

V(A). Planned Program (Summary)

Program # 11

1. Name of the Planned Program

Health and Safety

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
402	Engineering Systems and Equipment	5%	5%	0%	
724	Healthy Lifestyle	70%	70%	0%	
805	Community Institutions, Health, and Social Services	25%	25%	0%	
	Total	100%	100%	0%	

V(C). Planned Program (Inputs)

1. Actual amount of FTE/SYs expended this Program

Year: 2012	Extension		Research	
	1862	1890	1862	1890
Plan	15.0	2.0	0.0	0.0
Actual Paid Professional	18.0	1.0	0.0	0.0
Actual Volunteer	6.0	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
393463	112073	0	0
1862 Matching	1890 Matching	1862 Matching	1890 Matching
1387663	112073	0	0
1862 All Other	1890 All Other	1862 All Other	1890 All Other
155975	0	0	0

V(D). Planned Program (Activity)

1. Brief description of the Activity

Dining with Diabetes was a three-session course 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. 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 included:

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

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.

3. How was eXtension used?

Tennessee is represented by 108 eXtension members in 42 of the 59 approved Communities of Practice (CoP). Tennessee Extension personnel have addressed over 800 Frequently Asked Questions through eXtension.

This Health and Safety Planned Program was enhanced through the service of

- two Tennessee Extension personnel on the "Drinking Water and Human Health" CoP, and
- seven Tennessee Extension personnel on the "Extension Disaster Education Network" CoP.

Tennessee Extension personnel shared implementation strategies, outcome measurement, and evaluation protocols with their CoP colleagues.

V(E). Planned Program (Outputs)

1. Standard output measures

2012	Direct Contacts Adults	Indirect Contacts Adults	Direct Contacts Youth	Indirect Contacts Youth
Actual	13118	11591836	26509	0

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	1	0	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	Actual
2012	486

Output #2

Output Measure

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

Year	Actual
2012	395114

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	Living Well with Chronic Conditions in Tennessee

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
- 1890 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Actual
2012	568

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
805	Community Institutions, Health, and Social Services

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
- 1890 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Actual
2012	262

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
805	Community Institutions, Health, and Social Services

Outcome #3

1. Outcome Measures

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

Not Reporting on this Outcome Measure

Outcome #4

1. Outcome Measures

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

2. Associated Institution Types

- 1862 Extension
- 1890 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Actual
2012	98

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
805	Community Institutions, Health, and Social Services

Outcome #5

1. Outcome Measures

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

Not Reporting on this Outcome Measure

Outcome #6

1. Outcome Measures

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

Not Reporting on this Outcome Measure

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
- 1890 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Actual
2012	146

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
805	Community Institutions, Health, and Social Services

Outcome #8

1. Outcome Measures

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

2. Associated Institution Types

- 1862 Extension
- 1890 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Actual
2012	341

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
805	Community Institutions, Health, and Social Services

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
- 1890 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Actual
2012	341

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
805	Community Institutions, Health, and Social Services

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	Actual
2012	661

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	Actual
2012	568

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

Living Well with Chronic Conditions in Tennessee

2. Associated Institution Types

- 1862 Extension
- 1890 Extension

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)

Chronic diseases, such as arthritis, asthma, cancer, depression, diabetes, heart disease, obesity and pulmonary disease, are among the most prevalent and costly health problems facing Tennessee. These illnesses account for 70% of deaths and 75% of health care costs in the United States. The consequences of chronic illness include a myriad of physical, mental, and social consequences that affect patients and their family members, friends and caregivers. In addition to the patient education provided by health care providers, people need the knowledge and skills necessary to self-manage their chronic condition. By becoming good self-managers, they can live the best possible quality of life and control personal health care costs.

What has been done

Recognizing that people with chronic conditions must make day-to-day decisions (self-management) about their illness, UT Extension has partnered with the Tennessee Department of Health and the Tennessee Commission on Aging and Disability to offer Living Well with Chronic Conditions Program, the Stanford Chronic Disease Self-Management Program. Extension educators in 63 counties were certified to conduct this program in partnership with clinics, health departments, hospitals and senior centers. 17,570 contacts were made, with 1,448 of the contacts attending the self-management education program. 2,659,939 indirect contacts received chronic disease self-management information through exhibits, newspaper articles, publications, and radio and TV programs.

Results

Six months after completing the program, 573 participants completed a follow-up survey and reported:

- *71% (404 of 573) are applying healthy eating principles when making food decisions.
- *67% (381 of 569) are better self-managers of their chronic condition.
- *67% (329 of 491) are finding their chronic condition is interfering less with the things they like to do.
- *66% (359 of 547) are physically active.
- *69% (270 of 393) have fewer visits to the emergency room.
- *58% (326 of 561) have less pain from their chronic condition.

4. Associated Knowledge Areas

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

V(H). Planned Program (External Factors)

External factors which affected outcomes

- Appropriations changes
- Competing Public priorities
- Competing Programmatic Challenges

Brief Explanation

In FY 2012, state appropriations in Tennessee were reduced across the board for all public agencies. For UT Extension, this was a \$2.5 million reduction from FY 2011 to FY 2012 in operating expenditures. Both UT and TSU Extension made programmatic changes to accommodate reductions. These changes included limiting postage, travel and printing.

V(I). Planned Program (Evaluation Studies)

Evaluation Results

Health Literacy Economic Impact

Increasing health literacy and adopting healthy habits such as increasing exercise and participating in health screenings have shown to improve health and reduce the risk of many chronic diseases, such as diabetes and high blood pressure. For every dollar spent on UT Family and Consumer Sciences health education programs, \$25 is saved on direct medical costs and indirect expenditures, resulting in a \$48.4 million benefit to Tennessee.

Key Items of Evaluation

Health Literacy Economic Impact

Increasing health literacy and adopting healthy habits such as increasing exercise and participating in health screenings have shown to improve health and reduce the risk of many chronic diseases, such as diabetes and high blood pressure. For every dollar spent on UT Family and Consumer Sciences health education programs, \$25 is saved on direct medical costs and indirect expenditures, resulting in a \$48.4 million benefit to Tennessee.