NAVIGATING THE WORLD OF HEALTH

Promoting Connections to Create Healthy Individuals, Families and Communities

May 2-4, 2017

National Health Outreach Conference
ANNEPOLIS, MARYLAND
WWW.NATIONALHEALTHOUTREACH.ORG
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Welcome to the 2017 National Health Outreach Conference!

University of Maryland Extension and our national conference planning team welcome you to Annapolis for the third annual National Health Outreach Conference! We are honored you have chosen to join us in this beautiful and historic city as we focus on *Navigating the World of Health*. This conference will set the stage for exploring new ideas, best practices, promising research, and innovative outreach that can contribute to our understanding of health in the context of our contemporary environment.

The conference planning committee seeks to ensure all attendees enrich and expand his/her knowledge base, as well as build connections that will foster and sustain a culture of health in our homes, worksites, schools, communities, and organizations. Thus, the goals of this conference are to:

1. Share community-based outreach, best practices, and applied research that promotes and sustains healthy living and wellness;
2. Explore evidence and practice-based strategies and approaches that address complex societal issues through the Social Ecological Model; and
3. Engage with others from diverse backgrounds, areas of expertise, and perspectives, resulting in new connections, partnerships, and cross-sector collaborations.

The proposal review process was very competitive this year, with 167 submissions for all types of presentations. Our schedule allowed us to accept 86 submissions, for an acceptance rate of 51%. Thanks to everyone who took the time to submit proposals!

We hope each of you will develop new and lasting collaborations and partnerships while attending this conference that will ultimately contribute to the long term goal of ‘healthy living at every stage of life’ for everyone. Most of all, we hope you will leave Annapolis with new inspiration, aspiration, and motivation to continue this challenging work that makes significant impacts and changes lives.

In keeping with our conference theme and focus, you will find opportunities to participate in a wellness challenge, yoga, meditation, and wellness walks throughout the schedule. You will also find healthy food and beverage options at meals and breaks. However, it is up to you to actively choose healthy behaviors during the conference to actually benefit from them......just like in the real world!

Appreciation is extended to the University of Maryland Extension and College of Agriculture and Natural Resources for continued support and sponsorship of this year’s conference. We also thank the UMD School of Public Health, who joined us as a conference partner, sponsor, and exhibitor.

And last but certainly not least, we want to thank a talented and dedicated planning team for their contributions, perspective, patience, and hard work. Their efforts will be on exhibit this week for all to experience!

It is our hope that you will enjoy the beautiful city of Annapolis while benefiting personally and professionally from the experience. If the planning team can assist you in any way, do not hesitate to ask.

Patsy A. Ezell, Ph.D.
Conference Co-Chair
Assistant Director
University of Maryland Extension

Virginia Brown, DrPH
Conference Co-Chair
Extension Educator
University of Maryland Extension
May 2, 2017
2017 National Health Outreach Conference
University of Maryland Extension

A Message from Governor Larry Hogan

Dear Friends:

I would like to welcome you to the 2017 National Health Outreach Conference, hosted by the University of Maryland Extension.

The 2017 National Health Outreach Conference is an incredible event that brings together many professionals to discuss the complex, dynamic, and evolving field of health. This conference provides a great opportunity to exchange practical knowledge and new strategies that you can use to continue promoting healthy living and wellness in your communities. I hope you take advantage of the various informative sessions and workshops throughout the duration of the conference.

Thank you to the event organizers and everyone whose hard work and dedication made this event possible. Best wishes for a memorable conference and for continued success in the years to come.

Sincerely,

Larry Hogan
Governor
### Monday, May 1, 2017

2:00 pm – 4:30 pm  
**Pre-Conference Tour:** Four Centuries Walking Tour of Historic Annapolis,  
*Loews Annapolis Hotel Lobby*,  
Annapolis Tours by Watermark

### Tuesday, May 2, 2017

9:00 am – 5:00 pm  
**Pre-Conference Tour:** Washington, D.C.,  
*Loews Annapolis Hotel Lobby*, Debra Jones, VA State Univ.

12:00 pm – 1:00 pm  
**Pre-Conference Check-In,** Annapolis Atrium

12:30 pm – 5:00 pm  
**Pre-Conference #1:**  
Walk Audit Facilitator Training,  
*Regatta Ballroom A*, Dr. Mark Fenton

1:00 pm – 5:00 pm  
**Pre-Conference #2:**  
Cultural Competency in Outreach and Community-Based Programs,  
*Regatta Ballroom C*, Lisa Gonzalez, Nia Fields, Jeff Howard & Amanda Wahle, University of Maryland Extension

2:00 pm – 4:00 pm  
**Exhibitor Set-up,** Annapolis Atrium

4:00 pm – 6:30 pm  
**Conference Registration,** Annapolis Atrium  
**Wellness Challenge Begins,** Lisa Gonzalez, University of Maryland Extension

6:30 pm – 8:30 pm  
**Conference Welcome to Maryland Buffet Dinner,** Annapolis Atrium and Regatta Ballroom  
**Welcome and Setting the Stage:** Dr. Patsy Ezell, Conference Co-Chair, University of Maryland Extension  
**Greetings:** Dr. Boris Lushniak, University of Maryland, School of Public Health  
**Keynote Address:** Less Talk More Action: Addressing the “Wicked” Problems to Achieve Health Equity,  
Dr. Stephen Thomas, Professor, School of Public Health and Director, Maryland Center for Health Equity, University of Maryland, College Park  
**Conference Wellness Activities:** Lisa Gonzalez, University of Maryland Extension

### Wednesday, May 3, 2017

7:00 am – 8:00 am  
**Exhibitor Set-up,** Annapolis Atrium

7:00 am – 7:45 am  
**Yoga and Meditation:** Mainsail, Dhruti Patel-Davis, University of Maryland Extension

7:30 am – 9:00 am  
**Continental Breakfast,** Annapolis, Atrium

8:30 am – 9:00 am  
**General Session,**  
*Regatta Ballroom*, Moderator:  
Dr. Virginia Brown, Conference Co-Chair, University of Maryland Extension  
**Creating Healthier Communities:** Dr. Mark Fenton, Public Health, Planning and Transportation Consultant & Adjunct Associate Professor, Tufts University’s Friedman School of Nutrition, Science and Policy

9:15 am – 10:15 am  
**Concurrent Session # 1**

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<th>Community Health (CH)</th>
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<td>Environmental Health &amp; Safety (EHS)</td>
<td>EHS1 - Special Session: Opening Your Community’s Eyes with a Walk</td>
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| Health Policy & Systems Change (HPSC) | **Program/Research/Evaluation Reports:**  
**HPSC1a** - Extension’s Role in Chronic Disease Prevention and Management in the Next 100 Years: A View from Agents, Educators, Faculty/Specialists, and Administrators  
**HPSC1b** - Rx for Health Referral Program |
| Windjammer | |
### Conference-At-A-Glance
**May 2-4, 2017**  
**Annapolis, Maryland**

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<th>Windmill Point</th>
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<tr>
<td>Program/Research/Evaluation Reports: IF1a - Peer Led Sex Ed: An Exploration of Teen Council Evaluation Findings + IF1b - Health Literacy Outreach Effectiveness: Results from “How to Talk to Your Doctor” Program</td>
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<tr>
<td><strong>Organizational Health (OH)</strong></td>
<td>Thomas Point</td>
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<tr>
<td>IGNITE: Farmers Grow MyPlate + Developing Positive Youth Development Inclusiveness for LGBTQ Youth through 4-H + Finding and Leveraging Your Natural Talents to Increase Individual and Organizational Wellness + Evaluation of Food Literacy + Family Fit &amp; Fun Challenge: Empowering Youth to Make Healthier Choices</td>
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<tr>
<th><strong>Windmill Point</strong></th>
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<tr>
<td>10:15 am – 10:30 am Beverage Break</td>
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<td><strong>CH Point Lookout</strong></td>
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<td>CH2 - Panel: Cultivating Partnerships for Policy, Systems and Environmental Changes to Promote Healthy Food Access and Availability for People with Low Income</td>
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<td><strong>EHS Skipjack</strong></td>
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<td>Program/Research/Evaluation Reports: HPSC2a - Walk Maryland: A Multi-Agency Collaboration to Encourage Marylanders to Walk for Physical Activity + HPSC2b - Delaware Healthy Communities Team</td>
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<td><strong>IF Windmill Point</strong></td>
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<td>IF2 - Seminar: Change to Win Program is Changing Lives in Western Maryland</td>
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<td><strong>OH Thomas Point</strong></td>
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<td>OH2 - Workshop: Rethink Your Drink at School</td>
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<td>Priester Awards Luncheon, Regatta Ballroom, Moderator: Alishia Shipley, National Program Leader, USDA/NIFA, Division of Family and Consumer Sciences</td>
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<td>Welcome &amp; Greetings: Dr. Tom Porter, University of Maryland, AGNR and Extension</td>
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<td>Keynote Address: Moving Beyond Care to Health: Achieving Health Equity in Baltimore, Sonia Sarkar, Chief Policy and Engagement Officer, Baltimore City, MD Health Department</td>
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<tr>
<td><strong>CH Point Lookout</strong></td>
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<tr>
<td>iGNITE: Preserve@Home + Do you have Food $ense: Utilizing Community Partnerships to Reduce Food Insecurity and Improve Health Behaviors + INCLUDED US: What Queer Youth Want from Sexuality Education and Health Care + Engaging State and Local Partners to Promote Walk Maryland Day + Linking People to Health Through Neighborhood-Centric Maps + The Myths and Misinformation of Teen Sexuality</td>
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<tr>
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<td>EHS3 - Workshop: Creating Healthy Indoor Environments in Child Care</td>
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<td><strong>HPSC Windjammer</strong></td>
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<td>HPSC3 - Workshop: Systems Approaches for Healthy Communities: Resource for Supporting PSE Work</td>
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<td>IF3 - Workshop: Incorporating Text Messages into Health Education and Health Promotion Programs</td>
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## Conference-At-A-Glance

**May 2-4, 2017**

Annapolis, Maryland

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| CH POINT LOOKOUT     | Program/Research/Evaluation Reports:  
  CH4a - Aiming at a Healthier West Virginia  +  
  CH4b - The Evolution of a Community-Campus Partnership Aimed at the Reduction of African American/Black Infant Mortality Through Collective Impact |
| EHS SKIPJACK         | EHS4 - Workshop: The Healthy Homes Partnership Toolkit                             |
| HPSC WINDJAMMER      | HPSC4 - Workshop: Building Extension and Cross Sector Capacity for Health in All Policies Education |
| IF WINDMILL POINT    | iGNITE:  
  Online Engagement  +  Equipping Educators with Tools to Celebrate Family Mealtime  +  
  Do As I Say and As I Do – Pre-K Parent Intervention for Healthy Families  +  
  Increasing Completion Rates for Online Weight Loss Program:  
  Step Up Scale Down  +  
  Development of a Self-Directed Online Extension Cancer Prevention Program  +  
  Fitbit-Go Healthy                                                      |
| OH THOMAS POINT      | OH4 - Seminar: No Two are Alike: Designing and Delivering Smarter Lunchrooms Interventions for Unique Sites |
| 3:40 pm – 4:15 pm    | Visit Exhibits, Annapolis Atrium                                                   |
| 4:20 pm – 5:30 pm    | Panel Presentation & Discussion: Perspectives on Optimizing Health Using A Systems Approach, 
                        Regatta Ballroom  
                        **Moderator:** Dr. Bonnie, Braun, Professor Emerita, University of Maryland, School of Public Health  
                        **Panelists:** Dr. Caroline Crocoll, Director – Division of Family & Consumer Sciences, National Institute of Food & Agriculture, USDA;  
                        Holly Freishtat, Baltimore City, MD Food Policy Director;  
                        Dr. Olivia Carter-Pokras, Professor, University of MD School of Public Health;  
                        Rebecca Spencer, Marriot International, Inc.;  
                        Dr. Sacoby Wilson, Assistant Professor, University of Maryland School of Public Health. |
| 5:40 pm – 7:15 pm    | Poster Presentations and Reception, Mainsail                                        |
| 7:30 pm – 9:00 pm    | Social Wellness Walk, Loews Annapolis Hotel Lobby  
                        **Walk leaders:** Patricia Maynard and Kimberly Moore, University of Maryland Extension |
### Conference-At-A-Glance
**May 2-4, 2017**  
**Annapolis, Maryland**

#### Thursday, May 4, 2017

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| 8:15 am – 9:30 am  | Plenary Session: Regatta Ballroom, Moderator: Dr. Patsy Ezell, Conference Co-Chair,  
|                    | Greetings – Dr. Craig Beyrouty, Dean, College of Agriculture and Natural Resources, University of Maryland  
|                    | Invitation to 2018 National Outreach Conference, Dr. Karen Shirer, Associate Dean, Extension Center for Family Development, University of Minnesota Extension  
|                    | Showcase of Excellence: Spotlighting the 2017 Priester Award Winners:  
|                    |  - Get Moving, Get Healthy NJ Workforce - Joanne Kinsey, Rutgers University  
|                    |  - Family Leadership Training Institute (FLTI) - Jan Carroll, Colorado State University  
|                    |  - HEAL MAPPS - Deborah H. John, Oregon State University  
|                    |  - Today’s Mom - Barbara Struempler, Auburn University  |
| 9:40 am – 10:40 am | Concurrent Session # 5  
| CH                 | CH5 - Workshop: Meeting the USDA Grand Challenges  |
| EHS Skipjack       | EHS5 - Workshop: Let’s Play a Game! Environmental Health Games for Kids and Teens  |
| HPSC Windjammer    | HPSC5 - Seminar: Health Promotion Within the Context of Agriculture: Approach of USDA/NIFA’s Division of Family & Consumer Sciences  |
| IF Windmill Point  | Program/Research/Evaluation Reports: IF5a - Empowering Preschoolers to Become Healthy Lifestyle Messengers Through Stories, Music, Dance and Visual Tools + IF5b - Examining New Assessment Tools for a 4th and 5th Grade Youth Healthy Living Afterschool Program, WeCook  |
| OH Thomas Point    | Program/Research/Evaluation Reports: OH5a - Transforming Our Own Culture of Health: Extension Leaders’ Role in Promoting Adherence to Healthy Eating Guidelines + OH5b - Maryland Charts a Collaborative Course to School Wellness, with Wellness Specialists and Champions at the Helm  |
| 11:00 am – 3:00 pm | Exhibitor Breakdown, Annapolis Atrium  |
| 11:15 am – 12:15 pm | Concurrent Session # 6  
| CH                 | CH6 - Seminar: Cross Sector Collaboration to Address the Food System in a Rural Setting  |
| EHS Skipjack       | EHS6 - Seminar: Can Design Reduce Opportunities for Crime?  |
| HPSC Windjammer    | iGNITE: Use of Climate and Health Projections in Community Engagement Around Adaptation + Healthy Homes Hayenville Lowndes: Cooperation is Key + Using Systems Change to Address Obesity in Clinic Patients + Examining Public Health Competencies Needed by All Extension Professionals to Implement the National Health and Wellness Framework + Navigating the Social Ecological Model Using an Interactive Game  |
| IF Windmill Point  | IF6 - Panel: Exploration of Aging in the National Framework for Health and Wellness: The Educator’s View  |
| OH Thomas Point    | Program/Research/Evaluation Reports: OH6a - Build a Productive Team with Positivity + OH6b - Healthy Schools Challenge  |
| 12:30 pm – 2:00 pm | Chat & Chew Lunch, Annapolis Atrium & Regatta Ballroom, Capnote: The Cooperative Extension Service - Robert Wood Johnson Foundation Culture of Health Partnership, Monica Hobbs-Vinluan, Robert Wood Johnson Foundation and Dr. Michelle Rodgers, University of Delaware Cooperative Extension  
| 2:00 pm           | Wellness Challenge Ends: Lisa Gonzalez, University of Maryland Extension |
One of the nation’s leading scholars in the effort to eliminate racial and ethnic health disparities, Dr. Stephen B. Thomas has applied his expertise to address a variety of conditions from which minorities generally face far poorer outcomes, including cardiovascular disease, diabetes, obesity and HIV/AIDS. He is the Principal Investigator (with Dr. Quinn) on the Center of Excellence in Race, Ethnicity and Health Disparities Research, funded by the National Institute for Minority Health and Health Disparities (NIMHD).

Dr. Thomas has received numerous awards for his professional accomplishments. His current research focuses on the translation of evidence-based science on chronic disease into community-based interventions designed to eliminate racial and ethnic disparities in health and health care. More specifically, he has focused on understanding how social context shapes attitudes and behaviors of underserved, poorly served, and never-served segments of our society toward participation in health promotion and disease prevention activities.

Education and Training
- PhD in Community Health Education, Southern Illinois University, 1985
- M.S. in Health Education, Illinois State University, 1981
- B.S. in School Health Education with Certification in Secondary School Health Education, Ohio State University, 1980

Honors and Awards
- 2005 David Satcher Award from the Directors of Health Promotion and Education
- 2004 Alonzo Smyth Yerby Award from the Harvard School of Public Health for his work with people suffering the health effects of poverty
Sonia Sarkar, Chief Policy and Engagement Officer, Baltimore City Health Department

Sonia Sarkar is Chief Policy and Engagement Officer for the Baltimore City Health Department. Previously, she was Director of Provider Solutions at AVIA, a health system-led innovation accelerator, and also served as Special Advisor and Chief of Staff at Health Leads, a national social enterprise that envisions a healthcare system that addresses all patients’ basic resource needs as a standard part of quality care.

As an undergraduate at Johns Hopkins University, Sonia co-founded and served as campus coordinator for Health Leads’ Baltimore site, and also completed a term as a student member of the organization’s national Board of Directors. Subsequently, Sonia served as a Baltimore City Mayoral Fellow with BCHD prior to joining the Health Leads staff team as the Baltimore Program Manager, where she built clinical relationships and oversaw the development and management of Health Leads’ advocate workforce.

Besides numerous academic accomplishments, she is also a published poet, with work appearing in the American Journal of Nursing and the Bellevue Literary Review, among others.

Education and Training
• MPH from Johns Hopkins School of Public Health, Baltimore, Md.
• B.A. degrees in Public Health and International studies from Johns Hopkins School of Public Health, Baltimore, Md.

Honors and Awards
• Truman Scholar
• World Economic Forum Young Global Shaper
• Founding board member for the Boston Young Healthcare Professionals and Healthworks Community Fitness
• Harvard Medical School Center for Primary Care InciteHealth Fellow
• AcademyHealth /Kresge Foundation Population Health Scholar
Panel Discussion
Wednesday, May 3, 2017

Dr. Caroline Crocoll, Director, Family and Consumer Sciences, National Institute for Food and Agriculture, USDA
Dr. Caroline E. Crocoll has served as the Director of the USDA-NIFA Division of Family and Consumer Sciences since 2010. She is responsible for strategic leadership of the Division’s Community Vitality and Family Well-Being research, education, and extension portfolio. Prior to her role at NIFA, Dr. Crocoll served as the Director of the Nutrition and Family Sciences Section USDA/ Cooperative State Research, Education and Extension Service. She holds a Ph.D. in Adult Education and Human Resource Development, an M.S. in Counseling and Human Development, and a B.S. in Psychology.

Holly Freishtat, Food Policy Director, Baltimore City, Md.
Holly Freishtat began her work with the City of Baltimore in 2010, creating the Baltimore Food Policy Initiative, an inter-governmental collaboration aiming to address food system policy. She has spent over a decade working on food issues in a variety of contexts; experiences that have provided her with an understanding of the food system from the perspective of a nutritionist, an educator and a farmer. Freishtat has a Masters of Science from Tufts University in Applied Nutrition: Agriculture, Food and The Environment, a Bachelor of Science from University of Vermont in Nutrition and served as a Food and Society Policy Fellow in 2007-2009.

Rebecca Spencer, Director, Global Wellbeing, Marriott International Inc.
Marriott International Inc. received the Platinum Award for Fit Friendly Work Site Award by American Heart Association-- only one in the hospitality industry to receive this award in 2013. Rebecca has been employed at Marriott since 2003 and has an extensive background benefit strategies, population health management and employee engagement. As the Director for Global Wellbeing, she oversees Marriott’s Take Care Wellbeing Program which builds on the vitality of Marriott’s “Put People First” culture and improves both associates’ wellbeing and business performance.

Dr. Sacoby Wilson, Director, Center for Environmental Health, University of Maryland, College Park
Dr. Wilson is an environmental health scientist with expertise in environmental justice and environmental health disparities. His primary research interests are related to issues that impact underserved, socially and economically disadvantaged, marginalized, environmental justice, and health disparity populations - including issues such as environmental justice, air pollution, housing disparities, built environment, climate change, drinking water quality, food justice, Port of Charleston, sewer and water infrastructure, goods movement, traffic exposure and health disparities, community-university environmental health partnerships, industrial animal production, exposures for subsistence fishers, and community revitalization.

Dr. Olivia Carter-Pokras, Associate Dean, Diversity & Inclusion, School of Public Health, University of Maryland, College Park, Maryland
A health disparities researcher for 3 decades, Dr. Olivia Carter-Pokras has been recognized by the Governor of Maryland, Surgeon General, Assistant Secretary for Health, and Latino Caucus of the American Public Health Association for her career achievements to improve racial/ethnic data, develop health policy to address health disparities, and improve health care quality for Latinos. Dr. Carter-Pokras has led NIH funded research projects to develop cultural competency and health literacy curricula, and served as Co-Investigator for a European Commission funded project to develop cultural diversity training for health professional educators.
Monica and Michelle will share an update on the Cooperative Extension Service- Robert Wood Johnson Foundation Culture of Health Partnership. At last year’s NHOC, they teamed to lay out a vision for engaging the assets of Cooperative Extension in partnership with the Robert Wood Johnson Foundation, America’s largest health philanthropy. This presentation will put legs on that vision on the eve of launching a program to change America’s health, one community at a time.

