

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

**Program # 1**

**1. Name of the Planned Program**

Childhood Obesity

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
702	Requirements and Function of Nutrients and Other Food Components	10%			
703	Nutrition Education and Behavior	30%			
724	Healthy Lifestyle	30%			
801	Individual and Family Resource Management	10%			
802	Human Development and Family Well-Being	10%			
806	Youth Development	10%			
	<b>Total</b>	100%			

**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>	17.0	0.0	0.0	0.0
<b>Actual Paid</b>	16.0	0.0	0.0	0.0
<b>Actual Volunteer</b>	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
425000	0	0	0
1862 Matching	1890 Matching	1862 Matching	1890 Matching
777788	0	0	0
1862 All Other	1890 All Other	1862 All Other	1890 All Other
0	0	0	0

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

### 1. Brief description of the Activity

In 2014, the childhood obesity planned program at West Virginia University Extension worked towards increasing the capacity of youth, adults, and families to make informed, science-based decisions which prevent chronic disease and maintain healthy weight status through physical activity and intake of nutrient-dense foods.

There were 391 reported activities for 2014 in the Childhood Obesity and Healthy Lifestyle planned program this year. These activities can be grouped in the following categories:

**Nutrition, Food Selection, and Preparation** - The largest program in this category is the Family Nutrition Program for both low-income adults and youths. The program teaches food and nutrition by using the USDA's My Plate. Other activities in this category include nutrition classes, food preparation classes, and classes on food selection/shopping resources and techniques.

**Healthy Lifestyles Skills and Practice**- The largest programs in this category include the Health Motivator Program, the Summer Steps program, Choose to Change Project, Family Nutrition Program Dental Tips for Parents, Love Your Heart, Health Rocks, and ATV Safety. The Choose to Change Project is a collaborative program with two school systems and WVU's Davis College, School of Medicine, and Regional Research Institute).

**Chronic Diseases and Associated Risk Factors**- Two initiatives, Dining with Diabetes, a cooking school for persons with diabetes and their caregivers and the Diabetes Symposium, a national professional conference enhance the capacity of Extension educators and healthcare partners to impart diabetes education and prevention initiatives. Other initiatives address heart disease prevention such as Women's Heart Health and the CARDIAC program: Coronary Artery Risk Detection in Appalachian Communities. It is in the CARDIAC program where we have reached 14,239 youths. Additional programs target the special needs of older adults such as the prevention of bone loss and falls.

### 2. Brief description of the target audience

Primary target audiences include: low-income West Virginia adults and youth, West Virginians who have diabetes and their caregivers, healthy older adults, healthcare professionals and Extension educators.

### 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>	31545	63925	77292	326124

**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>	19	4	74

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

**Output Target**

**Output #1**

**Output Measure**

- Number of educational activities

Year	Actual
2014	391

**Output #2**

**Output Measure**

- Number of educational materials created or updated

Year	Actual
2014	11

**Output #3**

**Output Measure**

- Number of educational materials distributed

<b>Year</b>	<b>Actual</b>
2014	390599

**Output #4**

**Output Measure**

- Number of professional presentations

<b>Year</b>	<b>Actual</b>
2014	74

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

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

O. No.	OUTCOME NAME
1	Number of youth who gained knowledge about eating more healthy foods.
2	Number of participants who change a behavior or use a new skill
3	Number of participants who train others
4	Number of delivery systems/access points that change their procedures and/or policies with regard to expanding or improving their offering healthy foods or healthy activities
5	Number of participants who advance to higher knowledge and skill level in healthy lifestyle professional areas
6	Number of adults that gained knowledge about eating more healthy foods.
7	Number of participants that gained knowledge of how to access and produce healthy foods.
8	Number of organizations at the local level who collaborate to promote health and nutrition
9	Number of youth who received healthy meals.

**Outcome #1**

**1. Outcome Measures**

Number of youth who gained knowledge about eating more healthy foods.

