

V(A). Planned Program (Summary)

Program # 1

1. Name of the Planned Program

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
701	Nutrient Composition of Food	5%	5%		
702	Requirements and Function of Nutrients and Other Food Components	5%	5%		
703	Nutrition Education and Behavior	30%	30%		
704	Nutrition and Hunger in the Population	5%	5%		
723	Hazards to Human Health and Safety	5%	5%		
724	Healthy Lifestyle	25%	25%		
805	Community Institutions, Health, and Social Services	25%	25%		
	Total	100%	100%		

V(C). Planned Program (Inputs)

1. Actual amount of FTE/SYs expended this Program

Year: 2011	Extension		Research	
	1862	1890	1862	1890
Plan	22.0	3.5	0.0	0.0
Actual Paid Professional	21.4	4.3	0.0	0.0
Actual Volunteer	0.0	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
685252	311692	0	0
1862 Matching	1890 Matching	1862 Matching	1890 Matching
555468	311692	0	0
1862 All Other	1890 All Other	1862 All Other	1890 All Other
1524365	440957	0	0

V(D). Planned Program (Activity)

1. Brief description of the Activity

The primary activities in this area are 10 statewide Extension Team Projects. These are:

ETP21A - Arthritis and Osteoporosis Prevention and Control

ETP21B - Cancer Prevention and Control Education

Activities: Relay for Life Team (Metro Knights) funding raising.

Annual cancer awareness workshop in October- 165 community and college students attended.

ETP21C - Cardiovascular Health Awareness

Activities: Heart awareness program.

Heart awareness bulletin boards and exhibits at health fairs throughout the state.

ETP21D - Diabetes and Obesity Prevention and Control

Activities: Mini workshops were conducted by UREAs throughout the state to limited resource groups.

ETP21F - Environmental Health

ETP21L - Healthy Families, Healthy Communities

Each project includes a variety of educational activities. Detailed descriptions of the activities of these projects are available on the ACES intranet.

2. Brief description of the target audience

The primary target audience is the general public, Adults and youth, families, Professional Health Care Providers and Head Start Workers to reduce the burden of Obesity in AL, to advance knowledge, to ensure that nutritious foods are affordable and individuals and families are able to make informed decisions based on scientific facts about foods and its availability how to have a better quality of life.

UREAs with assignments in health and nutrition focus primarily on limited resources families and individuals in the Metropolitan Statistical Areas of Alabama (MSA's)

3. How was eXtension used?

There is an eXtension community of practice in Health, agents and specialists use the site for resources, publications and articles

Used eXtension as a site for resources and publications.

V(E). Planned Program (Outputs)

1. Standard output measures

2011	Direct Contacts Adults	Indirect Contacts Adults	Direct Contacts Youth	Indirect Contacts Youth
Actual	6705	89646	1437	0

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

Patent Applications Submitted

Year: 2011

Actual: 0

Patents listed

3. Publications (Standard General Output Measure)

Number of Peer Reviewed Publications

2011	Extension	Research	Total
Actual	0	0	0

V(F). State Defined Outputs

Output Target

Output #1

Output Measure

- This program area will include numerous output activities and methods as part of the Extension Team Projects (ETPs) which are described/explained in the prior "outcome activities and methods sections." The success of many of these outcomes will be formally evaluated/measured by using individual activity evaluation forms designed specifically for each activity, the success of other activities and methods will be measured by the level of participation in the activity. In the target boxes below for each year, we are indicating the number of individual activities within the ETPs for this program area that will be formally evaluated using an evaluation instrument designed specifically for that activity.

Year	Actual
2011	5

Output #2

Output Measure

- Workshops, training meeting, conferences, media, newsletter articles and individual contacts.

Year	Actual
2011	0

V(G). State Defined Outcomes

V. State Defined Outcomes Table of Content

O. No.	OUTCOME NAME
1	<p>Each ACES employee is required to provide a success story on the program activity which they felt best demonstrates the impacts of their work. These success stories contain the following elements: Why: Explain the reason the program was done, or the situation or problem that the program addressed What: Specifically what was done and how it was done. When: If this was a one-time event, the date it occurred. If it is was a series of events, or an on-going program, when it began. Where: Specific location-- the county or counties involved. Who and how many: The "who" includes both who did the program and who were the clients of the program, as well as how many people were served. So what: This is the part that gives the real meaning to "success". The basic question to be answered in this part is "what difference did this program make". The difference may be measured in terms of dollars, or in changes in habits, lifestyles or attitudes. Whenever possible use numbers to show the effect of the program. If it is not possible to use numbers, provide a qualitative measurement like client comments or another type of testimonial about the program. Since this program area is very broad in scope and contains multiple Extension Team Projects which have different outcomes measures, the impacts for this program area are best measured in the number and quality of the success stories generated by the individuals who work on these projects. Therefore, one very significant outcome measure is the number of success stories generated.</p>
2	<p>Major outcome measures in Human Nutrition, Diet, and Health will be the decrease in diseases which are directly related to nutrition, and the decrease in the percent of obese adults and children. The yearly targets below are percentage decreases in diseases.</p>
3	<p>To increase fruits, vegetables, and calcium-rich foods in diets.</p>

