

V(A). Planned Program (Summary)

Program # 3

1. Name of the Planned Program

Family & Consumer Sciences

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
504	Home and Commercial Food Service	10%	100%	100%	0%
703	Nutrition Education and Behavior	30%	0%	0%	0%
712	Protect Food from Contamination by Pathogenic Microorganisms, Parasites, and Naturally Occurring Toxins	10%	0%	0%	0%
724	Healthy Lifestyle	30%	0%	0%	0%
801	Individual and Family Resource Management	20%	0%	0%	0%
	Total	100%	100%	100%	0%

V(C). Planned Program (Inputs)

1. Actual amount of FTE/SYs expended this Program

Year: 2014	Extension		Research	
	1862	1890	1862	1890
Plan	20.0	3.5	13.0	0.0
Actual Paid	20.0	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
511910	203484	0	0
1862 Matching	1890 Matching	1862 Matching	1890 Matching
511910	203484	0	0
1862 All Other	1890 All Other	1862 All Other	1890 All Other
438305	0	0	0

V(D). Planned Program (Activity)

1. Brief description of the Activity

1. The realities of living in poverty, living paycheck to paycheck without an emergency fund, not knowing where the next meal is coming from, not owning assets, accessing subprime credit, being behind on payments, not having health insurance, being unbanked or under-banked, and filing bankruptcy are higher for single women, for Marylanders of color, and for single parents. Children themselves are aware of the difficulties their own families and their neighbors are facing and are sincerely interested in learning about money management. Young people report that they currently care more about financial fitness than physical fitness. 64% say that financial fitness is more important than physical fitness, and 51% believe that financial education in grades K-12 is more important as compared to physical education (31%) or sex education (18%).

2. Health literate people understand health information and have the skills to use that information in making health decisions and accessing health services. The ability to access and process information and services is affected by the demands of health education and service environments. Demand is influenced by the practice of professionals whose work is in public health. Unfortunately, the majority of American adults regularly have difficulty understanding basic health information—including instructions, insurance, consent forms, even health signage. A national study found that only 12% of the population is fully proficient. And at any given time, depending on circumstances, even those adults may not be able to understand and act accordingly due to emotional, mental, or physical state of health.

3. Vulnerable populations such as children, the elderly, and minority populations are disproportionately affected by environmental health hazards. One of the highest risks for exposure to these hazards is in the home, due to the time spent there- particularly by children and the elderly, as well as workplaces and schools. Environmental health hazards negatively impact the health and economic well-being of the individual and family as well as society. The home environment includes suburban, urban, and rural homes as well as the effects of the surrounding community -neighborhood, farm, watershed, and ambient air quality.

4. According to the CDC Injuries are the leading cause of death and disabilities for people ages 1-34 years in the U.S. Injuries can be prevented by changing the environment, individual behavior, social norms, legislation, and governmental and institutional policies. The 2013 Maryland's Advocates for Children and Youth goals recommend programs and policies to keep children and youth safe and healthy in their homes, schools and communities to foster opportunities for positive development. Adults and children must understand the ramifications that a lack of understanding/knowledge of how substances such as household and farm chemicals; drugs, alcohol and tobacco can cause illnesses and even death. Approximately 38,000 poisonings and over doses are reported to the Maryland Poison Control Center every year. In 2010, some 8.1 % of the poisonings and over dose calls to the MPC involved a

drug, while 50.0% of the calls involved a non-drug substance.

5. The UME 2014-2019 Strategic Plan Steering Committee released an environmental scan for emerging trends of Marylanders. One of the key findings is that as we move forward, the breaking down of internal and external silos and the exploring new partnerships will be necessary to create a sustainable structure. This includes joining and/or facilitating new organizations or coalitions with traditional and non-traditional partners, working together to develop and deliver programming, as well as secure funding to deliver health programs.

