V(A). Planned Program (Summary)

1. Name of the Planned Program

Quality of Life

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>%1890 Extension</th>
<th>%1862 Research</th>
<th>%1890 Research</th>
</tr>
</thead>
<tbody>
<tr>
<td>703</td>
<td>Nutrition Education and Behavior</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>712</td>
<td>Protect Food from Contamination by Pathogenic Microorganisms, Parasites, and Naturally Occurring Toxins</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
<td>70%</td>
</tr>
<tr>
<td>724</td>
<td>Healthy Lifestyle</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>10%</td>
</tr>
<tr>
<td>806</td>
<td>Youth Development</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
<td><strong>100%</strong></td>
<td><strong>100%</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

V(C). Planned Program (Inputs)

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

<table>
<thead>
<tr>
<th>Year: 2007</th>
<th>Extension</th>
<th>Research</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1862</td>
<td>1890</td>
</tr>
<tr>
<td>Plan</td>
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</tr>
<tr>
<td>Actual</td>
<td>20.0</td>
<td>4.0</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Extension</th>
<th>Research</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smith-Lever 3b &amp; 3c</td>
<td>Hatch</td>
</tr>
<tr>
<td>1237544</td>
<td>444256</td>
</tr>
<tr>
<td>1862 Matching</td>
<td>1890 Matching</td>
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<tr>
<td>1237544</td>
<td>444256</td>
</tr>
<tr>
<td>1862 All Other</td>
<td>1890 All Other</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

V(D). Planned Program (Activity)

1. Brief description of the Activity
Quality of Life

1. Nutrition, Wellness, and Prevention of Chronic Disease

- Review existing programs and educational materials addressing nutrition and food safety issues in light of the 2005 Dietary Guidelines and MyPyramid recommendations.
- Identify appropriate programs for use by MCE, EFNEP and FSNE.
- Plan, implement, and evaluate programs in consultation with focus team members and other partners.
- Conduct trainings for county educators and identify educational materials and professional training opportunities in Maryland and state, regional and national workshops, and conferences.
- Offer, or support, forums where citizens, including youth and adults, health and education professionals and elected or appointed officials can together explore obesity as a public policy issue using the Sizing Up America materials.

2. Food Safety for the Consumer

- Work with DHMH and MDA to identify and implement statewide educational needs.
- Identify appropriate materials or programs for use by MCE.
- Plan, implement, and evaluate programs in consultation with focus team members and other partners.
- Conduct at least 1 statewide inservice training in food safety each year.
- Provide web-based information and resources to clientele.
- Write or update at least 1 MCE publication each year.
- Conduct programs emphasizing proper handwashing techniques using various techniques and resources.
- UMES
- Conduct programs emphasizing the prevention of foodborne illness using existing MCE materials, including "Feeding the Community Safely" and "Feeding the Children Safely."
  - Developed and taught a graduate level course focused on HACCP.
  - Developed and taught a short courses in Food Safety/HACCP for local food producers and food handlers.
  - Supported an industry-regulator HACCP roundtable for discussion of current issues and practices in HACCP implementation.

3. Volunteer Development

- 4-H Educators and staff will contribute 50% time to volunteer development and management:
  - For recruiting, training, mgmt, evaluation, documentation
  - To set standards, policies and procedures
  - To training and authorizing volunteers to deliver curriculum and activity training to other volunteers and youth
  - To develop educational volunteer programs to assess, teach, inform and evaluate volunteers
  - To recognize and appreciate volunteers

4. Strengthening and Expanding the 4-H Club
Quality of Life

Conduct an assessment to determine the need for resource materials and training to support club development/management; this includes a review of existing materials from 4-H programs across the nation.

