

V(A). Planned Program (Summary)

Program # 10

1. Name of the Planned Program

Nutrition and Health Promotion

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%		0%	
704	Nutrition and Hunger in the Population	5%		0%	
711	Ensure Food Products Free of Harmful Chemicals, Including Residues from Agricultural and Other Sources	5%		20%	
712	Protect Food from Contamination by Pathogenic Microorganisms, Parasites, and Naturally Occurring Toxins	30%		30%	
724	Healthy Lifestyle	30%		50%	
	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	12.0	0.0	2.0	0.0
Actual Paid Professional	12.0	0.0	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
242542	0	157253	0
1862 Matching	1890 Matching	1862 Matching	1890 Matching
242542	0	157253	0
1862 All Other	1890 All Other	1862 All Other	1890 All Other
328387	0	3838571	0

V(D). Planned Program (Activity)

1. Brief description of the Activity

Conduct basic and applied research on nutrition and wellness.

Health Promotion/Chronic Disease Prevention programs include:

- Strong Women, Strong Bones
- Heart Disease Awareness & Prevention
- Diabetes Awareness, Prevention and Management
- Nutrition Education for Low-income Audiences
- Nutrition and Wellness
- Multi-lesson series: Dining with Diabetes, Small Changes Make a Big Difference, Strong Women-Strong Bones, Moving Toward a Healthier You, Healthy Heart, Smart-START for a Healthy Heart
- Self-paced program - Self-Care for a Healthy Heart
- Single lessons - Workable Wellness (work site wellness).
- Youth programs: Food Friends-Making New Foods Fun for Kids, Eating Right Is Basic, Chef Combo's Fantastic Adventures in Tasting and Nutrition, Professor Popcorn

2. Brief description of the target audience

Adults in Colorado

3. How was eXtension used?

{No Data Entered}

V(E). Planned Program (Outputs)

1. Standard output measures

2013	Direct Contacts Adults	Indirect Contacts Adults	Direct Contacts Youth	Indirect Contacts Youth
Actual	0	0	0	0

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	33	10	0

V(F). State Defined Outputs

Output Target

Output #1

Output Measure

- NH 13) Grant funding (external).
Not reporting on this Output for this Annual Report

Output #2

Output Measure

- NH 14) User fees generated through these programs.
Not reporting on this Output for this Annual Report

Output #3

Output Measure

- NH 10) Number of websites (this is sites, not hits)

Year	Actual
2013	1

Output #4

Output Measure

- NH 11) Number of website hits (this is number of hits, not number of sites).
Not reporting on this Output for this Annual Report

Output #5

Output Measure

- NH 12) Number of press releases/columns submitted.

Year	Actual
2013	108

Output #6

Output Measure

- NH 15) EFNEP 1) Adult: Paraprofessional educators provide [Number of]classes to adults in the neighborhoods in which they reside. Educators teach small group classes and one-on-one. Educators use Eating Smart Being Active (ESBA) a nutrition education curriculum developed by EFNEP staff in Colorado and California. In ESBA, participants learn basic nutrition, food safety and food resource management through Adult Learning Theory principles.

Year	Actual
2013	8862

Output #7

Output Measure

- NH 16) EFNEP 2) Youth: Educators teach [Number of] a series of nutritionally related lessons to groups of youth at schools and after school programs such as Boys and Girls club.

Year	Actual
2013	249

Output #8

Output Measure

- NH 17) SNAP-Ed 1) Adult: Paraprofessional educators provide [Number of]classes to adults in the neighborhoods in which they reside. Educators teach small group classes and one-on-one. Educators use Eating Smart Being Active (ESBA) a nutrition education curriculum developed by EFNEP staff in Colorado and California. In ESBA, participants learn basic nutrition, food safety and food resource management through Adult Learning Theory principles.

Year	Actual
2013	4160

Output #9

Output Measure

- NH 2) Number of Trainings/Classes/Workshops, Field Days, Activity Day America on the MoveDining with DiabetesFood Friends/LEAP StudyHealthy YouHealthy KidsSmall Steps to Health and Wealth COStrong Women Strong BonesStrong Women Healthy Hearts

Year	Actual
2013	841

Output #10

Output Measure

- NH 3) Number of Trainings for Volunteers.
Not reporting on this Output for this Annual Report

Output #11

Output Measure

- NH 4) Number of Trainings for Extension Staff.