Further, this work is to occur both within and outside the university structure. While much of the work exists in the community and efforts should be largely focused in this arena, it is at times necessary and beneficial to engage with colleagues both within and outside Extension. This includes exploring potential partnerships in AGNR, the School of Public Health and others that can contribute to the mission and goals of the Health Smart Team.

2. Brief description of the target audience

- Extension Educators
- People who need to purchase health insurance
- Professionals/Practitioners
- Childcare providers
- Youth/4-H
- Families with specific health hazards
- Older adults
- Military families
- General audiences
- Athletes, coaches, medical professionals
- University-wide faculty
- Community Partners
- Federal/State Partners
- Professionals/Practitioners

3. How was eXtension used?

eXtension was not used in this program

V(E). Planned Program (Outputs)

1. Standard output measures

2014	Direct Contacts Adults	Indirect Contacts Adults	Direct Contacts Youth	Indirect Contacts Youth
Actual	79376	1221055	7936	2050

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

Year: 2014
 Actual: 0

Patents listed

3. Publications (Standard General Output Measure)

Number of Peer Reviewed Publications

2014	Extension	Research	Total
Actual	3	0	0

V(F). State Defined Outputs

Output Target

Output #1

Output Measure

- Factsheets & publications, curricula, meeting with partners, in-services, workshops
 Not reporting on this Output for this Annual Report

Output #2

Output Measure

- Number of Educational Workshops Offered

Year	Actual
2014	2598

Output #3

Output Measure

- Numbers of Adults and Youth with Increased Financial Literacy

Year	Actual
2014	1428

Output #4

Output Measure

- Number of Adults and Youth with Increased Health Literacy

Year	Actual
2014	640

Output #5

Output Measure

- Number of Adults and Youth With Increased Understanding of Healthy and Safe Home Environments

Year	Actual
2014	1492

Output #6

Output Measure

- Numbers of Youth and Adults with Increased Nutrition/Healthy Eating Understanding

Year	Actual
2014	63403

Output #7

Output Measure

- Number of Applied Research Projects
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	Nutrition: The number of individuals who demonstrate adoption of healthy eating practices based on the My Plate Dietary Guidelines for Americans, including the number who adopt or plan to: Choose a variety of colors of fruits and vegetables; choose high fiber foods; choose lower fat dairy products; choose smaller portions of foods; choose whole grain foods; read food labels before making purchase; make foods at home instead of buying convenience foods; plan meals before shopping at grocery store.
2	Food Safety: The number of individuals that indicate change in behavior related to good personal hygiene including hand washing, cooking foods adequately, avoiding cross contamination, keeping foods at safe temperature
3	Volunteer Development: The number of UME trained 4-H volunteers who provide leadership and guidance for 4-H youth development programs.
4	4-H Clubs: The number of 4-H club leaders and volunteers who demonstrate an application of the essential elements of youth development and model experiential learning.
5	Youth Outreach: Teen and adult volunteers in after school and military partnership programs and youth enrolled.
6	Healthy Living: Read labels before using hazardous household chemicals; Identify potentially hazardous products that affect indoor quality; take steps to control humidity in homes; use safe practices with household products to improve indoor air quality. Health Literacy: increased awareness of how to access research-based health information; understand connection between health literacy and financial literacy.
7	Financial Literacy Education: An increase in basic financial literacy; An increase in ability to make both short- and long-term decisions regarding credit, debt, estate planning, spending and saving.
8	Increase in Children and Youth Who Report Eating More Healthy Foods
9	Individuals Who Report Increased Ability to Set Financial Goals, Make Savings Plans, Establish Emergency Funds, and Decrease Debt
10	Increase in People Reporting the Adoption of Healthy Home Practices
11	Increase in Reported Confidence and Capability to Make Smart Health Insurance Decisions.
12	Increased Research Findings that Contribute to Individuals and Families Well-being and Quality of Life

Outcome #1

1. Outcome Measures

Nutrition: The number of individuals who demonstrate adoption of healthy eating practices based on the My Plate Dietary Guidelines for Americans, including the number who adopt or plan to: Choose a variety of colors of fruits and vegetables; choose high fiber foods; choose lower fat dairy products; choose smaller portions of foods; choose whole grain foods; read food labels before making purchase; make foods at home instead of buying convenience foods; plan meals before shopping at grocery store.

