

V(A). Planned Program (Summary)

Program # 10

1. Name of the Planned Program

Nutrition and Health Promotion

2. Brief summary about Planned Program

The Nutrition and Health Promotion Work Team provides research-based nutrition and health education to a variety of audiences across Colorado in an effort to promote healthful nutrition, activity and lifestyle behaviors. Adoption of healthful behaviors may reduce the incidence of chronic diseases, such as diabetes, heart disease, obesity and cancer, thus impacting health insurance premiums, mortality rates, and employee productivity.

This will include the establishment of an interdisciplinary research consortium led by plant production systems professionals to determine relationships between metabolites and disease and to identify metabolites in animal and crop foods to help prevent disease and improve health.

3. Program existence : Mature (More than five years)

4. Program duration : Long-Term (More than five years)

5. Expending formula funds or state-matching funds : Yes

6. Expending other than formula funds or state-matching funds : Yes

V(B). Program Knowledge Area(s)

1. Program Knowledge Areas and Percentage

KA Code	Knowledge Area	%1862 Extension	%1890 Extension	%1862 Research	%1890 Research
701	Nutrient Composition of Food	0%		30%	
702	Requirements and Function of Nutrients and Other Food Components	0%		30%	
703	Nutrition Education and Behavior	45%		10%	
704	Nutrition and Hunger in the Population	10%		0%	
724	Healthy Lifestyle	45%		30%	
	Total	100%		100%	

V(C). Planned Program (Situation and Scope)

1. Situation and priorities

Adoption of healthful behaviors may reduce the incidence of chronic diseases, such as diabetes, heart disease, obesity and cancer, thus impacting health insurance premiums, mortality rates, and employee productivity.

2. Scope of the Program

- In-State Extension
- In-State Research
- Multistate Research

V(D). Planned Program (Assumptions and Goals)

1. Assumptions made for the Program

Adoption of healthful behaviors may reduce the incidence of chronic diseases, such as diabetes, heart disease, obesity and cancer, thus impacting health insurance premiums, mortality rates, and employee productivity.

2. Ultimate goal(s) of this Program

Reduced incidence of chronic diseases (such as diabetes, heart disease, obesity and cancer), thus reducing health insurance premiums and mortality rates, and increasing employee productivity.

V(E). Planned Program (Inputs)

1. Estimated Number of professional FTE/SYs to be budgeted for this Program

Year	Extension		Research	
	1862	1890	1862	1890
2013	12.0	0.0	2.0	0.0
2014	12.0	0.0	2.0	0.0
2015	12.0	0.0	2.0	0.0
2016	0.0	0.0	2.0	0.0
2017	0.0	0.0	2.0	0.0

V(F). Planned Program (Activity)

1. Activity for the Program

Conduct basic and applied research on nutrition and wellness.

- Health Promotion/Chronic Disease Prevention programs include:
- Strong Women, Strong Bones
 - Heart Disease Awareness & Prevention
 - Diabetes Awareness, Prevention and Management
 - Nutrition Education for Low-income Audiences
 - Nutrition and Wellness
 - Multi-lesson series: Dining with Diabetes, Small Changes Make a Big Difference, Strong Women-Strong Bones, Moving Toward a Healthier You, Healthy Heart, Smart-START for a Healthy Heart
 - Self-paced program - Self-Care for a Healthy Heart
 - Single lessons - Workable Wellness (work site wellness).
 - Youth programs: Food Friends-Making New Foods Fun for Kids, Eating Right Is Basic, Chef Combo's Fantastic Adventures in Tasting and Nutrition, Professor Popcorn

2. Type(s) of methods to be used to reach direct and indirect contacts

Extension	
Direct Methods	Indirect Methods
<ul style="list-style-type: none"> • Education Class • Workshop 	<ul style="list-style-type: none"> • Newsletters

3. Description of targeted audience

Adults in Colorado

V(G). Planned Program (Outputs)

NIFA no longer requires you to report target numbers for standard output measures in the Plan of Work. However, all institutions will report actual numbers for standard output measures in the Annual Report of Accomplishments and Results. The standard outputs for which you must continue to collect data are:

- Number of contacts
 - Direct Adult Contacts
 - Indirect Adult Contacts
 - Direct Youth Contacts
 - Indirect Youth Contact
- Number of patents submitted
- Number of peer reviewed publications

Clicking this box affirms you will continue to collect data on these items and report the data in the Annual Report of Accomplishments and Results.

