V(A). Planned Program (Summary)

Program # 12

1. Name of the Planned Program

Nutrition Education and Behavior (Extension)

V(B). Program Knowledge Area(s)

1. Program Knowledge Areas and Percentage

<table>
<thead>
<tr>
<th>KA Code</th>
<th>Knowledge Area</th>
<th>%1862 Extension</th>
<th>%1862 Research</th>
<th>%1890 Extension</th>
<th>%1890 Research</th>
</tr>
</thead>
<tbody>
<tr>
<td>703</td>
<td>Nutrition Education and Behavior</td>
<td>100%</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>100%</td>
<td>100%</td>
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</table>

V(C). Planned Program (Inputs)

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

<table>
<thead>
<tr>
<th>Year: 2009</th>
<th>Extension</th>
<th>Research</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1862</td>
<td>1890</td>
</tr>
<tr>
<td>Plan</td>
<td>20.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Actual</td>
<td>37.0</td>
<td>0.0</td>
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</tbody>
</table>

2. Actual dollars expended in this Program (includes Carryover Funds from previous years)

<table>
<thead>
<tr>
<th></th>
<th>Extension</th>
<th>Research</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smith-Lever 3b &amp; 3c</td>
<td>1890</td>
<td></td>
</tr>
<tr>
<td>1812518</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>1862 Matching</td>
<td>1890</td>
<td></td>
</tr>
<tr>
<td>1812518</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>1862 All Other</td>
<td>1890</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>0</td>
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V(D). Planned Program (Activity)

1. Brief description of the Activity

   Expanded Food and Nutrition Program (EFNEP)
   - Series of Classes
   - Youth programs in out of school setting using USDA Youth curricula
   - Training provided for EFNEP staff by state personnel
   - Collaborations with agencies including Women Infants and Children, Local Health Departments, Help Me Grow and related organizations

   Family Nutrition Program (FNP)
   - Series of Classes
   - Individual Classes
   - Newsletter
   - Summer Food Service Programs in select counties
   - Training provided for FNP staff by state personnel and regional specialists
   - Collaborations with agencies to offer programming including Jobs and Family Services, Women Infants and Children, Local Health Departments, Help Me Grow, Food Banks and Pantries, Senior Centers and related organizations

   Dining with Diabetes (DWD)
   - Series of classes offered in participating counties
   - Newsletter
   - Training for program team provided by statewide Dining with Diabetes Team and invited speakers
   - Curriculum review and development by DWD Team
   - Collaborations with agencies to offer programming include Registered Dietitians, Certified Diabetes Educators, Health Professionals and support at the State level from the Ohio Department of Health
   - Media releases to promote programming
   - Partnerships with new organizations with funding sources to support county programming
General Nutrition Education
- Individual workshops and/or series of classes offered in counties to address needs of local clientele.
- Newsletters, press and radio releases
- Collaborations with agencies to offer programming include Senior Centers, community clubs and organizations, health departments, schools and other community groups

2. Brief description of the target audience

The target audience varies by program;

Expanded Food and Nutrition Education and Family Nutrition Education Program and Family Nutrition Program are targeted to reach low-income audience homemakers with children from birth to 18 years of age and specifically for the Family Nutrition Program food stamp recipients with mothers as the priority target.

The Dining with Diabetes Program targets individuals with diabetes and their caregivers/family support members.

General nutrition programming is specifically designed for the audience. For example school programming is age appropriate whereas programs at Senior Centers are targeted to individuals living alone or with one other person in terms of food preparation.

The end result is a program that has the potential to encompass all residents of the county.