2. Associated Institution Types

- 1862 Extension
- 1890 Extension
- 1890 Research

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Actual
2014	0

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

While farmers markets are great places to buy local, healthy foods, markets could improve outreach and promotion efforts to increase patronage and federal nutrition program benefit redemption, including Supplemental Nutrition Assistance (SNAP). However, many SNAP recipients, and the general population, are unfamiliar with many healthy local fresh fruits and vegetables, including the nutritional benefits and how to prepare them. Farmers' markets provide an opportunity to influence market visitor knowledge and purchasing, preparation and consumption of fruits and vegetables through education and sampling of prepared simple and healthy recipes.

What has been done

Through the University of Maryland Extension (UME) Food Supplement Nutrition Education (FSNE) program, more than 9,400 individuals and 91 Market to Mealtime educational/demonstration events were conducted by UME and FSNE educators.

Results

Sixty three percent of Market to Mealtime participants take home more fruits and vegetables than they typically do after Market to Mealtime education. Nine out of ten planned to buy or choose the fruit or vegetable they learned about that day and use it in meals and snacks during the week;

half took home a new fruit or vegetable they never had before. Because of increased consumption of fruits and vegetables, these individuals are less likely to suffer from chronic diseases and experience financial hardships because of health care costs associated with chronic disease management.

4. Associated Knowledge Areas

KA Code	Knowledge Area
703	Nutrition Education and Behavior
724	Healthy Lifestyle
801	Individual and Family Resource Management

Outcome #2

1. Outcome Measures

Food Safety: The number of individuals that indicate change in behavior related to good personal hygiene including hand washing, cooking foods adequately, avoiding cross contamination, keeping foods at safe temperature

2. Associated Institution Types

- 1862 Extension
- 1890 Extension
- 1890 Research

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Actual
2014	0

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

Although the food supply in the United States is among the safest in the world, food-borne illness contributes to many cases of sickness and death each year. The Centers for Disease Control (CDC) & Prevention estimates that 48 million people get sick, over 128,000 are hospitalized, and at least 3,000 people die each year from foodborne illness caused by contaminated foods.

What has been done

Understanding safe food preservation techniques and an appreciation of the food science behind the process can prevent unnecessary food-borne illnesses (especially Clostridium botulinum, or botulism) from occurring. FCS Educators teach, "Grow It, Eat It, Preserve It" to Marylanders to

help them understand how to safely preserve foods using water-bath and pressure canning.

Results

The evaluation results from the food preservation classes show it is an effective means to assist the community to safely preserve foods and prevent botulism. All participants expressed confidence in performing water bath canning and 98% of the participants felt confident about pressure canning. By obtaining these skills and confidence, the incidences of botulism will be reduced and health and well-being increased.

4. Associated Knowledge Areas

KA Code	Knowledge Area
504	Home and Commercial Food Service
712	Protect Food from Contamination by Pathogenic Microorganisms, Parasites, and Naturally Occurring Toxins
724	Healthy Lifestyle
801	Individual and Family Resource Management

Outcome #3

1. Outcome Measures

Volunteer Development: The number of UME trained 4-H volunteers who provide leadership and guidance for 4-H youth development programs.

Not Reporting on this Outcome Measure

Outcome #4

1. Outcome Measures

4-H Clubs: The number of 4-H club leaders and volunteers who demonstrate an application of the essential elements of youth development and model experiential learning.

Not Reporting on this Outcome Measure

Outcome #5

1. Outcome Measures

Youth Outreach: Teen and adult volunteers in after school and military partnership programs and youth enrolled.

