

**V(A). Planned Program (Summary)**

**Program # 17**

**1. Name of the Planned Program**

Strengthening Families & Communities (Extension)

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	50%		0%	
724	Healthy Lifestyle	20%		0%	
801	Individual and Family Resource Management	20%		0%	
802	Human Development and Family Well-Being	10%		0%	
<b>Total</b>		100%		0%	

**V(C). Planned Program (Inputs)**

**1. Actual amount of FTE/SYs expended this Program**

Year: 2014	Extension		Research	
	1862	1890	1862	1890
<b>Plan</b>	20.0	0.0	0.0	0.0
<b>Actual Paid</b>	29.6	0.0	0.0	0.0
<b>Actual Volunteer</b>	12.1	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
1664330	0	0	0
<b>1862 Matching</b>	<b>1890 Matching</b>	<b>1862 Matching</b>	<b>1890 Matching</b>
1664330	0	0	0
<b>1862 All Other</b>	<b>1890 All Other</b>	<b>1862 All Other</b>	<b>1890 All Other</b>
0	0	0	0

## **V(D). Planned Program (Activity)**

### **1. Brief description of the Activity**

- Conduct formal and informal needs assessments
- Develop programming materials and curricula
- Conduct meetings, workshops and educational sessions
- Conduct program evaluation and applied research
- Form and sustain community partnerships
- Train volunteers, paraprofessionals, and other community agency/organization professionals

### **2. Brief description of the target audience**

'Strengthening Families and Communities' programming is tailored to meet the needs of each audience we engage. School programming is age-appropriate, whereas programs at Senior Centers are targeted to inform on safe food preparation for individuals living alone or with one other person. The end result is a program that has the potential to encompass all residents of the state. Below is a listing of the specific groups we intend to reach with targeted awareness, educational and skills-development programming:

- Parents of children ages birth to 18, including, but not limited to: teen, step, adoptive, foster, single, divorcing, incarcerated, fathers who have not yet established paternity, and grandparents;
- Adults in, or thinking about entering, intimate relationships;
- Young adults;
- Older adults and those who care for them;
- Baby boomers, especially women;
- Limited resource families, including mothers with young children and food stamp recipients;
- New employees;
- Bankruptcy filers;
- Debt burdened individuals and couples;
- First time homebuyers;
- Individuals with diabetes and their caregivers/family support members;
- Food establishment managers and food service employees;
- Volunteer food preparers;
- Child care providers;
- Teachers;
- Social service professionals;
- General consumers (other formal or informal education).

### **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
<b>Actual</b>	284550	176665	1900	52473

**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
<b>Actual</b>	21	0	0

**V(F). State Defined Outputs**

**Output Target**

**Output #1**

**Output Measure**

- Educational sessions held with two or more participants

Year	Actual
2014	1884

**Output #2**

**Output Measure**

- number of volunteer hours given

Year	Actual
2014	25223

**Output #3**

**Output Measure**

- number of Dining with Diabetes classes taught

<b>Year</b>	<b>Actual</b>
2014	76

**Output #4**

**Output Measure**

- number of volunteers participating in the planning and implementation of this event (DWD)  
Not reporting on this Output for this Annual Report

**Output #5**

**Output Measure**

- total number of volunteers participating in the planning and / or implementation of 'Strengthening Families and Communities' programming

