

V(A). Planned Program (Summary)

Program # 4

1. Name of the Planned Program

Childhood Obesity -- Nutrition and Childhood Obesity

V(B). Program Knowledge Area(s)

1. Program Knowledge Areas and Percentage

KA Code	Knowledge Area	%1862 Extension	%1890 Extension	%1862 Research	%1890 Research
502	New and Improved Food Products	5%		13%	
701	Nutrient Composition of Food	15%		4%	
702	Requirements and Function of Nutrients and Other Food Components	15%		25%	
703	Nutrition Education and Behavior	40%		23%	
724	Healthy Lifestyle	25%		35%	
	Total	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
Actual	367.0	0.0	5.0	0.0

2. Institution Name: Cornell University

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

Extension		Research	
Smith-Lever 3b & 3c	1890 Extension	Hatch	Evans-Allen
1774942	0	416030	0
1862 Matching	1890 Matching	1862 Matching	1890 Matching
1774942	0	416030	0
1862 All Other	1890 All Other	1862 All Other	1890 All Other
0	0	0	0

2. Institution Name: NY State Agricultural Experiment Station

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

Extension		Research	
Smith-Lever 3b & 3c	1890 Extension	Hatch	Evans-Allen
0	0	40763	0
1862 Matching	1890 Matching	1862 Matching	1890 Matching
0	0	40763	0
1862 All Other	1890 All Other	1862 All Other	1890 All Other
0	0	0	0

V(D). Planned Program (Activity)

1. Brief description of the Activity

This is a statewide multi-disciplinary extension program with emphases cutting across many content areas and audiences. Campus-based faculty and extension associates provide leadership and participate in work teams with CCE educators. Programs draw upon Cornell and other academic research. All are involved in designing, implementing and evaluating tailored outreach. Trained Extension nutritionists and parenting and 4-H educators lead local program activities. Researchers in horticulture and agricultural economics and marketing investigate options for improving local production and direct marketing of fresh produce into areas where they are currently lacking.

Programs for children and youth are delivered through a variety of settings: 4-H camps, clubs, fairs and afterschool as well as through child-parent/grandparent involvement projects and in-school student education. Family-focused programs promote a positive parent/care-giver-child feeding relationship and planning for good nutrition and physical activity. Extension staff collaborate with community leaders to improve the local environment for healthy eating and active living. Activities include sequential learning events, "community workshops" and engagement with community and civic leaders to improve the environment for nutrition and wellness and support of the local food system.

2. Brief description of the target audience

Audiences reached include: moderate and low income families; 4-H youth; children in and out of school; nutrition, health, and family professionals; front-line family workers; school food service staff; community leaders; and government and agency leaders at the local, state, and federal level.

V(E). Planned Program (Outputs)

1. Standard output measures

2010	Direct Contacts Adults	Indirect Contacts Adults	Direct Contacts Youth	Indirect Contacts Youth
Plan	{NO DATA}	{NO DATA}	{NO DATA}	{NO DATA}
Actual	155429	2175445	39577	356285

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

Patent Applications Submitted

Year: 2010

Plan:

Actual: 1

Patents listed

Body Shape Analysis Method

3. Publications (Standard General Output Measure)

Number of Peer Reviewed Publications

2010	Extension	Research	Total
Actual	0	0	255

V(F). State Defined Outputs

Output Target

Output #1

Output Measure

- (4.1a) # children, youth, parents/caregivers and other adults reached via healthy eating and active living programs
Not reporting on this Output for this Annual Report

Output #2

Output Measure

- (4.1b) # of women and health providers completing education programs addressing healthy weight gain during pregnancy and breastfeeding
Not reporting on this Output for this Annual Report

Output #3

Output Measure

- (4.1c) #of extension educators and/or volunteers participating in training programs to enhance obesity prevention educational opportunities for children and youth, and adults who care for them

Not reporting on this Output for this Annual Report

Output #4

Output Measure

- (4.2a) # of program participants reached to improve their food resource management and food security

Not reporting on this Output for this Annual Report

Output #5

Output Measure

- (4.3a) # of community and/or government/ agency members completing educational programs on issues related to childhood obesity prevention programs and policy related to healthy living
- Not reporting on this Output for this Annual Report