Not Reporting on this Outcome Measure

Outcome #6

1. Outcome Measures

Healthy Living: Read labels before using hazardous household chemicals; Identify potentially hazardous products that affect indoor quality; take steps to control humidity in homes; use safe practices with household products to improve indoor air quality. Health Literacy: increased awareness of how to access research-based health information; understand connection between health literacy and financial literacy.

Not Reporting on this Outcome Measure

Outcome #7

1. Outcome Measures

Financial Literacy Education: An increase in basic financial literacy; An increase in ability to make both short- and long-term decisions regarding credit, debt, estate planning, spending and saving.

Not Reporting on this Outcome Measure

Outcome #8

1. Outcome Measures

Increase in Children and Youth Who Report Eating More Healthy Foods

2. Associated Institution Types

- 1862 Extension
- 1890 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Actual
2014	0

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

Recent studies have found that lifestyle choices and physical activity practices are established very early in life and have an impact on future health and well-being. Thus, preschool-age is a

critical time for nutrition education intervention.

What has been done

Preschool-aged children were reached through nutrition and gardening focused curricula, including Color Me Healthy; Read for Health; and Grow It, Try It, Like It. School-aged youth received nutrition education through five primary nutrition-focused curricula, including Nutrition Nuggets, Read for Health, ReFresh, Media Smart Youth, and Up for the Challenge. These nutrition education programs encourage healthy eating and physical activity through multiple interventions, including music, dance, children's books, fruit and vegetable tastings, and gardening/planting activities.

Results

In FY14, FSNE reached more than 33,100 low-income participants and made over 256,000 contacts with those participants over series of nutrition education classes. FSNE educators in 17 counties and Baltimore City spent almost 9,250 hours delivering nutrition education to individuals throughout the lifespan: preschool-aged youth (21% of total participants), school-aged youth (55%), adults (22%), and seniors (2%). FSNE educators also trained approximately 1,200 collaborating partners to administer lessons from 17 different nutrition education programs to the target audience. In FY14, trained trainers/collaborating partners alone provided education to almost 40% (12,779 individuals) of the total participants reached by FSNE. Youth who participate in FSNE programs report higher preferences for healthy foods and a greater consumption of fruits and vegetables after program participation.

4. Associated Knowledge Areas

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

Outcome #9

1. Outcome Measures

Individuals Who Report Increased Ability to Set Financial Goals, Make Savings Plans, Establish Emergency Funds, and Decrease Debt

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Actual
-------------	---------------

2014

0

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

Programs for dropout youth and juveniles in detention facilities, especially those in Baltimore City, need help to enable youth make better decisions, acquire General Education Development (GED), make appropriate career choices, and better decisions with money management once acquired a job.

What has been done

Yo! Baltimore program is a juvenile decision making, career choice, and financial management program that teaches middle and high school dropout youth in GED programs and juveniles in detention how to make better decisions while preparing for GED, exploring suitable careers by evaluating career choices after obtaining GED, and also, to apply the same learned concepts in making better decisions with their income earned. Students use Microsoft Excel to learn basic budgeting and cost analysis based on financial decision-making.

Results

Evaluation results from Yo! Baltimore indicate that students increased knowledge and skills about choosing a career and managing income earned. Students gained confidence in making decisions that would enable them to complete their GED and develop skills required for an appropriate career choice. With these enhanced skills, these youth have increased their chances of becoming financially responsible adults that can support themselves and enhance their quality of life.

4. Associated Knowledge Areas

KA Code	Knowledge Area
801	Individual and Family Resource Management

Outcome #10

1. Outcome Measures

Increase in People Reporting the Adoption of Healthy Home Practices

Not Reporting on this Outcome Measure

Outcome #11

1. Outcome Measures

Increase in Reported Confidence and Capability to Make Smart Health Insurance Decisions.