An Advocate for healthier communities and a policy expert on healthy living, Monica Hobbs-Vinluan, JD, who joined the Robert Wood Johnson Foundation (RWJF) in 2015 as a senior program officer, has been a passionate professional advocate for health promotion and a distinguished government relations professional on a variety of health and well-being issues for two decades. Through her work at the Foundation, she strives to ensure that all children in the United States have a healthy start. She views her role as “bringing new strategies and approaches to helping make sure all children get the nutritious foods and drinks they need to learn, grow and thrive.” Previously, Hobbs-Vinluan served as director of the Healthier Communities Initiatives for the YMCA of the USA, and as a senior policy associate with the National Recreation and Park Association.

Dr. Rodgers currently serves on the Extension Committee of Organization and Policy (ECOP) and serves as co-chair of the ECOP Health task force. She also serves as President-Elect of the Journal of Extension and as a board member on the Northeast Regional Center for Rural Development.

Prior to coming to the University of Delaware, Dr. Rodgers spent 5 years as Associate Director at Michigan State University Extension. There she was responsible for overall leadership for programs, personnel and the organizational development units within MSUE. She worked with MSUE’s thirteen district coordinators and four institute directors to deliver outcomes through the organization’s statewide programs: agriculture and agribusiness, Greening Michigan, health and nutrition, and children and youth. Additionally, she leads the MSUE Organizational Development Team efforts to support internal and external operations and relationships.
Purpose:

The Jeanne M. Priester Award honors the accomplishments and contributions of Jeanne M. Priester to the Cooperative Extension System. Ms. Priester was a leader in advancing health education within the Cooperative Extension Service during her tenure at the United States Department of Agriculture. The purpose of the award is to honor Extension programs that positively impact the health of people across the United States and provide leadership to expand Extension’s capacity to increase the number of Americans who are healthy at every stage of life. The Priester Award will recognize sound and innovative health and wellness programs at the county, state and national level.

Award Categories:

- **Individual or Family** – programs designed to influence the individual or family.
- **Community** – programs designed to influence a community or multiple communities.
- **Innovative** – promising programs designed to address any level of the Social Ecological model.
- **Leadership** – an individual who has provided exemplary, impactful leadership to his or her state/Cooperative Extension or nationally in the area of health and wellness.
- **Organizational Culture of Health** – an Extension organization (may include partners in award application) who has made changes in their policies, systems, and internal environments that support health and wellness for all employees and people affected by their organization.
Types of Conference Presentations

Workshop - Sixty-minute interactive capacity-building workshop. Participants learn how to utilize a new approach, program, curriculum, or method.

Panel - Sixty-minute presentation focused on an issue in the area of national health, safety, and wellness outreach. Each panel will have 2-3 panelists.

Seminar - Sixty-minute session designed to help participants gain a deeper understanding of a phenomenon, concept, or issue.

Program/Research/Evaluation Reports - Two thirty-minute presentations that share results of community assessments, program evaluation outcomes and/or impacts studies, applied research, programmatic interventions, or campus-community partnerships.

iGNITE Session - Five to eight presentations of five minutes each. This fast-paced approach shares high impact ideas, outreach efforts, successful programs, innovations, and/or creative collaborations.

Poster - Information about a program, project, program evaluation, or resource. Posters will be displayed and hosted by the presenter during a reception Wednesday, May 3, 2017 from 5:40 pm - 7:15 pm.

Special Session with Mark Fenton

Mark Fenton is a national public health and transportation consultant, known for his work in engineering physical activity back into American lives. He is an adjunct associate professor at Tufts University's Friedman School of Nutrition Science and Policy, and former host of the "America's Walking" series on PBS television. In addition to his Walk Audit pre-conference, on Wednesday morning Mark will provide an overview of his vision for creating more livable, sustainable and successful cities and towns across America, and how we all can be involved.
Community Health (CH) - **POINT LOOKOUT**

**CH1 - Workshop: Developing a Community-Based Coalition**

**Jesse Ketterman**, Extension Educator, University of Maryland Extension

This session will work through the steps of developing a community-based coalition. In 2006, the community of Frostburg developed a coalition to address high risk alcohol consumption. To assist in developing strategies to address the issue, the facilitator developed the Frostburg Community Coalition. The program will discuss important elements to include defining the issue, identifying coalition members, conducting a needs assessment, developing strategies, and measuring results. The approach can be used to address a wide variety of community issues and forming a community-based coalition.

Environmental Health & Safety (EHS) - **SKIPJACK**

**EHS1 - Special Session: Opening Your Community’s Eyes with a Walk**

Dr. Mark Fenton and our own colleagues trained as ‘Walk Facilitators’ during Tuesday’s Pre-Conference will put their skills to use by leading session participants on an interactive walk through Annapolis. A walk audit is a facilitated group walk of an area to observe both challenges to and opportunities for healthy eating and physical activity.

This session provides ideas and strategies for creating more walkable, bicycle-friendly settings. Concrete actions will be shared that individuals, neighborhoods, professionals, companies, and government can take to immediately begin to make their community ‘walk-friendly’. Wear your walking shoes!

Health Policy & Systems Change (HPSC) **WINDJAMMER**

**Program/Research/Evaluation Reports:**

**HPSC1a - Extension’s Role in Chronic Disease Prevention and Management in the Next 100 Years: A View from Agents, Educators, Faculty/Specialists, and Administrators**

**David Buys**, State Health Specialist/Assistant Extension and Research Professor, Mississippi State University; **Marcel Horowitz**, Youth Development & Nutrition, Family and Consumer Sciences Advisor, University of California-Davis; **Suzanne Prevadel**, Family & Consumer Science and 4-H Agent, Utah State University; **Marla Reicks**, Extension Nutritionist/Professor, University of Minnesota

The Extension Committee on Organization and Policy’s Chronic Disease Prevention and Management (CDPM) Action Team conducted an environmental scan in 2016 with Extension administrators, faculty, and agents/educators on CDPM-related programs, partnerships, and barriers to action. Information on 71 unique programs addressing diabetes, cancer, heart disease, osteoporosis, obesity, and asthma for children, families and individuals with limited resources was reported by 152 respondents. Findings will be used by the Action Team to identify gaps, and select, further develop, and coordinate existing programs as well as to engage colleagues in professional development and to expand implementation of future health programs.
HPSC - Windjammer

Program/Research/Evaluation Reports: (con’t)

HPSC1b - Rx for Health Referral Program
Holly Tiret, Extension Educator; Cathy Newkirk, Extension Educator; and Erin Carter, Extension Educator, Michigan State University Extension

A national Robert Wood Johnson survey showed that physicians believe unmet social needs are leading to worse health for patients and social needs are as important to address as medical conditions. Physicians do not have the time or staff support to address patients’ social needs, i.e., access to nutritious food, even though these needs are as important to address as medical conditions. Cooperative Extension has created a referral tool for physicians. Rx for Health lets patients know how to contact their local Extension office for program information. This workshop will describe the pilot project undertaken to support educators in the use of the Rx pad to increase healthcare referrals.

Individual & Family (IF) - Windmill Point

Program/Research/Evaluation Reports:

IF1a - Peer Led Sex Ed: An Exploration of Teen Council Evaluation Findings
Sarah Sutherland, Peer Education Manager, Planned Parenthood of the Great Northwest and Hawaiian Islands; Laura Foss, Data Analyst, Philliber Research and Evaluation

The teen advocates are Idaho 4-H’s voice for eating healthy, being physically active, and engaging family members to make positive healthy decisions. 4-H Food Smart Families, completing three-years, is showing success in developing teen’s healthy living and leadership skills. Teens receive training and commit one-year of service to co-teach and support healthy living activities. Unique to our program is including non-4-H teens, teaching teens job skills such as application and hiring processes, and commitment to community. The presentation addresses impact on teens, changes in program and training and benefits to co-teaching nutrition education lessons.

IF1b - Health Literacy Outreach Effectiveness: Results from “How to Talk to Your Doctor” Program
Lisa Washburn, Associate Professor – Health, University of Arkansas Cooperative Extension Service; Charleen McNeill, Assistant Professor, University of Arkansas, Eleanor Mann School of Nursing; Zola Moon, Clinical Associate Professor, University of Arkansas School of Human Environmental Sciences; Betsy Garrison, Professor and School Director, University of Arkansas School of Human Environmental Sciences

Health literacy is a major public health issue. A collaborative project between Arkansas Cooperative Extension Service (UACES), University of Arkansas at Fayetteville (UAF), and the University of Arkansas Medical Sciences Center for Health Literacy (UAMS-CHL) tailored existing health literacy and health insurance literacy curricula so it is appropriate for delivery to rural Medicaid-eligible audiences and their families. The proposed presentation will cover lessons learned in the development and coordination of the project, and the early results of evaluation of the program’s effectiveness. The presentation is salient for healthcare providers, as well as community developers, practitioners, and Extension professionals.
Organizational Health (OH) - Thomas Point

iGNITE:

Farmers Grow MyPlate
Suzanne Stluka, Food & Families Program Director and Karlys Wells, Extension Associate, SDSU Extension

Farmers Grow MyPlate uses each of the Choose MyPlate food groups as the focus to provide hands-on lessons on nutrition, physical activity, food preparation, food safety, arts/crafts and food production. Lesson implementation, food preparation activities and especially field trips to farms and markets were supported in South Dakota Team Nutrition schools with sub-grants for use in summer day camps, school classrooms, after-school programs, and summer child care settings.

Developing Positive Youth Development Inclusiveness for LGBTQ Youth through 4-H
Jeff Howard, State Director, 4-H Youth Development, University of Maryland Extension

4-H has long been a haven for LGBTQ youth because of the program's inclusiveness and sense of belonging it provides. With a sensitivity to anonymity, evidence will be presented to showcase LGBTQ adults who grew up in the 4-H program but did not come out as LGBTQ until their adult years. Through interview and survey, these adults have provided insight as to the best practices that 4-H demonstrated that helped them feel welcomed and INCLUDED.

Finding and Leveraging Your Natural Talents to Increase Individual & Organizational Wellness
Katie Christy, Gallup Certified Strengths Coach, Activate Your Talent

This interactive program helps individuals and organizations understand how to find, and leverage, their natural talents to increase overall wellness. We provide numerous resources to find talent and then help individuals understand their talents and how to leverage them to become more effective in their personal and professional life.

Evaluation of Food Literacy
Sara Maples, Graduate Assistant; Betsy Garrison, Professor and School Director; and Leslie Edgar, Assistant Dean of Student Programs, University of Arkansas

A need exists to determine the knowledge the public has related to food literacy. The purpose of this study is to discover what the public knows about food and the health benefits. Responses will provide an analysis of nutrition, perceived confidence in cooking skills and knowledge of food preparation. It is expected the majority of students are not food literate, although their food literacy may be associated with their major. Implications for an array of audiences will be developed.

Family Fit & Fun Challenge: Empowering Youth to Make Healthier Choices
Jen Thomas, Health Educator, Health Coach, ACE Certified Personal Trainer, Western Maryland Health System

An exciting and fun-filled challenge that has all 14 Allegany County public elementary schools and 2 private schools competing to make healthy lifestyle choices! Using a log adapted from the Presidential Active Lifestyle Award each student tracks their physical activity and healthy eating choices weekly to earn points for big prizes.
CH - POINT LOOKOUT

CH2 - Panel: Cultivating Partnerships for Policy, Systems and Environmental Changes to Promote Healthy Food Access and Availability for People with Low Income

Christine Hradek, State Coordinator, EFNEP and SNAP-Ed, Iowa State University Extension and Outreach; Amber Canto, State Coordinator, EFNEP and SNAP-Ed, University of Wisconsin – Madison; Melissa Maulding, State Coordinator, EFNEP and SNAP-Ed, Purdue University

The Cooperative Extension system has a long legacy of providing nutrition education and horticultural programs. SNAP-Ed guidance shifts have expanded programming focus to include policy, systems, and environmental (PSE) change approaches to facilitate voluntary adoption of healthy eating and physical activity behaviors. The land-grant systems represented in this panel discussion have leveraged long-standing programs to respond to current trends in nutrition education with the opportunity to influence agriculture and food systems changes to address disparities in healthy food access and availability for low income audiences.

EHS - SKIPJACK

Program/Research/Evaluation Reports:

EHS2a - A Study of Private Well Owner Outreach Programs: Discovering Factors Critical to Effectively Motivating Well Owners

Cliff Treyens, Director of General Public Outreach, National Ground Water Association

This presentation examines findings from research done in collaboration with the Centers for Disease Control and Prevention on the effectiveness of educational outreach in motivating private water well owners to mitigate drinking water health risks. The 13 million households nationally on private wells are responsible for maintaining their water quality, thus presenting a public health concern. Programmatic and data gaps in outreach are considered against a framework for effective outreach developed from analysis of relevant literature. Findings suggest approaches to improved program design, implementation, and evaluation.

EHS2b - Volatile Organic Compounds and Particulate Matter in Childcare Facilities in the District of Columbia: Results from a Pilot Study

Rianna Murray, PhD Candidate; Amir Sapkota, Associate Professor; and Lesliam Quirós-–Alcalá, Assistant Professor, University of Maryland College Park, Nse Witherspoon, Executive Director, Children’s Environmental Health Network

We conducted a pilot study in which we characterized indoor concentrations of select volatile organic compounds (VOCs) and particulate matter (PM) in urban childcare facilities in Washington, DC. We recruited fourteen childcare facilities and measured indoor concentrations of seven VOCs: benzene, carbon tetrachloride, chloroform, ethylbenzene, o-xylene, p-xylene, and toluene in all facilities; and collected real-time PM measurements in seven facilities. We detected six of the seven VOCs in the majority of childcare facilities. Childcare facility median concentrations for PM2.5 and PM10 were 20.1 mg/m3 and 26.3 mg/m3 respectively, and at least one child in each facility had physician-diagnosed asthma.
HPSC - WINDJAMMER

Program/Research/Evaluation Reports:

HPSC2a - Walk Maryland: A Multi-Agency Collaboration to Encourage Marylanders to Walk for Physical Activity
Lisa Gonzalez, FCS Extension Educator and Lisa McCoy, FCS Extension Educator, University of Maryland Extension

Walk Maryland (WalkMD) encourages Marylanders to participate in the state’s physical activity, walking. A collaboration of state and local government agencies, WalkMD supports inter-agency policy work to create walkable communities and coordinate WalkMD Day. This session highlights Extension’s role in WalkMD planning and the development of walking factsheets and programs.

HPSC2b - Delaware Healthy Communities Team
Sarah Bercaw, Extension Agent II; Karen Johnston, 4-H Grants Manager & Extension Educator III, Nancy Mears, Extension Agent II, and Carrie Murphy, Extension Agent III, University of Delaware Cooperative Extension

University of Delaware Extension professionals created a cross functional team to continue breaking down the “silos” within our workplace. With a focus on health initiatives, we developed a new marketing approach. This presentation will explain our use of themes instead of program areas to demonstrate Extension’s impact on health.

IF - WINDMILL POINT

IF2 - Seminar: Change to Win Program is Changing Lives in Western Maryland
Theresa Stahl, Clinical Dietitian Specialist/Outpatient Community Dietitian, Western Maryland Health System

Western Maryland Health System’s Change to Win nutrition and weight loss program is on the forefront of the battle against obesity and chronic disease prevention and management in Western Maryland. Change to Win is a 12-week nutrition and weight loss program teaching general nutrition, weight loss, chronic disease management, and mindfulness principles. Participants gain the knowledge and support to overcome barriers to health goals, while participating in fun, informative sessions taught by registered dietitian nutritionists and certified health coaches/certified personal trainers. Participants may win back program fees paid.

OH - THOMAS POINT

OH2 - Workshop: Rethink Your Drink at School
Lauren Prinzo, Marion County Families and Health Agent, and Kristin McCartney, WVU Extension Specialist- Public Health, West Virginia University Extension Service

Rethink Your Drink at School is a new campaign of WVU Extension that encourages students in grades Pre-K though eighth to drink more water and fewer sugar sweetened beverages. The program is available for three age groups: Pre-K-1, 2-5, and 6-8. Participants will leave this workshop with the information and resources needed to host a “Rethink Your Drink” week program at schools in their home state.
Concurrent Session #3  
Wednesday, May 3, 2017  
1:30 pm - 2:30 pm

**CH - Point Lookout**

**iGNITE:**

**Preserve@Home**

Glenda Hyde, Extension Faculty, Oregon State University Extension; Laura Sant, Joey Peutz, and Julie Buck, Extension Faculty, University of Idaho Extension

Preserve@Home, an online home food preservation/safety course, has had over 300 participants from across the United States. Developed by University of Idaho Extension faculty, a tri-state partnership with Oregon State University and Colorado State University Extension Services has expanded the reach of the six-week program. Evaluation results show that the majority of participants plan to follow research-based recommendations.

**Do you have Food $ense: Utilizing Community Partnerships to Reduce Food Insecurity and Improve Health Behaviors**

Margaret Jenkins, Extension Educator, Ohio State University Extension

Learn how community partnerships can be used to influence and change health behaviors among limited resource audiences. Program participants learn through dialogue approach to adult learning including hands-on food preparation and food tastings. The presenter will demonstrate this teaching technique outlined in Norris’ *From Telling to Teaching* resource. Program goals, methods, recruitment, lesson topics and evaluation will be shared.

**INCLUDED US: What Queer Youth Want from Sexuality Education and Health Care**

Carole Miller, Chief Learning Officer, Planned Parenthood of the Great Northwest and Hawaiian Islands

The lack of sexuality education that resonates with, and addresses the unique barriers to health care for, LGBTQ youth contributes to poor sexual health outcomes for this population. Planned Parenthood of the Great Northwest and Hawaiian Islands (PPGNHI) conducted a community assessment to inform the development of an innovative workshop that aims to empower LGBTQ youth to make healthier sexual decisions, seek sexual health care and use contraceptives. The most common content requested was safer sex information, communication skills, and rights as minor patients.

**Engaging State and Local Partners to Promote Walk Maryland Day**

Meghan Ames, Obesity Prevention Coordinator, Maryland Department of Health and Mental Hygiene; Cassandra Corridon, 4-H Youth Development Specialist, University of Maryland Extension; Erin Penniston, Deputy Director, Center for Chronic Disease Prevention and Control, Maryland Department of Health and Mental Hygiene; Kristi Pier, Director, Center for Chronic Disease Prevention and Control, Maryland Department of Health and Mental Hygiene

Walk Maryland Day is a state-wide project which promotes physical activity and addresses related chronic diseases among Marylanders by engaging multi-sectoral state and local partners to promote walking for exercise, transport, and community-building. The Maryland Department of Health and Mental Hygiene convened a group of State and local agencies and non-profit organizations to identify and leverage existing infrastructure, and to develop and implement a coordinated plan which engaged groups and individuals at the state, county, and community-level.
**iGNITE (con’t):**

**Linking People to Health Through Neighborhood-Centric Maps**  
*Tonya Johnson*, Assistant Professor of Practice, OSU Extension Service

This ignite session will highlight the collaborative development of the WanderWalks Points of Health (POH) mapping project. WanderWalks POH connects people to assets in their neighborhood that support health through creating, printing, and disseminating neighborhood-centric pocket maps that list assets and safe walking routes to get to the assets.

**The Myths and Misinformation of Teen Sexuality**  
*Amanda McGeshick*, Program Coordinator and *Ashleigh Hall*, Program Coordinator, Centerstone of America

During this workshop we will discuss the information sources that teenagers have regarding sexual health. An emphasis will be placed on the areas of misinformation (i.e. peers, music, media, social networking/sexting, etc.), the importance of teaching sex education/re-education, healthy decision making, risk avoidance, and providing unbiased/medically accurate resources to teens. Research on the effectiveness of sexual health education, including parent/guardian connectedness, and the reduction of teen pregnancy/STD rates will be presented.

**EHS - SKIPJACK**

**EHS3 - Workshop: Creating Healthy Indoor Environments in Child Care**  
*Pamela Turner*, Associate Professor & Extension Housing Specialist and *Diane Bales*, Associate Professor & Extension Human Development Specialist, University of Georgia; *Sarah Kirby*, Professor & Department Extension Leader, North Carolina State University; *Keishon Thomas*, County Extension Agent, University of Georgia

Children spend about 90 percent of their time indoors, where contaminant levels can be two to five times higher than outdoors. Children are more vulnerable to indoor contaminants because of their natural curiosity, behaviors, and developing bodies. It is important for child care providers to understand how environmental factors, such as lead, radon, and mold can negatively impact the health and well-being of children in their care, as well as increase health care costs. Many environmental hazards are preventable.

**HPSC - WINDJAMMER**

**HPSC3 - Workshop: Systems Approaches for Healthy Communities: Resource for Supporting PSE Work**  
*Anne Dybsetter*, Extension Educator-Health and Nutrition, and *Laura Perdue*, Extension Educator-Health and Nutrition, University of Minnesota Extension

How do we equip practitioners of health promotion and nutrition education with the skills needed to implement policy, systems, and environment (PSE) approaches? This workshop will use small groups, discussion, and individual reflection to build capacity of participants to support staff in PSE work. Participants will: Practice discussion strategies that can be used to increase knowledge of PSE definitions and examples; Experience reflection tools that can be used to enhance and assess understanding and application of PSE. Activities are drawn from the Coach Guide of “Systems Approaches for Healthy Communities” a four-part, online training developed by University of Minnesota Extension.
IF - WINDMILL POINT

IF3 - Workshop: Incorporating Text Messages into Health Education and Health Promotion Programs
Stephanie Grutzmacher, Assistant Professor, Oregon State University; Ashley Munger, Assistant Professor, California State University Los Angeles; Laryessa Worthington, EatSmart Coordinator and Erin Braunscheidel, Assistant Director, Maryland Food Supplement Nutrition Education

Text message programs, also known as SMS programs, have been used to address a wide variety of health issues (Militello, Kelly, & Melnyk, 2012). The appeal of SMS-based interventions comes from its relatively low cost for participants and organizations, as well as its potential to reach a broad audience. Using model programs developed by Maryland Food Supplement Nutrition Education (FSNE), this workshop will include best practices and activities to help prepare health professionals to incorporate text messages into health education and health promotion programs.

