V(A). Planned Program (Summary)

Program # 5
1. Name of the Planned Program
   Childhood Obesity
   √ Reporting on this Program

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>75%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>704</td>
<td>Nutrition and Hunger in the Population</td>
<td>10%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>724</td>
<td>Healthy Lifestyle</td>
<td>15%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>100%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

V(C). Planned Program (Inputs)
1. Actual amount of FTE/SYs expended this Program

<table>
<thead>
<tr>
<th>Year: 2013</th>
<th>Extension</th>
<th>Research</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan</td>
<td>3.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Actual Paid Professional</td>
<td>2.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Actual Volunteer</td>
<td>812.0</td>
<td>0.0</td>
</tr>
</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>1890 Extension</td>
</tr>
<tr>
<td>90972</td>
<td>0</td>
</tr>
<tr>
<td>1862 Matching</td>
<td>1890 Matching</td>
</tr>
<tr>
<td>90972</td>
<td>0</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
For 2013, University of Wisconsin-Extension reports efforts of Family Living and 4-H Youth Development campus and county faculty and staff, colleagues and partners providing timely research-based education and assistance for preventing childhood obesity. Diverse participants make informed, science-based decisions regarding nutrition, childhood obesity, health and physical activity -- and the inter-relationships that exist. By developing and implementing behavioral interventions that improve nutrition and increase physical activity, more than 2,275 youth and adults took action by making healthy food choices and increasing physical activity through 4-H healthy living initiatives. By increasing the capacity of community partners to address issues related to nutrition and childhood obesity, community coaching skills are enhancing the intervention coalition's effectiveness in addressing the community issue of low-income childhood obesity.

Solving the Problem of Childhood Obesity within a Generation: In response to growing concerns about childhood obesity, 4-H National Headquarters made healthy living a national priority. The White House Task Force on Childhood Obesity Report to the President, Solving the Problem of Childhood Obesity within a Generation, presents an action plan for the prevention of childhood obesity. More than 2,275 youth and adults took action by making healthy food choices and increasing physical activity through their participation in 4-H healthy living initiatives across the state. Evaluation documented individual knowledge gain and behavior change: participants reported that they learned new things about nutrition, healthy eating and exercise, and changed their eating and exercise habits because of their involvement in extension programs.

Community coaching skills enhance coalitions addressing childhood obesity: Preventing obesity in children is important to society due to the high health care costs due to diabetes, high blood pressure, asthma and sleep apnea. Schools, health care providers, and families are all working together to address this crucial issue. While forming community coalitions to address this issue is a common strategy, sometimes coalitions struggle to be effective. Community coaching skills may enhance coalition effectiveness. In two project counties, UW-Extension educators are leading coalitions that have been doing needs assessments and are planning to launch initiatives. Through community coaching, the intervention coalition has shown increased coalition capacity to address the community issue of low-income childhood obesity.

2. Brief description of the target audience

University of Wisconsin-Extension Cooperative Extension Family Living Programs and 4-H Youth Development campus and county faculty and staff provide research-based education directed at preventing childhood obesity for diverse children and youth, caregivers, parents and family members, public and private collaborating and community agencies and others in a variety of educational settings.

Primary emphasis is placed on reaching under-represented audiences including low-income; Latino/a, African American, American Indian and Hmong families and youth. Cooperative Extension reached an estimated 86,337 adults and 284,262 youth through direct teaching methods.

**UW-Extension SNAP-Ed staff made:**

35,714 educational contacts with adults and children to encourage eating whole grains, low-fat meats and beans.
After a lesson, 1,376 children were offered samples of dried beans; 86% of the children tried the sample and 60% said they would eat beans again.
After a lesson, 90% of 1350 adults asked if they were more likely to eat whole grain foods said yes.
33,781 educational contacts with adults and children on consuming recommended amounts of low-fat milk
and dairy. 
8,158 educational contacts with adults and children on consuming foods with less fat. 
14,472 educational contacts with adults and children encouraging physical activity and balancing it with 
food intake. 
Following a lesson, 40% of adults said they would try to be more active each day. 
9,201 educational contacts with adults on age-appropriate meals for family members, including infants. 
95,830 educational contacts with adults and children on choosing healthful foods based on Dietary 
Guidelines. 
119,379 educational contacts with children and adults promoting consumption of fruits and vegetables. 

3. How was eXtension used? 

University of Wisconsin-Extension campus and county faculty and staff participate in various 
communities of practice, engaging with colleagues around the country to improve the educational content 
of research-based programs and assistance delivered to residents across the state and region. Extension 
colleagues are connected by email ListServ, blogs and online newsletters, and shared resources such as 
Education Network (EDEN) to quickly address critical and emerging issues such as responding to extreme 
weather and Western corn rootworm resistance to Bt corn during 2012. Interdisciplinary colleagues and 
other professionals in this network include University of Wisconsin researchers on the Madison, Platteville, 
River Falls and Stevens Point campuses, working with 3 tribes, and at 11 agricultural research stations.

V(E). Planned Program (Outputs)

1. Standard output measures

<table>
<thead>
<tr>
<th>2013</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>Actual</td>
<td>86337</td>
<td>0</td>
<td>284262</td>
<td>0</td>
</tr>
</tbody>
</table>

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

Patent Applications Submitted

Year: 2013
Actual: 0

Patents listed

3. Publications (Standard General Output Measure)

Number of Peer Reviewed Publications

<table>
<thead>
<tr>
<th>2013</th>
<th>Extension</th>
<th>Research</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

V(F). State Defined Outputs

Output Target

**Output #1**

**Output Measure**

- {No Data Entered}
## V(G). State Defined Outcomes

<table>
<thead>
<tr>
<th>O. No.</th>
<th>OUTCOME NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Develop and implement behavioral interventions that improve nutrition and increase physical activity.</td>
</tr>
<tr>
<td>2</td>
<td>Build capacity among community partners to address issues related to nutrition and childhood obesity.</td>
</tr>
<tr>
<td>3</td>
<td>Develop community strategies to address factors influencing excessive weight gain.</td>
</tr>
</tbody>
</table>
Outcome #1

1. Outcome Measures

   Develop and implement behavioral interventions that improve nutrition and increase physical activity.

