

V(A). Planned Program (Summary)

Program # 1

1. Name of the Planned Program

Childhood Obesity (Health and Wellness Across The Lifespan)

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
701	Nutrient Composition of Food	20%	20%		
702	Requirements and Function of Nutrients and Other Food Components	20%	20%		
703	Nutrition Education and Behavior	20%	20%		
704	Nutrition and Hunger in the Population	10%	10%		
723	Hazards to Human Health and Safety	10%	10%		
724	Healthy Lifestyle	10%	10%		
805	Community Institutions, Health, and Social Services	10%	10%		
	Total	100%	100%		

V(C). Planned Program (Inputs)

1. Actual amount of FTE/SYs expended this Program

Year: 2013	Extension		Research	
	1862	1890	1862	1890
Plan	9.9	4.8	0.0	0.0
Actual Paid Professional	58.6	7.2	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
770960	438422	0	0
1862 Matching	1890 Matching	1862 Matching	1890 Matching
1018755	438422	0	0
1862 All Other	1890 All Other	1862 All Other	1890 All Other
6027928	727724	0	0

V(D). Planned Program (Activity)

1. Brief description of the Activity

Expanded Food and Nutrition Education Program (EFNEP) assisted limited-resource audiences in acquiring knowledge, skills, and changed behavior necessary for nutritionally sound diets, and contribute to personal development and improvement of family diet and nutritional wellbeing. EFNEP provided audiences with opportunities for informed dietary choices, lifestyle changes, reduction in health care costs, and healthier lives. EFNEP was leveraged by Smith-Lever and 1890 Extension funds.

Urban Expanded Food and Nutrition Education Program (UEFNEP) Nutrition education classes are provided for Alabamians with limited resources to empower people to make better nutrition choices and health decisions. UEFNEP was leveraged by Smith-Lever and 1890 Extension funds.

SNAP-Ed - Body Quest: Food of the Warrior, childhood obesity prevention program. BQ empowers 3rd graders to increase fruit and vegetable (FV) consumption. Traditional instruction included educator-led teaching. Non-traditional reinforcement lesson taught via 1 of 7 iPad apps. Treatment group: vegetable tastings at alternating classes and families received weekly take-home activities. Control group: pre/post assessments. 4-H BQ program also teaches components of Body Quest: Food of the Warrior program. SNAP-Ed was leveraged by Smith-Lever and 1890 Extension funds.

Urban Supplemental Nutrition Assistance Program-Education (Urban SNAP-Ed): Goals of Urban SNAP-Ed are to provide nutrition education that enhances the capacity of limited resource individuals and their families to make healthy food choices, to use proper food handling and storage techniques, and to eat nutrient-dense foods. Snap-Ed was leveraged by Smith-Lever and 1890 Extension funds.

Just Move! Alabama 4-H program increases physical activity, healthy nutritional choices and acceptance of all body types. Youth engage in 1-5 hours of education using multiple delivery modes: after/in school, clubs, camps, festivals, county round-ups, YMCA, Housing Authorities, and youth detention facilities. Served public, private, secular/non-secular.

Community Health Aerobic Motivational Program Initiating Optimal Nutrition (CHAMPION) curriculum is a 6 lessons series; activities include nutrition, health and physical activity classes, and food demonstrations.

Relationship Education: For Adults taught Relationship and Marriage Education programs to raise awareness and provide skills training for individuals and couples who are married, dating, and/or considering marriage. Programs also targeted skills for building healthy couple and family relationships of

stepfamilies. Smart Steps addressed stepfamily myths/development, realistic expectations for adults/children, legal/financial issues, etc. Teens, Relationship Smarts+ addresses unrealistic relationship beliefs, dating violence awareness.

Quality Child Care workshops addressed multiple topics of quality caregiving concerns. Mentors worked as part of Family Child Care Partnerships program and assisted providers to implement quality child care knowledge by changing practices in areas identified as critical to quality and surpass state-identified quality standards to achieve national accreditation.

2. Brief description of the target audience

EFNEP: Our target audience is limited-resource children and youth.

UEFNEP: Our target audience is limited-resource Hispanic children ages 6- 14.