V(G). State Defined Outcomes

V. State Defined Outcomes Table of Content

O. No.	OUTCOME NAME
1	(4.1d) # of children, youth, parents/caregivers and other adults who demonstrate knowledge or skill gains related to healthy eating and active living
2	(4.1e) #of women and health providers demonstrating increased knowledge or skill gains related to healthy weight gain during pregnancy and breastfeeding
3	(4.1f) # of extension educators or volunteers demonstrating knowledge or skill gains related to healthy eating and active living programs for obesity prevention
4	(4.1g) # of youth program participants documented to have applied healthy eating and/or active living, recommendations
5	(4.1h)# of adult program participants documented to have applied healthy eating and/or active living, recommendations
6	(4.1i) # of extension educators and/or volunteers reporting increased delivery of healthy living-related programs
7	(4.1j) # of vulnerable children and youth documented to have reduced incidence of overweight and obesity as a result of participating in relevant educational programs
8	(4.1k) # of adult program participants documented to have reduced one or more chronic disease indicators associated with overweight
9	(4.2b) #of program participants who demonstrate knowledge or skill gains related to food resource management and food security
10	(4.2c) # of program participants who adopt food resource management and/or food security practices
11	(4.2d) # of program participants documented to have improved food resource management and/or food security
12	(4.3b) # of program participants who demonstrate increased knowledge or skill gains related to childhood obesity prevention programs and policies
13	(4.3c) # of program participants documented to have increased involvement in public/community childhood obesity prevention actions
14	(4.3d) # of participating schools and/or communities documented to have made practice and/or policy changes to promote healthy eating and active living
15	(4.3e) # of participating schools and/or communities reporting decline in incidence of childhood overweight and/or indicators of chronic diseases associated with obesity
16	Why Obese Women Breastfeed for Less Time Than Normal-Weight Women
17	Dog Walking and Obesity Prevention: A Methods Development Study

18	Preventing Childhood Obesity: An Ecological Approach
19	Increasing Physical Activity in Schools
20	Eat Well Play Hard Program
21	Reducing Consumption of Fast Foods & Sugary Drinks

Outcome #1

1. Outcome Measures

(4.1d) # of children, youth, parents/caregivers and other adults who demonstrate knowledge or skill gains related to healthy eating and active living

Not Reporting on this Outcome Measure

Outcome #2

1. Outcome Measures

(4.1e) #of women and health providers demonstrating increased knowledge or skill gains related to healthy weight gain during pregnancy and breastfeeding

Not Reporting on this Outcome Measure

Outcome #3

1. Outcome Measures

(4.1f) # of extension educators or volunteers demonstrating knowledge or skill gains related to healthy eating and active living programs for obesity prevention

Not Reporting on this Outcome Measure

Outcome #4

1. Outcome Measures

(4.1g) # of youth program participants documented to have applied healthy eating and/or active living, recommendations

2. Associated Institution Types

- 1862 Extension
- 1862 Research

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Quantitative Target	Actual
2010	{No Data Entered}	15791

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

What has been done

Results

4. Associated Knowledge Areas

KA Code	Knowledge Area
502	New and Improved Food Products
701	Nutrient Composition of Food
702	Requirements and Function of Nutrients and Other Food Components
703	Nutrition Education and Behavior
724	Healthy Lifestyle

Outcome #5

1. Outcome Measures

(4.1h)# of adult program participants documented to have applied healthy eating and/or active living, recommendations

2. Associated Institution Types

- 1862 Extension
- 1862 Research

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Quantitative Target	Actual
2010	{No Data Entered}	47174

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

What has been done

Results

4. Associated Knowledge Areas

KA Code	Knowledge Area
502	New and Improved Food Products
701	Nutrient Composition of Food
702	Requirements and Function of Nutrients and Other Food Components
703	Nutrition Education and Behavior
724	Healthy Lifestyle

Outcome #6

1. Outcome Measures

(4.1i) # of extension educators and/or volunteers reporting increased delivery of healthy living-related programs

Not Reporting on this Outcome Measure

Outcome #7

1. Outcome Measures

(4.1j) # of vulnerable children and youth documented to have reduced incidence of overweight and obesity as a result of participating in relevant educational programs

Not Reporting on this Outcome Measure

Outcome #8

1. Outcome Measures

(4.1k) # of adult program participants documented to have reduced one or more chronic disease indicators associated with overweight

Not Reporting on this Outcome Measure

Outcome #9

1. Outcome Measures

(4.2b) #of program participants who demonstrate knowledge or skill gains related to food resource management and food security

Not Reporting on this Outcome Measure

Outcome #10

1. Outcome Measures

(4.2c) # of program participants who adopt food resource management and/or food security practices

2. Associated Institution Types

- 1862 Extension
- 1862 Research

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Quantitative Target	Actual
2010	{No Data Entered}	20073

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

What has been done

Results

4. Associated Knowledge Areas

KA Code	Knowledge Area
701	Nutrient Composition of Food
703	Nutrition Education and Behavior
724	Healthy Lifestyle