- Conduct interviews with leaders, review survey results, and personal observations by the educator to determine if that participation in the 4-H club program and concomitant activities such as the county fair help prepare youth for meaningful and constructive lives.
- Establish priorities for creating and/or updating materials that will assist volunteers in developing club programs that will retain our current members and recruit new members.
- Develop a self-assessment tool for measuring effectiveness of 4-H clubs.
- Assess enrollment trends and community club program quality.
5. Identify underserved communities and underrepresented youth
- Identify current effective 4-H afterschool practices in city/county programs statewide
- Identify training, resources and support needed by 4-H staff to initiate and sustain afterschool and 4-H/military initiatives in local communities.

2. Brief description of the target audience
   Children, youth and families across Maryland.
   Local food processors/handlers, individuals and families.

V(E). Planned Program (Outputs)

1. Standard output measures

Target for the number of persons (contacts) reached through direct and indirect contact methods

<table>
<thead>
<tr>
<th>Year</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>150000</td>
<td>250000</td>
<td>10000</td>
<td>60000</td>
</tr>
<tr>
<td>2007</td>
<td>96000</td>
<td>240000</td>
<td>70000</td>
<td>50000</td>
</tr>
</tbody>
</table>

2. Number of Patent Applications Submitted (Standard Research Output)

Patent Applications Submitted

<table>
<thead>
<tr>
<th>Year</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan: 1</td>
<td></td>
</tr>
<tr>
<td>2007: 0</td>
<td></td>
</tr>
</tbody>
</table>

Patents listed

3. Publications (Standard General Output Measure)

Number of Peer Reviewed Publications

<table>
<thead>
<tr>
<th>Year</th>
<th>Extension</th>
<th>Research</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan</td>
<td>2007</td>
<td>35</td>
<td>37</td>
</tr>
</tbody>
</table>

V(F). State Defined Outputs

Output Target
Output #1

Output Measure
- Factsheets & publications, curricula, meeting with partners, in-services, workshops

<table>
<thead>
<tr>
<th>Year</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>1000</td>
<td>11000</td>
</tr>
</tbody>
</table>
### V(G). State Defined Outcomes

<table>
<thead>
<tr>
<th>O No.</th>
<th>Outcome Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Nutrition: The number of individuals who demonstrate adoption of healthy eating practices based on the 2005 MyPyramid and the 2005 Dietary Guidelines for Americans.</td>
</tr>
<tr>
<td>2</td>
<td>Food Safety: The number of individuals that indicate change in behavior related to good personal hygiene including hand washing, cooking foods adequately, avoiding cross contamination, keeping foods at safe temperature</td>
</tr>
<tr>
<td>3</td>
<td>Volunteers: The number of MCE trained 4-H volunteers who provide leadership and guidance for 4-H youth development programs.</td>
</tr>
<tr>
<td>4</td>
<td>4-H Clubs: The number of 4-H club leaders and volunteers who demonstrate an application of the essential elements of youth development and model experiential learning.</td>
</tr>
<tr>
<td>5</td>
<td>Youth Outreach: Teen and adult enrollment in after school and military partnership programs.</td>
</tr>
</tbody>
</table>
Quality of Life

1. Outcome Measures


2. Associated Institution Types

   • 1862 Extension
   • 1890 Extension
   • 1890 Research

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>2007</td>
<td>10000</td>
<td>37000</td>
</tr>
</tbody>
</table>

3c. Qualitative Outcome or Impact Statement

   Issue (Who cares and Why)

   County example (Allegany County): When prioritizing the needs for extension education, it is apparent that nutrition and health education are vital since the rates of chronic disease are higher than the state rates. Specifically, Allegany County has the sixth highest diabetes rate in the state. Combating this epidemic through education is essential since annual medical costs for people with diabetes averages $13,243 versus $2,560 for people without diabetes. The prevalence of obesity is also evidenced by residents' median BMI's (Body Mass Index) in the overweight range for most counties. It is vital that education focus on obesity since annual medical costs for obese adults are 37% higher than costs for those at a healthy weight; and obesity costs Maryland $2.5 billion per year in health care expenses and lost productivity.