V(E). Planned Program (Outputs)

1. Standard output measures

<table>
<thead>
<tr>
<th></th>
<th>Direct Contacts Adults</th>
<th>Indirect Contacts Adults</th>
<th>Direct Contacts Youth</th>
<th>Indirect Contacts Youth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan</td>
<td>37000</td>
<td>5000</td>
<td>11500</td>
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<tr>
<td>Actual</td>
<td>47584</td>
<td>718000</td>
<td>10611</td>
<td>0</td>
</tr>
</tbody>
</table>

2. Number of Patent Applications Submitted (Standard Research Output)
Patent Applications Submitted
Year: 2009
Plan: 0
Actual: 0

Patents listed

3. Publications (Standard General Output Measure)

Number of Peer Reviewed Publications

<table>
<thead>
<tr>
<th></th>
<th>Extension</th>
<th>Research</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan</td>
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<td>0</td>
<td></td>
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<tr>
<td>Actual</td>
<td>6</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

V(F). State Defined Outputs

Output Target

Output #1

Output Measure
- Number of newsletters for EFNEP, FNP, DWD, and general nutrition programs
<table>
<thead>
<tr>
<th>Year</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>16</td>
<td>16</td>
</tr>
</tbody>
</table>

**Output #2**

**Output Measure**
- Collaborations formed/maintained

<table>
<thead>
<tr>
<th>Year</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>3</td>
<td>8</td>
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</table>

**Output #3**

**Output Measure**
- Number of classes

<table>
<thead>
<tr>
<th>Year</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>50</td>
<td>41681</td>
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### V. State Defined Outcomes Table of Content

<table>
<thead>
<tr>
<th>O. No.</th>
<th>OUTCOME NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>% of participants who demonstrate the ability to plan menus and choose foods using the Dietary Guidelines and My Pyramid.</td>
</tr>
<tr>
<td>2</td>
<td>% of participants who indicate an intent to adopt one or more healthy food/nutrition practices.</td>
</tr>
<tr>
<td>3</td>
<td>% of participants who demonstrate adoption of healthy eating practices by:</td>
</tr>
<tr>
<td></td>
<td>Improved lifestyle practices based on the Dietary Guidelines and My Pyramid</td>
</tr>
<tr>
<td></td>
<td>Improved intake of food group servings (increased intake of vegetables, fruits and low calorie dairy items; reduced intake of calories and fat)</td>
</tr>
<tr>
<td>4</td>
<td>% of participants who demonstrate adoption of increased time spent in physical activity</td>
</tr>
<tr>
<td></td>
<td>Implementing regular physical activity</td>
</tr>
<tr>
<td></td>
<td>Increased participation in games involving physical activity</td>
</tr>
<tr>
<td></td>
<td>Reduction in sedentary activities such as watching TV and playing video games</td>
</tr>
</tbody>
</table>
Outcome #1

1. Outcome Measures

% of participants who demonstrate the ability to plan menus and choose foods using the Dietary Guidelines and My Pyramid.

Not Reporting on this Outcome Measure

Outcome #2

1. Outcome Measures

% of participants who indicate an intent to adopt one or more healthy food/nutrition practices.

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Knowledge Outcome Measure

3b. Quantitative Outcome

<table>
<thead>
<tr>
<th>Year</th>
<th>Quantitative Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>77</td>
<td>95</td>
</tr>
</tbody>
</table>

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)
A healthy, well-nourished population is dependent on the ability of people to obtain foods that will improve the overall quality of their diets, and the quality of the food they eat. Nutrition plays an important role in reducing obesity, diabetes, cancer and heart diseases. Intentions to adopt/implement behaviors is a primary component of the Theory of Reasoned Action.

What has been done
Community-based nutrition education programs are offered at the local level by OSU Extension to increase the ability of individuals to improve their individual and family feeding practices.

Results
95% of participants indicated on end-of-session evaluations that they intend to adopt one or more health food/nutrition practices that will lead to a healthier population and ultimately reduce the risks for chronic nutrition-impacted diseases and associated health care costs.

