

V(A). Planned Program (Summary)

Program # 3

1. Name of the Planned Program

Childhood and Family Obesity Prevention

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%		
711	Ensure Food Products Free of Harmful Chemicals, Including Residues from Agricultural and Other Sources		20%		
723	Hazards to Human Health and Safety		20%		
724	Healthy Lifestyle		30%		
	Total		100%		

V(C). Planned Program (Inputs)

1. Actual amount of FTE/SYs expended this Program

Year: 2014	Extension		Research	
	1862	1890	1862	1890
Plan	0.0	5.5	0.0	0.0
Actual Paid	0.0	4.0	0.0	0.0
Actual Volunteer	0.0	12.0	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
0	341285	0	0
1862 Matching	1890 Matching	1862 Matching	1890 Matching
0	202520	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

Educational activities that were held included workshops, year-round or extended summer programs, one-on-one intervention, in-school and after-school demonstrations and lectures and in-service training meetings for Extension agents and paraprofessionals who will participate in this program. Key program activities were part of the Summer Youth College Program, Summer Health and Fitness Academy, and EFNEP educational sessions. Also with food demonstrations, participants had food recording database; bi-weekly exercise classes; weekly weigh-ins; and support group/counseling.

2. Brief description of the target audience

The target audience will consist of under-served and under-represented youth and adult populations in the twelve Black Belt counties of Alabama.

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	18812	1489	12630	3756

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	0	0	0

V(F). State Defined Outputs

Output Target

Output #1

Output Measure

- This Program will follow Outcome Evaluation Methods by Green and Kreuter, 1991. This type of evaluation will provide data concerning short-term effects of the program, including increased awareness and knowledge, expressed intentions to make recommended changes, and responses to public service announcements. The measures can be self reported (interviews with the intended audience) in evident changes in the number of people loose weight, and amount of weight lost, change in small steps to improved behavior and healthy lifestyles, etc.

Year	Actual
2014	0

V(G). State Defined Outcomes

V. State Defined Outcomes Table of Content

O. No.	OUTCOME NAME
1	The outcome is to prevent obesity in children, young adults, and other members of the families, which will decrease the risk of high blood pressure, diabetes, and heart diseases. The ultimate outcome is the improvement in the quality of life, by incorporating skills and change behavior; increasing the number of people following exercising guidelines (60-minutes, 5 days a week); the percent of participants using food guide pyramids and dietary guidelines will increase; and the percent of participants reporting improved quality of life will increase.

Outcome #1

1. Outcome Measures

The outcome is to prevent obesity in children, young adults, and other members of the families, which will decrease the risk of high blood pressure, diabetes, and heart diseases. The ultimate outcome is the improvement in the quality of life, by incorporating skills and change behavior; increasing the number of people following exercising guidelines (60-minutes, 5 days a week); the percent of participants using food guide pyramids and dietary guidelines will increase; and the percent of participants reporting improved quality of life will increase.

2. Associated Institution Types

- 1890 Extension

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)

The growing obesity epidemic is a priority concern throughout America. Over thirty percent of the adult and youth populations in the U.S are obese. Alabama's rate is higher at 32 percent. Among the African-American population, it is 40 percent. Almost one out of every five children in Alabama is obese -- not just over weight, but obese. Obesity is causing a large percentage of Alabamians to have serious diseases such as diabetes, heart disease, stroke, and some types of cancer. Just being overweight can also result in social problems such as stigmatization and discrimination. Most of the obesity cases have conclusive links to poor dietary habits and wanting physical inactivity. Areas such the rural Alabama Black Belt counties are experiencing higher rates of obesity and overweight than urban areas. Rural residents tend to eat diets higher in fat and calories, exercise less, and watch more television, all of which can contribute to unhealthy weight gain. Adding to the challenge, rural communities face barriers to address obesity, such as higher poverty levels, less access to facilities, foods, and services that accommodate physical activity and healthy eating, and limited school resources to provide nutrition and physical education.