SNAP-Ed - Body Quest: Food of the Warrior participants were third grade students in Alabama schools eligible for Supplemental Nutrition Assistance Program-Education (SNAP-Ed). This requires a school to have 50% or more students receiving Free or Reduced-price Lunch. For the technology study, participants were 52 ACES educators comprised of county SNAP-Ed Agent Assistants and 4-H Regional Extension Agents.

4-H Body Quest: Targets 4th graders and is not limited to schools meetings free and reduced lunch percentages that NEP is held to.

Urban Supplemental Nutrition Assistance Program-Education (Urban SNAP-Ed): Urban Supplemental Nutrition Assistance Program (Urban SNAP-Ed) target audience is limited resource individuals and families in Alabama's Metropolitan Statistical Area (MSAs).

SNAP-Ed Demographics: Youth 4,376

Just Move! Alabama: Targets all 4-Hers ages and numerous risk youth audience were reached.

CHAMPION: There were 600 youth, females (50%) and males (50%) between the ages of 5-18 years old. Majority of the participants were African American

Relationship Education: We target a diverse group of high school students.

Quality Child Care: Of the 895 participants, most were female (98%), white (55%), and rural (70%). Of the 258 participants, most were female (100%), middle-aged (88% over the age of 30), and African-American (54%). At the time of their enrollment in FCCP, 84% of providers had not completed a 2-year or 4-year degree; 39% reported having taken some post-baccalaureate classes without receiving a degree.

3. How was eXtension used?

CHAMPION curriculum contains research-based information from eXtension.

Information on links to additional healthy relationships resources through eXtension are provided to participants (e.g., Couples Communicating About Money; Couples, Talk about the Impact of Parenting on Your Life)

The use of eXtension was limited to referring participants in these programs to relevant CoP pages

(i.e, Alliance for Better Child Care, Just in Time Parenting).

V(E). Planned Program (Outputs)

1. Standard output measures

2013	Direct Contacts Adults	Indirect Contacts Adults	Direct Contacts Youth	Indirect Contacts Youth
Actual	31542	351985	33675	105401

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

Patent Applications Submitted

Year: 2013

Actual: 0

Patents listed

3. Publications (Standard General Output Measure)

Number of Peer Reviewed Publications

2013	Extension	Research	Total
Actual	3	5	8

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 SPIs and SPFs which are described/explained in the prior planned program; 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 SPIs and SPFs for this program area that will be formally evaluated using an evaluation instrument designed specifically for that activity. Publications
Not reporting on this Output for this Annual Report

Output #2

Output Measure

- The Expanded Food and Nutrition Education Program (EFNEP) provides a series of six nutrition education classes to limited-resource youth. This audience is recruited and enrolled in places

where limited-resource families live, work, and frequent. Typical places include local housing authorities, county health departments, Department of Human Resource county offices, Head Start, food banks, family resource centers, laundromats, schools, work sites, and community action agencies.

Year	Actual
2013	1988

Output #3

Output Measure

- EFNEP classes

Year	Actual
2013	331

Output #4

Output Measure

- EFNEP: Number of participants

Year	Actual
2013	7154

Output #5

Output Measure

- UEFNEP number of participants

Year	Actual
2013	132

Output #6

Output Measure

- UEFNEP Presentations to Elementary Parent and Teacher Associations for Hispanic Parents