2. Associated Institution Types

   ● 1862 Extension

3a. Outcome Type:

   Change in Action Outcome Measure

3b. Quantitative Outcome

<table>
<thead>
<tr>
<th>Year</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>2275</td>
</tr>
</tbody>
</table>

3c. Qualitative Outcome or Impact Statement

   **Issue (Who cares and Why)**
   In response to growing concerns about childhood obesity, 4-H National Headquarters made healthy living a national priority. The White House Task Force on Childhood Obesity Report to the President, Solving the Problem of Childhood Obesity within a Generation, presents an action plan for the prevention of childhood obesity: (1) empower parents and caregivers; (2) provide healthy food in schools; (3) improve access to healthy, affordable foods; and (4) increase physical activity. University of Wisconsin-Extension Youth Development and Family Living Programs educators and staff in 10 counties and 2 Native American Reservations are working in each of these areas by engaging youth, families and school and community leaders in programs that address access to healthy foods and the importance of fruit and vegetables consumption and physical activity on healthy youth development.

   **What has been done**
   Over 2,275 youth and adults took action by making healthy food choices and increasing physical activity through their participation in 4-H healthy living initiatives across the state. Educators in partnership with youth and adult community leaders worked to implement policy changes and completed service to improve physical environments that impacted the health of many more Wisconsin residents.

   Healthy corner store initiatives, farm-to-school education programs, community gardens, pedestrian and bike path improvements, and out-of-school activity programs were achieved through Extension involvement in leveraging local resources.

   **Results**
   Public Impact: Nearly $150 billion per year is now being spent to treat obesity-related medical conditions. The Robert Wood Johnson Foundation reports if we invested in proven school and
community based programs that result in more physical activity or improved nutritional environments, within 5 years the Return On Investment (ROI) could rise to 5.6 for every $1 invested and rise to 6.2 within 10 to 20 years. This ROI represents just the medical cost savings. Significant gains can also be achieved in productivity, learning and enhanced quality of life (Robert Wood Johnson Foundation (2008). RWJF Commentary Regarding Social Factors' Influence on Variations in Health and Life Expectancy. [ONLINE] Available at: http://www.rwjf.org/en/research-publications/find-rwjf-research/2008/09/rwjf-commentary-regarding-social-factors-influence-on-variations.html)

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>
<tr>
<td>704</td>
<td>Nutrition and Hunger in the Population</td>
</tr>
<tr>
<td>724</td>
<td>Healthy Lifestyle</td>
</tr>
</tbody>
</table>

Outcome #2

1. Outcome Measures

Build capacity among community partners to address issues related to nutrition and childhood obesity.

2. Associated Institution Types

● 1862 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

<table>
<thead>
<tr>
<th>Year</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>0</td>
</tr>
</tbody>
</table>

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

Preventing obesity in children is important to society due to the high health care costs treating diabetes, high blood pressure, asthma and sleep apnea. Rural, low-income children are at elevated risk due to lack of healthy food choices and reduced access to opportunities for physical activity. Developing healthy eating patterns and physical activity habits as children are likely to persist into adulthood. Schools, health care providers, and families care about reducing childhood obesity. While forming Community Coalitions to address this issue has been a common choice by Extension educators, sometime coalitions struggle to be effective. Community coaching skills promise to enhance coalition effectiveness.
What has been done
In the two project counties, UW-Extension educators are leading coalitions that have been doing needs assessments and are planning to launch interventions. The intervention county receives the support of a “community coach” while the control county does not. Annual Coalition Self-assessments have been conducted to monitor changes over time in the effectiveness of both coalitions. Data from years one and two have been analyzed.

Results
Through community coaching, the intervention coalition has shown increased coalition capacity to address the community issue of low-income childhood obesity. The coalition effectively held regular meetings consisting of agendas and action summaries, routinely implemented a decision-making process; identified opportunities to link to key initiatives within the community; developed a coalition mission and community vision, and created a framework - theory of change.

Coalition membership grew and strategically set out to connect with other community initiatives by building relationships and engaging in joint-outreach efforts. Coalition member participation has increased from 10% to 50% of members stating they were very involved in coalition activities, with all members agreeing that they have a voice in what the coalition decides, sense of loyalty to the group, and are satisfied with how the coalition operates. An increase from 45% to 90% of coalition members reported feeling very comfortable with the coalition's decision-making process from year one to year two.

4. Associated Knowledge Areas

<table>
<thead>
<tr>
<th>KA Code</th>
<th>Knowledge Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>703</td>
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</tr>
<tr>
<td>724</td>
<td>Healthy Lifestyle</td>
</tr>
</tbody>
</table>

Outcome #3

1. Outcome Measures

Develop community strategies to address factors influencing excessive weight gain.

Not Reporting on this Outcome Measure

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
- Populations changes (immigration, new cultural groupings, etc.)
Brief Explanation

V(I). Planned Program (Evaluation Studies)

Evaluation Results

Evaluation: In the coming year, both counties will launch interventions by their coalitions that will address childhood overweight. An evaluation study will begin in 2015 that compares the functioning of both coalitions and the effectiveness of a community coach.

Key Items of Evaluation