OH - THOMAS POINT

OH3 - Workshop: Smarter Lunchrooms
Beth Stefura, Extension Educator, Marie Economos, Extension Educator, and Melanie Hart, Extension Educator, Ohio State University Extension

Learn how to create a healthier lunchroom environment for students to select, eat and enjoy healthier foods. Smarter Lunchroom takes the “Best Practice” ideas for improving students’ selection of targeted foods to change behaviors through the application of evidence-based lunchroom focused principles that promote healthier choices. These strategies help schools identify opportunities to make changes in their cafeteria and food service areas. These interventions are low cost/no cost for your school lunchrooms.
**CH - POINT LOOKOUT**

**Program/Research/Evaluation Reports:**

**CH4a - Aiming at a Healthier West Virginia**

Emilie Murphy, Obesity Prevention Specialist, West Virginia University Extension Service; Kate Long, Co-Director, and Stephen Smith, Co-Director, Try This West Virginia; Sue Flanagan, Extension Agent, West Virginia University Extension Service

Try This West Virginia (TT), a statewide, multi-sector intervention, is focused on the mission of increasing community-based strategies that improve physical activity and healthy eating practices with the long-term aim to prevent, reduce, and reverse chronic disease. Since its inception in 2014, TT has: 1) developed an innovative website with hundreds of project ideas based on true WV examples; 2) held three annual statewide conferences to create opportunities for networking and idea-sharing among healthy-community teams; 3) awarded mini-grants to 153 local healthy-community teams; 4) offered year-long networking opportunities for its various partners and constituents.

**CH4b - The Evolution of a Community-Campus Partnership Aimed at the Reduction of African American/Black Infant Mortality Through Collective Impact**

Virginia Visconti, Community Practice Specialist, and Cerise Hunt, Director, Center for Public Health Practice, Colorado School of Public Health

In Colorado, the infant mortality rate among African Americans/Blacks is more than twice that of the population as a whole. African American/Black infant mortality represents a complex and profound health disparity that requires systems change and a greater alignment of resources among myriad stakeholders. The purpose of this session is to describe the evolution of a partnership between the Healthy Babies Strong Families Community Action Network and the Colorado School of Public Health, along with its utilization of collective impact to address the social determinants of African American/Black infant mortality.

**EHS - SKIPJACK**

**EHS4 - Workshop: The Healthy Homes Partnership Toolkit**

Michael Goldschmidt, National Director, Healthy Homes Partnership; Gina Peek, Associate Professor, Oklahoma State University; Pamela Turner, Professor, University of Georgia-Athens; Claudette Reichel, Professor and Director, LSU AgCenter @ Louisiana Cooperative Extension Service

The Healthy Homes Partnership is a public outreach education program that addresses housing deficiencies and risks associated with hazardous household conditions and their effect on consumer health. Through a stakeholder toolkit developed in partnership with USDA-NIFA and the HUD-OLHCHH, the partnership directly assists families through comprehensive curricula addressing mold and moisture, lead poisoning, safe drinking water, pests and pesticides, asthma triggers, carbon monoxide, home safety, radon, household chemicals, and thermal comfort. The stakeholder toolkit includes lesson plans with evaluations and access to a network of related guides, social media, webinars, newsletters, website and smart phone apps.
Health in All Policies (HiAP) is a collaborative approach to improving the health of all people by incorporating health, equity, and sustainability considerations into decision-making across sectors and policy area. Given the potential of HiAP to increase the collective impact of diverse partners to influence the conditions that shape health and equity, the ECOP HiAP Education team developed an online training module to build HiAP capacity of practitioners as health partners in decision-making processes and outcomes. This hands-on workshop will introduce participants to the HiAP educational resource, engage participants in skills-based learning, and provide opportunity to beta test the module.

**HPSC - Windjammer**

**HPSC4 - Workshop: Building Extension and Cross Sector Capacity for Health in All Polices Education**

Deborah H. John, PhD, Associate Professor, Public Health Extension Specialist, Oregon State University; Nicole Peritore, Extension Specialist for Family Health, University of Kentucky; Paula Inzeo, MPH, Health Promotion Specialist, University of Wisconsin-Extension; Roberta Riportella, PhD, Extension Family & Community Health Program Leader, Chair ECOP HiAP Team, Oregon State University

Live, lunchtime online education provides the opportunity to engage non-traditional audiences at home, office or on-the-go. Extension nutrition and health webinars provide easy access to research-based information to specifically address areas of concern and build learners’ knowledge and self-efficacy on healthy eating and lifestyle choices.

**IF - Windmill Point**

**iGNITE:**

**Online Engagement**

Julie England, Extension Agent, Family & Consumer Sciences, and Wendy Lynch, Extension Agent, Family & Consumer Sciences, UF IFAS Extension

Research has unmistakably determined that there are nutritional and social benefits to regular family meals. To encourage and promote family mealtimes, educators need a variety of educational tools, including presentations, social media messages, and marketing/public relations pieces. During this quick session we will highlight how to create that educational toolkit.

**Equipping Educators with Tools to Celebrate Family Mealtime**

Rusty Hohlt, Assistant Director - Healthy Texas, Texas A&M AgriLife Extension Service

This iGNITE session will outline a multi-faceted creative approach to parental nutrition and physical activity education resulting in healthy home environment and positive behavior changes for parents and children. This session will examine successes and challenges of one model intervention highlighting multiple unique methods to reach preschool parents and families.
iGNITE: (con’t)

**Increasing Completion Rates for Online Weight Loss Program: Step Up Scale Down**
Odessa Appel, Wellness Initiatives Assistant, Texas A&M Agrilife Extension Service

Low completion rates in a program can be a challenge, a challenge prevalent in our 12-week weight loss program Step Up Scale Down Online. In response, the Online Facilitation Guide was developed. In this session we will quickly go over what is INCLUDED in The Guide, and how to use it.

**Development of a Self-Directed Online Extension Cancer Prevention Program**
Linda Bobroff, Professor, and David Diehl, Associate Professor, University of Florida

This session presents a theory-based, self-directed Extension online cancer prevention curriculum designed to inform, empower, and motivate participants to make recommended lifestyle behavior changes for cancer risk reduction. The evaluation measures changes in knowledge and self-efficacy for each module. Lessons and findings from the evaluation process will be highlighted.

**Fitbit-Go Healthy**
Cindy Nelson, FCS/4-H Assistant Professor, and Suzanne Prevedel, FCS Assistant Professor, Utah State University

Fitbit—Go Healthy is a six-week challenge that improves steps taken, daily water intake, and sleep habits, using a Fitbit One activity tracker. The Fitbit One collects and stores data making it easy to see improvements and progress. The program uses a simple innovative approach to create wellness change.

**OH - THOMAS POINT**

**OH4 - Seminar: No Two are Alike: Designing and Delivering Smarter Lunchrooms Interventions for Unique Sites**
Chrissa Carlson, FSNE Smarter Lunchrooms Coordinator, Food Supplement Nutrition Education, Molly Chlebnikow, Smarter Lunchrooms Assistant, Amanda Hawkins, Smarter Lunchrooms Assistant, and Tina Squibb, Smarter Lunchrooms Assistant, University of Maryland Extension

Food Supplement Nutrition Education (FSNE), Maryland’s SNAP-Ed program, is piloting Smarter Lunchrooms programming at partnering schools in the 16-17 school year. Complementing training activities delivered by MSDE and school district leadership, FSNE works with individual schools to create a tailored program of training, materials, and technical assistance that spans a whole school year. This presentation will describe the program design process, including tools used to observe the nutrition environment; share various modes of program delivery appropriate for different types of sites; and share formative data from pilot year sites. Perspectives on developing productive partnerships will be shared by field staff.
CH - **POINT LOOKOUT**

**CH5 - Workshop: Meeting the USDA Grand Challenges**

**Suzanne Stluka,** Food & Families Program Director, SDSU Extension; **Tim Nichols**

This presentation highlights a collaborative project to develop a food/agricultural sciences workforce that is well prepared to meet the grand challenges associated with USDA priority need areas, i.e. hunger/food security, sustainable energy, childhood obesity, climate change, and food safety. Program components include transdisciplinary grand challenge courses; undergraduate research and service learning experiences in the priority need areas; and development of grand challenge youth outreach materials delivered via student interns through Extension and Boys and Girls Clubs--locally and in tribal communities. Come and see how Integration of social media (Twitter) and the implementation of a common hashtag (#honorsgrandchallenges) helped to engage discussion from participants outside the walls of the university.

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EHS - **SKIPJACK**

**EHSS - Workshop: Let’s Play a Game! Environmental Health Games for Kids and Teens**

**Kate Flewelling,** Health Professions Coordinator, National Network of Libraries of Medicine, Middle Atlantic Region

When you think Oregon Trail, what comes to mind? For many people of a certain age, it's the popular educational computer game. Digital games can be powerful teaching tools. This hands-on workshop will highlight and demonstrate games that teach environmental health. All games demonstrated have resources for teachers and families and would be appropriate for 4-H or afterschool activities. Blast toxic chemicals in TOXinvaders, help Toxie the Cat find all the hazards in the ToxMystery house, and clean up Dumptown.

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HPSC - **WINDJAMMER**

**HPSC5 - Seminar: Health Promotion Within the Context of Agriculture: Approach of USDA/NIFA’s Division of Family & Consumer Sciences**

**Aida Balsano,** National Program Leader, Research and Evaluation & Rural Health, **Beverly Samuel,** National Program Leader, **Brent Elrod,** National Program Leader, **Sylvia Montgomery,** Program Specialist, National Institute of Food and Agriculture (NIFA)/USDA

Division of Family & Consumer Sciences (DFCS) at the National Institute of Food and Agriculture (NIFA)/USDA describes how it incorporates in its health outreach several different national frameworks and approaches in order to enhance DFCS’ ability to effectively address health and safety in Agricultural communities.
**IF - WINDMILL POINT**

Program/Research/Evaluation Reports:

**IF5a - Empowering Preschoolers to Become Healthy Lifestyle Messengers Through Stories, Music, Dance and Visual Tools**

*Virginie Zoumenou*, Professor/Nutrition and Health Program Leader, *Dionne Ray*, Ex- Extension Nutrition Assistant, and *Muhammad Khan*, Web and Video Designer, University of Maryland Eastern Shore

Empowering preschoolers to become healthy lifestyle messengers through stories, music, dance, and visual tools is a two-year longitudinal study that focused on 3-year old preschoolers. It was conducted at three Head Start Centers on the Lower Eastern Shore of Maryland. It measured the effectiveness of the communication channels including stories, music, dance, and visual tools on children’s knowledge of healthy lifestyle and gardening skills.

**IF5b - Examining New Assessment Tools for a 4th and 5th Grade Youth Healthy Living Afterschool Program, WeCook**

*Ashley Walther*, Graduate Assistant, *Tara Dunker*, Program Coordinator, and *Michelle Krehbiel*, Youth Development Specialist, University of Nebraska-Lincoln 4-H Youth Development

Poor dietary habits, lack of food preparation skills and nutrition knowledge have contributed to the rising rates of obesity (Condrasky & Hegler, 2010). *WeCook: Fun with Food and Fitness* is a USDA CYFAR grant-funded afterschool program developed for at-risk 4th and 5th grade youth promoting healthy eating through teaching youth basic cooking skills, nutrition lessons, and increasing physical activity participation through interactive games. To evaluate the program two innovative research tools using Fitbits and photographs have been used to corroborate youth survey data. This session will share how the tools were developed, how data are analyzed, and results of data.

**OH - THOMAS POINT**

Program/Research/Evaluation Reports:

**OH5a - Transforming Our Own Culture of Health: Extension Leaders’ Role in Promoting Adherence to Healthy Eating Guidelines**

*Carol Smathers*, MS, MPH, Assistant Professor, *Jennifer Lobb*, MPH, RD, LD, Extension Educator, and *Theresa Ferrari*, Associate Professor, Ohio State University Extension

Ecological models suggest behavior is influenced across multiple levels: individual (e.g., knowledge, attitudes), social (e.g., family, friends, co-workers), organizational (e.g., worksites, events), and policy (e.g., laws, guidelines). Health promotion, therefore, must go beyond educating individuals to creating changes throughout environments. Accordingly, research-based healthy eating guidelines are used in some states to guide practices at Extension meetings and events, though they may not be understood or followed. Current research regarding food environment and culture change within organizations, potential roles for Extension administrators in encouraging organization-wide healthy food practices, and findings from interviews with Extension leaders about these roles will be presented.
Program/Research/Evaluation Reports: (con’t)

**OH5b - Maryland Charts a Collaborative Course to School Wellness, with Wellness Specialists and Champions at the Helm**

Liat Mackey, MAgr, RDN, Family and Consumer Sciences Educator, University of Maryland Extension; **Hee-Jung Song**, PhD, Assistant Professor/Extension Specialist, University of Maryland College Park; **Shauna Henley**, PhD, Family and Consumer Sciences Educator, University of Maryland Extension; **Erin Hager**, PhD, Associate Professor, University of Maryland Baltimore; **Lisa McCoy**, MS, RDN, Family and Consumer Sciences Educator, University of Maryland Extension

The federal government has mandated that school systems have written local wellness policies (LWPs) outlining healthy eating and physical activity policies to create health promoting school environments and prevent obesity. LWPs are only effective if implemented. In this presentation, observations and interpreted data from a multi-agency LWP implementation pilot study will be shared with participants interested in strategies, training curriculum, lessons learned, and recommendations for schools and community collaborators. This pilot study was conducted using a randomized control trial involving five Maryland school systems.
CH - Point Lookout

CH6 - Seminar: Cross Sector Collaboration to Address the Food System in a Rural Setting
Elisabeth Altzan, Extension Associate, and Denise Holston-West, Instructor, LSU AgCenter

The LSU AgCenter Extension is leading a Healthy Communities initiative in rural Madison Parish, LA. The initiative is led by a community coalition which is comprised of representatives from a variety of sectors including private, public, and nonprofit. With a population of 12,093, poverty rate of 41.1%, and obesity rate of 43%, finding the right partners in Madison provided unique challenges. However, with the right people at the table and expertise, Healthy Communities has been successful in addressing healthy food access by partnering with a locally owned grocery store. The seminar will explore the partner finding process and intervention results.

EHS - Skipjack

EHS6 - Seminar: Can Design Reduce Opportunities for Crime?
Michael Lopez, Extension Health Specialist, and Jamie Rae Walker, Assistant Professor and Extension Specialist Urban Parks, Texas A&M AgriLife Extension Service

Many agencies and communities face issues related to crime. Crime Prevention through Environmental Design (CPTED) has been found as a best practice approach to fight crime and promote business in neighborhoods, schools and parks. It can also help create safer places for physical activity and generate other positive uses! This session will review the four key concepts of CPTED, provide examples of success and challenges, and explain how these principles can be applied to participant’s work.

HPSC - Windjammer

iGnite:

Use of Climate and Health Projections in Community Engagement around Adaptation
Allison Gost, Project Manage, DHMH; Amir Sapkota, Associate Professor, University of Maryland; Ann Liu, Chief Epidemiologist, MDHMH; Clifford Mitchell, Director, MDHMH

The 2016 Climate and Health Profile Report released by the University of Maryland and the Maryland Department of Health and Mental Hygiene summarizes the impacts of projected climate changes in Maryland on the health Maryland’s residents. We will also discuss the importance and limitations of detailed health projections in bolstering community capacity and engaging various stakeholders in discussions of climate change.
iGNITE: (con’t)

Healthy Homes Hayneville Lowndes: Cooperation is Key

Donna Shanklin, Regional Extension Agent, Alabama Cooperative Extension System; Annie Robinson, City of Hayneville, Hayneville, AL

Healthy Homes Hayneville Lowndes came about because of community champions stepping out of their comfort zone. Discussion of the many partners that came on board to make a community effort of educating families in need of information and providing basic assistance.

Using Systems Change to Address Obesity in Clinic Patients

Linda Ashburn, EFNEP Coordinator, and Mira Mehta, EFNEP Director, University of Maryland

To increase physical activity and refer patients to nutrition education classes, CCI Health and Wellness Clinics adopted Physical Activity as a Vital Sign (PAVS). In order to support provider intervention, simple age-appropriate activity “tip sheets” and local physical activity resource guides were created. University of Maryland Extension’s EFNEP nutrition education classes were added as a referral resource.

Examining Public Health Competencies Needed by All Extension Professionals to Implement the National Health and Wellness Framework

Roberta Riportella, Associate Dean for Outreach and Engagement, Oregon State University; Deborah John, Associate Professor, Oregon State University; Suzanne Stluka, Food and Families Program Leader, South Dakota State University Extension

Session examines the intersection of public health competencies with competencies needed by Extension professionals in order to align work, with both internal and external partners, to more effectively serve population health and apply a health equity lens.

Navigating the Social Ecological Model Using an Interactive Game

Carol Smathers, Assistant Professor & Field Specialist, Youth Nutrition & Wellness, and Theresa Ferrari, Associate Professor & Extension Specialist, 4-H Youth Development, Ohio State University Extension

Current recommendations encourage using the social ecological model (SEM) to guide health interventions and emphasize the need to include policy, systems, and environmental (PSE) change strategies along with those that target individual behavior. The Levels of Community Change game was created to guide a variety of audiences (teens, SNAP-Ed staff, community stakeholders, coalition members, etc.) to understand these concepts as they consider real-world scenarios.
IF - Windmill Point

IF6 - Panel: Exploration of Aging in the National Framework for Health and Wellness: The Educator’s View
James Bates, Field Specialist–Family Wellness, The Ohio State University; Marlene Stum, Professor, University of Minnesota; Chelsey Byers Gerstenecker, Educator, University of Illinois; Leacey Brown, Field Specialist, South Dakota State University

Notwithstanding attempts to focus outreach efforts on the challenges and opportunities of working in the area of aging, addressing the breadth of issues to the depth necessary to make an impact is daunting and may keep some health and wellness professionals on the sidelines. It is possible that the National Framework for Health and Wellness is a tool for thinking differently about aging. In this Panel proposal, we will present a discussion of the role of aging in the National Framework, the needs and interests of Extension professionals related to aging programming, and future directions and opportunities for encouraging the expansion of local aging programs.

OH - Thomas Point

Program/Research/Evaluation Reports:

OH6a - Build a Productive Team with Positivity
Shannon Carter, Extension Educator, and Lisa Barlage, Extension Educator, Ohio State University Extension

This presentation explores the impact of positivity in the workplace. A positive mindset is key to creating an atmosphere that encourages creativity. Positivity improves employee well-being and motivation. According to research, both motivation and psychological well-being are important conditions for creativity to flourish. Positivity can have a ripple effect throughout an organization, enhancing the feeling of group membership and encouraging positive and respectful interactions with others. Positivity inspires employees to set higher goals and show increased work engagement. Positivity can help an organization reach extraordinary performance. Come and learn tips to focus on positive thinking and identify areas to improve.

OH6b - Healthy Schools Challenge
Lisa McCoy, Extension Educator, University of Maryland Extension; Erin Hershey, President, HEAL of Washington County

The objective of the Healthy Schools Challenge was to improve the nutrition, physical fitness and overall wellness of students, through changes in policies. The challenge INCLUDED three categories of wellness: nutrition, physical activity and mental health. Schools could select options, based on criteria from the Healthier US School Challenge, in each category to earn points towards a “healthy school status” and be eligible for top prize money awards. Ninety (90) percent of county schools participated in the challenge and eighty-five (85) percent of these schools achieved “healthy school status”. Evaluations of the challenge were done with teachers and students.
Community Health

CH02 - Community Garden Expands to Develop Core Leadership Group to Promote Navajo Cultural Traditions Through Gardening and Nutrition Intervention
Joyce Alves, Extension Faculty, University of Arizona Apache County Cooperative Extension; Kirby David, Physician's Assistant, Sanders Clinic
The University of Arizona Apache County Cooperative Extension partnered with Sanders Clinic to plant a safe and successful community garden that encouraged using Navajo traditions and language and to promote physical activity and vegetable access with gardening for diabetic patients, community members and families. Food preparation, preservation and food safety workshops were presented to increase vegetable consumption including vegetables that were grown in the garden. The Sanders Clinic Community Garden brought together a community leader core that will continue to expand the gardening and nutrition intervention concept to address food insecurity.

CH05 - Community Health as it Relates to Social Exclusion, Poverty, and Fragile Families
Debra Bolton, PhD/Instructor, and Charlotte Shoup-Olsen, Professor, Kansas State University
Participants will be introduced to the concept of community health as it relates to rural poverty, social exclusion, fragility, social injustice, and human rights. Participants will understand how displaced populations, as political or economic refugees, affect the health and well-being of the larger community. A model of Adaptive and Culturally Relevant Practices framework will be introduced to increase understanding of a community-wide approach that could mitigate fragile conditions for families and move them toward resilience.

CH09 - Grocery Stores, Alabama EFNEP and CDC Partner to Improve Healthy Food Access in Rural Alabama
Ruth Brock, Extension Specialist, Geraldine Mitchell, EFNEP Agent Assistant, Stephanie Helms, Extension Specialist, and Barb Struempler, Professor, Alabama Extension/Auburn University
Grocery stores provide opportunities to increase access to healthy foods, potentially curtailing the rise in obesity. A NEMS assessment indicated a need to increase access and appeal of healthy foods/beverages in grocery stores in Tuskegee. In partnership with a CDC grant, Alabama EFNEP met this challenge. Through an evidence-based, three-pronged model, EFNEP assisted a grocery store owner in making changes to procurement practices, promotional activities and product placement. EFNEP also implemented Alabama Department of Public Health’s Good Choice initiative that identifies and prompts individuals to make healthier choices. Due to its success, this model has been replicated in additional stores.