   What has been done

   In one county, Allegany, over 150 individuals were reached by the educator via trainings focused on heart health, weight management, holiday eating, food safety, and physical activity. The target audience for the programs included clientele at weight loss groups, senior centers, civic clubs, universities, as well as the general public.

   Results

   In Allegany County, following participation in the trainings, 58% of participants reported they planned to choose high fiber foods and whole grain foods more often. After taking the classes, 54% intend to choose smaller portions of food more often and 58% of claimed that they would make small changes to increase physical activity such as taking the stairs. In another example, the MD EFNEP and the Primary Care Coalition's (PCC)--Care for Kids Program (CFK) are leading the way in reducing childhood obesity in limited-income, traditionally underserved populations. Over the past year, they have worked together to develop, implement, and evaluate a family-centered healthy lifestyle program in Montgomery County for children who are overweight or at risk for overweight and their families. This bilingual program has reached a total of 180 Latino participants. This highly effective program has been extensively evaluated and plans are underway to expand the program to African/African American/Caribbean families who are CFK participants in Montgomery County, with a goal of providing access to all low-income overweight children within the next 3-5 years.

4. Associated Knowledge Areas

<table>
<thead>
<tr>
<th>KA Code</th>
<th>Knowledge Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>724</td>
<td>Healthy Lifestyle</td>
</tr>
<tr>
<td>703</td>
<td>Nutrition Education and Behavior</td>
</tr>
<tr>
<td>712</td>
<td>Protect Food from Contamination by Pathogenic Microorganisms, Parasites, and Naturally Occurring Toxins</td>
</tr>
</tbody>
</table>

Outcome #2

1. Outcome Measures

   2. Food Safety: The number of individuals that indicate change in behavior related to good personal hygiene including hand washing, cooking foods adequately, avoiding cross contamination, keeping foods at safe temperature
2. Associated Institution Types

• 1862 Extension
• 1890 Extension
• 1890 Research

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>2007</td>
<td>6000</td>
<td>4000</td>
</tr>
</tbody>
</table>

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

Public awareness of food safety has been increasing recently due to several large outbreaks of bacterial foodborne illnesses associated with beef, peanut butter, and other products, and widespread publicity about the contamination of certain imported food products. The threat of bioterrorism on the safety of the food supply is also a growing concern. Consequently, food safety continues to be a major public health issue in the United States. Millions of people become sick every year after eating food contaminated with pathogenic bacteria or their toxins, or through personal contact with people exposed to foodborne pathogens. Most cases of foodborne illness can be prevented through hygienic practices such as handwashing and by routinely following proper food handling and preparation recommendations.

What has been done

In 2007 one Educator in an urban county taught six classes for 195 individuals with topics including handling and preparing food safely, food safety during the holidays and a food safety update for Department of Social Services Project Home/CARE providers as a certification requirement for licensing and renewal.

Results

When random sample of class participants (n = 61) were asked their intentions regarding food safety practices 100% responded they intend to follow the key recommendations of food safety - clean, separate, cook and chill more often; 100% intend to improve their food safety habits more often. 100% of participants intend to more often use a food thermometer to monitor the temperature of potentially hazardous foods and 100% intend to more often wash fruits and vegetables before eating and/or preparing them. 100% of participants also intend to more often wash their hands before working with food. In addition Project Home/CARE providers indicated they intend to more often serve foods that are safe and appropriate for the elderly.

4. Associated Knowledge Areas

<table>
<thead>
<tr>
<th>KA Code</th>
<th>Knowledge Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>712</td>
<td>Protect Food from Contamination by Pathogenic Microorganisms, Parasites, and Naturally Occurring Toxins</td>
</tr>
</tbody>
</table>

Outcome #3

1. Outcome Measures

3. Volunteers: The number of MCE trained 4-H volunteers who provide leadership and guidance for 4-H youth development programs.

