V(A). Planned Program (Summary)

Program # 4

1. Name of the Planned Program

Reducing 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	30%			
704	Nutrition and Hunger in the Population	10%			
724	Healthy Lifestyle	10%			
802	Human Development and Family Well-Being	5%			
806	Youth Development	20%			
901	Program and Project Design, and Statistics	10%			
902	Administration of Projects and Programs	5%			
903	Communication, Education, and Information Delivery	10%			
	Total	100%			

V(C). Planned Program (Inputs)

1. Actual amount of FTE/SYs expended this Program

Year: 2012	Extension		Research	
	1862	1890	1862	1890
Plan	4.0	0.0	0.0	0.0
Actual Paid Professional	5.7	0.0	0.0	0.0
Actual Volunteer	464.0	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**
202914	0	0	0
1862 Matching	**1890 Matching**	**1862 Matching**	**1890 Matching**
202914	0	0	0
1862 All Other	**1890 All Other**	**1862 All Other**	**1890 All Other**
99308	0	0	0

V(D). Planned Program (Activity)

1. Brief description of the Activity

- Evidence-based educational programs and activities that are directed at parents, children, professionals, partner agencies, and other audiences. These efforts will address the stated goals (see section V-D-2) in creative, innovative, and effective ways.
- Research on new strategies through which Extension can address issues affecting childhood obesity.
- Develop or select new 4-H foods curricula that focus on the youth learning to prepare healthy, local foods.
- Develop a curriculum designed to help older youth become local advocates for healthy eating and physical activity in their communities. The curriculum will help young people learn how to conduct community assessments and lead community change efforts that focus on education, system building, and policy development.

2. Brief description of the target audience

- Children, youth, and families across Oregon
- Youth professionals
- Agency personnel who work with children and families

3. How was eXtension used?

In 2012, Oregon's use of Ask an Expert continued to grow across the 36 counties, with 3111 questions answered in the system. Oregon ranks third in the nation for Ask an Expert activity, only a horse's nose behind 2nd busiest Colorado. Question response time remains less than 40 hours, well below the 48 hour target suggested nationally.

Over130 Extension faculty and staff and some thirty Master Gardener volunteers are actively answering questions from both Oregon and beyond.

Ask an Expert Question of the Week--developed at OSU-- featured 49 questions in 2012, with 5,476 unique visitors, spending on average over 2 minutes of reading. These featured questions have provided yet another access point for Oregonians to locate science-based answers to issues that matter to them.

V(E). Planned Program (Outputs)

1. Standard output measures

2012	Direct Contacts Adults	Indirect Contacts Adults	Direct Contacts Youth	Indirect Contacts Youth
Actual	9319	2423	37278	9690

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
Actual	4	0	0

V(F). State Defined Outputs

Output Target

Output #1

Output Measure

- Educational Events and Workshops to be Delivered

Year	Actual
2012	91

Output #2

Output Measure

- Newsletters to be Published

Year	Actual
2012	6

Output #3

Output Measure

- Web Sites to be Developed/Maintained

Year	Actual
2012	1

V(G). State Defined Outcomes

V. State Defined Outcomes Table of Content

O. No.	OUTCOME NAME
1	Children practice healthy eating as defined by the current U.S. Dietary Guidelines for Americans. (Percentage of target audience indicating positive change in measured outcome.)
2	Children engage in healthy levels of physical activity as defined by national physical activity guidelines. (Percent of target audience indicating positive change in measured outcome.)
3	Increases in positive levels of Knowledge, Attitude, Skill and Aspiration (KASA) outcomes (as per Bennett & Rockwell, 1995) related to goals of reducing obesity. (Percent of target audience indicating positive change in measured outcomes.)

Outcome #1

1. Outcome Measures

Children practice healthy eating as defined by the current U.S. Dietary Guidelines for Americans. (Percentage of target audience indicating positive change in measured outcome.)

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Actual
2012	64

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)
Childhood obesity is a national epidemic and has increased significantly in recent decades, and the problem is significant in Oregon as well. Research has demonstrated that childhood obesity is linked to numerous factors including low availability and high cost of healthy foods, low levels of physical activity, extensive advertising of high-calorie, high-fat foods, and lack of awareness on the part of families about multiple aspects of a healthy diet.

What has been done
Programming with limited resource families consisted of a series of four (2 hour) classes offered during July and September 2012. Lessons included: Plan, Shop, and Save/Get Moving; Vary Your Veggies/Focus on Fruit; Make Half Your Grains Whole; Build Strong Bones. Each lesson was supported by hands-on food preparation/tasting and multiple opportunities to gain/practice skills in food budgeting, meal planning, label reading, recipe modification, and food safety. 5th and 6th graders who participated in the classes with adult family members completed a 4-point scale behavioral checklist administered as a pre- and post-test, as well as a pre- and post-survey measuring knowledge gained.