<b>Year</b>	<b>Actual</b>
2014	5381

**Output #6**

**Output Measure**

- number of individuals participating in 'Dining with Diabetes' programming

<b>Year</b>	<b>Actual</b>
2014	341

**Output #7**

**Output Measure**

- number of individuals participating in the 'Live Healthy Live Well' program

<b>Year</b>	<b>Actual</b>
2014	8596

**Output #8**

**Output Measure**

- number of individuals participating in the 'Successful Co-Parenting' program

<b>Year</b>	<b>Actual</b>
2014	1356

**Output #9**

**Output Measure**

- number of individuals participating in 'Healthy Finances' programming

<b>Year</b>	<b>Actual</b>
2014	782

**V(G). State Defined Outcomes**

**V. State Defined Outcomes Table of Content**

O. No.	OUTCOME NAME
1	# of participants who increased knowledge on topic presented as a result of the education program/session(s)
2	# of participants who plan to adopt one or more recommended practices as a result of the education program/session(s)
3	number of participants whose knowledge of diabetes management has increased (DWD)
4	number of participants who are able to count carbohydrates (DWD)
5	number of participants who are eating smaller portion sizes (DWD)
6	number of participants who have lowered blood sugar levels (DWD)
7	number of 'Dining with Diabetes' (DWD) participants that report engaging in cooking activities to help take control of their diabetes -- using healthy oils in cooking, substituting herbs and spices for salt and using nutrition labels
8	number of 'Dining with Diabetes' participants that report engaging in physical activities to help take control of their diabetes -- fitting exercise into their daily routine, exercising continuously for at least 30 minutes at least three times per week, and being physically active on a daily basis.
9	number of participants in the 'Live Healthy Live Well' program that report adopting one or more of the recommended practices that might help reduce their risk of developing chronic disease
10	number of individuals participating in the 'Successful Co-Parenting' program that feel more prepared to co-parent as a result of the program
11	number of individuals participating in 'Healthy Finances' programming that indicated the intent to change one or more behaviors as a result of attending an educational session.
12	number of individuals who gained knowledge of their level of skin damage due to sun exposure through DermaScans provided by OSU Extension employees.

**Outcome #1**

**1. Outcome Measures**

# of participants who increased knowledge on topic presented as a result of the education program/session(s)

Not Reporting on this Outcome Measure

**Outcome #2**

**1. Outcome Measures**

# of participants who plan to adopt one or more recommended practices as a result of the education program/session(s)

Not Reporting on this Outcome Measure

**Outcome #3**

**1. Outcome Measures**

number of participants whose knowledge of diabetes management has increased (DWD)

Not Reporting on this Outcome Measure

**Outcome #4**

**1. Outcome Measures**

number of participants who are able to count carbohydrates (DWD)

Not Reporting on this Outcome Measure

**Outcome #5**

**1. Outcome Measures**

number of participants who are eating smaller portion sizes (DWD)

Not Reporting on this Outcome Measure

**Outcome #6**

**1. Outcome Measures**

number of participants who have lowered blood sugar levels (DWD)

Not Reporting on this Outcome Measure

**Outcome #7**

**1. Outcome Measures**

number of 'Dining with Diabetes' (DWD) participants that report engaging in cooking activities to help take control of their diabetes -- using healthy oils in cooking, substituting herbs and spices for salt and using nutrition labels

**2. Associated Institution Types**

- 1862 Extension

**3a. Outcome Type:**

Change in Action Outcome Measure

**3b. Quantitative Outcome**

<b>Year</b>	<b>Actual</b>
2014	276

**3c. Qualitative Outcome or Impact Statement**

**Issue (Who cares and Why)**

Diabetes is a health problem for many Ohioans. According to 2007 statistics released by the Centers for Disease Control and Prevention (CDC) and a study done by the Ohio Department of Health (ODH), more than 830,000 adult Ohioans have been diagnosed with diabetes. An additional 200,000 are estimated to have diabetes and don't know it. According to the American Diabetes Association, the direct (medical costs) and indirect (lost productivity) costs of diabetes total an estimated \$5.9 billion in Ohio. It is estimated that \$3.9 billion are direct costs and \$2 billion are indirect costs.

**What has been done**

Dining with Diabetes is a series of classes conducted by Ohio State University Extension and community health partners. This program helps individuals learn strategies to manage their carbohydrate counting, portion control, label reading, and taste testing healthy recipes.

**Results**

On the DWD post-test, 276 (81.1%) of participants reported that they "Often" or "Almost always" practice three significant healthy cooking practices -- using healthy oils in cooking, substituting herbs and spices for salt and using nutrition labels. This was compared to only 66.6% on the pre-test.

#### 4. Associated Knowledge Areas

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

#### Outcome #8

##### 1. Outcome Measures

number of 'Dining with Diabetes' participants that report engaging in physical activities to help take control of their diabetes -- fitting exercise into their daily routine, exercising continuously for at least 30 minutes at least three times per week, and being physically active on a daily basis.