2. Associated Institution Types

• 1862 Extension
• 1890 Extension

3a. Outcome Type:
Change in Condition Outcome Measure

3b. Quantitative Outcome

<table>
<thead>
<tr>
<th>Year</th>
<th>Quantitative Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>3000</td>
<td>3160</td>
</tr>
</tbody>
</table>
Volunteers are persons who perform unpaid activities for Maryland Cooperative Extension who are screened, trained and appointed. The volunteer is authorized to perform services for MCE. In 2006 the value of a volunteer hour was $18.77. In 2000, 44% of adults over 21 volunteered on a regular basis. There are not enough trained and mentored volunteers to extend the 4-H program into more Maryland local communities. In 2002, there were 4-H 3,565 4-H adult volunteers and only 3,048 in 2005 (MCE and short term). Current volunteers do not represent the diversity of MD communities and families. Families do not live where they work and lack a sense of commitment to community.

To support the county/city 4-H program and to provide positive youth development opportunities, all volunteers receive on-going training to increase skills in club management, youth/adult partnerships, project-specific materials, and risk management. Workshops, one-on-one sessions, and small group meetings have been conducted by MCE 4-H Youth Development Educators. State-wide, a total of 139 volunteer development programs were held. All Maryland Cooperative Extension volunteers undergo six hours of training, complete an application, and undergo an interview and screening process to become a MCE volunteer. Finally, the educators develop volunteer appointment agreements detailing individualized job assignment for each volunteer.

In one county, for example (similar to most Maryland counties/city), volunteers in the 4-H program report donating 12,578 hours of volunteer time annually. According to the Independent Sector 2006, the value of donated time by volunteers is $18.39 per hour. Using this rate, the value of the volunteer hours provided by MCE volunteers in this county is $231,309.42 annually. Volunteers serve as representatives of the University and provide the following assistance to the 4-H program: (1) teaching and sharing information with 4-H members and their families, (2) teaching and sharing information with other 4-H volunteers, (3) providing logistical support such as organizing events and activities, conducting meetings, providing transportation, etc., (4) providing clerical support such as answering telephones, responding to questions and requests for information, etc., (5) developing new resources by identifying and cultivating potential 4-H sponsors and donors, (6) allocating existing resources by administering activity budgets, recommending spending priorities, etc. (7) assisting with administrative responsibilities by completing reports, making promotional presentations, etc. (8) helping to develop programs by identifying needs, establishing objectives, identifying strategies, securing resources and conducting evaluations, (9) assisting with strategic planning by identifying future needs, recognizing emerging trends, and establishing long-range goals.

4. Associated Knowledge Areas

<table>
<thead>
<tr>
<th>KA Code</th>
<th>Knowledge Area</th>
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</thead>
<tbody>
<tr>
<td>806</td>
<td>Youth Development</td>
</tr>
</tbody>
</table>

**Outcome #4**

1. **Outcome Measures**

   4. 4-H Clubs: The number of 4-H club leaders and volunteers who demonstrate an application of the essential elements of youth development and model experiential learning.

2. **Associated Institution Types**

   • 1862 Extension
   • 1890 Extension

3a. **Outcome Type:**

   Change in Condition Outcome Measure

3b. **Quantitative Outcome**

<table>
<thead>
<tr>
<th>Year</th>
<th>Quantitative Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
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<td>600</td>
</tr>
</tbody>
</table>

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

   Issue (Who cares and Why)
The Maryland 4-H program’s core mission is to help youth reach their fullest potential as individuals through the development of life skills. For most 4-H members, these life skills are practiced and developed throughout the year by participating in club and local activities such as record keeping, demonstrations, leadership, and the exhibition of completed 4-H projects. A major study of 4-H Clubs (state of NY) indicated that participation in 4-H Clubs contributes to positive youth development. The results indicated that youth who belong to 4-H clubs ‘do better in school, are more motivated to help others, and are developing skills in leadership, public speaking, self-esteem, communication and planning, and are making lasting friendships.’ Thus, the 4-H Club has been proven to be an outstanding delivery method for the development of youth.