Year	Actual
2013	11

Output #7

Output Measure

- UEFNEP Number of classes

Year	Actual
2013	162

Output #8

Output Measure

- USNAP-Ed Number of Participants

Year	Actual
2013	4376

Output #9

Output Measure

- USNAP-Ed Number of Classes

Year	Actual
2013	1980

Output #10

Output Measure

- Just Move! Alabama Number of programs

Year	Actual
2013	33

Output #11

Output Measure

- Just Move! Alabama Number of Participants

Year	Actual
2013	1564

Output #12

Output Measure

- Number of youth who participated in the six CHAMPION lessons

Year	Actual
2013	600

Output #13

Output Measure

- CHAMPION: Number of youth partnerships initiated or strengthened

Year	Actual
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2013 12

Output #14

Output Measure

- Number of CHAMPION youth nutrition and physical classes conducted

Year	Actual
2013	56

Output #15

Output Measure

- Number of Partnerships

Year	Actual
2013	8

Output #16

Output Measure

- Number of Grants submitted/awarded

Year	Actual
2013	1

Output #17

Output Measure

- Number of resource publications

Year	Actual
2013	1

Output #18

Output Measure

- Number of curriculum

Year	Actual
2013	1

Output #19

Output Measure

- Number of research papers accepted for publication

Year	Actual
2013	5

Output #20

Output Measure

- Number of 6-8 classes taught in series to youth

Year	Actual
2013	119

Output #21

Output Measure

- Number of 6-session series taught to adults

Year	Actual
2013	156

Output #22

Output Measure

- Number of one-on-one, face-to-face training hours provided to the targeted audience of family child care providers.

Year	Actual
2013	13977

Output #23

Output Measure

- Number of educational workshops conducted

Year	Actual
2013	58

Output #24

Output Measure

- Number of childcare workers attending the workshops

Year	Actual
2013	894

Output #25

Output Measure

- Number of Family Child Care Partnerships programs conducted

Year	Actual
2013	5081

Output #26

Output Measure

- Number of in-home mentoring sessions with licensed family child care providers

Year	Actual
2013	258

Output #27

Output Measure

- A What's for Lunch (W4L) checklist was developed to assess FV consumption of Body Quest students eating a school lunch.

Year	Actual
2013	1

Output #28

Output Measure

- An iChallenge assessment was developed to assess FV knowledge of treatment and control group students.

Year	Actual
2013	1

Output #29

Output Measure

- An online technology survey was developed

Year	Actual
2013	1

V(G). State Defined Outcomes

V. State Defined Outcomes Table of Content

O. No.	OUTCOME NAME
1	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.
2	Summary of the data base questions for Human Nutrition Diet and Health and 4-H Youth Development;pre and post tests results;24 hour food recall and behavior check-list summary.
3	CHAMPION Pre and Post Tests and Weight Management Obeservation
4	EFNEP: Improve Diet Quality, Food Safety, Physical Activity, and Food Preparation
5	CHAMPION Pre/Post Tests and Pre/Post Nutrition and Physical Activity Questionnaire
6	Increase the consumption of fruits and vegetables
7	Urban EFNEP Improve Diet Quality, Food Safety, Physical Activity
8	4-H BodyQuest
9	Urban SNAP-ED
10	Just Move Alabama
11	Relationship Education: Knowledge and Life Skills Gained; Improved Individual and Social Conditions
12	Number of family child care providers working toward national accreditation (as indicated by payment of fees associated with accreditation) and/or achieving national accreditation level of quality (as determined by independent observers from the National Association of Family Child Care).

13	Quality Child Care: Change in observed quality of child care practices (as assessed using the Family Child Care Environment Rating Scale, a well-documented standardized instrument, following an IRB-approved protocol for informed consent, data collection, and data protection.)
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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.

Not Reporting on this Outcome Measure

Outcome #2

1. Outcome Measures

Summary of the data base questions for Human Nutrition Diet and Health and 4-H Youth Development;pre and post tests results;24 hour food recall and behavior check-list summary.

Not Reporting on this Outcome Measure

Outcome #3

1. Outcome Measures

CHAMPION Pre and Post Tests and Weight Management Obeservation

Not Reporting on this Outcome Measure

Outcome #4

1. Outcome Measures

EFNEP: Improve Diet Quality, Food Safety, Physical Activity, and Food Preparation

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Actual
2013	7154

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

Childhood obesity is one of the greatest pressing child health issues in Alabama, and children of limited-resource families are at particular risk.

What has been done

Through six weeks of nutrition education, EFNEP reduces the risk of chronic diseases of Alabama's most vulnerable populations by promoting healthy eating, food safety, physical activity, and food preparation to individuals most disproportionately affected.

Results

At the conclusion, forty-one percent (41%) youth increased their abilities to choose foods according to Federal Dietary Recommendations or gained nutrition knowledge, forty-seven percent (47%) youth use safe food handling practices more often or gain knowledge, fifty percent (50%) youth improve their physical activity practices or gain knowledge, and fifty-three percent (53%) youth improve their abilities to prepare simple, nutritious, affordable food or gain knowledge. Nutrition education for youth plays an important role in the prevention of childhood obesity.