Year	Actual
2013	4

Output #12

Output Measure

- NH 5) Number of Community Meetings Convened [examples: Advisory Groups, Councils, Coalition Meetings, Boards].

Year	Actual
2013	9

Output #13

Output Measure

- NH 6) Number of Community Meetings Facilitated [examples: Focus Group, Citizen Forum, Round Table Dialogue, Strategic Planning Process].

Year	Actual
2013	34

Output #14

Output Measure

- NH 7) Number of Community Coalitions, Collaborations, Alliances Formed to Address a Specific Issue [list specific groups/issue].

Year	Actual
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2013 70

Output #15

Output Measure

- NH 8) Number of Direct Communication/Education by telephone and/or e-mail.

Year	Actual
2013	1884

Output #16

Output Measure

- NH 9) Number of Newsletters (This is number of newsletters created/written, not number mailed or number of Coloradans who received them.)Family Matters, Other Newsletters.
Not reporting on this Output for this Annual Report

V(G). State Defined Outcomes

V. State Defined Outcomes Table of Content

O. No.	OUTCOME NAME
1	NH 1.1a: The number of Coloradans that reported eating more of healthy foods.
2	NH 1.1b: The number of Coloradans that reported an intention to eat more of healthy foods.
3	NH 1.2a: The number of Coloradans that reported eating less of foods/food components which are commonly eaten in excess.
4	NH 1.2b: The number of Coloradans that reported an intention to eat less of foods/food components which are commonly eaten in excess.
5	NH 1.3a: The number of Coloradans that reported adopting healthy eating patterns.
6	NH 1.3b: The number of Coloradans that reported an intention to adopt healthy eating patterns.
7	NH 2.1a: The number of Coloradans that reported engaging in the recommended amount of physical activity.
8	NH 2.1b: The number of Coloradans that reported increasing their physical activity and/or reducing sedentary time.
9	NH 2.1c: The number of Coloradans that reported an intention to increase their physical activity and/or reducing sedentary time.
10	NH 3.1a: The number of Coloradans that reported knowing individual information on specific health indicators (e.g. blood pressure, cholesterol level, BMI, blood glucose, A1C, etc.).
11	NH 3.1b: The number of Coloradans that reported an intention to find out one or more risk factors (e.g. blood pressure, cholesterol level, BMI, blood glucose, A1C, etc.).
12	NH 4.1a. EFNEP 1) Upon completion of the class, the number of participants reporting improvement in one or more nutrition practices.
13	NH 4.1b. EFNEP 2) Upon completion of the classes, the number of participants showing improvement in one or more food resource management practices.
14	Percent of participants indicating an increase in knowledge regarding health promotion and/or disease prevention
15	Percent of participants reporting a change in behavior following participation in a health promotion/disease prevention program

Outcome #1

1. Outcome Measures

NH 1.1a: The number of Coloradans that reported eating more of healthy foods.

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Actual
2013	211

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

EFNEP is a federally funded nutrition education program designed to help low income families choose healthy foods, keep foods safe and manage food dollars. Aggie Cano is the EFNEP Educator in Eagle County.

What has been done

Paraprofessional educators provide classes to adults in the neighborhoods in which they reside. Educators teach small group classes and one-on-one. Educators use Eating Smart Being Active (ESBA) a nutrition education curriculum developed by EFNEP staff in Colorado and California. In ESBA, participants learn basic nutrition, food safety and food resource management through Adult Learning Theory principles.

Results

211 participants reported they eat more of healthy foods.

?EFNEP has made an extreme difference in my life. After taking the classes, I made immediate changes to my diet, to the way I cook, and the groceries I buy.?

4. Associated Knowledge Areas

KA Code	Knowledge Area
703	Nutrition Education and Behavior

Outcome #2

1. Outcome Measures

NH 1.1b: The number of Coloradans that reported an intention to eat more of healthy foods.