**2. Associated Institution Types**

- 1862 Extension

**3a. Outcome Type:**

Change in Knowledge Outcome Measure

**3b. Quantitative Outcome**

<b>Year</b>	<b>Actual</b>
2014	16429

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

**Issue (Who cares and Why)**

In West Virginia, youths need to learn skills to assist them in living healthy lifestyles. These skills lead to changes in behavior related to selecting and preparing healthy foods, shopping for the healthiest choices and best prices, choosing physical activities, and improving food safety behaviors.

**What has been done**

The Family Nutrition Program (SNAPed and EFNEP) in West Virginia enrolls 16,429 youths in its programs which include classroom, afterschool, and camping activities for youth.

**Results**

83.5% of children and youth improve their abilities to choose foods according to Federal Dietary Recommendations or gain knowledge.

37.0% of children and youth gained knowledge on using safe food handling practices.

31.5% of children and youth improve their physical activity practices or gain knowledge.

**4. Associated Knowledge Areas**

<b>KA Code</b>	<b>Knowledge Area</b>
702	Requirements and Function of Nutrients and Other Food Components
703	Nutrition Education and Behavior
724	Healthy Lifestyle
806	Youth Development

**Outcome #2**

**1. Outcome Measures**

Number of participants who change a behavior or use a new skill

**2. Associated Institution Types**

- 1862 Extension

**3a. Outcome Type:**

Change in Action Outcome Measure

**3b. Quantitative Outcome**

<b>Year</b>	<b>Actual</b>
2014	19

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

**Issue (Who cares and Why)**

Childhood obesity has reached epidemic proportions in the United States and current prevalence rates in West Virginia far exceed national norms. To address this problem, a "systems perspective" is the approach strongly recommended by the Institute of Medicine's Committee on Accelerating Progress in Obesity Prevention (Institute of Medicine, 2012)

**What has been done**

The Choose to Change project broadened community engagement through community mini-grants to 19 organizations that had an interest in improving physical activity or nutrition for families with young children. Each project was assigned a mentor. In 2014 we also entered into a collaborative agreement with the CDC to address childhood obesity by changing the early childcare and education environment to improve food and physical activity choices. The Healthy West Virginia Children project operates in three rural counties.

**Results**

A total of 19 organizations which were awarded grants ranging from \$500 to \$4,000. Each organization developed strategies for improving physical activity or nutrition opportunities for their organization and the audiences they serve. Mini-grants have led to some serendipitous collaboration. Organizations discovered others who wanted to work together on projects. WVUES was able to expand community for physical activity and nutrition education.

**4. Associated Knowledge Areas**

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

724	Healthy Lifestyle
801	Individual and Family Resource Management
806	Youth Development

**Outcome #3**

**1. Outcome Measures**

Number of participants who train others

**2. Associated Institution Types**

- 1862 Extension

**3a. Outcome Type:**

Change in Action Outcome Measure

**3b. Quantitative Outcome**

<b>Year</b>	<b>Actual</b>
2014	167

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

**Issue (Who cares and Why)**

The Centers for Disease Control and Prevention experts describe chronic diseases and conditions as the public health challenge of the 21st century. Heart disease, the leading cause of death, costs an estimated \$475.3 billion each year in health care services, medications, and lost productivity. Chronic disease accounts for eight of the 10 leading causes of death in West Virginia. They are largely preventable and are attributed to three main risk factors: 1) poor nutrition; 2) cigarette smoking; and 3) physical inactivity.

**What has been done**

A grant from the Foundation of the National Institutes of Health of \$67,922 was awarded. Extension Agents conducted focus groups with community organizations to learn about strategies for reaching local residents. Thirteen trainings with 167 volunteers in 10 counties were conducted. Extension Agents continued to build local partnerships. Materials from reliable sources were assembled into a volunteer-friendly kit with take-home memorable heart health messages. The team created automated follow-up phone/text/email messages, which will be sent out in 2015. From September 2013 through November 2014, more than 89 heart health activities were reported in 24 counties.

**Results**

167 trained volunteers showed important and statistically significant improvements in targeted knowledge, at least in the short term.

167 trained volunteers will train others in their communities.

Trained volunteers cited plans to make personal health improvements that are culturally appropriate for West Virginia women.