What has been done

The 4-H Club program is part of an educational program designed to improve techniques of animal/agriculture, environmental, and human sciences; promote high ideals of civic responsibility, provide training for community leadership, and foster international understanding. The club must have at least six regularly scheduled meetings with a planned and written educational program that provides a variety of learning experiences. Parents and community members expect the local 4-H club to be a high-quality educational experience conducted in a safe and healthy environment.

Maryland 4-H has worked to identify resource materials and training to support club development/management. Develop promotional materials. Identify tools to measure effectiveness of 4-H club program, desired educational outcomes, life skill assessment, and essential elements incorporation. Reward and recognize Faculty, Staff, and Volunteers for Effective Club Programming Practices.

Results

Maryland 4-H has developed an assessment tool for counties/city to employ to measure the strength of the entire 4-H Youth Development Program. The 4-H assessment process is designed to provide counties/city you with both the tools and the assistance to assess and evaluate their 4-H program and determine strategies to improve and strengthen the program, especially in the three core areas of Maryland 4-H Youth Development: 1) strengthening and expanding the 4-H club program, 2) volunteer development, and 3) outreach to under reached and under served audiences.

The assessment process has been conducted in 6 counties in 2007. The plan is to conduct 6-9 per year.

In addition, MD 4-H has developed and hosted a 4-H Professional Development series designed to build skills and capacity to develop effective strategies for assessing 4-H programs and measuring program outcomes and impacts. MD 4-H has developed a three part series. The topics covered include: A structured, easy to use strategy for organizations to conduct a rigorous assessment of their programs; Process of using the results of the assessment for program planning and improvement; Ways that organizations can use the findings to help gain support from key constituencies; and Resources for evaluating the impact of your 4-H Youth Development Programs.

4. Associated Knowledge Areas

<table>
<thead>
<tr>
<th>KA Code</th>
<th>Knowledge Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>806</td>
<td>Youth Development</td>
</tr>
</tbody>
</table>

Outcome #5

1. Outcome Measures

5. Youth Outreach: Teen and adult enrollment in after school and military partnership programs.

2. Associated Institution Types

• 1862 Extension
• 1890 Extension

3a. Outcome Type:
Change in Action Outcome Measure

3b. Quantitative Outcome

<table>
<thead>
<tr>
<th>Year</th>
<th>Quantitative Target</th>
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</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>1600</td>
<td>34986</td>
</tr>
</tbody>
</table>

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)
While most Maryland children, 62%, spend some portion of the hours after school in the care of a parent or guardian, 25% of Maryland's K-12 youth are responsible for taking care of themselves. These children spend an average of 7 hours per week unsupervised after school. More than 25% of the K-12 youth in self-care would be likely to participate in an afterschool program if one were available in the community. Similarly, 27% of all children not in afterschool would be likely to participate if an afterschool program were available in the community, regardless of their current care arrangement. Maryland 4-H youth development's 4-H Afterschool initiative is a part of a national 4-H effort to provide extraordinary learning opportunities to school age youth in urban, suburban, and rural communities.

In terms of outreach to the families of Army Reserve and National Guard soldiers - these soldiers (Army Reserve and National Guard) serve the military on a part time basis, often with a fulltime occupation as a teacher, doctor, or sales clerk. They are not considered a military family because 'these' families live in civilian communities. Deployment, change in income, and staying away from home longer can result in a transformation of family life for Army Reserve and National Guard soldiers. This transformation in family structure can result in a change in the lives of military youth, because one or more of the parents are being deployed for Guard or Reserve service. Youth can often feel isolated, alone, or afraid if they do not understand the 'nature' of the soldiers work, and also if there is a lack of 'outside' support systems.

