
	Total	100%	100%	100%	

V(C). Planned Program (Inputs)

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

Year: 2010	Extension		Research	
	1862	1890	1862	1890
Plan	15.0	2.0	9.0	0.0
Actual	14.0	1.0	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
257508	79236	0	0
1862 Matching	1890 Matching	1862 Matching	1890 Matching
1074948	79236	0	0
1862 All Other	1890 All Other	1862 All Other	1890 All Other
329000	0	0	0

V(D). Planned Program (Activity)

1. Brief description of the Activity

Dining with Diabetes was a three-session course which was offered throughout the state. This course was taught by Extension Family and Consumer Sciences Agents who coordinated with local health officials to target people with diabetes and/or their caregivers.

Arthritis Self-Help was delivered in six sessions. Each session was two-hours in length. Participants were provided with the book, *The Arthritis Helpbook*, written by Kate Lorig and James Fries. This evidence-based program was designed to increase the self-confidence of participants to manage their arthritis. In FY 2010, it was delivered by Extension, in partnership with the Tennessee Chapter of the Arthritis Foundation, the Tennessee Department of Health's Arthritis Control Program, and the University of Tennessee Medical Center's Department of Family Medicine. Specific efficacy-enhancing strategies used in this program were:

- Contracting: Weekly contracting helps participants master something new.
- Feedback: Opportunity is provided to report and record progress and explore different behaviors.
- Modeling: People learn more and try harder when they are motivated by people whom they perceive to be like themselves. Program participants and the trainer serve as models. The course has an emphasis on modeling.
- Reinterpreting Symptoms and Changing Beliefs: People are pretty rational. They act based on beliefs. If people believe arthritis is a wear and tear disease, then they may not think they can exercise. If they think that nothing can be done for their arthritis, they are probably right. Throughout this program, there is a great emphasis on changing such beliefs.
- Persuasion: By seeing others in the class contract and succeed, even the most reluctant participant will often choose to take part. It is hard not to go along with others. The facilitator urges participants to do a little more than they are doing now, such as walking four blocks instead of two.

Tai Chi targeted arthritis sufferers. Extension offered this exercise instructional program to individuals throughout the state. Research has shown that this regimen builds strength and helps those with arthritis to reduce pain and increase mobility.

Investigations will continue to produce lyocell from agrifibers and consumer wastes. Undervalued cellulose sources such as hardwoods and softwood pulps, recycled newsprint, bagasse, and kudzu will be explored as starting materials for lyocell solutions. Solution properties will be measured and related to processing. The effects of different delignification and post treatments on dyeability of bagasse fibers will be determined.

Ease of mower rollover has been determined, and currently available ROPS have been tested for a full-size front drive lawnmower. The modeling aspect of the standard has been evaluated to determine the accuracy of simulating a vehicle rollover. ROPS test results for the currently available ROPS have been reported to the manufacturer. Follow-up recommendations and concerns relative to the application of the ASAE S547 Standard may be developed.

2. Brief description of the target audience

The target audience was inclusive of consumers and limited resource individuals and families. The Dining with Diabetes program targeted individuals with this chronic disease and the caregivers, health professionals and volunteers who serve them.

V(E). Planned Program (Outputs)

1. Standard output measures

2010	Direct Contacts Adults	Indirect Contacts Adults	Direct Contacts Youth	Indirect Contacts Youth
Plan	20000	80000	20000	40000
Actual	34273	407142	4539	40000

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	1	4	
Actual	1	3	0

V(F). State Defined Outputs

Output Target

Output #1

Output Measure

- Number of exhibits built and displayed to promote program awareness and participation.

Year	Target	Actual
2010	25	43

Output #2

Output Measure

- Number of research-based publications distributed as part of this program.

Year	Target	Actual
2010	800	29054

V(G). State Defined Outcomes

V. State Defined Outcomes Table of Content

O. No.	OUTCOME NAME
1	Arthritis Self-Help Course: Number of participants surveyed who have less pain from their arthritis.
2	Arthritis Self-Help Course: Number of participants surveyed who take fewer medications for their arthritis pain.
3	Dining with Diabetes: Number of participants surveyed who reduced weight.
4	Dining with Diabetes: Number of participants surveyed who reduced A1c.
5	Dining with Diabetes: Number of participants surveyed who reduced blood cholesterol.
6	Dining with Diabetes: Number of participants surveyed who reduced blood pressure.
7	Dining with Diabetes: Number of participants surveyed who eat at least five servings of fruits and vegetables each day.
8	Dining with Diabetes: Number of participants surveyed who now use artificial sweeteners.
9	Dining with Diabetes: Number of participants surveyed who use spices and other seasonings to cut back on fat, sugar, and salt.
10	Tai Chi: Number of participants surveyed who continue doing the Tai Chi after the Tai Chi program ends.
11	Tai Chi: Number of participants surveyed who have no pain from arthritis.
12	Sanitary Operating Procedure adoption by daycare programs in Tennessee pending grant funding, centers involved (Draughon).
13	Emergency Preparedness

Outcome #1

1. Outcome Measures

Arthritis Self-Help Course: Number of participants surveyed who have less pain from their arthritis.