#### 4. Associated Knowledge Areas

KA Code	Knowledge Area
724	Healthy Lifestyle

#### Outcome #4

##### 1. Outcome Measures

Number of delivery systems/access points that change their procedures and/or policies with regard to expanding or improving their offering healthy foods or healthy activities

##### 2. Associated Institution Types

- 1862 Extension

##### 3a. Outcome Type:

Change in Condition Outcome Measure

##### 3b. Quantitative Outcome

Year	Actual
2014	10

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

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

Health experts recommend the reduction of sugar-sweetened beverages (SSBs) to prevent and/or manage a variety of health conditions and diseases. SSBs include sodas, sports drinks, fruit drinks, sweetened tea and coffee, and any other calorically sweetened beverages. In West Virginia, our citizens generally have less disposable income and higher incidences of chronic health conditions. For example, for many years, West Virginia has led the nation with 42.8% of adults over age 65 with no natural teeth. Therefore, there is a great need for a West Virginia campaign to reduce sugar consumption.

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

The "Rethink Your Drink" (RYD) team brainstormed venues for using campaign materials, such as camps, fairs and festivals, all WVUES health classes, and WVUES meetings. WVUES received funding from the USDA/WV Department of Health and Human Resources to fund RYD social marketing and summer camp activities. The 20-week campaign included: radio ads on five stations, billboards in 26 locations, and digital marketing displayed on specific websites. These efforts targeted low-income regions of the state. At least 18 counties participated, reaching more than 7,500. Social marketing strategies made additional impressions with billboards (20,280,260

estimate), radio (276,166 estimate), and digital marketing (1,021,078 estimate).

**Results**

A "Rethink Your Drink" collaborative has been established with external partnerships, such as the WV Oral Health Coalition, WV Department of Health and Human Resources/Change the Future WV, and health departments in seven WV counties. The campaign has created a 'buzz' within Extension, and also with the general public. Promoting water and reducing sugary drinks seems to be something on people's minds. Relating this to health behavior change theory, there has been a shift from pre-contemplation to contemplation or even preparation.

**4. Associated Knowledge Areas**

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

**Outcome #5**

**1. Outcome Measures**

Number of participants who advance to higher knowledge and skill level in healthy lifestyle professional areas

Not Reporting on this Outcome Measure

**Outcome #6**

**1. Outcome Measures**

Number of adults that gained knowledge about eating more healthy foods.

**2. Associated Institution Types**

- 1862 Extension

**3a. Outcome Type:**

Change in Knowledge Outcome Measure

**3b. Quantitative Outcome**

<b>Year</b>	<b>Actual</b>
2014	1225

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

**Issue (Who cares and Why)**

In West Virginia, adults need to learn skills to assist them in living healthy lifestyles. These skills lead to changes in behavior related to selecting and preparing healthy foods, shopping for the healthiest choices and best prices, choosing physical activities, and improving food safety behaviors.

**What has been done**

The Family Nutrition Program (SNAPed and EFNEP) in West Virginia enrolls 1,225 adults in its programs which include training workshops for adults at community centers, public school, churches, elderly service centers, adult education and job training centers, health fairs, and the like.

**Results**

- 58% increased their skill in using "nutrition facts" on food labels to make food choices
- 50% increased their skill in comparing prices before buying
- 50% increased their skill in planning meals ahead
- 47% increased their skill in shopping with a grocery list
- 49% increased their skill in thinking about healthy food choices
- 44% increased their skill in preparing foods without adding salt

**4. Associated Knowledge Areas**

<b>KA Code</b>	<b>Knowledge Area</b>
702	Requirements and Function of Nutrients and Other Food Components
703	Nutrition Education and Behavior
724	Healthy Lifestyle

**Outcome #7**

**1. Outcome Measures**

Number of participants that gained knowledge of how to access and produce healthy foods.