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Actual
2013	712

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

Nutrition and Health Promotion programming provides research-based education to a variety of audiences across Colorado in an effort to promote healthful eating habits, a physically active lifestyle, and management of chronic disease risk factors. Adoption of these behaviors may reduce the incidence of chronic diseases, such as diabetes, heart disease, obesity and cancer. Adoption of healthful eating and activity patterns as well as improved understanding of chronic disease risk factors can enhance the overall health and well-being of children, youth, adults, and the growing senior population.

What has been done

County Extension agents deliver programs that are selected to meet county demand.

Results

712 participants reported they intended to eat more of healthy foods.

4. Associated Knowledge Areas

KA Code	Knowledge Area
703	Nutrition Education and Behavior

Outcome #3

1. Outcome Measures

NH 1.2a: The number of Coloradans that reported eating less of foods/food components which are commonly eaten in excess.

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Actual
2013	56

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

Sugar sweetened high-calorie beverages are displacing other nutrient rich foods in our diets and causing cavities in our teeth. High sugar beverages are low in nutrients and add empty calories to the diet. Rising consumption of sugar sweetened drinks has been a major contributor to the obesity epidemic. Obesity related conditions put us at greater risk of chronic health problems such as: activity limitations, heart disease, high blood pressure, high cholesterol, stroke and diabetes. Many people are not aware of the liquid calories they consume in a day and the concentrated source of calories (or energy) a drink might contain. This presentation provides some insight into the health risks of sugar sweetened beverages.

What has been done

One Example: My goal is to help individuals and parents understand that drinking sugary high calorie beverages could play a role in the risk of being overweight leading to other healthy risks and dental caries. The objective of the presentation is that individuals and parents will figure out how much sugar is in their favorite drink.

Results

56 participants reported they eat less of foods which are commonly eaten in excess.

4. Associated Knowledge Areas

KA Code	Knowledge Area
703	Nutrition Education and Behavior

Outcome #4

1. Outcome Measures

NH 1.2b: The number of Coloradans that reported an intention to eat less of foods/food components which are commonly eaten in excess.

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Actual
2013	191

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

Sugar sweetened high-calorie beverages are displacing other nutrient rich foods in our diets and causing cavities in our teeth. High sugar beverages are low in nutrients and add empty calories to the diet. Rising consumption of sugar sweetened drinks has been a major contributor to the obesity epidemic. Obesity related conditions put us at greater risk of chronic health problems such as: activity limitations, heart disease, high blood pressure, high cholesterol, stroke and diabetes. Many people are not aware of the liquid calories they consume in a day and the concentrated source of calories (or energy) a drink might contain. This presentation provides some insight into the health risks of sugar sweetened beverages.

What has been done

My goal is to help individuals and parents understand that drinking sugary high calorie beverages could play a role in the risk of being overweight leading to other healthy risks and dental caries. The objective of the presentation is that individuals and parents will figure out how much sugar is in their favorite drink.

Results

191 participants reported they intended to eat less of foods/food components which are commonly eaten in excess. After a "Rethink your Drink" or other nutrition tips presentation, participants were asked, "As a result of this lesson, what might you change in your lifestyle?" Some responses:

*Now, I will calculate how much sugar I eat.

*I would like to change the amount of sugar input I have and only drink H2O. (No energy drinks & No junk-food!);

*Healthy mind, healthy heart & Soul.

*I'll reduce sugars and calories.

*I will be more aware of my portion sizes.

*I am going to eat more fruits and veggies and cut down on the sugar I eat every day.

4. Associated Knowledge Areas

KA Code	Knowledge Area
703	Nutrition Education and Behavior

Outcome #5

1. Outcome Measures

NH 1.3a: The number of Coloradans that reported adopting healthy eating patterns.

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Actual
2013	43

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

Simple food choices can support a healthy lifestyle.

What has been done

10 Tips to a Great Plate from the 2010 Dietary Guidelines presented at a Head Start Preschool Parent Committee Meeting. The 10 tips concentrated on making simple food choices for a healthy lifestyle.