Outcome #11

1. Outcome Measures

(4.2d) # of program participants documented to have improved food resource management and/or food security

2. Associated Institution Types

- 1862 Extension
- 1862 Research

3a. Outcome Type:

Change in Condition Outcome Measure

3b. Quantitative Outcome

Year	Quantitative Target	Actual
2010	{No Data Entered}	11069

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

What has been done

Results

4. Associated Knowledge Areas

KA Code	Knowledge Area
701	Nutrient Composition of Food
703	Nutrition Education and Behavior
724	Healthy Lifestyle

Outcome #12

1. Outcome Measures

(4.3b) # of program participants who demonstrate increased knowledge or skill gains related to childhood obesity prevention programs and policies

Not Reporting on this Outcome Measure

Outcome #13

1. Outcome Measures

(4.3c) # of program participants documented to have increased involvement in public/community childhood obesity prevention actions

Not Reporting on this Outcome Measure

Outcome #14

1. Outcome Measures

(4.3d) # of participating schools and/or communities documented to have made practice and/or policy changes to promote healthy eating and active living

2. Associated Institution Types

- 1862 Extension
- 1862 Research

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Quantitative Target	Actual
2010	{No Data Entered}	45

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

What has been done

Results

4. Associated Knowledge Areas

KA Code	Knowledge Area
502	New and Improved Food Products
701	Nutrient Composition of Food
702	Requirements and Function of Nutrients and Other Food Components
703	Nutrition Education and Behavior
724	Healthy Lifestyle

Outcome #15

1. Outcome Measures

(4.3e) # of participating schools and/or communities reporting decline in incidence of childhood overweight and/or indicators of chronic diseases associated with obesity

Not Reporting on this Outcome Measure

Outcome #16

1. Outcome Measures

Why Obese Women Breastfeed for Less Time Than Normal-Weight Women

2. Associated Institution Types

- 1862 Research

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)

More than half of American women of reproductive age are overweight; almost 30 percent are obese. Overweight and obese women in NY breastfeed for less time than normal-weight women and are particularly likely to stop breastfeeding soon after delivery?thus falling short of national health recommendations for how long babies should be breastfed. Meanwhile, women who breastfeed only briefly retain more weight postpartum and cannot benefit from other values breastfeeding holds for their health. Their babies are more likely to suffer from various illnesses and become obese as children or adolescents than those who are breastfed for the recommended time. The Infant Feeding Practices Study, conducted recently by the Centers for Disease Control and the Food and Drug Administration, surveyed pregnant women about their

motivations for breastfeeding. After giving birth these women provided detailed information about how they fed their babies, and why.

What has been done

Using data on about 3000 pregnant women and their infants, we applied standard statistical techniques to test a series of hypotheses about how the psychosocial and sociocultural characteristics of women, the characteristics of their employment, and their use of breast pumps might modify how obesity affects the duration of breastfeeding. Thus we were able to study the role of the infant as a possible mediator in the association between prepregnancy body-mass index (BMI) and the duration of breastfeeding.

Results

As expected, BMI was significantly negatively associated with how long mothers produced milk as well as the extent to which they fed breast milk only. We also found that BMI was significantly positively associated with infant size at birth. Yet after adjusting for maternal prepregnancy BMI, infant size at birth was significantly positively associated with how long these mothers produced milk and fed it exclusively?in other words, the negative associations between BMI and the duration of milk production and exclusive feeding were reduced by infant size at birth. This statistical removal of infant size at birth increased the magnitude of the negative associations between maternal prepregnancy BMI, how long mothers breastfed exclusively, and their milk production. Thus the tendency of heavier mothers to deliver heavier infants reduces the true magnitude of the association between maternal prepregnancy BMI and shortened breastfeeding duration. We found that women of different BMI categories overall did not differ in whether, when, or why they expressed breast milk. Also, the association between overweight or obesity and shorter duration of breast milk production was significant only among women who never expressed milk. Compared to overweight and obese women who did not express milk, those who did produced milk longer. Breast milk expression may support longer durations of breast milk production and reduce differences among BMI groups in the duration of feeding breast milk. Women of different BMI groups exhibited similar milk expression behavior, but obese women were less able to obtain milk by expression.

4. Associated Knowledge Areas

KA Code	Knowledge Area
703	Nutrition Education and Behavior

Outcome #17

1. Outcome Measures

Dog Walking and Obesity Prevention: A Methods Development Study

2. Associated Institution Types

- 1862 Research

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)

Overweight and obesity have grown to epidemic proportions in the U. S. in recent years. A lack of physical activity plays a major role in this change.