**2. Associated Institution Types**

- 1862 Extension

**3a. Outcome Type:**

Change in Knowledge Outcome Measure

**3b. Quantitative Outcome**

<b>Year</b>	<b>Actual</b>
2014	181

### 3c. Qualitative Outcome or Impact Statement

#### Issue (Who cares and Why)

The Coronary Artery Risk Detection in Appalachian Communities (CARDIAC) Study (2012-2013 surveillance data) reported that 31% kindergarteners, 39% of second graders, and 47% of fifth graders in West Virginia are overweight or obese. While the role of genetics in obesity is important, it is not modifiable, therefore personal health behaviors and environmental factors are key in obesity prevention.

#### What has been done

WVU, in collaboration with WV Head Start, Monongalia and Kanawha County Public Schools, and Choosy Kids, LLC was awarded a five-year obesity prevention AFRI grant from the USDA. Extension provided leadership for Family Fun Events for four months in 2014. Family Fun Events follow the Head Start framework for family education events. There are hands-on interactive activities, as well as a didactic parent education components based on learning objectives. All events include a healthy family style meal. Themes include: Choosy Families Eat Together, Choosy Families Play Together, Choosy Families Cook Together, and Healthy Summer Splash. Every family received a take-home bag of materials and a child's book.

#### Results

84% of 40 parents will very likely to utilize activity-based family outings.  
79% 40 parents will very likely set an example for my children by engaging in physical activity.  
83% 40 parents will very likely minimize screen-time to no more than 2 hours per day.  
91% 47 parents will very likely watch portion sizes for my preschool child.  
87% 47 parents will very likely involve my child more in kitchen and mealtime activity.  
63% 29 parents will very likely choose healthy foods for a family picnic.  
63% 29 parents will very likely add more physical activities into their families' summer.  
100% of 67 parents agreed that the Family Fun Event ideas will be put to use right away.  
100% of 67 parents (of those who did not do this previously) planned to turn off TV and electronics during family mealtime.  
100% 67 parents agreed the event helped them gain skills in making mealtimes positive,

### 4. Associated Knowledge Areas

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

### Outcome #8

#### 1. Outcome Measures

Number of organizations at the local level who collaborate to promote health and nutrition

#### 2. Associated Institution Types

- 1862 Extension

**3a. Outcome Type:**

Change in Action Outcome Measure

**3b. Quantitative Outcome**

<b>Year</b>	<b>Actual</b>
2014	7

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

**Issue (Who cares and Why)**

Agencies and organizations lack awareness of services and programs offered outside of their county. Increasing communication among agencies within counties can foster collaboration and participation in services and programs. That, in turn, could go a long way to changing attitudes and raising levels of health-promoting behavior. The best resource we have to mobilize the community to adopt better health behaviors is the strength, diversity, and commitment of the local coalition members.

**What has been done**

The agent in Fayette County put together a coalition that included Fayette County Family Resource Network Director, the County Health Department Administrator, the Senior Services Director, a Senior Services staff member, the County Commission Administrator, and Fayette Quality Health Center staff. They received the 2013 Appalachian Diabetes Control and Translation Project Planning Grant. After considering Fayette County's strengths and challenges in relation to diabetes prevention and control, the Living Well Work group developed an electronic resource directory of existing resource and services. They also collaborated on work site walking groups and "lunch and learns" sessions involving the Health Department, Courthouse staff, and County Extension Agent.

**Results**

Agencies and individuals, who had not previously interacted, formed a collaborative group that designed a plan to address the health concerns of Fayette County. This effort got attention from the media and other Fayetteville offices and businesses have joined the effort. Member organizations have jointly implemented other activities including worksite wellness programs at the Fayette County Courthouse, Fayette County Health Department, Fayette County Libraries, and the New River Health Association. Workgroup members have also written four health related articles that were printed in community papers and posted online

**4. Associated Knowledge Areas**

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

**Outcome #9**

**1. Outcome Measures**

Number of youth who received healthy meals.

**2. Associated Institution Types**

- 1862 Extension

**3a. Outcome Type:**

Change in Action Outcome Measure

**3b. Quantitative Outcome**

<b>Year</b>	<b>Actual</b>
2014	403

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

**Issue (Who cares and Why)**

Food security issues are a concern for all of West Virginia. According to WorkForce West Virginia, some counties, such as Wirt County have an unemployment rate of as much as 10 percent. The rate for West Virginia is 7.5 percent. Wirt County has 15.2% of the population living below the poverty level, which is actually a little better than the entire state which is 17.6%. According to the WV Kids Count data, in 2009 the 29.2 percent of children in Wirt County are below poverty level. During the past two years, every student in Wirt County has received free lunches.