CH12 - Go Upstream: An Opportunity to Make a Difference Down the Road
Cynthia Cockerham, Community Development, LSU AgCenter
Navigating the opportunities for providing an integrated approach to addressing the obesity epidemic for the nearly 15,000 residents of rural LaSalle Parish was quite an undertaking. The ten partners that gathered together had never previously perceived themselves as partners in health. Five years later through the work of a near twenty partner coalition and $2.6 M in funding, the landscape for opportunities for healthier living look different in this small parish in central Louisiana. The project has grown to include educational outreach in healthy eating, active and tobacco free living, alcohol abuse prevention, workplace wellness and policy change.

CH21 - A Community-Clinical Collaboration Improves Access to Diabetes Self-Management Education and Support
Alexandra Grenci, Family and Community Health Sciences Educator, Rutgers Cooperative Extension; Beverley Manganelli, Director, The Center for Nutrition and Diabetes Management
Discover how a county-wide, diabetes-focused community coalition is overcoming partner “program silos” while working to increase both consumer and medical provider awareness and utilization of available diabetes self-management education programs and resources. The session will discuss the development and use of new county “clinical and community roadmaps” for diabetes educational services, strategies for increased collaborative partnership programs, and the collection/sharing of outcomes data via a partner agency “referral” survey. Attendees will obtain practical tips to help increase their reach and effectiveness on health-focused community collaborations.
**Community Health (con’t)**

**CH24 - SNAP-Ed, EFNEP and CDC: A Community Partnership to Prevent Obesity in Alabama**


Policy, system and environmental (PSE) change is a new strategy for improving community health. For Extension nutrition educators, it means coupling direct education with PSE changes to influence an individual’s nutrition and activity behaviors. One Alabama Extension partnership to promote PSE changes, ALProHealth, is funded by a CDC grant serving 14 counties with adult obesity rates greater than 40 percent. Once needs are determined, community coalitions implement evidence-based PSE health strategies. A key aspect of community coalitions is the value-added of SNAP-Ed/EFNEP educators. The long-standing, respected county relationships these educators bring to the coalitions has propelled this initiative.

**CH25 - Securing Food Resources for Families through Multi-level Interventions**

*Lynn Rubin*, Program Development and Outreach Coordinator, Food Supplement Nutrition Education (FSNE)-Maryland’s SNAP-Ed program

Multiple-level intervention programs which combine direct education with strategies targeting institutional policies; systems; and environments (PSEs) can improve participant knowledge, selection and consumption of healthy foods and increase healthy food access at food assistance sites. This workshop will introduce participants to approaches to build PSE interventions at food banks and pantries by highlighting efforts between Maryland SNAP-Ed and the Maryland Department of Health and Mental Hygiene as part of a CDC-funded obesity prevention grant. Approaches include direct and indirect education, and changes to procurement of food and donations. Specifically, the FSNE Market to Mealtime curriculum will be introduced to participants.

**CH46 - Making it Easier to Live Well in Alabama: Policy, System and Environmental Change Strategies to Increase Access and Appeal of Healthy Food**


Policy, system and environmental (PSE) strategies have the potential to further the impact of direct education and social marketing traditionally implemented in nutrition education programs. Alabama SNAP-Ed is implementing broad scale, yet coordinated, PSE efforts to increase access and appeal of healthy foods in various sectors and settings serving low-income individuals eligible to receive SNAP benefits, including healthy retail, gardens, farmers markets, emergency food assistance sites and faith communities. Expansion of these efforts will continue as Alabama seeks to make it easier for residents to live healthy lives.

**CH50 - Mobilizing Communities to Prevent Childhood Obesity: A New Online Tool for Rural Health Coalitions Seeking to Implement Policy, System and Environment Changes**

*Carol Smathers*, Field Specialist, OSU Extension, The Ohio State University; *Paula Peters*, Assistant Director, Family Consumer Sciences, Kansas State University; *Dawn Contreras*, Director, Health and Nutrition Institute, Michigan State University; *Jenny Lobb*, Family and Consumer Sciences Educator, OSU Extension, Franklin County

“Mobilizing Communities to Prevent Childhood Obesity” is an online resource aimed at rural health coalitions. It is a product of the five-year, multi-state Communities Preventing Childhood Obesity (CPCO) project that explored community coaching as a way to mobilize capacity in rural communities to create and sustain environments that help prevent childhood obesity among preschool-age children. This poster highlights the tool’s five interactive modules focused on: community readiness, levels of community change (introduction to social ecological models), choosing evidence-based strategies and interventions, community coaching, and program evaluation. Key research findings and examples of learning activities in each module will be highlighted.
Community Health (con’t)

CH54 - Assessing Rural Community Health Coalition Development
Donna Vandergraff, Extension Specialist/ChEП Liaison, Krystall Lynch, Evaluation Specialist, and Dennis Savaiano, Professor, Purdue University
Purdue Extension and Community Health Partnerships of the Indiana Clinical and Translational Sciences Institute (ChEП/CTSI) along with the Indiana Healthy Weight Initiative/Indiana Public Health Association, are conducting a multiphase initiative to improve coalition effectiveness in implementing policy, systems, and environment changes to impact health behaviors and outcomes in rural Indiana counties. Intervention and control rural county health coalitions were interviewed (n=11) and surveyed (n=36) to understand coalition challenges and opportunities. Session participants will learn about coalition experiences and how to apply community-engaged research methods in the tailoring interventions to address the unique needs of coalitions.

Environmental Health & Safety

EHS04 Impacts of a National Healthy Homes Partnership
Michael Goldschmidt, National Director, and Kandace Fisher-McLean, National Coordinator, Healthy Homes Partnership; Pamela Turner, Professor, University of Georgia-Athens; Gina Peek, Associate Professor, Oklahoma State University
For the last fifteen years, the Healthy Homes Partnership has assisted individuals, families, and professionals using a variety of tools, including publications and curricula that addresses mold, safe drinking water, lead poisoning, pests and pesticides, radon, household chemicals, carbon monoxide, asthma triggers, and thermal comfort. The analysis of the impacts of the HHP provides valuable insights into the effectiveness of an integrated approach to healthy housing programming from an established entity. The HHP reported impacts from outreach activities, including an increase in healthy housing knowledge among consumers and professionals and intermediate impacts focusing on behavior and/or structural changes.

Health Policy & Systems Change

HPSC04 - Current Extension Programming for Chronic Disease Prevention and Management: Environmental Scan Results
David Buys, State Health Specialist/Assistant Extension and Research Professor, Mississippi State University; Marla Reicks, Extension Nutritionist/Professor, University of Minnesota; Marcel Horowitz, Youth Development & Nutrition, Family and Consumer Science Advisor, University of California-Davis; Suzanne Prevadel, Family & Consumer Science and 4-H Agent, Utah State University
The Extension Committee on Organization and Policy’s Chronic Disease Prevention and Management (CDPM) Action Team conducted an environmental scan in 2016 with Extension administrators, faculty, and agents/educators on CDPM-related programs, partnerships, and barriers to action. Information on 71 unique programs addressing diabetes, cancer, heart disease, osteoporosis, obesity, and asthma for children, families and individuals with limited resources was reported by 152 respondents. Findings will be used by the Action Team to identify gaps, and select, further develop, and coordinate existing programs as well as to engage colleagues in professional development and to expand implementation of future health programs.

HPSC09 - Environmental Obesity Prevention Interventions in Rural Early Care & Education Settings: A hybrid approach using GoNAPSACC (Nutrition and Physical Activity Self-Assessment for Child Care) and I Am Moving, I Am Learning (IMIL)
Nancy O’Hara Tompkins, Research Assistant Professor, West Virginia University Prevention Research Center; Kelli Crabtree, Program Manager, and Johnna Beane, Research Associate, West Virginia University Extension Service
As a CDC High Obesity Area funding recipient (1416), the West Virginia Healthy Children Project has focused on improving the nutrition and physical activity environments of early child care and education settings in three high risk counties. Teachers and providers in Preschool, Head Start, child care centers and family child care homes/facilities have engaged in the GoNAPSACC quality improvement process and have been trained in IMIL. This presentation will provide an overview of the implementation strategies and evaluation methods and baseline findings, including existing policy/practice areas of strength and areas in need of improvement.
Health Policy & Systems Change

**HPSC13 - Quality Improvement in Health Systems through Collaboration between State and Local Governments**

*Erica Smith*, Evaluation, Epidemiology, and Data Team Manager, *Kathleen Graham*, Health Systems Team Manager, and *Kristi Pier*, Director, Center for Chronic Disease Prevention and Control, Maryland Department of Health and Mental Hygiene

This presentation will describe the work of the Maryland Department of Health and Mental Hygiene’s Center for Chronic Disease Prevention and Control to improve quality of care and health outcomes in healthcare practices through the adoption of population health principles. Specifically, this presentation will describe: The model the Center used to coordinate public health and healthcare collaboration; How population health approaches can lead to sustainable systems changes in health care practices; and How to translate successes, barriers, and lessons learned into future clinical quality improvement work.

Individual & Family

**IF05 - Everybody Walk PA**

*Karen Bracey*, Extension Educator, and *Lynn James*, Extension Educator, Penn State Extension

This is an eight week state-wide wellness program conducted by Penn State Extension. Participants sign up in teams of up to five with a goal to walk or exercise the equivalent of at least 10 miles per week. Weekly team mileage is reported and published. Themed locations virtually visited in PA have INCLUDED, Route 6, State Parks and Rails to Trails. Weekly e-mails are sent with links to the sites they are virtually traveling along with articles on improving nutrition and motivation. An average of 1500 people participate yearly, coming from community groups, workplaces & families.

**IF06 - Brain Health Programs are a HOT TOPIC in Illinois**

*Chelsey Byers Gerstenecker*, Family Life Educator, and *Molly Hofer*, Family Life Educator, University of Illinois Extension

With growth in America’s aging population, concerns about memory loss are of great importance to aging adults. University of Illinois Extension educators have contributed to this ongoing dialog by providing outreach education on brain health for ten plus years through workshops and webinars. Their statewide initiative seeks to educate the public about age-related memory problems vs. abnormal loss, to better validate their concerns and promote strategies that contribute to a healthy mind and body.

**IF12 - Designing a School Community-Based Policy, Systems, and Environmental (PSE)-Focused Evaluation**

*Nicole Finkbeiner*, Evaluation and Reporting Coordinator, and *Lindsey Zemeir*, Evaluation and Mobile Technology Associate, University of Maryland Extension - FSNE

Research suggests that multilevel interventions which combine direct education with policy, systems and environmental (PSE) efforts are most effective at generating behavior change. Maryland SNAP-Ed (FSNE) has directed its evaluation efforts in youth educational settings (elementary schools, early childhood education sites) to capture the PSE impacts of multilevel educational interventions. FSNE evaluation efforts assess individual, policy, and environmental level changes through surveys conducted with youth direct education participants, collaborating teachers, and parents who are engaged in FSNE programming and who have some degree of responsibility for promoting healthy environments.

**IF15 - Spend Smart. Eat Smart. Using a Mobile App and Consumer-Focused Website to Complement WIC, EFNEP, and SNAP-Ed Programming**

*Jody Gatewood*, Assistant State Nutrition Program Specialist, and *Christine Hradek*, Coordinator, EFNEP and SNAP-Ed, Iowa State University Extension and Outreach

The Cooperative Extension system has a long legacy of providing nutrition education programming for families experiencing poverty. In order for nutrition educators to remain relevant they must meet consumers where they are and communicate using modern media. Spend Smart. Eat Smart. is a suite of high-quality, audience-centered online resources that are research-based and free to nutrition educators. Content includes over 150 recipes, how to videos, and a grocery budget calculator. Spend Smart. Eat Smart. content and delivery is specifically designed for a low-resource audience and material is ideal for use with EFNEP, SNAP-Ed and WIC.
Individual & Family (con’t)

IF22 - Using the Five Love Languages Relationship Program to Improve Your Health

Cheryl Kaczor, WVU Extension Agent, Ami Cook, WVU Extension Agent, and Terrill Peck, WVU Extension Agent, West Virginia University

Using the rationale for relationship education linking healthy couple relationships to better physical and mental health, Extension Educators conducted a multi-county program to establish an evidence base for a popular marriage education program based on The Five Love Languages (Chapman, 2004). Measured outcomes INCLUDED relationship satisfaction, empathy, confidence in using the Love Language skills, and intention to change behavior. The workshop will discuss the research findings then present “The Five Love Language” program as the “train the trainer” program. Participants will receive materials to use in their organizations and states.

IF24 - Convenient Education at Home, Work or On-the Go: Expanding the Reach of Nutrition, Health and Chronic Disease Prevention

Wendy Lynch, Extension Agent, Family & Consumer Sciences, and Julie England, Extension Agent, Family & Consumer Sciences, UF IFAS Extension

Many Americans have one or more preventable, diet-related chronic diseases, including cardiovascular disease and type 2 diabetes as well as being overweight or obese. According to the CDC (2016), chronic diseases are responsible for seven of ten deaths each year. An Extension nutrition team developed a series of webinars to address the need for an expanded reach of chronic disease prevention and nutrition education while limiting the barriers of time, money, and travel for adult participants.

IF36 - When It’s Family: Elder Financial Exploitation Risk and Protective Factors

Marlene Stum, Professor, University of Minnesota

This study provides an up-to-date systematic review of what’s known from research about elder family financial exploitation (EFFE) risk and protective factors associated with different family sub-systems (elder victim, perpetrator, extended family members). EFFE is recognized as the most prevalent type of elder abuse with consequences for the health and wellness of a growing elderly population, families, and society. The critical role of physical, mental, and emotional health in understanding the complexity of EFFE is highlighted. Conclusions about the state of EFFE research are shared with the goal of informing needed EFFE research, prevention and intervention strategies.

IF38 - Teen Advocates Strengthen 4-H Food Smart Families Program

Maureen Toomey, Regional Youth Development Educator, and Grace Wittman, Extension Educator, University of Idaho

The teen advocates are Idaho 4-H’s voice for eating healthy, being physically active, and engaging family members to make positive healthy decisions. 4-H Food Smart Families, completing three-years, is showing success in developing teen’s healthy living and leadership skills. Teens receive training and commit one-year of service to co-teach and support healthy living activities. Unique to our program is including non-4-H teens, teaching teens job skills such as application and hiring processes, and commitment to community. The presentation addresses impact on teens, changes in program and training and benefits to co-teaching nutrition education lessons.

IF47 - Navigating the Murky Waters of Diabetes: An Online Learning Approach

Susan Zies, Assistant Professor, Daniel Remly, Assistant Professor, Christine Kendle, Extension Educator, FCS, Jennifer Lobb, Extension Educator, FCS, Barbara Hennard, Extension Educator, FCS, Cheryl Spires, Program Specialist, and Jamie Dellifield, Extension Educator, FCS, Ohio State University Extension

Dining with Diabetes: Beyond the Kitchen is an online class designed to help individuals with diabetes and their families learn to prepare healthy meals and make informed choices when eating out and grocery shopping. Many busy individuals are unable to attend traditional classes. Online classes offer a viable alternative, being both self-paced and interactive. Components include presentations, virtual shopping tours, discussion forums, quizzes, cooking demonstrations, website links, and app reviews. 357 participants have registered for the course since July, 2016. Evaluation results reveal course participants increase their confidence to manage diabetes and make more informed choices when eating out and shopping.
Organizational Health

OH01 - Food Hero Initiative
Katie Ahern, Instructor, Tina Dodge-Vera, Instructor, Tonya Johnson, Instructor, and Ashley Joyce, Education Program Assistant, OSU Extension
The Food Hero Ticket Initiative was implemented in three elementary schools. The purpose of this project was to encourage students to choose healthier options daily and demonstrate the ease of making healthy choices. A long term goal of this initiative is a systems change of the school lunchroom environment supporting healthy choices. To accomplish these goals, OSU Extension SNAP-Ed staff, in partnership with school administration, created posters specifying how students can get caught being a “Food Hero” based on the 2010 Dietary Guidelines. Students are given a ticket and entered to be the Food Hero of the week.

OH07 - Health Motivator
Zona Hutson, Extension Agent, Cheryl Kaczor, Extension Agent, Elaine Bowen, Extension Specialist, and Lauren Prinz, Extension Agent, WVU Extension Service
The Health Motivator Initiative is a volunteer-led program designed to incorporate health within community groups. Research strongly supports the use of community volunteers as an effective method of increasing health knowledge and improving health behaviors. Developed by West Virginia University Extension Service in 2008, the Health Motivator initiative has been extensively evaluated with positive results for both curriculum and delivery method. Successes were reported in increased physical activity, healthier food choices, and improved health conditions. The curriculum may be used in a variety of community settings with an easily adaptable model.

OH11 - Long Live Idaho! Let’s get healthy together
Bridget Morrisroe-Aman, Program Coordinator, and Joey Peutz, Extension Educator, University of Idaho Extension; Annie Roe, Eat Smart Idaho Director, University of Idaho, School of Family Consumer and Science; Kristin Hansen, State Coordinator, University of Idaho, Eat Smart Idaho
Idaho agencies and organizations identified a need for consistent statewide healthy lifestyle messaging. In response to this need, University of Idaho Extension’s SNAP-Ed and EFNEP program, Eat Smart Idaho, partnered with the Healthy Eating, Active Living (HEAL) Idaho network to facilitate development and dissemination of such messaging. Over 20 health agencies and partners worked together to develop a healthy eating and active living campaign. The “Long Live Idaho! Let’s get healthy together” campaign was launched in 2016. Information will be shared with conference participants on the process, reach, and outcomes of the campaign.

OH14 - Assessing 4-H Club Healthy Living Practices: A Survey of 4-H Club Leaders
Kaitlyn Riemenschneider, 4-H Healthy Living Program Coordinator, and Theresa Ferrari, Extension Specialist, Ohio State Extension, 4-H Youth Development
The promotion of healthy behaviors can be addressed through youth development organizations. A survey study was conducted among 4-H club leaders about club practices related to the food and beverages offered and physical activity opportunities conducted at club meetings. Results showed that the majority of 4-H clubs are not serving healthy foods and beverages, and are not allowing time for physical activity during club meetings. The findings from this study will be used by our state’s 4-H Healthy Living Design Team to develop educational materials, programs, and policies aimed towards creating a healthier 4-H club environment for its members.

OH20 - Formative assessment using mixed methods to develop a training program for Residential Child Care Institution (RCCI) and Non-Profit Private School (NPPS) personnel
Amy Schachtner-Appel, Graduate Assistant, University of Maryland; Hee-Jung Song, Assistant Professor & Extension Specialist, and Jinhee Kim, Associate Professor, University of Maryland; Sara Booker, Specialist; Nutrition Education & Training, Maryland State Department of Education, Office of School & Community Nutrition Programs
This poster describes a grant-funded partnership between the Maryland State Department of Education (MSDE) Office of School and Community Nutrition Programs (OSCPN), Maryland School Nutrition Association (MD-SNA), and University of Maryland Extension to conduct a formative assessment of a training program for RCCI and NPPS. The results of the assessment highlight a need for training focused on menu development and planning, with networking, resource sharing, and collaboration among food service directors identified as potential training strategies.
Donna Shanklin
Auburn University

Doreleena Posey
Director of Health Promotion and Education

Elizabeth Kiss
Kansas State University

David Buys
Mississippi State

David Young
Montana State University

Aida Balsano
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Ken Martin
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Karen Franck
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Tonya Price
Virginia Polytechnic Institute and State University

Debra Jones
Virginia State University

April Payne
Virginia Tech

Carol Haynes
Virginia Tech

Clare Lillard
Virginia Tech

Eric Bowen
Virginia Tech

Katrina Kirby
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Kevin Cubbage
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Elaine Bowen
West Virginia University

Emily Murphy
West Virginia University

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The NHOC program sub-committee extends their sincere thanks and appreciation to the 52 volunteers who completed the blind peer reviews of the 167 proposals submitted this year. Thanks to their hard work and professional service, the conference program offers an outstanding combination of workshops, seminars, research updates, theoretical perspectives, and thought-provoking dialogue to fully engage participants in the dynamic and complex world of health.

Elizabeth Kiss and Elaine Bowen, Program Sub-Committee Chairs

Presentation Abstracts
CH1 - Developing a Community-Based Coalition

Jesse Ketterman jketterm@umd.edu Extension Educator, University of Maryland Extension

This session will work through the steps of developing a community-based coalition. In 2006, the community of Frostburg developed a coalition to address high risk alcohol consumption. To assist in developing strategies to address the issue, the facilitator developed the Frostburg Community Coalition. The program will discuss important elements to include defining the issue, identifying coalition members, conducting a needs assessment, developing strategies, and measuring results. The approach can be used to address a wide variety of community issues and forming a community-based coalition.

The coalition was formed through a collaborative effort between the Allegany County Health Department, Frostburg State University, and the City of Frostburg with the support of the Maryland Strategic Prevention Framework. The coalition includes representatives from local businesses, the high school (student and administrators), the university (students and administrators), city officials, law enforcement, and other representatives of the local community. Efforts were developed using the resources of CADCA (Community Anti-Drug Coalition of America) and the Maryland Strategic Prevention Framework.

The participants will leave the session with the tools to develop a community-based coalition which can address a wide variety of health issues.