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Actual
2014	0

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

The 2010 Affordable Care Act (ACA) changed health insurance plans for both the insured and the uninsured. Currently insured consumers need to understand changes that impact their purchase decisions. Newly-eligible consumers need to understand how to purchase health insurance . Research shows almost all consumers are confused about health insurance purchase and use.

What has been done

To increase consumer capability and confidence around selecting and purchasing health insurance that best meets the needs of themselves and their families. UME has developed Smart Choice Health Insurance curriculum and subsequently trained Extension Educators across the nation to implement this educational program in their local communities.

Results

Smart Choice Health Insurance© Workshops have impact. People leave with confidence to make smart health insurance purchase decisions. This finding is based on data from 994 consumers who participated in the Smart Choice research and education project. The increase in confidence and likeliness to take action was reported by consumers of all sex, race, education, and income levels, and regardless of whether they currently had health insurance or not.

4. Associated Knowledge Areas

KA Code	Knowledge Area
724	Healthy Lifestyle
801	Individual and Family Resource Management

Outcome #12

1. Outcome Measures

Increased Research Findings that Contribute to Individuals and Families Well-being and Quality of Life

2. Associated Institution Types

- 1862 Extension
- 1862 Research

3a. Outcome Type:

Change in Condition Outcome Measure

3b. Quantitative Outcome

Year	Actual
2014	0

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

Health literacy and health communication are necessary components to living a healthy life. As people age, they are more likely to need health literacy and positive health communication as it increases the ability to access and understand health information. However, research shows only 12% of the adult population are proficient in health literacy. Further, this is a dynamic concept that can change based on circumstance and life situation of the person. Older adults, with their increased probability for health conditions and their more constant contact with doctors, is a group which needs to possess proficient health literacy

What has been done

A health communication pilot program for older adults was developed with the goal to increase the intent of someone to communicate openly and honestly with a physician. This would lead to better diagnosis, increase access and understanding of health information, and increase quality of life in participants. The Theory of Planned Behavior was used to develop and guide the program components and evaluation.

Results

The program was pilot tested with 134 people. Evaluation results indicate that people's attitude towards health communication increased, their positive subjective norms increased and perceived behaviors decreased, thus leading to an increase in behavioral intent. At three month follow-up, responding participants indicated they have used the information at their most recent visit to talk with their doctor. The difference it has had on participants is that they are more organized and in control of their health care.

4. Associated Knowledge Areas

KA Code	Knowledge Area
724	Healthy Lifestyle

V(H). Planned Program (External Factors)

External factors which affected outcomes

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

Brief Explanation

{No Data Entered}

V(I). Planned Program (Evaluation Studies)

Evaluation Results

Certified Smart Choice Extension Educators taught 134 workshops in seven states between September 2013 and May 2014. Impact of the workshops was measured by valid and reliable questions developed and tested by the American Institutes of Research (AIR). The main questions and answers generated through data analysis were:

1) Did participation in the Smart Choice health insurance workshops relate to an increase in consumers' confidence to make a smart health insurance decision? On a scale of 1 to 4, with 1 being not at all confident and 4 being very confident, consumers moved from 2.2 before the workshop to 3.11 at the end of the workshop-- an increase in confidence.

2) Did participation in the Smart Choice health insurance workshops relate to an increase in consumers' likelihood to compare health insurance plans on such items as what they would have to pay for prescription drugs, or emergency department visits, or specialist visits? Using the same scale of 1 to 4, with 1 being not at all likely and 4 being very likely, consumers moved from 2.9 before the workshop to 3.33 at the end of the workshop--an increase in likelihood to take action.

The change in the confidence scores was statistically significant, indicating that the workshop increased consumers' confidence. The change in consumers' perceived capability to take action scores was statistically significant, indicating that they were likely to:

- Determine which doctors and hospitals are covered.
- Understand what they would have to pay for prescription drugs, emergency departments, and specialist visits.
- Find out if they have to meet a deductible and if unexpected costs are covered.

Key Items of Evaluation