4. Associated Knowledge Areas

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

Outcome #5

1. Outcome Measures

CHAMPION Pre/Post Tests and Pre/Post Nutrition and Physical Activity Questionnaire

2. Associated Institution Types

- 1890 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Actual
2013	600

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

Alabamians' obesity rate is significantly high in adults (33%) and youth 2-17 years old (28%). This rate has an effect on the increased incidents of obesity-related diseases (Diabetes-14.1%, Hypertension-40.0%, High Cholesterol-34.1 %, Coronary Heart Disease-7.4%). Contributing key factors are unhealthy eating habits- consume under the recommended servings of fruits and vegetables combined (adults-52% and youth-165%) and physical inactivity (adults-31% and youth-22.4%).

What has been done

A series of six educational and instructional nutrition and physical activity classes were conducted by nine Urban Regional Extension Agents. Participants were administered nutrition and physical activity pre/post tests to assess knowledge and pre/post nutrition and physical activity questionnaire to assess changes in behavioral habits.

Results

A paired-samples t-test revealed that youth participants? (N= 600) scored significantly higher ($p < 0.05$) on the posttest (M= 59.02) than on pretest (M=42.93), $t = -12.719$. Youth participants' consumption of vegetables increased from pre (31%) to post (48%) and participation in sports or physical education (drills, walking, or running) during school hours for 60 minutes/3-5 days per week increased from pre (58%) to post (70%).

4. Associated Knowledge Areas

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

724 Healthy Lifestyle

Outcome #6

1. Outcome Measures

Increase the consumption of fruits and vegetables

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Actual
2013	2477

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

Childhood obesity has exponentially increased in the past decade. Alabama has one of the highest childhood obesity rates in the nation. Accompanying childhood obesity are increased chronic disease and stigmatism to children.

What has been done

Body Quest: Food of the Warrior is a 17-week childhood obesity prevention initiative. The main dietary goal of BQ is to increase fruit and vegetable intakes. BQ is taught by 24 Extension SNAP-Ed educators through blended learning using educator-led classroom and iPad app instruction.

Results

Students receiving BQ significantly ($P < .05$) increased fruit and vegetable consumption compared to the control group from pre to post. In addition, students receiving BQ had a significantly ($P < .05$) higher consumption of fruits and vegetables at post compared to control students. Both increases were a result of significantly ($P < .05$) increased vegetable consumptions.

4. Associated Knowledge Areas

KA Code	Knowledge Area
703	Nutrition Education and Behavior

Outcome #7

1. Outcome Measures

Urban EFNEP Improve Diet Quality, Food Safety, Physical Activity

2. Associated Institution Types

- 1890 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Actual
2013	132

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

Childhood obesity is one of the greatest pressing child health issues in Alabama, and children of limited-resource families are at particular risk. This group was 100% Hispanic. Hispanics have greater risk of health issues related to obesity than Caucasians or African Americans.

What has been done

14 groups/ 162 classes taught to educate the Hispanic population.

Results

Youth showed significant improvement in:
Nutrition Practices, Dietary quality, Food safety, Food Resource Management Practices, and physical activity. Improvement ranged from 60 to 93% for the 163 adults and youth showed an improvement range in 63 to 93% for the 132 youth.

4. Associated Knowledge Areas

KA Code	Knowledge Area
724	Healthy Lifestyle

Outcome #8

1. Outcome Measures

4-H BodyQuest

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Actual
2013	1184

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

Obesity has important consequences on our nation's health and economy. Safeguarding health during childhood is more important than at any other time because poor health during early life is likely to impair them over their lifetime.

What has been done

A common curriculum used to teach school children the benefits of meals and snacks of fresh fruits and vegetables, the importance of sleep, and physical activity. Delivery has been in public school setting during classroom time. 43 activities were carried out by 12 4-H REAs and 2 CECs in 20 counties. 1,129 youth participated and 55 adults. Each participant received 6-10 hours of instruction. Children's health is an economic investment and the right thing to do. Research shows that investing in children's health results in better educated and more productive adults. Safeguarding health during childhood is more important than at any other time because poor health during early life is likely to impair them over their lifetime.