Source:
- Maryland Strategic Prevention Framework: http://bha.dhmh.maryland.gov/MSPF/Pages/Home.aspx

CH2 - Cultivating Partnerships for Policy, Systems and Environmental Changes to Promote Healthy Food Access and Availability for People with Low Income

Christine Hradek Hradek@iastate.edu State Coordinator, EFNEP and SNAP-Ed, Iowa State University Extension and Outreach; Amber Canto amber.canto@ces.uwex.edu State Coordinator, EFNEP and SNAP-Ed, University of Wisconsin – Madison; Melissa Maulding mmaulding@purdue.edu State Coordinator, EFNEP and SNAP-Ed, Purdue University

The Cooperative Extension system has a long legacy of providing nutrition education and horticultural programs. SNAP-Ed guidance shifts have expanded programming focus to include policy, systems, and environmental (PSE) change approaches to facilitate voluntary adoption of healthy eating and physical activity behaviors. Three Midwestern Universities (Iowa State, Purdue, Wisconsin) are working across silos to leverage institutional capacity and an expansive Master Gardener volunteer network to foster changes that support healthy food access for families with low income. Session participants will hear the experiences of the three universities which have mobilized components of their Agriculture Extension arms as partners in SNAP-Ed programming related to healthy food access.

From agricultural demonstration plots and food pantry partnerships to school and community gardens and local and healthy food donations, session participants will come away with ideas to maximize collaborative potential and promote healthy food access for audiences with low income.

Learning Objectives include: 1) Describe how three Midwestern states are partnering to leverage SNAP-Ed and Master Gardener Program investment for policy, systems and environmental changes to promote healthy food access and availability for people with low income. 2) Identify common evaluation measures that are of value to both SNAP-Ed and Master Gardener programs. 3) Describe lessons learned for maximizing collaborative SNAP-Ed and Master Gardener program partnership potential.
iGNITE:  
Preserve@Home, On-line Food Preservation/Safety Training  

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Objectives:  
Preserve@Home is an online home food preservation/safety course. Participant objectives include:  

- To understand the impact, causes and prevention of foodborne illness.  
- To understand the relationship between food spoilage, food safety and food preservation.  
- To examine, learn, and understand the basics of food preservation principles and skills necessary to achieve high quality preserved food products.  

Source of Content:  
Research on food preservation/safety information INCLUDED in Preserve@Home was conducted by the United States Department of Agriculture, National Center for Home Food Preservation.  

Preserve@Home is offered through eXtension’s Moodle open source platform taught by Extension Faculty from multiple states. Each lesson includes online text, discussion board activities, a real-time online chat, and open-book, lesson quizzes with instructor feedback.  

Citations:  

Content:  
Preserve@Home is divided into six weekly lessons on a wide variety of home food preservation/safety topics. Six supplemental lessons are also INCLUDED for the participant’s information. The following marketing materials were developed for the Preserve@Home course: a brochure and press release, syllabus, twelve lesson webpages, twelve lesson texts, six discussion board topics, six quizzes and a final.  

Target Audience:  
Preserve@Home is targeted for individuals who live in rural areas that do not have access to an in-person course, and individuals with limited time can participate whenever its convenient for them.  

Evaluation:  
Grades for activities, quizzes, and the final test provided evaluation data. Additionally, a survey was developed and administered at the end of the class to evaluate participant’s knowledge and intent.  

Results/Impacts:  
From 2011 - 2015, 143 (70%) of the 203 participants passed the class with a 70% or higher. The Post/Pre Retrospective Survey was given to a subsample of 14 participants. Dramatic improvements in proper use of pressure canners, altitude adjustments and up-to-date, tested recipes were measured.
Do you have Food Sense: Utilizing Community Partnerships to Reduce Food Insecurity and Improve Health Behaviors

Margaret Jenkins Jenkins188@osu.edu Extension Educator, Ohio State University Extension

The purpose of this program is to develop a collaborative partnership between OSU Extension Family & Consumer Sciences and a faith-based Mobile Food Pantry to address a 12% increase in the number of individuals seeking food assistance between 2013 and 2014 as reported by Supplemental Nutrition Assistance Program (SNAP) and local food pantry usage data.

Both organizations are bonded by common missions striving to eliminate multiple daily struggles for limited resource families living in areas where access to affordable and nutritious food is limited. The aim of the program is to educate participants from a faith-based Mobile Food Pantry about the importance of planning and preparing nutritious meals. Instruction is based on the principles from MyPlate Food Guide and also incorporates information from Extension’s SNAP-Ed lesson plans. The informal atmosphere of the sessions encourages participants to openly share personal experiences about providing and preparing food for their own families while reducing food insecurity.

The program consisted of six theme sessions held June-November 2016. The sessions provided an opportunity for group discussion focusing upon a designated topic and incorporated participant’s input reflecting ways to improve current choices emphasizing healthier lifestyle choices. Teamwork was emphasized between Extension Educators and SNAP-Ed program staff building a program delivering a meaningful message that participants can immediately put into practice. The local team not only includes the Extension Educator and SNAP-Ed staff but the Agriculture & Natural Resources Educator and the Master Gardener program.

Evaluation includes both pre and post-assessment data. Evaluations revealed both knowledge and food preparation skill gains. Participants’ documented success stories include; “practiced canning skills learned during class in their home kitchens, tasted new foods and incorporated them into weekly family menus, enjoyed sharing and talking about my personal cooking experiences with others and numerous requests for another series offered next summer.”

INCLUDED US: What Queer Youth Want from Sexuality Education and Health Care

Carole Miller Carole.Miller@ppgnhi.org Chief Learning Officer, Planned Parenthood of the Great Northwest and Hawaiian Islands

The lack of sexuality education that resonates with, and addresses the unique barriers to health care for, lesbian, gay, bisexual, trans, queer and questioning (LGBTQ) youth contributes to poor sexual health outcomes for this population. Planned Parenthood of the Great Northwest and Hawaiian Islands (PPGNHI) conducted a community assessment to inform the development of an innovative workshop that aims to empower LGBTQ youth to make healthier sexual decisions, seek sexual health care and use contraceptives. Focus groups (nine) and online surveys (102 responses) were conducted in 12 communities across the US to assess what knowledge and skills LGBTQ youth felt were most important to include in such a program. Youth had an overwhelmingly positive response to the program concept. The most common content requested was safer sex information, communication skills, and rights as minor patients. Through a guided visualization, youth in the focus groups described their ideal clinical experience including respectful interactions, affirming communications, comfortable and welcoming physical spaces, and diverse staff.
Engaging State and Local Partners to Promote Walk Maryland Day

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Walk Maryland Day is a statewide initiative started in 2015, to promote physical activity opportunities among Marylanders. People who are physically active live longer and have a lower risk for chronic diseases. Walk Maryland Day used the framework from Step It UP! The Surgeon General’s Call to Action to Promote Walking and Walkable Communities (i), and focused on providing information to encourage walking and promoting programs to support walking. Implementation strategies were drawn from The National Physical Activity Plan (ii), which identifies cross-sectoral partnerships, advocacy, and dissemination of tools and resources as public health strategies to promote physical activity.

To accomplish a multi-sectoral approach, a Walk Maryland Day Planning Committee was coordinated and convened, and INCLUDED representation from four state advisory councils, five state agencies, and numerous other state and local non-profits. The committee met monthly and followed a formal structure and project timeline to develop and implement a coordinated plan.

To streamline the initiative and preserve resources, the committee leveraged existing activities, to include Walk to School Day, the Walk Maryland virtual walking program, and the Older Marylanders Walk a Million Miles Initiative. State partners served as catalysts to disseminate messaging and coordinate local partners. To provide technical assistance to local partners, the committee developed an online Walk Maryland Day Event Planning Toolkit and offered training on available resources.

The proposed poster will serve as a case-study exhibiting implementation of evidence-based best-practices and provide the audience with specific success stories and lessons learned to advise projects necessitating multi-sectoral engagement and collaboration.


Linking People to Health Through Neighborhood-Centric Maps

Tonya Johnson, tonya.johnson@oregonstate.edu, Assistant Professor of Practice, OSU Extension Service

Understanding that connecting people to nearby resources can support health (1,2), community partners came together to create WanderWalks Points of Health maps. These maps highlight neighborhood assets that facilitate active living, increased fruit and vegetable consumption, and preventative medical appointments; as well as places residents can gather to relieve stress. Maps include safe walking routes that link people to the assets, while encouraging physical activity. The full-color glossy maps are printed by our local transit provider and disseminated through medical clinics and community partners. Join us to learn the processes for implementation and lessons learned.

References:


The Myths and Misinformation of Teen Sexuality
Amanda McGeshick amanda.mcgeshick@centerstone.org Program Coordinator and Ashleigh Hall ashleigh.hall@centerstone.org Program Coordinator, Centerstone of America

During this workshop we will discuss the information sources that teenagers have regarding sexual health. An emphasis will be placed on the areas of misinformation (i.e. peers, music, media, social networking/sexting, etc.), the importance of teaching sex education/re-education, healthy decision making, risk avoidance, and providing unbiased/medically accurate resources to teens. Research on the effectiveness of sexual health education, including parent/guardian connectedness, and the reduction of teen pregnancy/STD rates will be presented utilizing information from the Teen Pregnancy Prevention Tool Kit of Centerstone (WhoYouWant2Be), Siecus and the Center for Disease Control.

Summary
- Explore sources that teens receive information from regarding sexual health: peers, parents/guardians, school, media, etc.
- Educating teens on which sources are “good” and which are not (myths and misinformation).
- How misinformation impacts teen self-esteem, decision making, dating relationships and sexual health development.
- How we correct misinformation or re-educate teens about their sexual health.
- Demonstration of Tool Kit lessons teaching teens the concepts of healthy relationship development and risk avoidance.
- Research on effectiveness of Sexual Health Education including unbiased/medically accurate facts, as well as, negotiation skill sets and healthy decision making.
- A list of unbiased/medically accurate lessons/resources for teens will be provided.

Presentation Format-This presentation will be done as a lecture using a power point presentation. Attendees will participate in discussions and activities in order to demonstrate how to educate teens about their sexual health and risk avoidance. Resources will be available including copies of the WhoYouWant2Be Tool Kit, Comic Books with teaching inserts, websites and more.

- [http://siecus.org/index.cfm?fuseaction=Feature.showFeature&featureid=2149&pageid=616&parentid=0](http://siecus.org/index.cfm?fuseaction=Feature.showFeature&featureid=2149&pageid=616&parentid=0)
- [http://whoyouwant2be.org/toolkits/](http://whoyouwant2be.org/toolkits/)

CH4a - Aiming at a Healthier West Virginia
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West Virginia (WV) continues to be on top of the “worst” health lists for a variety of health outcomes and chronic diseases. Try This WV (TT), a grassroots movement aimed at improving healthy lifestyle behaviors was developed on the premise that community members can be empowered to make healthy choices if those choices are the easy choices within their communities. The TT movement, which is centered on a website (trythiswv.com), highlights hundreds of ideas and “how-to” resources from WV community projects designed to increase physical activity and healthy eating practices. The web site, combined with other social media tools, has become a powerful online resource for organizations, communities, and families across WV. TT involves a statewide coalition of more than 20 organizations that embody the power of partnerships.
**CH4a - Aiming at a Healthier West Virginia (con’t)**

By sharing their expertise and resources, these partners have rallied together to help local community teams. Since 2014, TT has hosted an annual statewide conference for community members and organizations to develop ideas to help improve the health of their community. Community teams that attend the TT Conference are given the opportunity to apply for a community mini-grant to carry out a healthy lifestyle project. To date, TT has distributed $280,000 in mini-grants to 153 WV communities, held 3 annual conference, and offered year-long training and network opportunities for its various partners and constituents. TT is currently going through an external evaluation by the WV Prevention Research Center, the WV Clinical and Translational Science Institute, and the University of Kentucky. The evaluation of TT is investigating: 1) factors that contribute to cross-sector collaborations and grassroots initiatives to improve health, 2) barriers that prevent communities from adopting a culture of health, and 3) next steps for successful sustainability.

**CH4b - The Evolution of a Community-Campus Partnership Aimed at the Reduction of African American/Black Infant Mortality Through Collective Impact**

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**Background:** Relative to the national infant mortality rate (IMR), Colorado’s IMR compares favorably (6.0/1000 and 5.1/1000, respectively)(1). However, when data are disaggregated by race/ethnicity, a striking disparity between the African American/Black and White, non-Hispanic IMRs is exposed (10.3/1000 and 4.0/1000, respectively)(1). Moreover, nationally, high socio-economic status African American/Black women experience worse birth outcomes than low socio-economic status White, non-Hispanic women(2). This complex disparity requires systems change and a greater alignment of resources among stakeholders.

**Purpose:** This session describes the evolution of the Healthy Babies Strong Families Community Action Network (CAN) -- Colorado School of Public Health partnership and its utilization of collective impact to address the social determinants of African American/Black IM. Individuals interested in the social determinants of health, health equity, IM, collective impact, and community-campus partnerships are the target audience.

**Methods:** Critical race theory(3), ecological theory(4), the life-course approach(5), reviews(6), and empirical studies (7) inform the partnership’s understanding of African American/Black IM. Partners have explored the IM data landscape; conducted a root cause analysis that surfaced racism/unjust systems, social isolation, and healthcare quality as drivers of IM; hosted an IM summit; contributed to the Rocky Mountain PBS Race in Colorado documentary series; and employed collaborative decision-making to forge a common agenda.

**Results:** The partnership has emerged as a strength-based, action-oriented collaborative representative of multiple forms of expertise and lived experience. Work groups, focused on the drivers of IM, implement the following strategies for building community awareness and engagement: screenings of the Precious Loss IM documentary followed by community dialogues, promotion of prenatal visits with fathers/co-parents present, and social media campaigns emphasizing “More Black Birthdays”.

**Conclusion:** Reduction of the African American/Black IMR is a public health imperative. The CAN offers an innovative model for moving the discourse and action on disparate IMRs upstream though collective impact and community-campus partnerships.
CH4b - The Evolution of a Community-Campus Partnership Aimed at the Reduction of African American/Black Infant Mortality Through Collective Impact (con’t)

References:

CH5 - Meeting the USDA Grand Challenges

Suzanne Stluka, Suzanne.Stluka@sdstate.edu Food & Families Program Director, SDSU Extension; Tim Nichols

This presentation highlights a collaborative project to develop a food/agricultural sciences workforce that is well prepared to meet the grand challenges associated with USDA priority need areas, i.e. hunger/food security, sustainable energy, childhood obesity, climate change, and food safety. Program components include transdisciplinary grand challenge courses; undergraduate research and service learning experiences in the priority need areas; and development of grand challenge youth outreach materials delivered via student interns through Extension and Boys and Girls Clubs—locally and in tribal communities. A special certificate designates students as “Grand Challenges Scholars” at graduation.

Presentation objectives are to:

1) Overview the project, including its rationale, key collaborators and funding sources;
2) Highlight program features such as transdisciplinary courses, systems thinking training, “personal responsibility projects”, undergraduate research, social media (Twitter and hash tag) integration, and community partnerships;
3) Share formative assessment results indicating strong positive student and faculty participation and learning outcomes;
4) Engage presentation attendees in a discussion about other innovative ways to help students prepare to meet the grand challenges.

From our project, several student research efforts have been presented on campus and at regional and national venues. Evaluation results indicate we have made progress toward cultivating student success among program participants. Survey responses indicate students feel more aware of the grand challenges, have a stronger sense of personal connection to the challenges, have thought critically and creatively about solutions to the challenges, have engaged their communities on grand challenge issues, and, importantly, feel better prepared to help meet the challenges.
CH6 - Cross Sector Collaboration to Address the Food System in a Rural Setting

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In September 2015, the LSU AgCenter was awarded the 1416 grant from Centers for Disease Control and Prevention (CDC) in order to increase physical activity and access to healthy foods in three rural parishes with obesity rates greater than 40%: St. Helena, Madison, and Tensas parishes. The initiative, titled “Healthy Communities”, uses the socio-ecological model and focuses on encouraging PSE (policy, systems, and environment) changes to help make the healthy choice the easy choice. Healthy Communities uses a community participatory model to ensure the communities are driving the decision making process.

This seminar will focus on the Madison Healthy Communities success in cross sector collaboration to address the food system in a rural setting. In March 2016, the Madison Healthy Communities coalition was convened for the first time. As a rural and resource limited parish (41.1% of Madison’s 12,093 residents live below the poverty line), there were unique challenges in both finding the right partners to address the parish’s health concerns through the coalition, and in finding ways to address the food system in an area where only 2 grocery stores exist.

Through a partnership between public, private, and non-profit sectors, along with community champions, Healthy Communities has been successful in addressing healthy food access by partnering with a local, privately owned grocery store. Through CDC funding, Healthy Communities provided technical assistance and expertise to the store owner via the Food Trust. As a result of this collaborative and TA, the store is now in the process of implementing several interventions including: healthy check out aisles, point of purchase prompts, and nutrition education. The seminar will focus on the process of finding the right partners, working with the private sector, and explore evaluation data from the store interventions (this data will be available early spring 2017).
**CH02 - Community Garden Expands to Develop Core Leadership Group to Promote Navajo Cultural Traditions Through Gardening and Nutrition Intervention**

**Joyce Alves** jalves@ag.arizona.edu Extension Faculty, University of Arizona Apache County Cooperative Extension;  
**Kirby David,** Physician’s Assistant, Sanders Clinic

Gardening increases access to vegetables and previous research in four Navajo communities show that those who garden consume two more servings of fruits and vegetables than non-gardeners. (1) Rural, remote Sanders on the Navajo Reservation is 45 miles from grocery shopping. It receives 10.8 inches of annual precipitation and has limited water for irrigation.

The University of Arizona Apache County Cooperative Extension partnered with Sanders Clinic to plant a safe and successful community garden that encouraged using Navajo traditions and language and to promote physical activity and vegetable access with gardening for diabetic patients, community members and families. Food preparation, preservation and food safety workshops were presented to increase vegetable consumption including vegetables that were grown in the garden.

Youth service learning occurred when Valley High School FFA plowed the garden spot and Building Trades students made grow boxes. Community volunteers, Sanders Clinic patients and employees planted, irrigated and harvested. U of A provided grant funding for garden inputs including drip irrigation.

Increased physical activity by the patients, community participation and increased vegetable access at harvest was observed with a wide range of participants, ages 4 to 80.

A behavioral change occurred when participants reported preparing a spinach pasta casserole and shared it at a potluck which demonstrated utilization of the increased knowledge and skill and transferring it to others.

Early childhood development using Navajo tradition and language experiences (2) was addressed by publishing a children’s book describing the activities in the garden written in Navajo.

The Sanders Clinic Community Garden brought together a community leader core that will continue to expand the gardening and nutrition intervention concept next growing season to address food insecurity.

**References:**


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**CHO5 - Community Health as it Relates to Social Exclusion, Poverty, and Fragile Families**

**Debra Bolton,** PhD/Instructor, and **Charlotte Shoup-Olsen,** Professor, Kansas State University

Participants will be introduced to the concept of community health as it relates to rural poverty, social exclusion, fragility, social injustice, and human rights. Participants will understand how displaced populations, as political or economic refugees, affect the health and well-being of the larger community. A multi-lingual (English, Spanish, Somali, and Burmese) study focused on the health, well-being, and social connectedness of densely-settled rural communities with Minority-majority populations (Bolton & Dick, 2013, 2016). The data analyses revealed that non-Anglo, foreign-born respondents appeared to be living in fragile conditions. Poverty was indicated as 80% of respondents reported income ranging from $12,000 to $24,999 annually for an average family of four (FPC, 2014).

In this region, three population-centers are Minority-majority and continue to grow in that vein. Families continue to see the effects of low-educational attainment, social and political isolation, and poverty (Bolton & Dick, 2013; Hernandez & Wright, 2015), which are drivers of fragility and social determinants of poor quality of life and health. A model of adaptive and culturally-relevant practice is offered as a logical way to address the effects of poverty and other fragile conditions thereby moving affected populations toward healthful resilience.
CHO5 - Community Health as it Relates to Social Exclusion, Poverty, and Fragile Families (con’t)

Target audiences:
Researchers, educators, human service providers, community leaders, and health care personnel could benefit from this approach. Education programs and policies, designed to improve human development, could help to integrate fragile population and address interventions that decrease poor health outcomes and support social and economic inclusion (Michel, 2014; Hernandez & Wright, 2015).

Evaluation:
We suggest a model of Adaptive and Culturally- Relevant Framework (Bolton & Hernandez, 2015, as a tool to address poor health outcomes. The ACRF combines the Socio- Ecological Framework (Bronfenbrenner & Mahoney, 1975), and the Hierarchy of Needs (Maslow, 1943)

CHO9 - Grocery Stores, Alabama EFNEP and CDC Partner to Improve Healthy Food Access in Rural Alabama

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Grocery stores are key partners in national efforts to prevent obesity (1). Evidence-based findings indicate grocery stores provide critical opportunities to increase access to healthy products, potentially improving health and curtailing the rise in obesity (2-4).

An initial priority of a CDC grant to Alabama Extension INCLUDED conducting an environmental scan (Nutrition Environment Measures Survey) of grocery stores in communities where adult obesity is greater than 40%. A finding from this assessment indicated a need to increase access and appeal of healthy products in grocery stores in Tuskegee, Alabama. In partnership with CDC and local grocery stores, Alabama EFNEP supported improvements in access and appeal of healthy products in grocery stores in Tuskegee. Tuskegee is a rural community of 8,800 residents with a poverty rate of 29%; 96% are African American.

The Tuskegee EFNEP educator facilitated a partnership with the owner of one family-owned grocery store and provided technical assistance to foster an increase in access and create appeal for healthy products. Through an evidence-based, three-pronged model, EFNEP assisted the store owner in making changes to procurement practices, promotional activities and product placement, resulting in greater availability of healthy foods and beverages in Tuskegee. Through an additional partnership with the Alabama Department of Public Health, their Good Choice vending machine initiative was expanded for use in grocery stores (5). This initiative identifies healthy products and prompts individuals to make healthier choices at the point of decision.