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Quantitative Target	Actual
2010	200	368

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

What has been done

Results

4. Associated Knowledge Areas

KA Code	Knowledge Area
724	Healthy Lifestyle

Outcome #2

1. Outcome Measures

Arthritis Self-Help Course: Number of participants surveyed who take fewer medications for their arthritis pain.

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Quantitative Target	Actual
2010	200	368

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

What has been done

Results

4. Associated Knowledge Areas

KA Code	Knowledge Area
724	Healthy Lifestyle

Outcome #3

1. Outcome Measures

Dining with Diabetes: Number of participants surveyed who reduced weight.

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Quantitative Target	Actual
2010	200	689

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

What has been done

Results

4. Associated Knowledge Areas

KA Code	Knowledge Area
724	Healthy Lifestyle

Outcome #4

1. Outcome Measures

Dining with Diabetes: Number of participants surveyed who reduced A1c.

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Quantitative Target	Actual
2010	200	454

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

What has been done

Results

4. Associated Knowledge Areas

KA Code	Knowledge Area
724	Healthy Lifestyle

Outcome #5

1. Outcome Measures

Dining with Diabetes: Number of participants surveyed who reduced blood cholesterol.

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Quantitative Target	Actual
2010	200	689

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

What has been done

Results

4. Associated Knowledge Areas

KA Code	Knowledge Area
724	Healthy Lifestyle

Outcome #6

1. Outcome Measures

Dining with Diabetes: Number of participants surveyed who reduced blood pressure.

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Quantitative Target	Actual
2010	200	510

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

What has been done

Results

4. Associated Knowledge Areas

KA Code	Knowledge Area
724	Healthy Lifestyle

Outcome #7

1. Outcome Measures

Dining with Diabetes: Number of participants surveyed who eat at least five servings of fruits and vegetables each day.

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Quantitative Target	Actual
2010	200	583

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

What has been done

Results

4. Associated Knowledge Areas

KA Code	Knowledge Area
724	Healthy Lifestyle

Outcome #8

1. Outcome Measures

Dining with Diabetes: Number of participants surveyed who now use artificial sweeteners.

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Quantitative Target	Actual
2010	200	995

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

What has been done

Results

4. Associated Knowledge Areas

KA Code	Knowledge Area
724	Healthy Lifestyle

Outcome #9

1. Outcome Measures

Dining with Diabetes: Number of participants surveyed who use spices and other seasonings to cut back on fat, sugar, and salt.

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Quantitative Target	Actual
2010	200	995

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

What has been done

Results

4. Associated Knowledge Areas

KA Code	Knowledge Area
724	Healthy Lifestyle

Outcome #10

1. Outcome Measures

Tai Chi: Number of participants surveyed who continue doing the Tai Chi after the Tai Chi program ends.

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Quantitative Target	Actual
2010	200	698

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

What has been done

Results

4. Associated Knowledge Areas

KA Code	Knowledge Area
724	Healthy Lifestyle

Outcome #11

1. Outcome Measures

Tai Chi: Number of participants surveyed who have no pain from arthritis.

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Quantitative Target	Actual
2010	200	575

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

What has been done

Results

4. Associated Knowledge Areas

KA Code	Knowledge Area
724	Healthy Lifestyle

Outcome #12

1. Outcome Measures

Sanitary Operating Procedure adoption by daycare programs in Tennessee pending grant funding, centers involved (Draughon).

Not Reporting on this Outcome Measure

Outcome #13

1. Outcome Measures

Emergency Preparedness

2. Associated Institution Types

- 1890 Extension

3a. Outcome Type:

Change in Knowledge Outcome Measure

3b. Quantitative Outcome

Year	Quantitative Target	Actual
2010	{No Data Entered}	0

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

Children's health and safety in child care is an essential foundation of quality and children's optimal development. States are currently responsible for developing health and safety requirements for child care providers who are subject to regulation and for monitoring provider's compliance with these requirements. Much research has been devoted to child care health and safety and covers a broad spectrum: from the occurrence and prevention of injury and infection in child care, to healthy practices within child care settings, state health and safety standards and licensing regulations, and the coordination of health and early childhood services.

What has been done

Mobilizing against Threats to Community Health trainings at child care centers and conferences was implemented in Tennessee, Alabama and Louisiana in 2010. More than 2016 direct contacts were made in Center-based classrooms and conferences. The indirect contacts of 1513 were made through exhibits, newspaper articles and publications.

Results

Surveys were administered to program participants in order to ascertain from them changes in knowledge, attitude, and/ or behavior. Eighty five percent indicated emergency preparedness awareness; 50 percent had written health information on file; 65 percent had prepared emergency preparedness kits; 80 percent knew where to obtain large scale disaster or emergency information. Additionally, there has been an increase of participants who were encouraged to developed personal emergency preparedness kits and plans for their families.

4. Associated Knowledge Areas

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

V(H). Planned Program (External Factors)

External factors which affected outcomes

- Competing Public priorities
- Competing Programmatic Challenges

Brief Explanation

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

1. Evaluation Studies Planned

- After Only (post program)
- Other (Surveillance Data)

Evaluation Results

Key Items of Evaluation