4. Associated Knowledge Areas

<table>
<thead>
<tr>
<th>KA Code</th>
<th>Knowledge Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>703</td>
<td>Nutrition Education and Behavior</td>
</tr>
</tbody>
</table>

Outcome #3

1. Outcome Measures

% of participants who demonstrate adoption of healthy eating practices by: Improved lifestyle practices based on the Dietary Guidelines and My Pyramid Improved intake of food group servings (increased intake of vegetables, fruits and low calorie dairy items; reduced intake of calories and fat)
2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

<table>
<thead>
<tr>
<th>Year</th>
<th>Quantitative Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>55</td>
<td>85</td>
</tr>
</tbody>
</table>

3c. Qualitative Outcome or Impact Statement

**Issue (Who cares and Why)**
The Dietary Guidelines for Americans provide a basis for healthy lifestyle choices. My Pyramid is a pictorial and practical guide for educating consumers to use the Dietary Guidelines. Improving the intake of servings of vegetables, fruits and low-fat/calorie dairy items have been targeted as key public health messages.

**What has been done**
Non-formal nutrition education series for youth and adults, as well as programs targeted to the elderly, and to individuals at risk for or having diabetes, have been offered to Ohioans. OSU Extension professionals inform consumers of health risk factors (e.g., obesity, hypertension, etc.) and nutrition practices and encourage appropriate nutrition and lifestyle changes and promote reading labels on processed foods.

**Results**
85% of participants indicated on follow-up evaluations that they adopted eating practices that will lead to a healthier population and ultimately reduce the risks for chronic nutrition-impacted diseases and associated health care costs.

4. Associated Knowledge Areas

<table>
<thead>
<tr>
<th>KA Code</th>
<th>Knowledge Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>703</td>
<td>Nutrition Education and Behavior</td>
</tr>
</tbody>
</table>

Outcome #4

1. Outcome Measures

- % of participants who demonstrate adoption of increased time spent in physical activity
- Implementing regular physical activity
- Increased participation in games involving physical activity
- Reduction in sedentary activities such as watching TV and playing video games

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

<table>
<thead>
<tr>
<th>Year</th>
<th>Quantitative Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>35</td>
<td>72</td>
</tr>
</tbody>
</table>
3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)
A healthy population engages in positive health practices, including physical activity, that will reduce the risks of
disease and associated health care costs.

What has been done
OSU Extension professionals have been actively educating the people of Ohio regarding the importance of
physical activity and good nutrition practices for improved health and well-being. The professionals met with
individuals and groups, in formal and non-formal teaching sessions, in workshops, committee meetings, health
fairs, and walk-by exhibits.

Results
72% of participants indicated on follow-up evaluations that they adopted improved physical activity practices that
will lead to a healthier population and ultimately reduce the risks for chronic nutrition-impacted diseases and
associated health care costs.

4. Associated Knowledge Areas

<table>
<thead>
<tr>
<th>KA Code</th>
<th>Knowledge Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>703</td>
<td>Nutrition Education and Behavior</td>
</tr>
</tbody>
</table>

V(H). Planned Program (External Factors)

External factors which affected outcomes
- Natural Disasters (drought, weather extremes, etc.)
- Economy
- Appropriations changes
- Public Policy changes
- Competing Public priorities
- Competing Programmatic Challenges
- Populations changes (immigration, new cultural groupings, etc.)

Brief Explanation

(No Data Entered)

V(I). Planned Program (Evaluation Studies and Data Collection)

1. Evaluation Studies Planned
   - After Only (post program)
   - Retrospective (post program)
   - Before-After (before and after program)
   - During (during program)
   - Comparisons between program participants (individuals, group, organizations) and non-participants

Evaluation Results

Key Items of Evaluation

Eighty-five percent (n=49,465) of participants indicated on follow-up evaluations that they adopted eating practices that
will lead to a healthier population and ultimately reduce the risks for chronic nutrition-impacted diseases and associated
health care costs.

Seventy-two percent (n=41,900) of participants indicated on follow-up evaluations that they adopted improved physical
activity practices that will lead to a healthier population and ultimately reduce the risks
for chronic nutrition-impacted diseases and associated health care costs.