What has been done

Tuskegee University continues to address childhood and adult obesity and general wellness through several dedicated efforts. Through the community enhanced Head Start/Healthy Start by Kindergarten Program, preschool children learn about healthy eating and exercise habits, while the head start staff and parents are trained to select healthy foods and prepare delicious healthy meals. The week-long Summer Health Fitness Academy for children in grades 5 thru 9 has been

expanded into nine counties, and is designed to help children learn and develop healthy diet and exercise habits early in life. Alternative sports such as archery and soccer are being introduced as active sports to children not attracted to regionally popular sports such as basketball, football and baseball. The Shape Your Life- Steps to Success program has bi-monthly sessions consisting of a series of workshops aimed at empowering individuals to take their lives in their own hands and apply new knowledge and skills to improve their health and the health of their families, one step at a time. Bi-weekly workshops are held at Senior Nutrition sites to show seniors how to improve and maintain good health through long term dietary practices and physical activity; and enjoy nutritional education through group demonstration. Also, an Older Americans Month Program included wellness and resource management workshops, free health screenings as well as physical and social activities. A main objective of the program is for seniors to fit exercise and physical activity into their daily lives.

Results

Head Start teachers are incorporating nutrition education and physical activities into their curricula to address childhood obesity and overweight. Staffs at Head Start centers have changed their menus, ingredients, and cooking practices for more healthy meals. Parents are more conscious of healthy food choices and are including recommended foods in the family diets. Children in grades 5 thru 9 learned how to read and understand food package labels and how to recognize deceitful children-focused food advertisements that contribute to childhood obesity. Over 95 of participants pledged to assist their parents while food shopping to select healthy. All participants pledged to exercise for 60 minutes each day and also to encourage family members to exercise. The introduction of alternative sports enabled more students to engage in active sports. A total of 513 seniors at nutrition sites are eating more fruits and vegetables, drinking more water and consuming low-fat dairy products, and increasing physical activity on a daily basis. Pre- and Post-tests of adults and seniors in health literacy workshops show an over 90 percent improvement in knowledge on how to prepare for and get the most out of visits with health care providers.

4. Associated Knowledge Areas

KA Code	Knowledge Area
703	Nutrition Education and Behavior
711	Ensure Food Products Free of Harmful Chemicals, Including Residues from Agricultural and Other Sources
723	Hazards to Human Health and Safety
724	Healthy Lifestyle

V(H). Planned Program (External Factors)

External factors which affected outcomes

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

Brief Explanation

Program outcomes were affected by economic conditions challenges brought forth by new immigration state policies as evidenced by the number of parents who indicated they could not afford to be part of government related programs. Participation rates were slightly lower compared to the previous year.

V(I). Planned Program (Evaluation Studies)

Evaluation Results

Youth and adult participants who participated in nutrition and health awareness programs have been educated on the importance of diet and exercise in obesity and chronic diseases prevention. Almost all the participants in these programs have indicated an intended willingness to change their behavior by making more healthy food choices, staying active and being healthy. Follow up evaluations indicate that students are still making wise choices with fast food; parents report students are keeping them conscious of the foods they purchase; and students report using less salt and also preparing healthier meals and snacks.

Head Start food "preparers" have also changed the way they prepare and serve foods to children by reducing unnecessary inclusion of sugar, salts and oils in preparation of foods for preschool children. Parents and adult participants have been exposed to and are more conscious of their dietary and physical activity needs and habits. Through personal testimony it has been noted that parents have changed the ingredients that they use to prepare meals. For example, substituting beef with turkey and using olive oil in lieu of butter. Community partnerships have been established in order to provide assistance in promoting and sustaining the program across their individual counties.

Key Items of Evaluation

TUCE continues to focus on promoting healthy nutrition and lifestyles as a way of preventing childhood obesity and cardio-vascular diseases through the EFNEP partnership, CYFAR, extended SHAFA, "Skegee Fit", Senior Olympics and Health Awareness Education Programs.