Results

More than 88% of participants in the program reported including fruits in their daily intake. (n=1184)

Because of their involvement in the BQ Program, more than 63% of participants indicate that they are more likely to try new foods. (n=1184)

After the program was completed, approximately 62% of participants indicated that they were eating vegetables on a daily basis. (n=1184)

More than 90% of program participants indicated that they have some type of physical activity, such as running or playing, on a daily basis. (n=1184)

4. Associated Knowledge Areas

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

Outcome #9

1. Outcome Measures

Urban SNAP-ED

2. Associated Institution Types

- 1890 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Actual
2013	4376

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

Hispanics are of greater risk for obesity and other chronic illness than Caucasians or African Americans.

What has been done

60% of (n=3300 total classes) classes teaching a 10-lesson series to Hispanic youth in afterschool programs, community center, or trailer parks. Total of 1980 classes were taught.

Results

Youth (4,376) Assessment Data showed significant improvement in: Knowledge Gain, Dietary Quality, Food Resource Management/Shopping Behavior and shopping techniques and physical Activity. Core Elements analyzed for significance based on ANOVA- Results: significant difference, $p < .05$. (n=4,376)

4. Associated Knowledge Areas

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

Outcome #10

1. Outcome Measures

Just Move Alabama

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Actual
2013	1564

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

Obesity has important consequences on our nation's health and economy. Safeguarding health during childhood is more important than at other times because poor health during early life is likely to impair them over their lifetime.

What has been done

Educational programming has been delivered to develop skills to self-select physical activities to be active 60 minutes a day most days, develop self-efficacy for making best nutritional choices for health, and develop appreciation of all body types to support to increase adolescent self-esteem and self image. 33 Just Move! Alabama 4-H programs in 23 counties delivered to 1,564 youth. Children's health is an economic investment and the right thing to do. Research shows that investing in children's health results in better educated and more productive adults. Safeguarding health during childhood is more important than at any other time because poor health during early life is likely to impair them over their lifetime.

Results

93% more active on a daily basis; 78% making healthier food choices for meals and snacks; 78% accepting of different body types and shapes; 87% choosing to engage in activities to increase level of physical activity (running, jumping, playing sports) and focused on improving over-all health (n=1564)

4. Associated Knowledge Areas

KA Code **Knowledge Area**
724 Healthy Lifestyle

Outcome #11

1. Outcome Measures

Relationship Education: Knowledge and Life Skills Gained; Improved Individual and Social Conditions

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Actual
2013	6362

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

There are high incidences of divorce and unhealthy relationships, which lead to poor family environments.

What has been done

For Adults (n=2756), 156 series of 6-session Relationship and Marriage Education programs were conducted to raise awareness and provide skills training for individuals/couples who are married, dating, and/or considering marriage. 18 series of 6-module classes and 4 workshops offered to stepfamilies. Program targeted skills for building healthy couple/family relationships of stepfamilies. Smart Steps addressed stepfamily myths/development, realistic expectations for adults/children, legal/financial issues, etc. For teens (n=3606), 119 series of 6-8 classes offered. Relationship Smarts+ addresses unrealistic relationship beliefs, dating violence awareness, etc. Participants completed Pre/Post surveys

Results

Paired sample t-tests were conducted on composite scores of multi-item measures of various skills and behaviors. Youth participants in relationship education showed statistically significant ($p < .05$) improvement in the following outcome measures: self-care skills, conflict management skills, social support skills, conflict resolution skills, financial management skills, communication skills, prosocial skills with parents, and prosocial skills with peers. Adults participating in relationship education showed statistically significant ($p < .05$) improvement in self-care skills, financial management skills, conflict management skills, positive interactions with significant

other, and positive interactions with coparent.

4. Associated Knowledge Areas

KA Code	Knowledge Area
724	Healthy Lifestyle

Outcome #12

1. Outcome Measures

Number of family child care providers working toward national accreditation (as indicated by payment of fees associated with accreditation) and/or achieving national accreditation level of quality (as determined by independent observers from the National Association of Family Child Care).