What has been done

4-H, Operation: Military Kids Program worked in 2007 to develop community networks and build infrastructure for identified programs in communities of military youth and families. One of the major components of Operation: Military Kids is the Speak Out for Military Kids, Speaker's Bureau. The 'SOMK' Speaker's Bureau invites military and non-military youth between ages 14 and up to become community advocates for military families. Through interview, research, and simulations youth learn about the unique lives of military families before, during, and after deployment. To conclude their research, youth groups develop an area of focus (writing for publications, creating a video, interactive theater, creating a presentation) for their individual community. Thus, participants develop a statewide speaker's bureau.

Afterschool: Maryland and Delaware 4-H programs provided training to extension educators, afterschool staff, and childcare providers who care for elementary and middle school youth in the after school hours. A total of 590 afterschool providers received training as a result of this project. In Maryland, a train the trainer approach was used by thirteen faculty and staff from 9 counties and Baltimore City who, in turn, trained 190 providers in local, regional and statewide settings. Most of the training sessions were conducted locally by the extension staff and partners in that county or city. Sites selected the training methods that were best suited to the audience. Some programs were presented in a full day session, while others were provided as series of training sessions over a period of several weeks. All sessions included hands on, experiential learning opportunities and documentation of training was provided through use of the Tools of the Trade Certificates and approved child care training credits. A full day training was planned for child care and afterschool providers in partnership with Chesapeake College in Talbot County. The curricula used during the various training sessions included those that supported better design and management of afterschool programs. 1. Tools of the Trade Training Guide 2. Emergency Preparedness 3. First Aid and CPR 4. Youth Obesity Prevention 5. Keeping Children Healthy and Safe Educators also included curriculum training on topics such as Nutrition and Healthy Meal Planning, Literacy Development, Team Play, Using the Outdoors as a Classroom, Recycling Crafts, Using Puppets as a Learning Tool, Health Rocks (a tobacco and drug prevention life skills program), Science of Energy, Making Math and Science Fun, and Health and Fitness Equipment to name a few. These curricula assist afterschool and child care providers in supporting state Department of Education standards and, in some cases, also met state child care licensing requirements. Collaborating partners included faculty from the Department of Family Science, College of Health and Human Performance (UMCP), Army Child and Youth Services, Maryland Child and Youth Services, Maryland Office of Child Care Licensing, YMCA of Central Maryland, 21st Century Community Learning Centers, Chesapeake College, and local childcare resource centers.

Results
Maryland 4-H reached 1,600 military youth through this outreach effort. In addition, MD 4-H reached 33,386 youth through afterschool programs.

In the state of Maryland a total number of 41 teens were trained in the Speakout for Military Youth Program, from the Maryland National Guard (creating a presentation), DC National Guard (creating a video), 4-H State Teen Council (writing for publication), and Hereford High For Our Troops Club (creating a video). Individual groups came together for the 4-H Teen Focus Leadership Conference to present their projects to community volunteers, partners, and members of the 4-H youth development program. Additional ‘SOMK’ presentations were made during the MD National Guard Family Readiness Program Workshop; DC National Guard Spring Break event; Maryland State Fair 2007; and MCE Annual Conference.

Afterschool: Evaluations were conducted at the end of most of the sessions to determine, information gained, future training interests and strategies for improvement. Evaluations showed that all of the participants learned at least one strategy or skill that they will implement in their child care setting. As reported by the providers who received training, a total of 3,711 youth participants were impacted in Maryland and 8,230 youth were impacted in Delaware. The partnership between Maryland and Delaware made it possible for the grantees to meet the project goal of reaching 500 providers. It also provided opportunities for cross-training and opened the door for future collaborative efforts in 4-H afterschool and child care work.

4. Associated Knowledge Areas

<table>
<thead>
<tr>
<th>KA Code</th>
<th>Knowledge Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>806</td>
<td>Youth Development</td>
</tr>
</tbody>
</table>

V(H). Planned Program (External Factors)

External factors which affected outcomes

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

Brief Explanation

1. Vacant Educator positions
2. Limited time of volunteers
3. Other priorities and unplanned opportunities
4. Other demands for youth time out of school
5. Grant funds limited

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)

Evaluation Results
Quality of Life

MCE is in the process of hiring a new evaluation specialist to assist in evaluating overall program impacts statewide. For now, individual program impacts are captured via evaluations during the programs or as follow up to program events. Basically pre and post tests and 1-2 year follow up surveys to measure behavioral changes.