Good news travels fast. Due to the success of the first store, additional family-owned grocery stores requested this evidence-based strategy. Success also has been realized in two additional stores. Although EFNEP and the CDC grant are a winning combination, the real winners are Alabama citizens.

References:


CH09 - Grocery Stores, Alabama EFNEP and CDC Partner to Improve Healthy Food Access in Rural Alabama (con’t)


CH12 - Go Upstream: An Opportunity to Make a Difference Down the Road

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Community Development, LSU AgCenter

Navigating the opportunities for providing an integrated approach to addressing the obesity epidemic for the nearly 15,000 residents of rural LaSalle Parish was quite an undertaking in 2011. The ten partners that gathered together had never previously perceived themselves as partners in health. Five years later through the work of a near 20 partner coalition, Live Lively LaSalle! Alliance and $2.6 M in funding, the landscape for opportunities for healthier living look different in this small parish in central Louisiana.

Considering that Louisiana has the highest obesity rate in America (Better Policies for a Healthier America), this alliance was spearheaded by LSU AgCenter and LaSalle Economic Development District to make their home more equitable to larger communities with abundant built environment. Additional goals existed around shifting the cultural norm and softening the environment for policy change.

Prevention of chronic disease was on the radar screen of this bold partnership that consisted of local government, a federally recognized tribe, a university and local school system, economic development entity, rural hospitals, law enforcement and the faith based community. Finding common ground among the partners and funding agencies began with providing enhanced built environment and has grown to include educational outreach around the topics of healthy eating, active and tobacco free living, alcohol abuse prevention, workplace wellness and policy change. Healthier communities create an environment for people and businesses to thrive.

A $1M matching grant was received from the Blue Cross Blue Shield of Louisiana Foundation and an additional $600,000 from The Rapides Foundation to implement research based practices by this campus-community partnership. The Live Lively LaSalle! Alliance continues to go upstream to prevent chronic diseases, strive for health equity and to implement integrated and layered solutions that will affect generations to come.

Learner objectives and a synopsis of lesson content will also be shared. Successes and challenges to program development and implementation will be noted as well as limitations of the program and its evaluation.

Findings from Be Heart Smart suggest that after the program, adults are more knowledgeable about risk factors for heart disease, strategies to prevent or reduce personal risk of heart disease, and intend to incorporate heart-healthy behaviors into their daily activities. Results and highlights from evaluation data will be presented.
CH21 - A Community-Clinical Collaboration Improves Access to Diabetes Self-Management Education and Support

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Following the national trend, heart disease is the leading cause of death among adults in Indiana. There are many risk factors for heart disease, but several can be controlled or improved with small behavior changes. With the goal of reducing the incidence of heart disease, Purdue Extension-Health and Human Sciences developed Be Heart Smart, a program that teaches how to prevent and/or reduce risk factors for heart disease through simple, heart-healthy lifestyle changes. The program aims to increase knowledge and intended behavior change regarding heart disease. Topics covered during the program include controllable risk factors for heart disease, cholesterol and blood pressure guidelines, the DASH Eating Plan, and information to increase physical activity and reduce stress. This program helps address a need for chronic disease prevention education in Indiana, as well as address a priority related to the prevention of chronic disease as identified in Cooperative Extension’s National Framework for Health and Wellness. Be Heart Smart is well-received by Extension Educators and was delivered in 43 of 92 counties during its first year. An overview of the process, theory, and tasks employed to develop the four lesson program will be discussed.

CH24 - SNAP-Ed, EFNEP and CDC: A Community Partnership to Prevent Obesity in Alabama

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Policy, system and environmental (PSE) change is a new way of thinking about improving health in a community (1,2). For Extension nutrition educators, it means coupling direct education with PSE changes to influence an individual’s food choices and physical activity behaviors. For example, Extension teaches that an apple is healthy to eat. The next step, however, is to make sure apples are accessible, safe and affordable to people where they live, learn, work, shop and play. For Alabama, this means working in communities through partnerships that change environments to make healthy food choices (apples) the easy choice.

One novel Extension partnership to promote PSE changes, ALProHealth, is a three-year grant funded by Centers for Disease Control and Prevention. Alabama Extension at Auburn University was one of the first Land Grant Universities to receive this first-time funding. ALProHealth is implemented in 14 rural Alabama counties with adult obesity rates greater than 40 percent.

The obesity prevention process begins with development of a community coalition comprised of local stakeholders followed by a needs assessment using validated tools, such as NEMS and SCORP. Once needs are determined, ALProHealth community coalitions implement evidence-based PSE strategies focusing on health. At present, most of Alabama’s PSE changes involve shifting environmental factors in settings such as food retail, gardens, faith communities and worksites.

A key aspect of ALProHealth community coalitions is the value-added of SNAP-Ed/EFNEP educators. The long-standing and respected county relationships these educators bring to the coalition’s tables has propelled this initiative. Both SNAP-Ed/EFNEP have federal mandates for PSE changes based on the Social Ecological Framework.

Through this unique and symbiotic partnership among CDC, SNAP-Ed and EFNEP, healthy choices are the easier choices in Alabama. Multiple coalition strategies are creating pockets of progress throughout the 14 high-obese counties.

CH25 - Securing Food Resources for Families through Multi-level Interventions

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Workshop objectives: (1) Participants will be able to identify the benefits of state-level collaborations to address complex health issues that require multi-level interventions. (2) Participants will be introduced to curricula and training tools that can be utilized to improve long term health outcomes in low-income populations seeking food assistance. (3) Participants will participate in interactive Market to Mealtime training with a focus on implementation at food assistance sites to help clients make the best use of limited food resources.

Existing research has established that multiple-level intervention programs, particularly those which combine direct education with strategies targeting institutional policies, systems and environments (PSEs), have been found to promote sustained improvements in nutrition behavior among low-income audiences. Additionally, PSE interventions in food assistance sites can improve consumer knowledge and increase the availability and selection of healthy foods by clients. This workshop will provide participants with tools for improving long term health outcomes for low-income clients through efforts to provide nutrition education and improve the nutrition environment at food assistance sites. Using the FSNE partnership with Maryland Department of Health and Mental Hygiene (DHMH) on a CDC-funded obesity prevention grant as an example, the workshop will introduce participants to approaches that can be used to build PSE change interventions at targeted venues where low-income individuals and families’ access emergency food and food resources.

Approaches described will include direct and indirect education, and changes to the way foods are purchased and donations are solicited. Evaluation methods include quarterly reporting on nutrition education material distribution, site surveys and interviews with collaborators to collect process data. Data from past evaluation efforts have revealed strong intentions by food pantry clients to select, consume, and prepare healthy foods. In FY17, methods to further assess impacts and outcomes of environmental- and policy-level changes are being explored.

References:

All sectors of society contribute to food and physical activity environments. Evidence demonstrates implementing changes in multiple sectors and settings positively influence individual eating and physical activity behaviors.\(^1\)

The Supplemental Nutrition Assistance Program-Education (SNAP-Ed) in Alabama recently added policy, system and environmental (PSE) strategies to facilitate positive changes to state and local food and physical activity environments in multiple sectors and settings. PSE strategies support direct education and social marketing already in place in SNAP-Ed.\(^2\)

Alabama SNAP-Ed made great strides in FY2016 shifting policies, systems and environments in various sectors and settings serving low-income individuals eligible to receive SNAP benefits: healthy retail, gardens, farmers markets, emergency food assistance sites and faith communities.

- Healthy retail efforts increased availability and appeal, through promotion and placement, of products meeting the Alabama Department of Public Health Good Choice criteria in nine grocery stores, nine convenience stores and two concession areas.
- Raised bed and row gardens increased availability of healthy foods in 11 schools, eight communities, a healthcare system, park and faith community. Increased appeal of healthy foods was fostered at two demonstration gardens.
- Food demonstrations, encouragement of SNAP acceptance and family-friendly educational materials were utilized to increase access and appeal of healthy foods in 17 farmers markets.
- Modifications to foods, food demonstrations and recipe cards were key in increasing availability and appeal of healthy foods at 11 emergency food assistance sites, including food pantries, soup kitchens and emergency backpacks.
- Healthy snack and beverages increased availability of healthy foods at two Vacation Bible School programs.

A consistent approach to engage appropriate partners, assess the current environment, plan activities to achieve desired outcomes, implement activities, evaluate outcomes, celebrate successes and sustain the change was important. State level coordination of resources, assessment and evaluation are key to ensuring collective impact to benefit the health of Alabamians.

References:

According to 2000 census data, approximately 59 million people live in rural areas. These rural communities suffer the highest obesity rates in the nation (CSRA, 2006). Further, children living in rural areas in the U.S. are about 25 percent more likely to be overweight or obese than their urban counterparts (Lutfiyya, 2007). While most states have obesity prevention plans, few plans seem to focus on special needs of rural populations (Friedrich, 2007).

Because the obesity epidemic is driven largely by influences beyond the individual, improvements must be made to policies and systems and to social and physical environments. The Designed for Disease report (2008) identifies environmental innovations that have demonstrated an impact on food choice, such as establishing small scale markets, mobile vendors, healthy food choices in vending machines, and food cooperatives through community action processes, including collaborations within community health coalitions.

“Mobilizing Communities to Prevent Childhood Obesity” an online resource targeting rural health coalitions. It is a product of the five-year, multi-state Communities Preventing Childhood Obesity (CPCO) project that explored community coaching as a way to mobilize capacity in rural communities to create and sustain environments that help prevent childhood obesity among preschool-age children. In this project, two low-income, rural communities within seven Midwestern states were randomly assigned as intervention (community coaching from a trained coach) or comparison communities. The CPCO team created five online, interactive learning modules focused on: community readiness, levels of community change (social ecological models), choosing evidence-based strategies, community coaching, and program evaluation. Coalition members can move through the topics as individuals or groups and in any order. Each chapter contains activities for coalition members to try or action steps to take within their own communities. Key research findings and examples of learning activities in each module will be highlighted in the presentation.
CH54 - Assessing Rural Community Health Coalition Development (con’t)

This project aligns with the Cooperative Extension National Framework for Health and Wellness in the area of Integrated Nutrition, Health, Environment, and Agriculture Systems particularly as it focuses on healthy and safe community environments. Specifically, this project as well as other initiatives not only span the boundaries of the community and university, it links the partners of Health and Human Sciences and Community Development (CD) within Extension. This partnership makes use of CD expertise for working in communities and infuses health into CD programming. Although more research is needed, our findings highlight opportunities to provide additional support to coalitions to maximize member involvement, recruitment, and retention.

References:


EHS2a - A Study of Private Well Owner Outreach Programs: Discovering Factors Critical to Effectively Motivating Well Owners

Cliff Treyens ctreyens@ngwa.org Director of General Public Outreach, National Ground Water Association

Purpose: This presentation explains the findings of research done in collaboration with the Centers for Disease Control and Prevention on gaps and barriers in educational outreach programs to private water well owners’ and approaches to overcoming obstacles to motivating well owners protecting drinking water quality.

Content Basis: The content is research-based using information gathered via a structured data collection instrument used in personal or telephone interviews. An analysis of relevant literature also was used.

Approach: Information from interviews was analyzed. Those findings were considered against an analysis of literature on private well owner outreach program effectiveness to provide analytical rigor and context for the interview data. [Note: Manuscripts on the research are in development.]

Type of Information & Audience: Information includes findings on barriers to motivating private well owners to test their water and mitigate identified health risks, including through water treatment. Information also will be provided on innovative program approaches to overcoming barriers to well owners testing or treating their water. Finally, information will be provided on barriers to the design, implementation, and evaluation of effective outreach programs and innovative approaches to overcoming barriers. The target audience includes environmental health or public health personnel and policymakers.

Evaluation Tool & Process: Using a structured data collection instrument, telephone and in-person interviews were conducted with 30 state and local well owner outreach program managers, eight home water treatment providers, and four regulators. Interview data INCLUDED program descriptions, assessments, and manager expert opinions. Programs were selected on factors including (a) size [i.e., statewide to local]; (b) approaches [i.e., traditional and novel]; (c) experience; (d) testing focus [single contaminant versus multiple contaminants]; and (e) existing well owner awareness levels. From an analysis of relevant literature, key components of an effective private well owner outreach program were identified and considered with the interview information.

EHS2b - Volatile Organic Compounds and Particulate Matter in Childcare Facilities in the District of Columbia: Results from a Pilot Study

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Background: Many young children in the U.S. spend a significant portion of their day in child care facilities where they may be exposed to contaminants linked to adverse health effects. Exposure data on volatile organic compounds (VOCs) and particulate matter (PM) in these settings is scarce. We conducted a pilot study in which we characterized indoor concentrations of select VOCs and PM in urban child care facilities in Washington, D.C.

Methods: We recruited 14 child care facilities and measured indoor concentrations of seven VOCs (n=35 total samples; 2.5 samples per facility): benzene, carbon tetrachloride, chloroform, ethylbenzene, o-xylene, p-xylene, and toluene in all facilities; and collected real-time PM measurements in seven facilities. We calculated descriptive statistics for contaminant concentrations and computed intraclass correlation coefficients (ICC) to evaluate the variability of VOC levels indoors. We also administered a survey to collect general health information on children attending these facilities, information on general housekeeping practices and proximity of facilities to potential contaminant sources.
EHS2b - Volatile Organic Compounds and Particulate Matter in Childcare Facilities in the District of Columbia: Results from a Pilot Study (con’t)

**Results:** We detected six of the seven VOCs in the majority of child care facilities with detection frequencies ranging from 71% to 100%. Chloroform and toluene were detected in all samples. ICCs for the VOCs measured ranged from 0.32 to 0.75. Child care facility median concentrations for PM2.5 and PM10 were 20.1 mg/m3 and 26.3 mg/m3, respectively. Chlorine bleach, a source of chloroform, was used in almost all facilities, air fresheners and/or scented candles were used in half of the facilities, and at least one child in each facility had physician-diagnosed asthma (median asthma prevalence rate=10.2%).

**Conclusion:** Given that exposures to environmental contaminants during critical developmental stages may have long lasting impacts on children's health, larger studies are needed to characterize and identify sources of exposures to these and other indoor contaminants to develop exposure mitigation strategies.

EHS3 - Creating Healthy Indoor Environments in Child Care

**Pamela Turner**, Associate Professor & Extension Housing Specialist and **Diane Bales**, Associate Professor & Extension Human Development Specialist, University of Georgia; **Sarah Kirby**, Professor & Department Extension Leader, North Carolina State University; **Keishon Thomas**, County Extension Agent, University of Georgia

According to Census data, 20.4 million children under 5 years of age participated in some type of child care arrangement in 2011 (Laughlin, 2013). Almost 90% of preschool children with employed mothers are in a child care setting, spending on average 36 hours a week in child care. Even preschool aged children of non-employed mothers spend approximately 21 hours per week in a child care setting (Laughlin, 2013). Given the amount of time young children spend away in a child care environment, it is essential to create a safe and healthy environment for children to grow, learn, and play. Children’s natural curiosity and behaviors, coupled with their developing organs and nervous systems, requires an environment that allows them to explore their world while keeping them safe from injury and illness. Child care providers understand the stages of development for children, but may not connect those stages to the indoor environment. It is vital that caregivers understand the connection between health and the child care environment in order to provide the healthiest environment for children in their care. Creating a healthy indoor environment can reduce exposures to potentially poisonous elements such as radon and lead; dangerous substances like hazardous cleaning products and pesticides; and disease exacerbating items like mold and volatile organic compounds. The seminar objectives are to increase participant knowledge and understanding of: (1) the principles of a healthy environment; (2) indoor environmental hazards for children; (3) action steps to reduce environmental hazards; and (4) methods of educating child care providers about the importance of healthy child care environments. The authors will share curriculum, activities, and evaluation tools, and discuss their outreach challenges and successes.

**Reference:**

The Healthy Homes Partnership is a public outreach education program that addresses housing deficiencies and risks associated with hazardous household conditions and their effect on consumer health. Participants in this workshop will learn about the peer-reviewed resources available from the partnership, which uses a comprehensive approach to healthy homes using the HHP Solutions Toolkit curriculum.

For the last fifteen years, the Healthy Homes Partnership has linked the educational resources of the United States Department of Agriculture and state land grant universities with the United States Department of Housing and Urban Development. The Healthy Homes Partnership directly assists families through comprehensive guides, tools, and curricula addressing mold and moisture, lead poisoning, safe drinking water, carbon monoxide, radon, pest and pesticides, household chemicals, and thermal comfort. The curriculum is applicable for schools, agencies, consumers, and community groups.

Through a stakeholder’s use of the toolkit, families learn a variety of techniques and tools to decide if their home is healthy and particular changes (structural and behavioral) that might need to be made to protect their family’s health. Educators also provide families with specific action steps that can be taken throughout the home to protect their health and safety.

Eight participating states developed and are maintaining on-going consumer educator tools and technologies including: a communication network through the use of a monthly e-newsletter; the “Everyone Deserves a Safe and Healthy Home” consumer and educator guide books; two smartphone apps; daily content in social media, including Facebook, Twitter, YouTube, Pinterest, etc.; webinars for state/regional advisory coalitions; and a website which serves as the consumer and educator portal for the program. The Healthy Homes Partnership has collected examples of short, intermediate, and long-term impacts and health improvements from the implementation of this program.

References:

EHS5 - Let’s Play a Game! Environmental Health Games for Kids and Teens
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Games can be a powerful tool for increasing learner engagement and interest (Papastergiou, 2007). In 2011, President Obama called for “investments in educational technology that will help create... educational software that’s as compelling as the best video game.” (Office of Educational Technology) The federal government has created numerous games to teach STEM concepts to K-12 audiences. This workshop will demonstrate several games focused on environmental health. All games demonstrated have resources for teachers and families and would be appropriate for 4-H or afterschool activities.

The presenter is a former middle school teacher and a current librarian. The workshop is intended to be “hands-on”. Participants will be able to use their own devices for some games, and the presenter will also bring 10-15 tablets for demonstration.

Resources presented include:
- Run4Green: https://itunes.apple.com/td/app/run4green/id1040164126?mt=8
- ToxMystery: https://toxmystery.nlm.nih.gov/
- Recycle City: https://www3.epa.gov/recyclecity/
- Environmental Health Student Portal: https://kidsenvirohealth.nlm.nih.gov/

Participants will be able to:
- Find environmental health games developed by the federal government and other trusted resource
- Describe how educational games can be integrated into STEM informal and formal education at the K-12 level.
- Identify 3 environmental health games.

EHS6 - Can Design Reduce Opportunities for Crime?
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Often times crime deters people from fully utilizing community facilities, especially in low-income areas. The purpose of this workshop will be to provide participants with the strategies and resources of a multi-disciplinary approach to deterring criminal behavior. The goal of Crime Prevention through Environmental Design (CPTED) is to reduce the opportunity for crime caused by the design features of a site. This session will cover the four key concepts of CPTED, which include Natural Access Control, Natural Surveillance, Territorial Reinforcement, and Maintenance. By understanding why CPTED is important and how to apply its principles, communities can be proactive in the design or enhancement of sites.

This session will present select examples to demonstrate and help define CPTED concepts. In addition, participants will complete a hands-on activity to apply each component of CPTED and discuss solutions using real-life examples. This presentation would be beneficial to a wide variety of professionals as these concepts have been used and applied to numerous communities. Participants will be encouraged to use the resources and formulate ideas and strategies for what they could do in their own communities to create safer, more equitable environments.
EHS04 Impacts of a National Healthy Homes Partnership

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It is important to translate healthy housing research into action steps that families can take to improve their indoor environment. The Healthy Homes Partnership does this by uniting efforts of Cooperative Extension professionals at eight universities in the United States with USDA-NIFA and the HUD Office of Lead Hazard Control and Healthy Homes. For the last fifteen years, the Healthy Homes Partnership has assisted individuals, families, and professionals using a variety of tools, including publications and curricula that addresses mold, safe drinking water, lead poisoning, pests and pesticides, radon, household chemicals, carbon monoxide, asthma triggers, and thermal comfort. In 2014 to 2016, using a variety of outreach methods, including programs, exhibits, smart phone apps, and media (broadcast, print and social), the partnership documented over 20,000 direct contacts. Extension was selected by multiple federal agencies as the preferred outreach mechanism because of the long-standing history of effectively delivering healthy housing programs for low-resource audiences (Booth & Peek, 2013).

Throughout the program, the HHP maintains a holistic approach to healthy housing issues. The states participating in the HHP are affiliated with Extension at the University of Alaska, University of Connecticut, University of Georgia, Louisiana State University, University of Missouri, Montana State University, Oklahoma State University and University of Tennessee. Each of the universities has an outreach delivery system in place that reaches rural and urban populations throughout the states. Working in a partnership provided opportunities for meeting broad overall healthy housing goals. The analysis of the HHP provides valuable insights into the effectiveness of an integrated approach to healthy housing programming from an established entity. The HHP reported impacts from outreach activities, including an increase in healthy housing knowledge among consumers and professionals from programs, online materials, trainings and webinars as well as intermediate impacts focusing on behavior or structural changes.

References:

**HPSC1a - Extension’s Role in Chronic Disease Prevention and Management in the Next 100 Years: A View from Agents, Educators, Faculty/Specialists, and Administrators**

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**Background:** The National Cooperative Extension (CE) Committee on Organization and Policy (ECOP) has created the Chronic Disease Prevention and Management Action Team to provide guidance on the role CE should play in this arena. The group is tasked with creating a road map to a vibrant and thriving America, with the goal of increasing the number of Americans who are healthy at every stage of life.