Results

The parents were asked to record 3 nutritional goals for their family. Some of their goals included:

- *Drink less soda and juice (many stated this).
- *Don't eat as many high fat foods
- *Try 1% milk
- *Eat more fruits and vegetables (many stated this).
- *Cook with less salt
- *Eat more whole grains
- *Control food portions
- *Play outside with my kids

- *Get more exercise
- *Reduce fat and white bread

4. Associated Knowledge Areas

KA Code	Knowledge Area
703	Nutrition Education and Behavior

Outcome #6

1. Outcome Measures

NH 1.3b: The number of Coloradans that reported an intention to adopt healthy eating patterns.

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Actual
2013	94

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

Simple food choices can support a healthy lifestyle.

What has been done

10 Tips to a Great Plate from the 2010 Dietary Guidelines presented at a Head Start Preschool Parent Committee Meeting. The 10 tips concentrated on making simple food choices for a healthy lifestyle.

Results

4. Associated Knowledge Areas

KA Code	Knowledge Area
703	Nutrition Education and Behavior

Outcome #7

1. Outcome Measures

NH 2.1a: The number of Coloradans that reported engaging in the recommended amount of physical activity.

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Actual
2013	268

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

What has been done

Results

4. Associated Knowledge Areas

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

Outcome #8

1. Outcome Measures

NH 2.1b: The number of Coloradans that reported increasing their physical activity and/or reducing sedentary time.

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Actual
2013	457

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

Approximately 400,000 deaths each year in the United States are attributable to physical inactivity and poor nutrition. Fruit and vegetable consumption, calcium and vitamin D intake and physical activity are all lifestyle behaviors that contribute to overall good health.

What has been done

The Nutrition and Health Promotion work team focuses programming on these three lifestyle behaviors: Fruit and vegetable consumption, calcium and vitamin D intake and physical activity.

Results

457 participants reported they increased their physical activity and/or reduced sedentary time.

4. Associated Knowledge Areas

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

Outcome #9

1. Outcome Measures

NH 2.1c: The number of Coloradans that reported an intention to increase their physical activity and/or reducing sedentary time.

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Actual
2013	195

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

Approximately 400,000 deaths each year in the United States are attributable to physical inactivity and poor nutrition. Fruit and vegetable consumption, calcium and vitamin D intake and physical activity are all lifestyle behaviors that contribute to overall good health.

What has been done

The Nutrition and Health Promotion work team focuses programming on these three lifestyle behaviors: Fruit and vegetable consumption, calcium and vitamin D intake and physical activity.

Results

195 participants reported they intended to increase their physical activity and/or reduced sedentary time.

4. Associated Knowledge Areas

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

Outcome #10

1. Outcome Measures

NH 3.1a: The number of Coloradans that reported knowing individual information on specific health indicators (e.g. blood pressure, cholesterol level, BMI, blood glucose, A1C, etc.).

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Actual
2013	51

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

Adoption of healthful eating and activity patterns as well as improved understanding of chronic disease risk factors can enhance the overall health and well-being of children, youth, adults, and the growing senior population.

What has been done

Lifestyle changes can reduce blood pressure. Modifiable risk factors for CVD include lifestyle behaviors (e.g., tobacco use, physical inactivity and improper nutrition), health status (e.g., hypertension, hyperlipidemia, overweight or diabetes) and policies (e.g., smoking policies in restaurants and work sites).

Results

51 participants reported they knew individual information on specific health indicators (e.g. blood pressure, cholesterol level, BMI, blood glucose, A1C, etc.)

4. Associated Knowledge Areas

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

Outcome #11

1. Outcome Measures

NH 3.1b: The number of Coloradans that reported an intention to find out one or more risk factors (e.g. blood pressure, cholesterol level, BMI, blood glucose, A1C, etc.).

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Actual
2013	59

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

Adoption of healthful eating and activity patterns as well as improved understanding of chronic disease risk factors can enhance the overall health and well-being of children, youth, adults, and the growing senior population.

What has been done

Lifestyle changes can reduce blood pressure. Modifiable risk factors for CVD include lifestyle behaviors (e.g., tobacco use, physical inactivity and improper nutrition), health status (e.g., hypertension, hyperlipidemia, overweight or diabetes) and policies (e.g., smoking policies in restaurants and work sites).