What has been done

We evaluated a number of features of walking in both dogs and humans. Among dogs, the average number of daily steps correlated with their body condition score, or BCS: in general, the higher the number of steps, the better their body condition. We also surveyed obesity-clinic and community members to find out how often and for how long they walked their dogs. This project is developing the data and tools in a program to combat obesity by increasing dog-walking as a form of family exercise.

Results

The mean difference in average daily walking steps between obese and proper-weight dogs was 7,098 steps a day, or about 45 minutes of walking a day. This increased physical activity allowed for higher kilocalorie consumption during a weight-loss program. Within such a program, each 1,000-step interval equates to approximately 1 extra kilocalorie per kg consumed. Meanwhile, considerable differences were seen in how often obesity-clinic and community participants walked their dogs. Seventy percent of community walkers reported walking their dog at least once a day, while only 25% of the obesity clinic participants did. Sixty per cent of community participants reported that they walked for at least 30 minutes. In contrast, just 25% of obese dog owners did. Yet we found no differences in people’s attitudes about how important dogs were to them and their families. We also monitored walking among people in the community group. They were enthusiastic participants?retention of participants was 95% and on average they walked 11,906 steps daily. Surprisingly, that’s twice the most frequently cited average?5,931 steps is considered highly active. Our community participants also displayed no difference in average step numbers despite their varying BMI levels, a result not observed in most studies. In fact, several studies including our own have shown that people walk less on weekends. Yet our dog -walking group had significantly higher step values on weekends (12,541 daily steps, Friday to Sunday) than they did during the week (10,994 daily steps, Monday to Thursday). We will examine how this enthusiasm plays out in the general population of dog walkers in future studies.

4. Associated Knowledge Areas

KA Code	Knowledge Area
724	Healthy Lifestyle

Outcome #18

1. Outcome Measures

Preventing Childhood Obesity: An Ecological Approach

2. Associated Institution Types

- 1862 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)

Educators and other professionals working with youth require comprehensive understanding of the contributors to childhood obesity.

What has been done

AFRI and Federal Formula Funds have supported the delivery and evaluation of the online course, Preventing Childhood Obesity: An Ecological Approach. The long term goal of the overall project is to build the capacity of extension professionals and their community partners to effectively apply an ecological approach to preventing childhood obesity at the local level.

Results

To date, 13 sessions of the course has been delivered to 391 extension nutrition, 4-H youth development and other community professionals from 42 states. Evaluation results from the first 6 sessions have shown statistically significant positive changes in participant knowledge, skills and self-efficacy in using an ecological approach, demonstrating the course is effective in building capacity of the target audience.

For many, the course helps them consider strategies beyond the traditional information dissemination approach. Participants have also indicated numerous ways in which they put the information in the course to work in their communities. Six-month follow up surveys have provided some insights into the value of the course, such

as "Our Michigan team found this to be a rich learning opportunity and it has fostered knowledge, collaboration and friendships. I found myself anxious for each new assignment and opportunity to work together. I personally am very excited to have this new knowledge base to draw from."

4. Associated Knowledge Areas

KA Code	Knowledge Area
703	Nutrition Education and Behavior
724	Healthy Lifestyle

Outcome #19

1. Outcome Measures

Increasing Physical Activity in Schools

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Action 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)

NYS Department of Education requires 120 minutes of physical activity to children in grades 1 to 6. Like many elementary schools, Lyons Elementary fell short of this requirement. They provided 80 minutes per week regularly.

What has been done

Through the Eat Well Play Hard Community Project (EWPH), CCE of Wayne was able to provide mini-grants valued at up to \$1,000 to elementary schools to either improve access to physical activity or to healthy foods in a way that would be sustainable.

Results

500 students now participate in an additional 40 minutes of physical activity per week, supplementing the 80 minutes provided by physical education classes, meeting the 120 minutes per week required by NYS Department of Education. ?Take 10!?! is written into the Lyons physical education plan submitted to NYS Department of Education.

4. Associated Knowledge Areas

KA Code	Knowledge Area
724	Healthy Lifestyle

Outcome #20

1. Outcome Measures

Eat Well Play Hard Program

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Action 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)

Obesity and diabetes have emerged as two of the most critical health threats to New Yorkers reducing the quality of life of families, shortening the life span of children, increasing health care costs and reducing productivity of children and adults. Eat Well Play Hard was an opportunity through grant funding to make environmental changes to impact the increasing rate of childhood obesity in Delaware and Greene Counties.