We launched a new website Obesity As a Public & Family Health Issue. With graduate student assistants the site, intended for professional development and access by Extension professionals and interested others, is updated: http://www.extension.umd.edu/nutrition/obesity/

Evaluation data from the Food Stamp Nutrition Education Program:

- 914 post/pre evaluation surveys were submitted for analysis:
  - The percent of participants indicating a statistically significant (p < .0001) difference between behavior prior to FSNE participation and intent to change behavior include:
    - 75% Look for ways to eat more fruits and vegetables
    - 72% Choose lower fat dairy products
    - 74% Choose lower fat meats
    - 69% Choose lower fat snacks
    - 56% Choose fruits and vegetables for snacks
    - 78% Choose high fiber foods
    - 69% Try to balance calories with food and activity
    - 85% Use MyPyramid to plan meals or snacks
    - 79% Choose lower fat foods when eating out
    - 78% Choose smaller portions of food
    - 55% Make small changes to increase physical activity
    - 59% Include 30 minutes of physical activity in your day
    - 75% Plan meals before making a list, before shopping
    - 84% Use a grocery list when shopping
    - 85% Manage money and resources to have enough food until the end of the month
    - 81% Try new low cost foods and recipes
    - 85% Prepare food instead of buying convenience foods
    - 76% Choose a variety of colors of fruits and vegetables
    - 70% Try new fruits and vegetables
    - 93% Compare prices before buying food
    - 75% Read grocery ads before making a list
    - 87% Track money spent on food each month
    - 96% Use written budget or spending plan to meet family needs
    - 87% Track family income and expenses
    - 57% Use community resources to help meet food needs
    - 56% Wash fruits and vegetables before eating and/or preparing
    - 67% Read the food label
    - 76% Buy generic brands instead of national brands
    - 84% Choose foods based on needs and wants

Impact data indicate improvements in dietary fat consumption, fiber intake, label reading, and consumption of fruits and vegetables as a consequence of participation in EFNEP’s series of lessons. In 2006-2007 one thousand, nine hundred seventy-one (1,971) EFNEP participants improved their diets with 95.3% of participants showed positive changes in every food group from entry to exit. Each dollar invested in EFNEP leads to $10.64 savings in future health care costs.

In 2007, Maryland EFNEP’s Youth Program (7-3-3-1) delivered its educational program series to six thousand eight hundred and twenty-four (6874) Maryland youth in multiple counties. Pre and post surveys, qualitative data (including exit interviews, follow-up interviews at 6 months and 12 months after intervention) and follow-up surveys of clinical providers carried out by our programming partners, Primary Care Coalition, Before and After School Extended Learning Program indicate a high level of interest and satisfaction with the family-based and school based interventions.
Key Items of Evaluation

The Maryland FCS Program has developed a state-wide evaluation system in the three core program areas: Nutrition & Wellness; Food Safety; and an emerging new area of Healthy Homes. In 2007, Maryland FCS continued to develop and implement a new statewide, multi-faceted FCS Evaluation Project aimed at streamlining and enhancing FCS program impacts. Much effort was devoted to the development of the data entry and analysis tools using SPSS. In 2007, educators across Maryland submitted 2,051 evaluations for 166 classes. This equated to 20,605 pieces of data having to be entered and analyzed. These data were then sorted so that customized reports could be generated for individual educators to view their program participants' improvements on each particular behavioral outcome. Statewide analysis of the data was conducted for utilization by FCS leaders and administrators. This evaluation project idea was shared at two national professional conferences by the lead FCS Educator, which resulted in commitments to replicate the work in other states.