##### 2. Associated Institution Types

- 1862 Extension

##### 3a. Outcome Type:

Change in Action Outcome Measure

##### 3b. Quantitative Outcome

Year	Actual
2014	167

##### 3c. Qualitative Outcome or Impact Statement

###### **Issue (Who cares and Why)**

Diabetes is a health problem for many Ohioans. According to 2007 statistics released by the Centers for Disease Control and Prevention (CDC) and a study done by the Ohio Department of Health (ODH), more than 830,000 adult Ohioans have been diagnosed with diabetes. An additional 200,000 are estimated to have diabetes and don't know it. According to the American Diabetes Association, the direct (medical costs) and indirect (lost productivity) costs of diabetes total an estimated \$5.9 billion in Ohio. It is estimated that \$3.9 billion are direct costs and \$2 billion are indirect costs.

###### **What has been done**

Dining with Diabetes is a series of classes conducted by Ohio State University Extension and community health partners. This program helps individuals learn strategies to manage their carbohydrate counting, portion control, label reading, and taste testing healthy recipes.

### Results

On the program post-test, 167 (49.0%) of participants reported that they "Often" or "Almost always" engage in three significant exercise practices: fitting exercise into their daily routine, exercising continuously for at least 30 minute at least 3 times per week, and being physically active on a daily basis. This was compared to only 40.2% on the pre-test.

### 4. Associated Knowledge Areas

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

### Outcome #9

#### 1. Outcome Measures

number of participants in the 'Live Healthy Live Well' program that report adopting one or more of the recommended practices that might help reduce their risk of developing chronic disease

#### 2. Associated Institution Types

- 1862 Extension

#### 3a. Outcome Type:

Change in Action Outcome Measure

#### 3b. Quantitative Outcome

Year	Actual
2014	6876

#### 3c. Qualitative Outcome or Impact Statement

##### **Issue (Who cares and Why)**

Chronic diseases are the leading cause of death and disability in the United States. Conditions such as heart disease, stroke, cancer, diabetes, arthritis, and obesity are common, costly, and preventable health problems. These diseases can be addressed and mitigated with education and lifestyle modifications. These diseases have the potential to affect all Ohio citizens, depending on lifestyle choices.

##### **What has been done**

'Live Healthy Live Well' is one of the designated "signature programs" of Ohio State University Extension. The program educates Ohioans on nutrition, physical activity, and wellness issues. Utilizing social media, email wellness challenges, and lunch and learn lessons, the program strives to increase awareness and encourage adoption of healthy lifestyle behaviors. Programming targets working adults, public agencies or governments, and businesses with

research-based information. By improving workforce health, employers may see reductions in insurance costs, improved morale and fewer employee sick days.

**Results**

6876 (80%) individuals who participated in the Live Healthy Live Well program reported adopting one or more of the recommended practices that might help reduce their risk of developing chronic disease. These practices may include the following: losing weight, maintaining current healthy weight, choosing healthy foods as snacks, reading food labels to make healthier food choices, and using a coping technique to reduce stress. Some comments from program participants: "I started thinking before I would eat and asked myself, 'Am I really hungry or just stressed?' I have started reading food labels and eating just one portion. As a result, I have lost 5 pounds."; "I was able to use this information because it came in small amounts and I always had time to read it right then."; and "I was at my highest weight and knew I needed to do something. When I heard of the challenge, I started thinking that I could go through the holidays without gaining since I had done it in the past. I set my goal as losing 1 pound per week, knowing it would be a good average. Happily, I lost 10 pounds and continue the good health habits I have brought back into my life. Thanks for the encouragement and jump start!"