V(H). State Defined Outputs

1. Output Measure

- NH 13) Grant funding (external).
- NH 14) User fees generated through these programs.
- NH 10) Number of websites (this is sites, not hits)
- NH 11) Number of website hits (this is number of hits, not number of sites.
- NH 12) Number of press releases/columns submitted.
- NH 15) EFNEP 1) Adult: Paraprofessional educators provide [Number of]classes to adults in the neighborhoods in which they reside. Educators teach small group classes and one-on-one. Educators use Eating Smart Being Active (ESBA) a nutrition education curriculum developed by EFNEP staff in Colorado and California. In ESBA, participants learn basic nutrition, food safety and food resource management through Adult Learning Theory principles.
- NH 16) EFNEP 2) Youth: Educators teach [Number of] a series of nutritionally related lessons to groups of youth at schools and after school programs such as Boys and Girls club.
- NH 17) SNAP-Ed 1) Adult: Paraprofessional educators provide [Number of]classes to adults in the neighborhoods in which they reside. Educators teach small group classes and one-on-one. Educators use Eating Smart Being Active (ESBA) a nutrition education curriculum developed by EFNEP staff in Colorado and California. In ESBA, participants learn basic nutrition, food safety and food resource management through Adult Learning Theory principles.
- NH 2) Number of Trainings/Classes/Workshops, Field Days, Activity Day America on the MoveDining with DiabetesFood Friends/LEAP StudyHealthy YouHealthy KidsSmall Steps to Health and Wealth COStrong Women Strong BonesStrong Women Healthy Hearts
- NH 3) Number of Trainings for Volunteers.
- NH 4) Number of Trainings for Extension Staff.
- NH 5) Number of Community Meetings Convened [examples: Advisory Groups, Councils, Coalition Meetings, Boards].
- NH 6) Number of Community Meetings Facilitated [examples: Focus Group, Citizen Forum, Round Table Dialogue, Strategic Planning Process].
- NH 7) Number of Community Coalitions, Collaborations, Alliances Formed to Address a Specific Issue [list specific groups/issue].
- NH 8) Number of Direct Communication/Education by telephone and/or e-mail.
- NH 9) Number of Newsletters (This is number of newsletters created/written, not number mailed or number of Coloradans who received them.)Family Matters, Other Newsletters.

- Clicking this box affirms you will continue to collect data on these items and report the data in the Annual Report of Accomplishments and Results.

V(I). State Defined Outcome

O. No	Outcome Name
1	NH 1.1a: The number of Coloradans that reported eating more of healthy foods.
2	NH 1.1b: The number of Coloradans that reported an intention to eat more of healthy foods.
3	NH 1.2a: The number of Coloradans that reported eating less of foods/food components which are commonly eaten in excess.
4	NH 1.2b: The number of Coloradans that reported an intention to eat less of foods/food components which are commonly eaten in excess.
5	NH 1.3a: The number of Coloradans that reported adopting healthy eating patterns.
6	NH 1.3b: The number of Coloradans that reported an intention to adopt healthy eating patterns.
7	NH 2.1a: The number of Coloradans that reported engaging in the recommended amount of physical activity.
8	NH 2.1b: The number of Coloradans that reported increasing their physical activity and/or reducing sedentary time.
9	NH 2.1c: The number of Coloradans that reported an intention to increase their physical activity and/or reducing sedentary time.
10	NH 3.1a: The number of Coloradans that reported knowing individual information on specific health indicators (e.g. blood pressure, cholesterol level, BMI, blood glucose, A1C, etc.).
11	NH 3.1b: The number of Coloradans that reported an intention to find out one or more risk factors (e.g. blood pressure, cholesterol level, BMI, blood glucose, A1C, etc.).
12	NH 4.1a. EFNEP 1) Upon completion of the class, the number of participants reporting improvement in one or more nutrition practices.
13	NH 4.1b. EFNEP 2) Upon completion of the classes, the number of participants showing improvement in one or more food resource management practices.
14	Percent of participants indicating an increase in knowledge regarding health promotion and/or disease prevention
15	Percent of participants reporting a change in behavior following participation in a health promotion/disease prevention program

Outcome # 1

1. Outcome Target

NH 1.1a: The number of Coloradans that reported eating more of healthy foods.

2. Outcome Type : Change in Action Outcome Measure

3. Associated Knowledge Area(s)

- 703 - Nutrition Education and Behavior

4. Associated Institute Type(s)

- 1862 Extension

Outcome # 2

1. Outcome Target

NH 1.1b: The number of Coloradans that reported an intention to eat more of healthy foods.

2. Outcome Type : Change in Action Outcome Measure

3. Associated Knowledge Area(s)

- 703 - Nutrition Education and Behavior

4. Associated Institute Type(s)

- 1862 Extension

Outcome # 3

1. Outcome Target

NH 1.2a: The number of Coloradans that reported eating less of foods/food components which are commonly eaten in excess.

2. Outcome Type : Change in Action Outcome Measure

3. Associated Knowledge Area(s)

- 703 - Nutrition Education and Behavior

4. Associated Institute Type(s)

- 1862 Extension

Outcome # 4

1. Outcome Target

NH 1.2b: The number of Coloradans that reported an intention to eat less of foods/food components which are commonly eaten in excess.

2. Outcome Type : Change in Action Outcome Measure

3. Associated Knowledge Area(s)

- 703 - Nutrition Education and Behavior

4. Associated Institute Type(s)

- 1862 Extension

Outcome # 5

1. Outcome Target

NH 1.3a: The number of Coloradans that reported adopting healthy eating patterns.

2. Outcome Type : Change in Action Outcome Measure

3. Associated Knowledge Area(s)

- 703 - Nutrition Education and Behavior

4. Associated Institute Type(s)

- 1862 Extension

Outcome # 6

1. Outcome Target

NH 1.3b: The number of Coloradans that reported an intention to adopt healthy eating patterns.