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Condition Outcome Measure

3b. Quantitative Outcome

Year	Actual
2013	36

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

Research indicates that family child care providers who seek training and engage in activities intended to achieve accreditation provide higher quality care. Children who have experienced high quality care during early childhood are better prepared to succeed in the school environment

What has been done

58 workshops conducted for 894 child care providers. Workshops addressed multiple topics of quality caregiving concerns. 16 mentors worked as part of the externally-funded Family Child Care Partnerships program conducting 5,081 in-home mentoring sessions with 258 licensed family child care providers. Mentors assisted providers to implement quality child care knowledge by changing practices in areas identified as critical to quality and surpass state-identified quality standards to achieve national accreditation.

Results

Fees were paid for 36 providers to work toward national accreditation; 17 others achieved it during 2013. Overall, a total of 21% (53) of currently-enrolled FCCP providers have become accredited and 16% (40) are in the final stages of the accreditation process. (n=36)

4. Associated Knowledge Areas

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

Outcome #13

1. Outcome Measures

Quality Child Care: Change in observed quality of child care practices (as assessed using the Family Child Care Environment Rating Scale, a well-documented standardized instrument, following an IRB-approved protocol for informed consent, data collection, and data protection.)

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Actual
2013	182

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

Working parents of children--from infancy through school-age--need safe, affordable, high quality child care. Programming that addresses the educational needs and skills-development of child care providers licensed to care for children in home-based businesses supports children's health, positive development, and learning (academic readiness). Access to high quality care offers parents the peace of mind that allows them to be healthier, more productive employees.

What has been done

Quality Child Care workshops were held to address multiple topics of quality caregiving concerns. Mentors worked as part of Family Child Care Partnerships program and assisted providers to implement quality child care knowledge by changing practices in areas identified as critical to quality and surpass state-identified quality standards to achieve national accreditation.

Results

Paired samples t-tests measuring change from 2012 to 2013 in overall practice quality and in 7 sub-categories of practice for (n=182) providers indicated statistically significant ($p < .05$) improvements in overall quality and the following 5 sub-categories: (a) space and furnishings; (b) learning activities; (c) provider-child interaction; (d) program structure; and (e) professionalism.

4. Associated Knowledge Areas

KA Code	Knowledge Area
724	Healthy Lifestyle

V(H). Planned Program (External Factors)

External factors which affected outcomes

- Other (Classroom time, transportation, support from the funding agency)

Brief Explanation

Competition for classroom time, availability of technology, accessibility of fresh fruits and vegetables, classroom interruptions, children being sick or transferring schools and not receiving lessons.

Youth drop in and out of programs - youth are not in control of transportation.

Because of the continuing support of our funder (the Alabama Department of Human Resources), both in terms of dollars as well as promoting the visibility of our programming, we have been able to cultivate in family child care providers over the program's 14 years of operations an attitude of self-respect and professionalism. They are recognized and supported externally for their efforts to improve their quality. This has created an expectation among the majority of family child care providers that seeking training and making changes in one's practices are appropriate and valuable goals for any individual who works professionally with children.

V(I). Planned Program (Evaluation Studies)

Evaluation Results

- 41.5% Children and youth improve their abilities to choose foods according to Federal Dietary Recommendations or gain knowledge.
- 47% Children and youth use safe food handling practices more often or gain knowledge.
- 50% Children and youth improve their physical activity practices or gain knowledge.
- 53% Children and youth improve their abilities to prepare simple, nutritious, affordable food or gain knowledge.

Significant gain in knowledge of CHAMPION youth from pre/post tests. CHAMPION youth increased fruit and vegetable consumption and physical activity.