**4. Associated Knowledge Areas**

<b>KA Code</b>	<b>Knowledge Area</b>
703	Nutrition Education and Behavior
724	Healthy Lifestyle

**Outcome #10**

**1. Outcome Measures**

number of individuals participating in the 'Successful Co-Parenting' program that feel more prepared to co-parent as a result of the program

**2. Associated Institution Types**

- 1862 Extension

**3a. Outcome Type:**

Change in Knowledge Outcome Measure

**3b. Quantitative Outcome**

<b>Year</b>	<b>Actual</b>
2014	1192

**3c. Qualitative Outcome or Impact Statement**

**Issue (Who cares and Why)**

Experiencing a divorce is a stressful time for all family members and often the degree to which children are affected by their parents' divorce is overlooked. Research indicates that the impact of divorce on children's well-being can be minimized by parents' actions during this difficult period and that cooperative, mutually supportive, low conflict co-parenting relationships are advantageous for both children and adults.

#### **What has been done**

'Successful Co-Parenting' is a 2.5 hour program for parents who are in the process of obtaining a divorce. As a result of participating in this program, parents understand the ways divorce impacts their children and learn skills to address the children's needs. The objectives of the program for parents are: 1) understand the practical and emotional processes of divorce (for adults and children); 2) learn how children react to divorce; 3) be able to identify behaviors that are harmful to their relationships with their children; 4) learn how to tell their children about the divorce process and learn skills for helping children cope; 5) learn how to communicate with a former spouse and learn guidelines for successful post-divorce parenting.

#### **Results**

1192 (89.3%) participants in the 'Successful Co-Parenting' program report feeling more prepared to co-parent as a result of the program. When asked, 'What is the most important thing you learned from this presentation that will help your child(ren) cope with divorce?', some respondents commented: "Always keep in mind the children come first"; "Both parents are equally important and my child needs to have us both in his life"; "How to better understand [my child's] reactions and that their emotions and hidden feelings are reasons for their behavior." When asked, 'What is the most important thing you will do differently as a co-parent as a result of this presentation?', some respondents commented: "Avoid falling into power struggles - focus on big picture - kids"; "Be business-like. Use positive language. I like the term 'co-parent' better than 'ex'. "; and "Be more aware of my child's emotional needs and behaviors."

#### **4. Associated Knowledge Areas**

<b>KA Code</b>	<b>Knowledge Area</b>
802	Human Development and Family Well-Being

#### **Outcome #11**

##### **1. Outcome Measures**

number of individuals participating in 'Healthy Finances' programming that indicated the intent to change one or more behaviors as a result of attending an educational session.

##### **2. Associated Institution Types**

- 1862 Extension

##### **3a. Outcome Type:**

Change in Action Outcome Measure

### 3b. Quantitative Outcome

Year	Actual
2014	707

### 3c. Qualitative Outcome or Impact Statement

#### Issue (Who cares and Why)

'Healthy Finances' programming assists families in improving both present and future economic well-being by helping them: assess their financial circumstances; increase their financial management skills, including organizing financial records, tracking spending, and improving bill paying; reduce debt and begin or increase savings; and improve consumer decision-making abilities.

#### What has been done

FCS Extension educators help Ohio citizens develop healthier, stronger financial situations through face-to face instruction with individuals and families, training of professionals such as teachers and social workers who work directly with individuals and families, and through reaching people in their own homes through distance education.

#### Results

The 'Healthy Finances' programming uses an evaluation tool with a retrospective bank of questions. Of the 782 participants in 'Healthy Finances' programming in 2014, from before to after programming: 493 (88.8%) indicated a positive change in their ability to use written goals to guide financial decisions, 475 (85.6%) set aside money for emergencies, and 435 (78.4%) set aside money for occasional expenses. 621 (85.7%) participants indicated that they planned to make changes to their handling of financial matters within 1 month. Comments from participants: "I am really glad I took this workshop. Very well worth the time. I don't feel as overwhelmed and feel I can develop a workable plan" and "I thought this program was very helpful in showing me my thinking on spending money...and definitely changes I can make."

### 4. Associated Knowledge Areas

KA Code	Knowledge Area
801	Individual and Family Resource Management

### Outcome #12

#### 1. Outcome Measures

number of individuals who gained knowledge of their level of skin damage due to sun exposure through DermaScans provided by OSU Extension employees.