Outcome #1

1. Outcome Measures

Each ACES employee is required to provide a success story on the program activity which they felt best demonstrates the impacts of their work. These success stories contain the following elements: Why: Explain the reason the program was done, or the situation or problem that the program addressed What: Specifically what was done and how it was done. When: If this was a one-time event, the date it occurred. If it is was a series of events, or an on-going program, when it began. Where: Specific location-- the county or counties involved. Who and how many: The "who" includes both who did the program and who were the clients of the program, as well as how many people were served. So what: This is the part that gives the real meaning to "success". The basic question to be answered in this part is "what difference did this program make". The difference may be measured in terms of dollars, or in changes in habits, lifestyles or attitudes. Whenever possible use numbers to show the effect of the program. If it is not possible to use numbers, provide a qualitative measurement like client comments or another type of testimonial about the program. Since this program area is very broad in scope and contains multiple Extension Team Projects which have different outcomes measures, the impacts for this program area are best measured in the number and quality of the success stories generated by the individuals who work on these projects. Therefore, one very significant outcome measure is the number of success stories generated.

2. Associated Institution Types

- 1862 Extension
- 1890 Extension

3a. Outcome Type:

Change in Knowledge Outcome Measure

3b. Quantitative Outcome

Year	Actual
2011	105

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
702	Requirements and Function of Nutrients and Other Food Components

703	Nutrition Education and Behavior
704	Nutrition and Hunger in the Population
723	Hazards to Human Health and Safety
724	Healthy Lifestyle
805	Community Institutions, Health, and Social Services

Outcome #2

1. Outcome Measures

Major outcome measures in Human Nutrition, Diet, and Health will be the decrease in diseases which are directly related to nutrition, and the decrease in the percent of obese adults and children. The yearly targets below are percentage decreases in diseases.

2. Associated Institution Types

- 1862 Extension
- 1890 Extension

3a. Outcome Type:

Change in Condition Outcome Measure

3b. Quantitative Outcome

Year	Actual
2011	0

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

{No Data Entered}

What has been done

{No Data Entered}

Results

{No Data Entered}

4. Associated Knowledge Areas

KA Code	Knowledge Area
701	Nutrient Composition of Food
702	Requirements and Function of Nutrients and Other Food Components
703	Nutrition Education and Behavior

704	Nutrition and Hunger in the Population
723	Hazards to Human Health and Safety
724	Healthy Lifestyle
805	Community Institutions, Health, and Social Services

Outcome #3

1. Outcome Measures

To increase fruits, vegetables, and calcium-rich foods in diets.

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Knowledge Outcome Measure

3b. Quantitative Outcome

Year	Actual
2011	105

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

Childhood obesity is a problem. It leads to chronic conditions. Research shows that an increase in fruits and vegetables will help to reduce childhood obesity.

What has been done

24-Hour Food Recalls were collected and a Behavior Checklist

Results

n=254, 105 completed entrance/exit recalls. 46% with positive change at exit in Fruits and Vegetables. 40% with positive change at exit in calcium-rich foods.

4. Associated Knowledge Areas

KA Code	Knowledge Area
703	Nutrition Education and Behavior

V(H). Planned Program (External Factors)

External factors which affected outcomes

- Natural Disasters (drought, weather extremes, etc.)
- Economy
- Competing Programmatic Challenges
- Populations changes (immigration, new cultural groupings, etc.)
- Other (Availability of fresh fruits and vegetables)

Brief Explanation

Weather conditions keep participants from attending classes or exercising. Economy contributes to higher food and gas prices which make it difficult for participants to purchase healthy foods and travel. Programmatic challenges consist of not being able to purchase needed materials to help with educations and interactive activities. Population changes are the environments that surround the clients, for example, some areas do not have supermarkets in close proximity that provide healthy food choices and cultural -lifestyle habits passed from generation to generation, e.g. soul food; unhealthy surroundings promoting improper nutrition and sedentary lifestyles.

V(I). Planned Program (Evaluation Studies)

Evaluation Results

The nine UREAs reached over 4,000 individual and families through face to face contants. UREAs conducted a series of classes and mini workshops in which pre-posted evaluation instruments were used. However, 254 families were administered a 24-Hour Recall and a Behavior checklist. Of these families, 105 completed an entrance and exit food recall and a behavior checklist. Result indicated that 92.4% improved their diet, 46% showed an increased in fruits and vegetables consumption, and 40% showed an increase in calicum-rich food consumption. In addition, 88% of participants showed improvements in one or more food resources management practices and 71% of participants showed improvement in one or more of the food safety practices.

Key Items of Evaluation

The positive increase in the consumption of fruits and vegetables from entry to exit. And, the positive increase in the consumption of calcium-rich foods. Participants showed improvement in food resource management, nutrition, and food safety practices.