**Methods:** County, State, and Regional Extension Academics from across the country provided insight via an online, Qualtrics-based Environmental Scan answering an open-ended question: What role should CE have in working to reduce chronic diseases in America for the next 10, 25, and 100 years? Two coders used MAXQDA 12 software to code transcribed responses. Using grounded theory, the coders analyzed the transcribed responses through memo writing and initial, focused, and selective coding phases (Charmaz 2006; Flick 2014).

**Results:** 152 individuals from at least 17 states participated in the Scan; 101 (66.4%) responded to the question about Extension’s future. Themes emerged regarding the role of Extension educators in collaborative partnerships, use of a systems approach to focus on prevention of chronic disease through educational programs, and the identification of CE’s assets including the ability to reach underserved audiences, public trust, connections to policymakers, the health and agriculture sectors, and research participation.

**Discussion:** These responses are guiding the development of long range outcomes, and defining what role CE should have in working towards continued improvement of the population’s health. With today’s perceived obsession with an often dystopian future, keeping our optimism and hope alive, with a clear outcome in mind, is critical to progress. All health promotion professionals in Extension should be able to articulate a shared long-range outcome toward which we are striving. This will help to ensure continued collaboration and progress for the next 100 years.

**References:**


**HPSC1b - Rx for Health Referral Program**

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A Robert Wood Johnson survey showed that 85% of physicians surveyed said patients’ social needs are as important to address as their medical conditions. Eighty percent of physicians surveyed were not confident of their capacity to address their patients’ social needs. Even though physicians felt social needs were just as important to address as medical conditions, only 20% felt confident or very confident in their ability to address their patients’ unmet social needs.

Physicians reported that if they had the power to write prescriptions to address social needs, such prescriptions would represent approximately 1 out of every 7 prescriptions they write or an average of 26 additional prescriptions per week.
**HPSC1b - Rx for Health Referral Program (con’t)**

Cooperative Extension has developed and piloted Rx for Health, a referral tool for physicians and other healthcare providers to use. Rx for Health lets patients know how to contact their local Extension office for program information. This tool serves to educate healthcare providers and their patients about the many health programs offered by Cooperative Extension as well as a means by which they can refer patients to those programs.

Rx for Health is a good way for healthcare providers to build or maintain a patient-centered medical home model of care (PCMH). One of the conditions of becoming a PCMH is to refer patients to community and social services. Rx for Health is a simple and cost-effective way to achieve this.

Ten Extension educators in ten counties each contacted three primary care providers and/or federally qualified health care offices to share Rx for Health. A system was developed to prepare the educators, orient the healthcare providers and track referrals. Through this workshop we will share results of the pilot as well as lessons learned and plans for using Rx for Health statewide.

**HPSC2a - Walk Maryland: A Multi-Agency Collaboration to Encourage Marylanders to Walk for Physical Activity**

**Lisa Gonzalez** lisacgo@umd.edu FCS Extension Educator and **Lisa McCoy** lmccoy@umd.edu FCS Extension Educator, University of Maryland Extension

Walk Maryland: A Multi-Agency Collaboration to Encourage Marylanders to Walk for Physical Activity

Walk Maryland (WalkMD) encourages Marylanders to participate in the state’s physical activity, walking. A collaboration of state and local government agencies, WalkMD supports inter-agency policy work to create walkable communities and coordinate WalkMD Day. This session highlights Extension’s role in WalkMD planning and the development of walking factsheets and programs. The purpose of Walk Maryland is to encourage Marylanders to participate in the state’s physical activity, walking. The University of Maryland Extension (UME) has promoted walking across the state through their Walk Across Maryland website. UME expanded its efforts by collaborating with state and local government agencies and nonprofit partners to promote Walk Maryland Day events across the state. Additionally, UME supports inter-agency policy work to create safe and walkable communities. This session will highlight Extension’s role in this process including Walk Maryland Day planning as well as the development of extension factsheets, walking curricula, training programs, and public events.

**Reference:**

During NHOC 2016, the University of Delaware team embraced the importance of integrating Extension’s program areas. Staff from Family and Consumer Science, 4-H, Horticulture and Urban Agriculture reviewed our collaboration efforts focusing on health in all Extension program areas. After many meetings and the addition of a Communications Specialist, we realized the importance of re-branding to broadcast Extension’s work regarding healthy communities. This work starts with a brochure that categorizes programs by health themes, instead of the traditional program areas. Our brochure, aimed at both internal and external partners, demonstrates how we are working together to create a healthy state.

HPSC3 - Systems Approaches for Healthy Communities: Resource for Supporting PSE Work

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Policy, systems, and environmental (PSE) approaches are woven into the fabric of health promotion and nutrition education (1). SNAP-Ed implementing agencies, public health organizations, and others are called upon to equip practitioners with knowledge of how systems impact health and with skills to conduct PSE approaches effectively. To address this need, a team from University of Minnesota Extension developed “Systems Approaches for Healthy Communities”, a training about integrating PSE with direct education. The training is composed of four online modules, an educator toolkit, and a guide for supervisors/coaches with discussion questions and training templates.

This workshop will use selections from the Systems Approaches coach guide, and will be relevant for supervisors, leaders, mentors, educators, and others supporting staff in PSE approaches. Competencies for SNAP-Ed coordinators will be addressed through group activities, pairs discussions, and individual reflection (2).

Participants will:

- Practice discussion strategies that can be used to increase staff members’ knowledge of PSE definitions and examples;
- Experience reflection tools that can be used to enhance and assess understanding and application of PSE;
- Use the Spectrum of Prevention as a tool for learning about and applying PSE approaches;
- Access Systems Approaches resources and learn about additional opportunities to use the training series.

Systems Approaches for Healthy Communities is aligned with USDA’s SNAP-Ed Guidance and evaluation framework and informed by fields of public health, education, and community development (1). Along with the Social Ecological Model, the training features the Spectrum of Prevention as a practical tool for making decisions about PSE activities in communities (3, 4).

Piloted in Minnesota and peer-reviewed by practitioners at Michigan State University Extension and Cornell University, the training has been revised and is now being piloted with MSUE SNAP-Ed staff. Preliminary evaluations show significant promise to increase PSE knowledge and skills among community-based, health promotion staff.
Health Policy & Systems Change
Concurrent Session Presentations

HPSC3 - Systems Approaches for Healthy Communities: Resource for Supporting PSE Work (con’t)
References:

HPSC4 - Building Extension and Cross Sector Capacity for Health in All Polices Education
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Health in All Policies (HiAP) is a collaborative approach to improving the health of all people by incorporating health, equity, and sustainability considerations into decision-making across sectors and policy areas(1). Given the potential of HiAP to increase the collective impact of diverse partners to influence the conditions that shape population health and equity, the ECOP HiAP Education Team developed an online training module aimed to build and deepen practitioners’ capacity in using and aligning a health lens in decision-making processes and outcomes.

The purpose of this session is to introduce a HiAP frame as well as engage participants in beta testing the Extension HiAP online training module. To the knowledge of the Team, this is first Extension online adaptation of the HiAP frame, which was developed based on other HiAP resources (2). Since 2010, the HiAP framework has been adopted broadly across the U.S., and is regarded as a best practice by national and international public health organizations, such as the American Public Health Association (3) and World Health Organization (4). HiAP has been effectively used to increase the consideration of health outcomes and health equity in public policy decisions, and to build cross-sector collaboration between the relevant entities (5).

The mission of the ECOP HiAP Education Team is to focus on the convergence of health in all policies that shape the social, economic, and environmental contexts in which people live and visit as a prevention strategy to improve population health outcomes. By working from a systems perspective, we aim to strengthen Extension’s role and capacity to impact the culture of and context for health and promote health equity for all U.S. residents.
HPSC4 - Building Extension and Cross Sector Capacity for Health in All Polices Education (con’t)

References:
5 World Health Organization, What you need to know about health in all policies. http://who.int/social_determinants/publications/health-policies-manual/key-messages-en.pdf?uw=1

HPSC5 - Health Promotion Within the Context of Agriculture: Approach of USDA/NIFA’s Division of Family & Consumer Sciences
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Division of Family & Consumer Sciences (DFCS) at the National Institute of Food and Agriculture (NIFA)/USDA supports programs that seek to strengthen well-being of individuals and families and increase community vitality in partnership with the Land-Grant University and Cooperative Extension System. The proposed seminar will begin by discussing connection between population health and production agriculture. It will describe then the process through which DFCS begun to incorporate in its health outreach several different frameworks and approaches (such as, for example, Culture of Health for All, Cooperative Extension’s National Framework for Health and Wellness, and Evaluation Capacity Building) in order to enhance its ability to address health and safety in Agricultural communities at the level of individuals, families, and communities. The seminar will feature several grants programs administered by DFCS and conclude by highlighting opportunities for external stakeholders to engage with DFCS and its partners in advancing the conversation about health within the context of agriculture.

Use of Climate and Health Projections in Community Engagement around Adaptation
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The 2016 Climate and Health Profile Report released by the University of Maryland and the Maryland Department of Health and Mental Hygiene summarizes the impacts of projected climate changes in Maryland on the health Maryland’s residents generally, with more detailed projections for four jurisdictions -- Baltimore City, Wicomico, Washington and Prince George’s counties. The report is meant to give communities a way of thinking about the health impacts of climate change, which surveys in Maryland show are one of the chief concerns of many related to climate change. While the State’s Climate Action Plan has dealt extensively with mitigation strategies, the next phase of the Plan also has a significant adaptation component. This poster describes the State’s approach to adaptation, the role of health in the adaptation and response strategy, and the role that health impact projections can play in spurring public dialogue related to climate change.
Use of Climate and Health Projections in Community Engagement around Adaptation (con’t)

We also discuss the importance and limitations of detailed health projections in bolstering community capacity and engaging various stakeholders in discussions of climate change. Finally, we contemplate the value and limitations of using climate and health forecasts in communicating with various communities about climate and health. Our overall aim is to find the most effective means of assisting communities as they think about the role of climate change in overall environmental health priority-setting.

Healthy Homes Hayneville Lowndes: Cooperation is Key

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Healthy Homes Hayneville Lowndes is a collaborative project with City of Hayneville Alabama, Alabama Cooperative Extension System, Alabama Department of Public Health, and the Environmental Protection Agency. But it is also an example of the power of one individual and the people they can bring their cause. The process that brought the project to fruition and the obstacles that had to be locally addressed to make the project successful in the perception of the community will be discussed. The role of outside partners in helping a community address its concerns will be another component.

Using Systems Change to Address Obesity in Clinic Patients

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Like many communities around the country, Montgomery County in Maryland identified obesity as a major health concern. Discussions showed that clinic health care providers working with limited-income patients should be doing more to address the problem but were reluctant due to limited referral resources and time to mention sensitive issues during exams.

CCI Health and Wellness Clinics chose to adopt the Physical Activity as a Vital Sign (PAVS) approach. Preliminary evidence shows that adding 2 questions about physical activity to routine vital signs assessments can result in decreased Body Mass Index (1). Physical activity questions and response categories were incorporated into CCI’s electronic health record.

Providers could now use both physical activity levels and changes in body mass index to identify patients at risk for overweight/obesity, but they wanted some immediate interventions to help their patients. University of Maryland Extension’s Expanded Food and Nutrition Education Program (EFNEP) created simple age-appropriate physical activity tip sheets and local (within walking distance) free or low cost physical activity resources, including sports programs and parks.

EFNEP teaches free basic nutrition education classes to limited-income families in a series of weekly sessions held over 6 weeks. This program was added as a referral resource in the electronic health record, facilitating patient referrals for providers. The clinic redesigned its work flow to incorporate the PAVS and subsequent referrals to EFNEP.

As a result of these changes, referrals to EFNEP and educational interventions greatly increased. Participating patients showed behavior changes, including improved diet quality and increased activity levels. Clinic providers who initiated the program in 2015 have left the organization, but this work continues due to the systems changes made. This coordinated effort illustrates the importance of systems change in establishing a new best practice and the way that educational intervention and systems change reinforce one another.
Exchanging Public Health Competencies Needed by All Extension Professionals to Implement the National Health and Wellness Framework

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As Cooperative Extension embarks on a transformational journey guided by the National Health and Wellness Framework, we recognize that our way of working, as well as working with partners, necessitates a level of competencies that may be new or incomplete for many. We intend this session to embark upon an open discussion to acknowledge how Extension work is transforming and aligning in solidarity with our health partners and principles of participatory democracy, systems change, social civility and transformation practices creating opportunities for community health. National organizations including the American Public Health Association and the RWJ Foundation see health equity and a social justice lens as critical aspects of this work. The facilitated world cafe© process will engage participants in exploring whether or not Extension, and our partners, comprehend this perspective, and whether they have the tools to participate fully in programs that evolve in response. Representative program leaders from all Extension programs (Agriculture, Community Development, 4-H and Family & Consumer Sciences) and all regions will be engaged to consider these questions and formulate a strategy moving forward. Participants will address: what types of skills are necessary to be a partner at the table participating in this work; competencies we might already have to share with partners or what others might be needed; can some/all of the public health competencies prepare us, and our partners, to be more effective in advancing health equitable prevention strategies, serve the needs of priority populations and meet broad population health outcomes?

Navigating the Social Ecological Model Using an Interactive Game

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The social ecological model (SEM) recognizes that individuals are embedded within multiple, larger social systems (Stokols, 1996) and therefore effective health interventions should also operate at multiple levels (Sallis & Glanz, 2009). Many funders now require that grantees implement multi-level strategies (Moore, Brinkley, Morris, Oniffrey, & Kolbe, 2016), which include not only those that address the individual level, but policy, systems, and environmental (PSE) change (USDA, 2014). PSE strategies are endorsed as being more sustainable and impactful than individual behavior change efforts (Brownson, Haire-Joshu, & Luke, 2006; Bunnell et al., 2012; Story, Kaphingst, Robinson-Oâ€™Brien, & Glanz, 2008). Despite this emphasis, a recent review found a high prevalence on individual-focused and single-level interventions (Golden & Earp, 2012), indicating that there may be a need for professional development on this topic (Smathers & Lobb, 2015).

We faced a similar challenge as we worked with teens to help them learn about advocating for health-related issues in their community. Our answer was to create an interactive game, which we call Levels of Community Change. We have found that this game effectively encourages youth and adults to identify how behaviors are influenced across multiple levels and explore the dynamics of promoting PSE changes. There is lively discussion as they consider health-related scenarios and the levels targeted in the scenarios; debriefing helps participants see the implications and draw conclusions. Our evaluations indicate that players walk away with a better understanding that the choices individuals make are shaped by the choices they have. They recognize real-world PSE challenges and opportunities and how they might begin to advocate for change.

Using the Levels of Community Change game as the focal point, this session we will engage participants in a review of the SEM and PSE and consider how they can encourage others to appreciate and adopt these strategies.
Navigating the Social Ecological Model Using an Interactive Game (con’t)

References:


HPSC04 - Current Extension Programming for Chronic Disease Prevention and Management: Environmental Scan Results

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The purpose of this research was to identify existing curricula, projects and programs that address chronic disease prevention and management being implemented throughout Cooperative Extension. Data presented are drawn from an environmental scan conducted by the Extension Committee on Organization and Policy’s Chronic Disease Prevention and Management (CDPM) Action Team in 2016. The scan requested information from Extension administrators, faculty, and agents/educators on CDPM-related programs, partnerships, and barriers to action consistent with the approach suggested by Choo (2001) to identify information needs, seek that information, and use it. Furthermore, the Team followed Albright’s (2004) five-step process in completing the environmental scan: 1) identify the environmental scanning needs; 2) gather the information; 3) analyze the environment; 4) communicate the results; and 5) make informed decisions. Survey responses were obtained from 152 participants throughout the United States, providing information about 71 programs.

Programs addressed needs for a variety of audiences (youth, families, adults, older adults, individuals and families with limited resources). Content focused on the prevention and management of a variety of chronic diseases and conditions (most commonly diabetes, cancer, heart disease, osteoporosis, and asthma). Topics INCLUDED diet/nutrition, physical activity, housing, gardening, and food safety. A variety of community partners were identified (schools; city, county, state, and federal government agencies; healthcare organizations; recreation programs; public health organizations; foundations; and farming, business, and retail organizations). Barriers to delivering disease prevention and management programs INCLUDED lack of time, knowledge, resources, and organizational support. To deliver chronic disease prevention and management, respondents indicated they need appropriate curricula, and training on use of evidence-based approaches and evaluation.

The CDPM Action Team will use the information obtained from the environmental scan to inform the development of future professional development and partnerships to support the coordination and expansion of programming to address chronic disease prevention and management.

References:


HPSC09 - Environmental Obesity Prevention Interventions in Rural Early Care & Education Settings: A hybrid approach using GoNAPSACC (Nutrition and Physical Activity Self-Assessment for Child Care) and I Am Moving, I Am Learning (IMIL)

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The purpose of the West Virginia Healthy Children Project is to improve the nutrition, physical activity and screen time environments in early care & education (ECE) settings in three high risk counties. Twenty-five ECEs were recruited, including 12 preschool/Head Start programs, 3 child care centers and 10 family childcare homes/facilities.
HPSC09 - Environmental Obesity Prevention Interventions in Rural Early Care & Education Settings: A hybrid approach using GoNAPSACC (Nutrition and Physical Activity Self-Assessment for Child Care) and I Am Moving, I Am Learning (IMIL) (con’t)

Teachers and child care providers engaged in the GoNAPSACC quality improvement processes 1-2 of self-assessment (using the child nutrition, physical activity, outdoor play & learning, and screen time modules), action planning/goal setting and received technical assistance from Extension personnel. They also were trained to implement IMIL.

Baseline assessment INCLUDED descriptive analysis of GoNAPSACC self-assessments (n=25), direct observation (n=13) using the validated Environment and Policy Assessment Observation (EPAO) tool, and a pre-assessment of IMIL practices. GoNAPSACC findings revealed some best practices (no TV during meal/snack times, not using food to calm children, not requiring children to clean plates, limiting sedentary/sitting time, verbal and participatory encouragement to increase child physical activity), and areas that need improvement to attain best practices (limited written policies, family education and professional development, gardens, and offerings of vegetables. Sixty-two goals were set at baseline, including 24 nutrition, 20 physical activity, 13 outdoor play & learning, and 5 screen time goals. Average EPAO Total Scores (20 score) were 11.56 for nutrition (SD=1.19) and 9.23 for physical activity (SD=1.69). The mean nutrition subscale scores ranged from 6.67 for nutrition policy to 16.23 for the fruits and vegetables subscale. The physical activity subscale scores ranged from 0.00 (physical activity policy) to 16.67 (staff-related physical activity behaviors). The pre-assessment of IMIL practices showed that many ECE providers are implementing more IMIL physical activity best practices, than nutrition, staff wellness and family engagement best practices. Ongoing technical assistance is being provided by county Extension personnel to help advance ECEs along the best practice continuum.

References:


   Available from: http://www.ijbnpa.org/content/4/1/29


HPSC13 - Quality Improvement in Health Systems through Collaboration between State and Local Governments

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- This presentation describes the work of the Maryland Department of Health and Mental Hygiene, Center for Chronic Disease Prevention and Control, to support the health care system in adopting population health approaches to improve health outcomes.
HPSC13 - Quality Improvement in Health Systems through Collaboration between State and Local Governments (con't)

This presentation has three main learning objectives:
- To describe the model the Center used for public health and health care collaboration;
- To describe how population health approaches can lead to sustainable systems changes in health care practices; and
- To describe how to translate successes, barriers, and lessons learned into future quality improvement work.

Beginning in October 2015, the Center collaborated with seven local health department to work with health care practices to monitor clinical quality data and to use this information to implement systems changes to improve hypertension and diabetes control among the patient population. The Center provided high level technical support by sharing best practices and resources and facilitating monthly community of practice calls. This presentation focuses on the roles of key partners involved in the project; strategies used in quality improvement; and barriers and facilitators to project implementation.

The target audience is professionals interested in improving chronic disease outcomes for patients through health systems improvements and community-clinical linkages; this includes professionals in health systems, public health, state and local government, and community programs.

As part of the project evaluation, practices reported hypertension control rates and diabetes poor control rates based on definitions in alignment with National Quality Forum (NQF) measures 18 and 59, respectively. Practices also conducted regular Plan-Do-Study-Act (PDSA) cycles to assess quality improvement changes. Process measures were
IF1a - Peer Led Sex Ed: An Exploration of Teen Council Evaluation Findings
Sarah Sutherland sarah.sutherland@ppgnhi.org Peer Education Manager, Planned Parenthood of the Great Northwest and Hawaiian Islands; Laura Foss lfoss@philiberresearch.com Data Analyst, Philliber Research and Evaluation

This Report Presentation, will share evaluation results from the Teen Council program. Teen Council peer educators are high school youth who are trained to deliver medically accurate, comprehensive sexuality education to their peers in the classroom and community. The philosophy of Teen Council, largely based on the Developmental Assets framework promoted by the Search Institute (1), focuses on providing youth with high warmth, high structure, and holding them to high expectations. Despite the literature, which shows mixed results for the rate of high quality evaluations of peer education programs(2,3). Teen Council has had continuous positive evaluation results.

Peer education programs are unique because of their reach beyond the program participants and we have attempted to show this ripple of knowledge in our evaluation. Some highlights of the evaluation include statistically significant increases in: sexuality knowledge, comfort with sexuality, and use of the most effective contraceptive methods. The benefits of the program reach beyond the Teen Council members. Friends of Teen Council members report being more likely to use protection because of what they learned from their friend on Teen Council, and 84% of audience members report learning something new about where to access sexual health services. We will also share promising results from our randomized control trial study.

