

V(A). Planned Program (Summary)

Program # 3

1. Name of the Planned Program

Childhood Obesity (and Human Health)

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
604	Marketing and Distribution Practices	10%		5%	
607	Consumer Economics	10%		5%	
610	Domestic Policy Analysis	10%		5%	
701	Nutrient Composition of Food	0%		30%	
702	Requirements and Function of Nutrients and Other Food Components	0%		35%	
703	Nutrition Education and Behavior	40%		10%	
724	Healthy Lifestyle	30%		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	5.0	0.0	11.0	0.0
Actual Paid Professional	0.8	0.0	0.2	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
68840	0	186259	0
1862 Matching	1890 Matching	1862 Matching	1890 Matching
68840	0	186259	0
1862 All Other	1890 All Other	1862 All Other	1890 All Other
421304	0	1085851	0

V(D). Planned Program (Activity)

1. Brief description of the Activity

Connecticut is second among states in income disparity comparisons of the wealthiest and poorest citizens. Across the state, obesity is on the rise in both urban and selected rural communities. Obesity rates have been climbing for children, and children born today are for the first time expected to have a shorter life span than their parents. Chronic diseases and health conditions including diabetes, heart disease, cancer, and the metabolic syndrome (among others) are associated with obesity. Despite this knowledge, the prevalence of obesity continues to rise suggesting that more effective prevention and intervention strategies are needed to reverse this epidemic. Paradoxically, the root cause of obesity among financially underprivileged populations is driven by food insecurity coupled with less access to healthy foods (e.g. inner city food swamps). The Childhood Obesity program aims to increase knowledge about good eating and exercise habits to promote improved health and wellness.

Activities in this planned program included:

- Home visits, individual and family consultations
- Demonstrations
- Summer youth activities
- Workshops
- Newsletters and training sessions for other organizations and agencies
- Basic and applied research studies

2. Brief description of the target audience

Low income youth and families, State agency personnel, policy makers, teachers, food service staff, camp personnel, health care personnel, researchers, policy makers, advocacy groups. food industry personnel, marketing professionals and students in health and nutrition fields.

3. How was eXtension used?

eXtension was not used in this program

V(E). Planned Program (Outputs)

1. Standard output measures

2013	Direct Contacts Adults	Indirect Contacts Adults	Direct Contacts Youth	Indirect Contacts Youth
Actual	7200	153000	15700	91900

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	35	19	54

V(F). State Defined Outputs

Output Target

Output #1

Output Measure

- Face to face general group education sessions (workshops, etc)

Year	Actual
2013	213

Output #2

Output Measure

- New or updated web page(s)
 Not reporting on this Output for this Annual Report

Output #3

Output Measure

- Individual consultations (in person, e-mail, etc.)

Year	Actual
2013	34

Output #4

Output Measure

- Training Conferences or sessions hosted or conducted
Not reporting on this Output for this Annual Report

Output #5

Output Measure

- Fact sheets, bulletins and newsletters written or edited.

Year	Actual
2013	2

Output #6

Output Measure

- Training of undergraduate, graduate and post doctoral students

Year	Actual
2013	24

Output #7

Output Measure

- Formal Extension outreach programs

Year	Actual
2013	8

V(G). State Defined Outcomes

V. State Defined Outcomes Table of Content

O. No.	OUTCOME NAME
1	Children Practice Healthy Eating
2	Children engage in healthy levels of physical activity
3	Nutrition programs decrease childhood obesity

Outcome #1

1. Outcome Measures

Children Practice Healthy Eating

2. Associated Institution Types

- 1862 Extension
- 1862 Research

3a. Outcome Type:

Change in Knowledge Outcome Measure

3b. Quantitative Outcome

Year	Actual
2013	7172

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

Even in our relatively high income state, 12% of households experience food insecurity, 1/3 of children are overweight or obese (more than half of whom are Hispanic and Black), an estimated one out of 5 residents eat no vegetables daily, 1/3 of our census tracts live more than a half mile from a healthier food retailer, and only 10% of our cropland are used to harvest fruit and vegetables. Efforts to strengthen our food system assume that by decreasing availability of unhealthy foods, and helping healthier foods to enter that void, families will experience healthier outcomes.

What has been done

FoodCorps CT: A service-learning program, placing individuals in 5 high-need communities and expanded to 12 in September 2013. FoodCorps CT service members focus on three reinforcing pillars to improve school food environments: promoting farm-to-school programming, establishing school gardens, and providing nutrition education.

CT Food Justice Youth Corps VISTA Project: A service-learning program in Aug 2013, placed 5 individuals in community-based non-profits seeking to create or strengthen youth leadership programming around food justice.

Results

- 18 young adults have new leadership skills and knowledge to help improve food systems.
- 154 adult volunteers have new leadership skills working with youth to improve school food environments.
- These have led to over 7000 school children having improved knowledge of healthy, nutritious eating.
- 5 new school gardens were built, 2 new community gardens were built, and 13 school/community gardens were revitalized.