**What has been done**

In 2012, Community Resources of Wirt County, Family Resource Network, and Wirt County Extension wrote a grant to The Change the Future Program and received \$4815 to provide these children with needed food during school breaks. In 2014, they received \$2500 from the Sisters of St. Joseph Charitable Organization, \$4000 from the Parkersburg Area Community Foundation, and \$600 from a Methodist church. With these funds the group distributed bags of food for the Easter break, Thanksgiving break and the Christmas break. To find eligible families, they advertised in the newspaper and put flyers in the schools. Parents called in to the Extension Office to register.

**Results**

403 children in Wirt County who received food during holiday breaks had needed nourishment they would not have had otherwise.

Three community groups worked together to fight the effects of poverty.

Parents, the principal, and the county superintendent of schools expressed their appreciation for the work of the collaborative.

#### 4. Associated Knowledge Areas

KA Code	Knowledge Area
802	Human Development and Family Well-Being

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

##### External factors which affected outcomes

- Economy
- Appropriations changes
- Competing Public priorities
- Competing Programmatic Challenges
- Other (Personnel issues)

##### Brief Explanation

Cuts in state appropriations. Lack of personnel at times due to personal health and family issues.

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

##### Evaluation Results

The WVUES Family Nutrition Program uses the evaluation protocols provided by EFNEP. The results this year are:

For adults:

81% (607 of 753) participants showed improvement in one or more food resource management practice (i.e. plan meals, compare prices, does not run out of food or uses grocery lists).

85% (645 of 757) participants showed improvement in one or more nutrition practice (i.e. plans meals, makes healthy food choices, prepares food without adding salt, reads nutrition labels or has children eat breakfast).

57% (420 of 734) participants showed improvement in one or more food safety practice (i.e. thawing and storing foods correctly).

For youth:

83.5% of children and youth improve their abilities to choose foods according to Federal Dietary Recommendations or gain knowledge.

37% of children and youth use safe food handling practices more often or gain knowledge.

31.5% of children and youth improve their physical activity practices or gain knowledge.

##### Family Fun Days

At the end of each event, parents were asked to give feedback. Standardized evaluations were used. The following are selected highlights for the Monongalia and Kanawha events:

Family Fun Event #2 (February 2014, Cohort 1.5) -

- 84% will very likely "utilize activity-based family outings"
- 79% will very likely "set an example for my children by engaging in physical activity"
- 83% will very likely "minimize screen-time to no more than 2 hours per day"

Family Fun Event #3 (April 2014, Cohort 1.5) -

- 91% will very likely "watch portion sizes for my preschool child"
- 87% will very likely "involve my child more in kitchen and mealtime activity"

Family Fun Event #4 (June 2014, Cohort 1.5) -

- 63% will very likely "choose healthy foods for a family picnic"
- 63% will very likely "add more physical activities into my families' summer"

Family Fun Event #1(October/November 2014, Cohort 2.0) -

- 100% agreed that the Family Fun Event ideas will be put to use right away
- 100% (of those who did not do this previously) planned to turn off TV and electronics during family mealtime
- 100% agreed the event helped them gain skills in making positive mealtime experiences

Feedback on the overall Choose to Change Project included the following:

- 47% strongly agreed and 47% somewhat agreed that "my family has used the tools and topics we learned at Family Fun Events"
- 82% strongly agreed that "Choosy has influenced my child's lifestyle choices"

### **Key Items of Evaluation**

In our Family Nutrition programs youth and adults indicate that they are changing their behaviors related to choosing healthy foods, planning healthier meals, shopping for healthier, cost-effective foods, and using less additives that don't enhance health. More than half are using one or more food safety practices.

In our Family Fun Days which bring family members together to learn about activities that they can do together to enhance their own health, family members are choosing to incorporate healthy activities into their family life and are spending less time in sedentary activities such as TV watching and computer surfing.