Results
77% of 911 youth in 46 groups increased knowledge of nutrition. The participating youth also reported significant improvements in the frequency of practices in the following behaviors:
*Watched portion size to avoid eating too much (+15)
*Chose fat-free or low fat dairy/milk products (+8)
*Ate breakfast (+10)
*Ate at least 2 kind of fruits each day (+9)

4. Associated Knowledge Areas

KA Code	Knowledge Area
703	Nutrition Education and Behavior
704	Nutrition and Hunger in the Population
724	Healthy Lifestyle
802	Human Development and Family Well-Being
806	Youth Development

Outcome #2

1. Outcome Measures

Children engage in healthy levels of physical activity as defined by national physical activity guidelines. (Percent of target audience indicating positive change in measured outcome.)

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Actual
2012	80

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)
Childhood obesity is a national epidemic and has increased significantly in recent decades, and the problem is significant in Oregon as well. Research has demonstrated that childhood obesity is linked to numerous factors including low availability and high cost of healthy foods, low levels of physical activity, extensive advertising of high-calorie, high-fat foods, and lack of awareness on the part of families about multiple aspects of a healthy diet.

What has been done
Programming with limited resource families consisted of a series of four (2 hour) classes offered during July and September 2012. Lessons included: Plan, Shop, and Save/Get Moving; Vary Your Veggies/Focus on Fruit; Make Half Your Grains Whole; Build Strong Bones. Each lesson was supported by hands-on food preparation/tasting and multiple opportunities to gain/practice skills in food budgeting, meal planning, label reading, recipe modification, and food safety. 5th and 6th graders who participated in the classes with adult family members completed a 4-point scale behavioral checklist administered as a pre- and post-test as well as a pre- and post-survey measuring knowledge gained.

Results

The participating youth reported significant improvements in the frequency of practices in the following behaviors:
*46% Are physically active for at least 30 minutes a day (n=238);
*35% Are physically active for at least 60 minutes a day (n=238)

4. Associated Knowledge Areas

KA Code	Knowledge Area
703	Nutrition Education and Behavior
704	Nutrition and Hunger in the Population
724	Healthy Lifestyle
802	Human Development and Family Well-Being
806	Youth Development

Outcome #3

1. Outcome Measures

Increases in positive levels of Knowledge, Attitude, Skill and Aspiration (KASA) outcomes (as per Bennett & Rockwell, 1995) related to goals of reducing obesity. (Percent of target audience indicating positive change in measured outcomes.)

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Knowledge Outcome Measure

3b. Quantitative Outcome

Year	Actual
2012	71

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)
People of Hispanic origin comprise 11.2 percent of Oregon's 3.8 million population and Hispanics are the state's fastest growing minority. Nutrition education is critically important to this predominately immigrant population because of the disportionate number of individuals suffering from diet-related chronic conditions such as diabetes.

What has been done
With cooperation of many local partners in the Portland area, Extension delivers outreach education through the "Metro Hispanic Nutrition Office", which provides nutrition and food safety education to limited-income Hispanic families living in Multnomah, Clackamas and Washington

counties. The Metro Hispanic Nutrition program provided educational opportunities to over 3,000 mostly Hispanic families and individual adults and youth in 2012.

Results
Here is an example of the work: Jose (not his real name) is a 19-year-old, single Hispanic male, whose diabetes was out of control and affecting his vision. The Metro Hispanic Nutrition Office teamed up with the "La Clinica de Buena Salud", a Multnomah County Clinic located in NE Portland to provide basic nutrition education classes to diabetes patients. A Clinica Community Health Specialist referred Jose to Extension nutrition classes. Jose changed his work schedule in a local fast food restaurant to be able to make the classes a priority. Through the course of the two-month series of classes Jose lost weight, began exercising on a regular basis, and instead of eating fast food he learned how to prepare healthy meals using Extension recipes. He is now controlling his diabetes effectively.

4. Associated Knowledge Areas

KA Code	Knowledge Area
703	Nutrition Education and Behavior
704	Nutrition and Hunger in the Population
724	Healthy Lifestyle
802	Human Development and Family Well-Being
806	Youth Development

V(H). Planned Program (External Factors)

External factors which affected outcomes

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

Brief Explanation

Childhood obesity is a multi-component, complex issue and all of the above indicated factors potentially affect its prevalence in Oregon. Because of the growing number of children at risk for obesity, additional resources were devoted to this planned program during the past year. We plan to continue this focus in 2013.

V(I). Planned Program (Evaluation Studies)

Evaluation Results

Annual performance monitoring data was collected from participating counties to develop aggregate measures of program participants who have gained knowledge and/or

changed behavior related to diet or physical activity. Surveys were conducted based upon OSU Institutional Review Board policies, procedures and guidelines. For quantitative data, customized on-site surveys were used. The number of persons sampled was based upon the estimated degree of variation in the target population and the desired degree of resolution. For qualitative assessments, care was taken to assure that case studies were representative of the larger population served by the programming.

Key Items of Evaluation

The participating youth reported statistically significant improvements in the frequency of practices in the following behaviors:

*46% Are physically active for at least 30 minutes a day (n=238);
*35% Are physically active for at least 60 minutes a day (n=238)
*59%Watched portion size to avoid eating too much (n=911)
*58% Chose fat-free or low fat dairy/mild products (n=911)
*65% Ate breakfast (n=911)
*66% Ate at least 2 kind of fruits each day (n=911)