

**V(A). Planned Program (Summary)**

**Program # 4**

**1. Name of the Planned Program**

Childhood Obesity

Reporting on this Program

**V(B). Program Knowledge Area(s)**

1. Program Knowledge Areas and Percentage

KA Code	Knowledge Area	%1862 Extension	%1890 Extension	%1862 Research	%1890 Research
703	Nutrition Education and Behavior	50%		50%	
724	Healthy Lifestyle	50%		50%	
	<b>Total</b>	100%		100%	

**V(C). Planned Program (Inputs)**

1. Actual amount of FTE/SYs expended this Program

Year: 2012	Extension		Research	
	1862	1890	1862	1890
Plan	2.0	0.0	2.0	0.0
Actual Paid Professional	1.3	0.0	1.0	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
49193	0	46271	0
1862 Matching	1890 Matching	1862 Matching	1890 Matching
49193	0	46271	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

We will select among seven primary intervention studies for children aged 2 to 8 years that show a

positive effect on at least one of our primary outcomes: Body Mass Index (BMI), food intake, or physical activity. Specific interventions will be selected during 2011 based on consultations with our multi-state partners, local advisory committees, and healthcare professionals.

To determine an impact, two communities will be given the interventions and two communities will not. All four will have baseline data collected on children 2 to 8 years of age: height, weight, waist circumference, and evidence of acanthosis nigricans. Parents will be asked to complete a food and physical activity log during two days over the subsequent week of measurements. Children will also be fitted with a wrist accelerometer to quantify physical activity and sleep patterns. In two addition communities, children will be measured as above, but no accelerometer or food/PA logs distributed.

**2. Brief description of the target audience**

Communities in the two intervention sites.

**3. How was eXtension used?**

eXtension was not used in this program

**V(E). Planned Program (Outputs)**

**1. Standard output measures**

2012	Direct Contacts Adults	Indirect Contacts Adults	Direct Contacts Youth	Indirect Contacts Youth
<b>Actual</b>	450	5000	714	3000

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

**Patent Applications Submitted**

Year: 2012

Actual: 0

**Patents listed**

**3. Publications (Standard General Output Measure)**

**Number of Peer Reviewed Publications**

2012	Extension	Research	Total
<b>Actual</b>	0	0	0

**V(F). State Defined Outputs**

**Output Target**

**Output #1**

**Output Measure**

- Decrease in BMI percentiles, changes in food intake, changes in physical activity level among children 2 to 8 years of age.

<b>Year</b>	<b>Actual</b>
2012	0

**V(G). State Defined Outcomes**

**V. State Defined Outcomes Table of Content**

O. No.	OUTCOME NAME
1	Prevalence of overweight and obesity decreasing in this cohort over time

**Outcome #1**

**1. Outcome Measures**

Prevalence of overweight and obesity decreasing in this cohort over time

**2. Associated Institution Types**

- 1862 Extension
- 1862 Research

**3a. Outcome Type:**

Change in Action Outcome Measure

**3b. Quantitative Outcome**

Year	Actual
2012	0

**3c. Qualitative Outcome or Impact Statement**

**Issue (Who cares and Why)**

Childhood obesity usually leads to adult obesity which, in turn, is strongly linked to several non-communicable diseases such as type 2 diabetes, cardiovascular disease, and stroke.

**What has been done**

We held two meetings with each community to gather community-based recommendations to reduce childhood obesity. Participants included community leaders, parents, and elementary school teachers. From these meetings, we will plan our interventions.

**Results**

We learned that all four communities are ready for change. Several environmental changes were recommended, but the participants recognized that personal responsibility--especially of parents--would be paramount.

**4. Associated Knowledge Areas**

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

## **V(H). Planned Program (External Factors)**

### **External factors which affected outcomes**

- Economy
- Public Policy changes
- Government Regulations

### **Brief Explanation**

Some excellent community suggested environmental changes will require a commitment from government for capital improvement projects.

Many small grocery stores that serve the communities are operated by Asian businessmen who are primarily profit-oriented and may be reluctant to experiment with stocking healthy food choices that are perishable and may require expensive refrigeration.

Finally, changing behavior is one of the most difficult things for an individual to do.

## **V(I). Planned Program (Evaluation Studies)**

### **Evaluation Results**

Although government leaders and the general public acknowledge that obesity and its accompanying non-communicable diseases is taking a high toll on the health of the people as well as the health of the economy, environmental changes that could help reverse the trend are cost prohibitive in the short political lifespan of most government officials.

### **Key Items of Evaluation**