4. Associated Knowledge Areas

KA Code	Knowledge Area
701	Nutrient Composition of Food
702	Requirements and Function of Nutrients and Other Food Components
703	Nutrition Education and Behavior
724	Healthy Lifestyle

Outcome #2

1. Outcome Measures

Children engage in healthy levels of physical activity

2. Associated Institution Types

- 1862 Extension
- 1862 Research

3a. Outcome Type:

Change in Knowledge Outcome Measure

3b. Quantitative Outcome

Year	Actual
2013	415

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

Lack of physical activity over a lifetime places adults at a much greater risk for chronic diseases like cancer, hypertension, cardiovascular disease and diabetes. Minority and low-income families are disproportionately at risk for developing chronic diseases due to lifestyle factors and limited access to preventive care. In Connecticut, 10% of students are obese, 14% do not participate in moderate or vigorous physical activity in a week, and 30% of high school students watch TV for 3 or more hours on an average school day. Correcting these disparities will require the best applications of chronic disease program knowledge to the populations at greater risk.

What has been done

We partner teen mentors with school age children under adult volunteer guidance for hands-on training and non-formal education. Programs were conducted in after-school enrichment and summer program models, as either a single workshop or a series of lessons. Bilingual programs are available for Spanish speaking children. Three UConn websites also provide nutrition and physical activity information to the general public.

Results

At-risk youth targeted by our programs have shown increased awareness and knowledge of nutrition and physical activity. Youth have also documented positive behaviors of increased physical activity during the week. The town of Meriden received a designation as a "Let's Move City" and one school became a "Let's Move School" in cooperation with our program. Youth participated in Presidential Active Lifestyle and Nutrition awards. Youth demonstrate a change in behavior by becoming involved in physical activities and pushing themselves to accomplish goals. 100% of youth wrote positive journal entries regarding health practices at home and with family as a result of participation in the programs. 34% of respondents in a nutrition program also reported an increase in physical activity. Adults have also shown behavior change in choosing more nutritious foods, limiting intake of processed foods and increased physical activity such as walking and gardening.

4. Associated Knowledge Areas

KA Code	Knowledge Area
604	Marketing and Distribution Practices
703	Nutrition Education and Behavior
724	Healthy Lifestyle

Outcome #3

1. Outcome Measures

Nutrition programs decrease childhood obesity

2. Associated Institution Types

- 1862 Extension
- 1862 Research

3a. Outcome Type:

Change in Knowledge Outcome Measure

3b. Quantitative Outcome

Year	Actual
2013	4297

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

More children across the United States are suffering from overweight and obesity. Thirty percent of American children are overweight, fifteen percent are obese, and millions more are at risk. Children from low-income households are at greatest risk for developing obesity given the high calorie, but poor quality diets and limited opportunities for physical activity. In Connecticut, 10% of students are obese. Chronic diseases such as heart disease, cancer and diabetes are the leading causes of death and disability in the United States. Poor diet quality over childhood and lifetime

puts adults at much greater risk.

What has been done

Preventative nutrition and wellness programs conducted by UConn are reaching targeted groups of limited resource families and youth to raise awareness and promote positive behavior changes in diet quality. Programs are conducted as single workshops or series of lessons to assist in basic nutrition for youth and adults in urban, suburban and rural settings. Bilingual programs are also conducted for Spanish speaking groups. UConn nutrition educators also regularly consult with the public on nutrition, food safety and food preservation topics.

Results

Parents with healthy eating habits pass those along to their children. 100% of adults in Connecticut showed at least one positive food choice behavior change after participation, based on pre/post 24 hour recall data. This includes dietary improvements for those participants eating no servings of the various food groups. After participation, those numbers decreased dramatically, showing that our program improved diets of at-risk individuals. For example, 34% of program graduates reported eating no fruit upon entering the program, but after participation, half that number, 18% reported eating no fruit. Average intake of fruits and vegetables combined increased from 2.8 to 4.5 cups, an increase of over 1.5 cups in the daily diet. 80% of participants showed improvement in at least one and 53% improved in two or more food resource management practices (i.e. plans meals, compare prices, does not run out of food, or uses grocery lists). 81% of participants showed improvements in at least one, and 59% improved in two or more nutrition practices.

4. Associated Knowledge Areas

KA Code	Knowledge Area
701	Nutrient Composition of Food
702	Requirements and Function of Nutrients and Other Food Components
703	Nutrition Education and Behavior
724	Healthy Lifestyle

V(H). Planned Program (External Factors)

External factors which affected outcomes

- Economy
- Public Policy changes
- Competing Public priorities
- Competing Programmatic Challenges
- Populations changes (immigration, new cultural groupings, etc.)
- Other (Lack of access to a supermarket)

Brief Explanation

V(I). Planned Program (Evaluation Studies)

Evaluation Results

The EFNEP Program uses a national evaluation program that documents dietary intake of adults enrolled via 24 hour recalls done at the start for the program, during and at the conclusion of sessions to document dietary changes. There is also a food and activity behavior checklist to document changes in behavior both pre and post program delivery. Youth are also evaluated using behavior checklists.

The Connecticut Fitness and Nutrition Clubs In Motion (CT FANs IM) project did not have formal evaluations the first year; however, observational data was noted including quotes and success stories as a result of program participation. Youth kept journals of their daily activities and documented what they learned.

Youth enrolled in 4-H CYFAR projects have completed pre and post-tests after each lesson of an 8 week Tools for Healthy Living curriculum to assess learning and awareness of topic content; youth have also written journal entries after each lesson to document learning, increased awareness and any behavior changes.

We use AmeriLearns and VISTA progress reporting tools for service-learning program impacts, and we use a nationally recognized survey instrument (the Fruit & Vegetable Neophobia Scale) to measure change of attitude among students working with FoodCorps CT Service Members.

Key Items of Evaluation