Results

59 participants reported they intended to find out one or more risk factors (e.g. blood pressure, cholesterol level, BMI, blood glucose, A1C, etc.).

4. Associated Knowledge Areas

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

Outcome #12

1. Outcome Measures

NH 4.1a. EFNEP 1) Upon completion of the class, the number of participants reporting improvement in one or more nutrition practices.

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Actual
2013	515

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

EFNEP is a federally funded nutrition education program designed to help low income families choose healthy foods, keep foods safe and manage food dollars.

What has been done

EFNEP Paraprofessional educators provide classes to adults in the neighborhoods in which they reside. Educators teach small group classes and one-on-one. Educators use Eating Smart Being Active (ESBA) a nutrition education curriculum developed by EFNEP staff in Colorado and California. In ESBA, participants learn basic nutrition, food safety and food resource management through Adult Learning Theory principles.

Results

515 participants reported they improved in one or more nutrition practices.

4. Associated Knowledge Areas

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

Outcome #13

1. Outcome Measures

NH 4.1b. EFNEP 2) Upon completion of the classes, the number of participants showing improvement in one or more food resource management practices.

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Actual
2013	571

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

EFNEP is a federally funded nutrition education program designed to help low income families choose healthy foods, keep foods safe and manage food dollars.

What has been done

EFNEP Paraprofessional educators provide classes to adults in the neighborhoods in which they reside. Educators teach small group classes and one-on-one. Educators use Eating Smart Being Active (ESBA) a nutrition education curriculum developed by EFNEP staff in Colorado and California. In ESBA, participants learn basic nutrition, food safety and food resource management through Adult Learning Theory principles.

Results

571 participants showed improvement in one or more food resource management practices.

4. Associated Knowledge Areas

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

Outcome #14

1. Outcome Measures

Percent of participants indicating an increase in knowledge regarding health promotion and/or disease prevention

Not Reporting on this Outcome Measure

Outcome #15

1. Outcome Measures

Percent of participants reporting a change in behavior following participation in a health promotion/disease prevention program

Not Reporting on this Outcome Measure

V(H). Planned Program (External Factors)

External factors which affected outcomes

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

Brief Explanation

Lifestyle factors, such as poor diet, physical inactivity and tobacco use, account for approximately 51% of one's health status. The impact of improved nutrition and physical activity behaviors on chronic diseases can be quite significant. Extension has the potential to improve the health of Colorado citizens by offering programming in Nutrition and Health Promotion which improves knowledge of chronic disease risk, enhances positive dietary and physical activity behaviors, and encourages environmental changes conducive to living a healthy lifestyle. The potential long-term impact of Extension programming includes decreased prevalence of chronic diseases.

• Public Policy changes

• Examples may include changes to school wellness policies; training opportunities for school personnel and food service staff, increases in funding for childhood obesity in the state and communities.

Government Regulations

• Funding for SNAP-ED and EFNEP is provided through federal sources. Changes in funding or program guidelines are plausible. Additionally, legislation regarding the School

Nutrition program and the Farm bill may influence Extension programming.

Competing Public priorities

- In today's economic climate, Extension staff and partner agencies are being asked to do more with less. Nutrition and health promotion programming may be a lower priority in some areas due to competing public priorities at both the local and state levels.

V(I). Planned Program (Evaluation Studies)

Evaluation Results

Nutrition and Health Promotion programs typically survey participants pre-post, or post presentation.

Key Items of Evaluation

As part of a grant from the Colorado Department of Public Health and Environment, ¡Estoy Sano!, a Spanish language cooking show, is being broadcast on Eagle County ECO TV 18 to bring nutrition and cooking education to the greater Latino population in Eagle County. The show features a local chef and his wife, who engage the audience in selecting healthy foods and proper cooking methods. This program is part of a larger, grant-funded project. The ¡Estoy Sano! project is one opportunity to address the health disparities in the Latino population. . During the first year of the grant, twelve episodes were filmed. The second year of the grant will increase to 20 episodes.