Relationship Education Classes for teens and adults: Utilized pre/ post-program

surveys completed by participants. Responses to standard, multi-item social science measures entered into a central database and responses were matched by participant code prior to analyses. Utilized repeated measures analysis of covariance (ANCOVAs) tested for statistically significant changes from pre/ post-program, controlling for several demographic characteristics (gender, race, socio-economic status). Youth participants showed statistically significant ($p < .05$) improvement in the following skills/behaviors: self-care skills, conflict management skills, social support skills, conflict resolution skills, financial management skills, communication skills, prosocial skills with parents, and prosocial skills with peers. Youth participants showed statistically significant ($p < .05$) improvements in knowledge/attitudes: dating abuse awareness, commitment to healthy dating relationship, commitment to healthy relationship with parents, and commitment to healthy relationship with peers. Relationship Education Youth showed statistically significant ($p < .05$) improvement in depressive symptoms and overall stress levels. Relationship Education Adults showed statistically significant ($p < .05$) improvements in self-care skills, financial management skills, conflict management skills, positive interactions with significant other, and positive interactions with coparent. Adults showed knowledge improvements in domestic violence awareness, understanding of significant other's needs, child maltreatment awareness, and understanding of coparent's needs. Adults in stepfamily education program demonstrated significant improvement in realistic expectations for stepfamily adjustment. Adults participating in relationship education showed enhanced individual and social conditions through significant reductions in depressive symptoms, and improvements in connections to social support, and couple quality. Adults participating in the stepfamily education program demonstrated significant reductions in feelings of financial distress, step-parenting difficulties, and parenting difficulties.

88% reported fruits in their daily intake; 63% more than likely to try new foods; 62% eating vegetables on a daily basis; 90% engage in some type of physical activity on a daily basis($n=1184$)

Key Items of Evaluation

BQ: Analyzing combined FV consumption: Pre/Post - Treatment students showed significant ($P < .05$) increase in FV consumption [$F(1, 1162) = 5.107, 2 = 0.004$]. Control students, Pre/Post - FV consumption remained constant [$F(1, 1164) = 0.451$]. Second, treatment students had significantly ($P < .05$) higher consumption of FV post compared to control [$F(1, 130.68) = 5.30, 2 = 0.039$]. Pre, FV consumption for treatment/control students not significantly different [$F(1, 158.22) = 0.686$]

Analyzing FV consumptions separately in BQ, only vegetable consumption showed significant changes. When compared to control students, treatment students had significantly ($P < .05$) higher vegetable consumptions from pre to post [$F(1, 1163) = 7.524, 2 = 0.006$]. Treatment students had significantly ($P < .05$) higher consumption of vegetables post compared to control [$F(1, 130.68) = 8.64, 2 = 0.061$]. Pre, vegetable consumption for both groups not significantly different [$F(1, 158.22) = 3.387$]

BQ knowledge assessment, overall findings based on ANCOVA analysis where time, FV grant, and race were covariates found treatment condition resulted in higher knowledge score than control condition across 4 time points collectively ($F(1, 1655) = 570.68; p < 0.001; \eta^2 = 0.256$)

Technology, ACES educators moderately experienced in use of general technology. Mean tech scores ranged from 2.90-4.40 over all 3 phases of study. ACES educators more experienced with operating systems, word-processing software, Internet, confident with email. Results from pre-training phase, significantly less experience with technologies associated with m-learning: cell phones, wireless devices, touchscreen interfaces. Phase 3: Educators' experience with wireless devices/touch screens increased significantly (gained exposure during year). Similar increases in educators' perceptions of acceptability of m-learning based on perceived ease of use/usefulness/attitudes toward and intention to use technology. In perceived usefulness, educators' reported technology was good for teaching class (4.31). Rated highest, enabling educators to teach class materials faster (3.53) was rated significantly lower. Notable improvement in perceptions was attitudes toward use of m-learning technology, significantly different between pre-training/ post-implementation. Educators had very favorable attitude toward technology, strongly agreed it was a good idea for implementation and would make teaching more interesting/fun

Paired samples t-tests measuring change from 2012to2013in overall practice quality and in 7 sub-categories of practice for 182 participants in mentoring program indicated statistically significant ($p < .05$) improvements in overall quality and 5 sub-categories: (a) space/furnishings; (b) learning activities; (c) provider-child interaction; (d) program structure; (e) professionalism

Family Child Care Environment Rating Scale, standardized instrument used by program mentors to assess practices of enrolled providers per year. 38 items, comprising 7 subscales ranked on 7-point continuum, with odd-numbered anchor point behaviorally defined. Mentors trained on FCCERS scale until meeting the 90% reliability standard