What has been done

Cornell Cooperative Extension has taken leadership in Delaware and Greene Counties to form Eat Well Play Hard Partnerships to develop programs to implement three Eat Well Play Hard strategies: increase physical activity, consumption of fruits and vegetables and consumption of low fat and fat free dairy products for children over the age of two and their families. Cornell Cooperative Extension has offered hands on training to day care providers in each county through six workshops on nutrition for children, vegetables and local foods, physical activity, gardening and creating outdoor play areas. Minigrants have been awarded to support community organizations and schools to make sustainable healthy change for youth increasing physical activity and healthy food choices.

Results

Farmer Markets have been established in three communities to increase access to healthy foods. Community centers and schools have been trained to implement the three Eat Well Play Hard strategies. Eat Well Play Hard Partnerships in each county have completed mission and vision statements and implemented Eat Well Play Hard strategies and environmental changes in their agencies/organizations. Charlotte Valley and Sidney Central Schools completed School Health Index assessments and school policies to implement the Eay Well Play Hard Strategies in their schools. These schools increased physical activity in their schools by 20 percent as a result of Eat Well Play Hard. Four schools and four community gardens were planted, harvested and

vegetables were eaten by youth and families as part of the minigrant funded projects. 169 registered daycare providers and centers received training/credits through Eat Well Play Hard. Three farmer markets were established in Delaware County to increase the redemption of Farmer Market Coupons and access to locally grown fruits and vegetables by WIC and senior participants as part of Eat Well Play Hard. The redemption rate for Farmer Market Coupons was increased by 6.8% at the Sidney Market as tracked through WIC the first full season at the market.

4. Associated Knowledge Areas

KA Code	Knowledge Area
703	Nutrition Education and Behavior
724	Healthy Lifestyle

Outcome #21

1. Outcome Measures

Reducing Consumption of Fast Foods & Sugary Drinks

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Action 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)

According to a publication from the Robert Wood Johnson Foundation, "F as in Fat", Obese American children and teenagers today are on track to have poor health throughout their adult lives. Overall, this next generation of Americans could be the first to have shorter, less healthy lives than their parents. The Center for Disease Control can be cited as listing the "...shift in diet toward the increased intake of energy-dense foods that are high in fats and sugars..." as one of the main causes of the childhood obesity epidemic. This epidemic is growing in seriousness and anyone who is concerned about the physical and economic health of our nation is tuned into the subject of childhood obesity.

What has been done

Over 557 youth, ages 8-15 in an after school program, 3 summer recreation programs, 2 school fairs and a community event compared sugar and fat content in popular drinks and fast foods. The youth used math skills to translate grams of sugar and fat into teaspoons and created a

visual by measuring the number of teaspoons in their favorite food and drink choices. Youth then worked to make alternative choices that are lower in sugar and fat and contain more nutrients, such as low-fat milk. Participants also made simple low-fat, low-sugar, high protein, high fiber recipes to sample and take away as examples of healthier choices. Youth involved in this program practiced a variety of life skills including healthy lifestyle choiceec, decision making wise use of resource and self-discipline.

Results

72% of youth gained practical skills reading and interpreting nutrition labels on beverage containers 83% of youth demonstrated improved attitudes around healthy food and drink choices by trying different foods and drinks and 50% of the youth requested seconds of the items they tasted. 48% of the youth expressed surprise, disappointment and disgust over the amount of sugar and fat in their favorite fast foods and sugary drinks. 33% of the youth set goals to decrease the number of sugary drinks they take in each day.

4. Associated Knowledge Areas

KA Code	Knowledge Area
703	Nutrition Education and Behavior

V(H). Planned Program (External Factors)

External factors which affected outcomes

- Economy
- Appropriations changes
- Public Policy changes
- Government Regulations
- Competing Public priorities
- Populations changes (immigration, new cultural groupings, etc.)

Brief Explanation

The scope and scale of outcomes can be greatly enhanced by augmenting Federal Formula Funds with external sources of support. However, external grant funds may only support certain activities or aspects of this plan. Local governments, an important funder for local extension staff, face diminished revenues and increased mandated costs outside of the non-mandated extension programs. Thus having staff professionals available to implement new research-based programming is not always possible. A very slow recovery from the recession and pockets of high unemployment in the state affect how public and private funds are allocated to educational activities. In some instances, family subsistence will be a higher priority than improved nutrition and opportunities for physical activity. As an example of the latter, in New York State, cost cutting proposals include closing some public parks and reducing recreational physical activity programs. Some decision-makers and others in the community may not agree with all aspects of an ecological approach to childhood obesity prevention. They may disagree with community or institutional policy changes such as eliminating non-nutritious snacks from after school activities and place all responsibility on the individual and within the family, disregarding most environmental factors outside the family.

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

1. Evaluation Studies Planned

Evaluation Results

{No Data Entered}

Key Items of Evaluation

{No Data Entered}