#### 2. Associated Institution Types

- 1862 Extension

**3a. Outcome Type:**

Change in Knowledge Outcome Measure

**3b. Quantitative Outcome**

<b>Year</b>	<b>Actual</b>
2014	1500

**3c. Qualitative Outcome or Impact Statement**

**Issue (Who cares and Why)**

Melanoma accounts for 73% of deaths from skin cancer, and studies show there is a definite link between the sun's rays and skin cancer. Skin damage from overexposure to the sun is cumulative over the years, and cannot be reversed. The most serious and lasting damage occurs before 18 years of age. Early education on sun safety is important for all Ohio citizens.

**What has been done**

Extension educators set up sun safety booths at county fairs around Ohio. Visitors to the booths were provided with sun safety education, including tips like avoiding direct sun exposure between the hours of 10am and 2pm, when the sun's rays are strongest and most damaging; choose sunscreen that blocks 99 - 100% of UVA and UVB rays; and remembering to reapply sunscreen regularly to maintain coverage that can be lost during the day. Additionally, the booths had "DermaScan" machines, which allowed individuals to see sun damage on their face. The curtained machine allows users to place their face inside the device, and using black lights and mirrors, the device highlights areas of the face that have been damaged by the sun.

**Results**

Over 1500 individuals had their faces scanned by the "DermaScan" devices at county fairs in 2014. Hardin County reported that 140 adults and 70 youth were scanned. Four of the Hardin County participants reported later that they sought additional care from a dermatologist and were treated for skin cancer. In Lucas County, 80% of participants stated they would use sunblock or a sun-safe hat in the future. In Champaign County, 300 people were scanned. 56% of Champaign participants reported using more sunscreen, 39% reported wearing hats more often, and 33% consulted a dermatologist because of the scan.

**4. Associated Knowledge Areas**

<b>KA Code</b>	<b>Knowledge Area</b>
724	Healthy Lifestyle

## **V(H). Planned Program (External Factors)**

### **External factors which affected outcomes**

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

### **Brief Explanation**

## **V(I). Planned Program (Evaluation Studies)**

### **Evaluation Results**

One of the most significant evaluation developments in 2014 was the continued and growing impact of the Successful Co-Parenting program. In a few short years since its development at OSU Extension, it continues to show significant benefits to participants. The course is designed to equip parents with knowledge, skills, tools, awareness, and strategies to help their children adjust to their parents' divorce now and in the future. Retrospective (pre-post) self-assessments collected from program participants revealed the vast majority reported the following outcomes: learning new information (92.4%), plan to use the information (96.0%), feel more prepared to co-parent their children with their former spouse (89.4%), and found the program to be helpful (93.2%). For each of these four measures, the 2014 results are higher than the same indicators in 2013.

The Dining with Diabetes program evaluation continues to develop and capture the positive benefits of diabetes education. The program is evaluated using a pre-test and post-test, given before and then again after the series of classes. Attendees' identities are coded so that individual responses are tracked, allowing for a comparison at the participant level. When asked about the proportion of a meal that should be vegetables, 90% answered correctly after the class, compared to just 55.9% before the class. Participants also demonstrated knowledge gains around questions on carbohydrates and heart healthy foods, posting an average score of 15.8 out of a possible 20 points after the class.

OSU Extension offers a number of programs under the 'Healthy Finances' umbrella, including curricula on credit and debt management, financial recovery, smart spending, homeownership and budgeting. In 2014, participants in these programs reported a number of significant benefits to themselves and their families. 91.7% learned something new from a financial program and 95.3% planned to use the new information. Additionally, 85.7% of attendees planned to make a change to their financial situation within one month. Finally, after taking a 'Healthy Finances' class, 70.7% of participants reported "Almost always" paying their bills on time, up from only 38.9% before the class.

### **Key Items of Evaluation**

Holistic health programming continues to demonstrate sustained impact in Ohio. Results from the Ohio State University Extension signature program, 'Live Healthy Live Well' indicate an increase in participant knowledge of wellness, nutrition, and fitness topics in addition to an increased adoption of health behaviors to reduce chronic diseases. In response to 3 email health challenges, 90% of participants learned new information, 92% reported using the new information they learned, and 80% reported adopting one or more of the recommended new practices that might help reduce their risk of developing chronic disease.