2. Outcome Type : Change in Action Outcome Measure

3. Associated Knowledge Area(s)

- 703 - Nutrition Education and Behavior

4. Associated Institute Type(s)

- 1862 Extension

Outcome # 7

1. Outcome Target

NH 2.1a: The number of Coloradans that reported engaging in the recommended amount of physical activity.

2. Outcome Type : Change in Action Outcome Measure

3. Associated Knowledge Area(s)

- 703 - Nutrition Education and Behavior
- 724 - Healthy Lifestyle

4. Associated Institute Type(s)

- 1862 Extension

Outcome # 8

1. Outcome Target

NH 2.1b: The number of Coloradans that reported increasing their physical activity and/or reducing sedentary time.

2. Outcome Type : Change in Action Outcome Measure

3. Associated Knowledge Area(s)

- 703 - Nutrition Education and Behavior
- 724 - Healthy Lifestyle

4. Associated Institute Type(s)

- 1862 Extension

Outcome # 9

1. Outcome Target

NH 2.1c: The number of Coloradans that reported an intention to increase their physical activity and/or reducing sedentary time.

2. Outcome Type : Change in Action Outcome Measure

3. Associated Knowledge Area(s)

- 703 - Nutrition Education and Behavior
- 724 - Healthy Lifestyle

4. Associated Institute Type(s)

- 1862 Extension

Outcome # 10

1. Outcome Target

NH 3.1a: The number of Coloradans that reported knowing individual information on specific health indicators (e.g. blood pressure, cholesterol level, BMI, blood glucose, A1C, etc.).

2. Outcome Type : Change in Action Outcome Measure

3. Associated Knowledge Area(s)

- 703 - Nutrition Education and Behavior
- 724 - Healthy Lifestyle

4. Associated Institute Type(s)

- 1862 Extension

Outcome # 11

1. Outcome Target

NH 3.1b: The number of Coloradans that reported an intention to find out one or more risk factors (e.g. blood pressure, cholesterol level, BMI, blood glucose, A1C, etc.).

2. Outcome Type : Change in Action Outcome Measure

3. Associated Knowledge Area(s)

- 703 - Nutrition Education and Behavior
- 724 - Healthy Lifestyle

4. Associated Institute Type(s)

- 1862 Extension

Outcome # 12

1. Outcome Target

NH 4.1a. EFNEP 1) Upon completion of the class, the number of participants reporting improvement in one or more nutrition practices.

2. Outcome Type : Change in Action Outcome Measure

3. Associated Knowledge Area(s)

- 703 - Nutrition Education and Behavior
- 724 - Healthy Lifestyle

4. Associated Institute Type(s)

- 1862 Extension

Outcome # 13

1. Outcome Target

NH 4.1b. EFNEP 2) Upon completion of the classes, the number of participants showing improvement in one or more food resource management practices.

2. Outcome Type : Change in Action Outcome Measure

3. Associated Knowledge Area(s)

- 703 - Nutrition Education and Behavior
- 724 - Healthy Lifestyle

4. Associated Institute Type(s)

- 1862 Extension

Outcome # 14

1. Outcome Target

Percent of participants indicating an increase in knowledge regarding health promotion and/or disease prevention

2. Outcome Type : Change in Knowledge Outcome Measure

3. Associated Knowledge Area(s)

- 703 - Nutrition Education and Behavior
- 724 - Healthy Lifestyle

4. Associated Institute Type(s)

- 1862 Research

Outcome # 15

1. Outcome Target

Percent of participants reporting a change in behavior following participation in a health promotion/disease prevention program

2. Outcome Type : Change in Action Outcome Measure

3. Associated Knowledge Area(s)

- 703 - Nutrition Education and Behavior
- 724 - Healthy Lifestyle

4. Associated Institute Type(s)

- 1862 Research

V(J). Planned Program (External Factors)

1. External Factors which may affect Outcomes

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

Description

- Examples may include changes to school wellness policies; training opportunities for school personnel and food service staff, increases in funding for childhood obesity in the state and communities.

- Funding for SNAP-ED and EFNEP is provided through federal sources. Changes in funding or program guidelines are plausible. Additionally, legislation regarding the School Nutrition program and the Farm bill may influence Extension programming.

- In today's economic climate, Extension staff and partner agencies are being asked to do more with less. Nutrition and health promotion programming may be a lower priority in some areas due to competing public priorities at both the local and state levels.

V(K). Planned Program - Planned Evaluation Studies

Description of Planned Evaluation Studies

In general, impacts and outcomes will be assessed by the method of instruction:

- o Class series - Pre/Post knowledge, reported behaviors, and intent to change; demographics at pre-only; and class feedback (post only) maybe collected. Type of information gathered will be specific to the program offered.
- o Extended single events (Single session with multiple hours and lessons) - Pre/Post data collected for knowledge, reported behavior intention, and demographics; and class feedback (post only). Type of information gathered will be specific to the program offered.
- o Single events - demographics and varied outcome measures depending on program content.