References:

IF1b - Health Literacy Outreach Effectiveness: Results from “How to Talk to Your Doctor” Program
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Health literacy is a major public health issue, and one of seven major focus areas of the Cooperative Extension National Framework for Health and Wellness. Without improved health literacy, efforts to improve healthcare quality, reduce costs and reduce disparities will not succeed. A collaborative project between Arkansas Cooperative Extension Service (UACES), University of Arkansas at Fayetteville - School of Human Environmental Sciences and College of Education and Health Professions (UAF), and the University of Arkansas for Medical Sciences Center for Health Literacy (UAMS-CHL) tailored existing health literacy and health insurance literacy curricula developed by University of Maryland Extension so that it is appropriate for delivery to rural Medicaid-eligible audiences and their families. Delivery of the program also involved partnership with the Department of Human Services (DHS), which manages the Medicaid program in Arkansas, and UAMS Regional Programs, which operates clinics and provides medical education for providers in eight areas of the state. The program is currently being deployed and evaluated. The proposed presentation will cover lessons learned in the development and coordination of the project, and the results of evaluation of the program’s effectiveness. The evaluation results will include analyses of the pre- and post-tests given participants as well as 3-month follow-up interviews. The presentation is salient for healthcare providers, as well as community developers, practitioners, and Extension professionals.
IF2 - Seminar: Change to Win Program is Changing Lives in Western Maryland

Theresa Stahl  tstahl@wmhs.com Clinical Dietitian Specialist/Outpatient Community Dietitian, Western Maryland Health System

Seminar Objective: To help participants gain a deeper understanding of how the Change to Win program empowers participants to experience fuller health, lose or maintain weight, and to prevent and manage chronic diseases.

The Change to Win program is based on evidence-based research taught in the Academy of Nutrition and Dietetics’ Certificate of Training in Adult Weight Management. This 35-hour continuing professional education for Registered Dietitian Nutritionists, incorporates cutting edge research and best practices of leading practitioners in the field. Mindfulness based research is incorporated, including mindful eating and stress management techniques.

Change to Win utilizes the Academy of Nutrition and Dietetics’ Real Solutions Weight Loss Workbook, which includes the latest research in weight management and cognitive and behavior modification. It includes interactive exercises that encourage self-exploration for personalized weight loss solutions.

The target audience is employees of the Western Maryland Health System and community members interested in healthy eating, weight loss or maintenance, or preventing or managing chronic diseases. Information in the Real Solutions workbook is augmented with current topics of interest. Recipes are provided at each session.

Information provided includes healthy habits of participants in the National Weight Control Registry, basic nutrition, healthy plate, portion distortion, mindful eating, fiber, grocery shopping, label reading, food logs, smarter goals, exercise, eating out, stress management, emotional eating, thought distortions, weight maintenance and more.

Participants are encouraged to take advantage of other health and nutrition programs in the community, such as grocery store tours, support groups, Diabetes Self-Management Training Programs, Diabetes Prevention Programs, and other health promoting opportunities.

For evaluation, participants complete a survey and readiness to change form at the beginning and another survey and evaluation are completed at the end. Weight loss is calculated. Lab values, medication changes, blood pressure changes and other physical health improvements are self-reported.

IF3 - Workshop: Incorporating Text Messages into Health Education and Health Promotion Programs

Stephanie Grutzmacher stephanie.grutzmacher@oregonstate.edu Assistant Professor, Oregon State University; Ashley Munger aemunger@gmail.com Assistant Professor, California State University Los Angeles; Laryessa Worthington lengland@umd.edu EatSmart Coordinator and Erin Braunscheidel embraun@umd.edu Assistant Director, Maryland Food Supplement Nutrition Education

Text message programs have been used to effectively address a wide variety of health issues (Militello, Kelly, & Melnyk, 2012). The appeal of texting programs comes from their relatively low cost for participants and researchers, as well as their potential to reach a broad audience. Though several studies evaluate text-based health interventions, research concerning the development of evidence-based practices is limited (Hall, Cole-Lewis, Bernhardt, 2015). Learning from experience and data gathered by those who have developed and evaluated such programs can help health professionals seeking to utilize texting in health promotion do so more efficiently and effectively.

Text2BHealthy, Text4HealthyTots, and Feeding for Healthy Eating are programs that deliver or supplement nutrition education for parents of elementary or preschool aged children, developed, implemented, and evaluated by the University of Maryland Extension Food Supplement Nutrition Education Program. Drawing on our experience and existing literature (e.g., Abroms et al., 2015), this workshop will describe best practices and facilitate activities to help prepare health professionals to incorporate text messages into health education and health promotion programs. Evaluation strategies including text message-based evaluations, analysis of enrollment data, and outcome evaluations using various data collection methods will be used. The target audience for this workshop is health education professionals engaged in program planning and evaluation.
IF3 - Workshop: Incorporating Text Messages into Health Education and Health Promotion Programs

This workshop will help health professionals:

1. Evaluate the ways text message-based interventions can be used to encourage health behavior change, as well as the shortcomings of using mobile technology.
2. Explain the components necessary to plan and implement a text message-based health program after learning about formative focus groups, planning, recruitment, program implementation, and evaluation of Text2BHealthy, Text4HealthyTots, and other model programs.
3. Formulate a plan to utilize text messages in their area of health practice, including program design, recruitment, content development, and evaluation in a variety of areas of health practice.

Published research:


References:


Online Engagement

Julie England julieeng@ufl.edu Extension Agent, Family & Consumer Sciences, and Wendy Lynch wendyw74@ufl.edu Extension Agent, Family & Consumer Sciences, UF IFAS Extension

Busy lives can be unhealthy lives. Unhealthy lives can lead to chronic disease and premature death or disability. Live, lunchtime on-line education provides the opportunity to engage non-traditional audiences at home, office or on-the-go. Extension nutrition and health webinars provide easy access to research-based information to specifically address areas of concern and build learners’ knowledge and self-efficacy on healthy eating and lifestyle choices. Visually appealing and interactive sessions create a positive atmosphere and encourage audience involvement. Recorded sessions provide opportunities for those unable to attend live sessions as well as further engagement through extension websites and social media.

Equipping Educators with Tools to Celebrate Family Mealtime

Rusty Hohlt rrhohlt@ag.tamu.edu Assistant Director - Healthy Texas, Texas A&M AgriLife Extension Service

More than 40,000 contacts received educational messages about the benefits of family mealtime during Texas A&M AgriLife Extension’s “Celebrate Family Mealtime Month” this past year. Extension educators were equipped with a variety of social media messages, print media messages, educational presentations, and educational handouts in order to create a local educational campaign. In this session we will highlight the most used educational tools, how to create a toolkit, and methods for growing your educational outreach. A preview of the educational tools created and resources to help create future campaigns will be highlighted.
Do As I Say and As I Do – Pre-K Parent Intervention for Healthy Families
Karen Turner kburrelt@umd.edu Nutrition Educator, and Erin Duru embraun@umd.edu Assistant Director for Programs, University of Maryland Extension, FSNE

Parents are primary influencers for health behaviors in the home environment, yet traditionally a hard to reach audience for providing education for behavior change. One model SNAP-Ed intervention exemplifies the use of multiple unique methods to reach parents within the preschool setting. Methods embedded in Social-Ecological framework include in-person events, child-developed handouts, self-efficacy stickers, and a targeted texting program, Text4HealthyTots. Parents demonstrate significant changes in home environments around concepts of parental feeding practices, food as a reward, and increased physical activity. Maryland SNAP-Ed Healthy PreK Families Survey tool adapted from UC Davis Healthy Kids and My Child at Mealtime surveys.

References:

Increasing Completion Rates for Online Weight Loss Program: Step Up Scale Down
Odessa Appel odessa.appel@ag.tamu.edu Wellness Initiatives Assistant, Texas A&M Agrilife Extension Service

When Step Up Scale Down, a research based weight loss program based on the Dietary Guidelines for Americans, was made available for online use by educators, there were low levels of adoption and even lower levels of participant completion. In response to those low levels by educators and by participants the Online Facilitation Guide was developed to provide educators with the tools to effectively facilitate the online course and keep the participants engaged throughout the 12 weeks. In this session we will talk about each component of the facilitation guide, and possible ways to apply it to other programs.

Development of a Self-Directed Online Extension Cancer Prevention Program
Linda Bobroff, Professor, and David Diehl, Associate Professor, University of Florida

Cancer accounts for almost 25% of deaths in the US. An estimated 596,000 Americans are expected to die of cancer in 2016. Not only is cancer common, serious, and costly, many cancers are highly preventable through changes in lifestyle behaviors.¹

Extension faculty developed a theory-based², self-directed online cancer prevention curriculum designed to inform, empower, and motivate participants to make recommended lifestyle behavior changes for cancer risk reduction. A team of health professionals and educators reviewed all program materials. The evaluation measures changes in knowledge and self-efficacy for each module. Lessons and findings from the evaluation process will be shared.

References:
**Fitbit-Go Healthy**

Cindy Nelson cindy.nelson@usu.edu FCS/4-H Assistant Professor, and Suzanne Prevedel suzanne.prevedel@usu.edu FCS Assistant Professor, Utah State University

The Fitbit---Go Healthy program purpose is to assist participants in three areas: increasing steps taken each day, drinking 64oz. of water daily, and improving sleep duration (7-9 hours) and quality. Participants use the Fitbit One activity tracker, which has been proven to increase physical activity and aligns with behavior change theories (Cadmus-Bertram, 2015). Fitbit---Go Healthy has been implemented in four Utah counties to over 50 people in the past two years.

**Program impacts:**
71% of participants increased number steps, 40% of participants sleep quality/duration improved, and 88% of participants rated Fitbit---Go Healthy as good/excellent.

**Reference:**

**IF5a - Empowering Preschoolers to Become Healthy Lifestyle Messengers Through Stories, Music, Dance and Visual Tools**

Virginie Zoumenou vmzoumenou@umes.edu Professor/Nutrition and Health Program Leader, Dionne Ray dray@DANYA.COM Ex- Extension Nutrition Assistant, and Muhammad Khan mhkhan@umes.edu Web and Video Designer, University of Maryland Eastern Shore

Nutrition education has shifted the emphasis from didactic talk to the mothers towards using participatory methods and a range of communication channels (FAO, 1998). Piaget’s theory suggests that 2-7-year olds are in the pre-operational stage. The preschoolers think symbolically, use language, classify and represent objects by images and words (McLeod, 2015). Stories, music, dance, and visual tools are appropriate outlets that help preschoolers to express their energy in positive and creative way.

The present program aimed to measure the effectiveness of stories, music, dance, and visual tools on improving 3-5-year old Head Start preschoolers’ knowledge of healthy habits and gardening skills.

Approximately 300 preschoolers from three Head Start Centers on the Lower Eastern Shore of Maryland participated. A two-year longitudinal study with a control group was conducted using the “Eagle Book Series” curriculum developed by the Center for Disease Control and Prevention (CDC) in response to the burden of diabetes among Native Americans. The curriculum was evaluated among African American children (Zoumenou et al., 2015). Four lyrics with accompanying movement were created emphasizing each book’s main message. The reading of each book was followed by music, dance, and visual tools. The effectiveness of the communications channels was measured using reliable and valid surveys for preschoolers (Zoumenou et al 2015), the caregivers’ feedback, and the socio-ecological framework. All activities were videotaped. Descriptive statistics, t-test, and content analysis were used to measure preschoolers’ knowledge.

Approximately 90% of the participants were African American, and the majority understood the main message in each book and remembered the lyrics of the songs. Statistical analysis indicated that the communication channels significantly improved the preschoolers’ knowledge of the origin of food and food safety. Qualitative data indicated that preschoolers were able to share the messages learned at home with their siblings and caregivers. Overall, the communication channels used may empower the preschoolers to become healthy lifestyle messengers.
IF5a - Empowering Preschoolers to Become Healthy Lifestyle Messengers Through Stories, Music, Dance and Visual Tools (con’t)

References:

IF5b - Examining New Assessment Tools for a 4th and 5th Grade Youth Healthy Living Afterschool Program, WeCook

Ashley Walther abwalther@gmail.com Graduate Assistant, Tara Dunker tdunker2@unl.edu Program Coordinator, and Michelle Krehbiel mkrehbiel2@unl.edu Youth Development Specialist, University of Nebraska-Lincoln 4-H Youth Development

WeCook: Fun with Food and Fitness is a USDA CYFAR grant-funded afterschool program developed for 4th and 5th grade youth. The goal of the program is to engage youth in healthy eating and physical activity. Youth participate with WeCook staff and university students through a total of twenty-four 50 minute sessions for 12 weeks utilizing evidence based curriculum. Twelve sessions are spent learning basic nutrition and food preparation skills and 12 sessions are physically active games that reinforce nutrition concepts.

To evaluate the program youth took a pre/post paper surveys using the CYFAR common measures to assess gains in nutrition knowledge and increased physical activity. Two new pre/post assessment tools were created to help corroborate survey data. Youth were instructed to create a healthy plate using food models and a blank MyPlate template to illustrate their nutrition knowledge. After completing their plate a photo was taken and later scored by a graduate student. Pre-assessment showed that youth (n= 24) scored an average 3.83 of 5 groups correct which significantly increased to almost 4.5 out of the 5 food groups (p= 0.003), however, survey data showed no significant improvement.

Fitbit activity trackers are used to measure youth’s physical activity. Youth were asked to wear the Fitbits for one week at the beginning and at the end of the intervention. Data (n= 24) from year one programming showed that youth significantly increased the amount of steps taken daily and during the day. On average, youth took 7,781 steps per day at the beginning of the intervention. This significantly increased to 10,503 steps per day at the end of the intervention (p= 0.022). Youth also self-reported an increase in amount of days they were physical active for at least 60 minutes from 3-4 days to 5-6 day, however, it was not statistically significant.

IF6 - Exploration of Aging in the National Framework for Health and Wellness: The Educator’s View

James Bates bates.402@osu.edu Field Specialist--Family Wellness, The Ohio State University; Marlene Stum, Professor, University of Minnesota; Chelsey Byers Gerstenecker, Educator, University of Illinois; Leacey Brown, Field Specialist, South Dakota State University

There is perhaps no greater and far reaching demographic shift currently occurring in America than that of dramatic population aging. For instance, from 2004 to 2014, the number of individuals age 65 and older increased 28% (Administration on Aging, 2015). Extension professionals at local, state, and national levels have attempted for some time to focus attention on the challenges and opportunities of working in this area both pragmatically in terms of education and thematically in terms of policy (Gerrior & Crocoll, 2008). However, because aging is a complex construct, addressing the breadth of issues to the depth necessary to make an impact is daunting and may keep some health and wellness professionals on the sidelines. It is possible that the National Framework for Health and Wellness is a tool for thinking differently about aging.
IF6 - Exploration of Aging in the National Framework for Health and Wellness: The Educator’s View (con’t)

We will present a discussion of the role of aging in the National Framework, the needs and interests of Extension professionals related to aging programming, and future directions and opportunities for encouraging the expansion of local aging programs.

Topics will include the following:

- Moderator: Introduce the panelists and present brief demographic trends in aging.
- Panelist 1: Answer the question: What is gerontology and where does aging fit in the National Framework for Health and Wellness?
- Panelist 2: Report the results of a 12-state needs assessment conducted by the North Central Region Aging Network.
- Panelist 3: Offer an vision of next steps and future opportunities for expanding Extension programming that target various aging topics.
- Moderator: Field audience questions and responses from panelists (and members of the North Central Region Aging Network leadership).

It’s hoped that this Panel discussion will open opportunities for advancing support of aging outreach.

References:

**IF05 - Everybody Walk PA**

Karen Bracey  kbracey@psu.edu  Extension Educator, and Lynn James  lj11@psu.edu  Extension Educator,  Penn State Extension

**Program Objectives:** Participants will increase physical activity and fruit & vegetable intake during the eight week program, developing a habit of walking to continue after the program ends. Poster presentation participants will receive the information necessary to conduct a similar walking program in their community, school, or worksite.

Much is known and written about the benefits of physical activity especially walking, and most people know it is something they need to do. Most people also need some type of motivation to develop a walking exercise habit. Less than 5% of adults participate in 30 minutes of physical activity each day; only one in three adults receive the recommended amount of physical activity each week. [http://www.fitness.gov/resource-center/facts-and-statistics](http://www.fitness.gov/resource-center/facts-and-statistics)

In addition to Extension resources, motivation & exercise information comes from the Everybody Walk Organization - a partnership of national, state and local organizations, federal agencies, businesses, and professional associations that are committed to developing and implementing collective approaches that can return walking to a valued, cultural norm for all Americans. [http://everybodywalk.org/](http://everybodywalk.org/)

Target audience includes worksites, community groups and the general public. This is a web based program but with purposeful and thought out communication with all participants. An e-mail is sent every Monday morning from the program coordinator. This includes instructions for reporting mileage, links to the comments and miles from the previous week, information on increasing fruit and vegetable consumption and information on the sites we are virtually visiting. Nutrition information used is research based from the Land Grant Universities. Facebook and Pinterest were both used as social media platforms to further the reach of the information.

Post program evaluations are conducted yearly using Survey Monkey. Average evaluation results over the three years show that 55% are returning participants, 96% increased their amount of physical activity and 42% changed an eating habit as a result of the program. In addition, 92% of those with family members under the age of 18 report an increase in their physical activity, even though the youth were not directly enrolled in the program.

**IF06 - Brain Health Programs are a HOT TOPIC in Illinois**

Chelsey Byers Gerstenecker  clbyers@illinois.edu  Family Life Educator, and Molly Hofer  hoferm@illinois.edu  Family Life Educator, University of Illinois Extension

Drawing on research conducted at the University of Illinois and other academic institutions, University of Illinois Extension (UIE) Family Life Educators have developed and delivered four brain health curricula over ten years to address this issue. Curricula include Building a Better Memory for Everyday Life (2005), FIT WITS (2009), Head Strong (2012), and Hold that Thought (2015). These workshops teach participants about aging and memory change, brain health contributors, and tips to lessen everyday forgetfulness.

Each workshop is 60-90 minutes, modified by number of activities. Each curriculum includes PowerPoint presentations, interactive brain health activities and informative handouts. All programs highlight the importance of eating a heart/brain healthy diet, exercising regularly, engaging in intellectual challenges, staying socially active, getting restful sleep, and reducing stress. One of the key features of UIE’s brain health programming is that sessions can be delivered individually or packaged in a Brain Health Series to best meet community needs. Educators have also increased their outreach efforts in non-face-to-face formats through statewide webinars and their “Family Files” blog where they have re-purposed existing brain health curricula and research through ongoing blog entries. Annually, the brain health workshops are the most commonly requested programs across the state. Since 2005, the family life team has taught over 15,000 participants statewide.
IF12 - Designing a School Community-Based Policy, Systems, and Environmental (PSE)-Focused Evaluation

Nicole Finkbeiner nicole4@umd.edu Evaluation and Reporting Coordinator, and Lindsey Zemeir lzemeir@umd.edu
Evaluation and Mobile Technology Associate, University of Maryland Extension- FSNE

Research suggests that multilevel interventions which combine direct education with policy, systems and environmental (PSE) efforts are most effective at generating behavior change, especially in the field of health and nutrition behaviors.1 Recently, there has been a shift towards community programming and evaluation efforts that target PSE interventions, which promote access to healthier environments through a greater availability of healthy dietary and physical activity options. Maryland SNAP-Ed (FSNE) school-based programming expands beyond direct education to multilevel interventions that reach a diverse audience of community members, including parents and teachers, through text message-based programming, newsletters, parent engagement events, and teacher training programs. In the recent program year, FSNE expanded its evaluation plan to gather information from these diverse participants, and to capture policy and environmental level changes.

This presentation will describe the tools (either previously validated or pilot surveys) and evaluation strategies used by FSNE to assess individual, environmental, and systemic outcomes generated from multilevel programming in school sites. Individual behavioral changes are assessed through pre-post surveys for direct education participants (e.g., youth), collaborating partners (e.g., teachers or school administrators), and community members (e.g., parents of elementary- or preschool-aged children who attend SNAP-Ed eligible schools or childcare sites). Environmental and systemic outcomes are assessed through a new reporting tool created to assess priority indicators of change presented in the SNAP-Ed Evaluation Framework.2 These indicators include: the establishment of partnerships and the presence of local champions that promote healthy environments, the adoption of nutrition and physical activity supports at school sites, and the development of sustainability plans for the maintenance of healthy school environments. The design of a broader PSE-focused evaluation plan is an ongoing and complex process. The target audience for this presentation includes individuals, agencies or organizations considering moving towards a comprehensive evaluation plan to assess environmental-level outcomes.

References:


IF15 -Spend Smart. Eat Smart. Using a Mobile App and Consumer-Focused Website to Complement WIC, EFNEP, and SNAP-Ed Programming

Jody Gatewood jodyg@iastate.edu Assistant State Nutrition Program Specialist, and Christine Hradek hradek@iastate.edu Coordinator, EFNEP and SNAP-Ed, Iowa State University Extension and Outreach

The Cooperative Extension system has a long legacy of providing nutrition education programming for families experiencing poverty. In order for nutrition educators to remain relevant they must meet consumers where they are and use modern media. Spend Smart. Eat Smart. is a suite of high-quality, audience-centered online resources that are research-based and free. Content and delivery is specifically designed for a low-resource audience and material is ideal for use with EFNEP, SNAP-Ed and WIC.
IF15 - Spend Smart. Eat Smart. Using a Mobile App and Consumer-Focused Website to Complement WIC, EFNEP, and SNAP-Ed Programming (con’t)

The website content is organized around principles of good nutrition and cost savings in three different phases: Plan, Shop, and Cook. The website is home to:

- Over 150 recipes that are delicious, inexpensive and easy to prepare
- How-to videos featuring recipes and basic food prep techniques
- A grocery budget calculator

Blog and social media accounts, including a Facebook page, Pinterest, and Twitter, provide research-based tips and trusted resource links to followers multiple times each week. These resources have helped families eat healthy and stick to a budget for over seven years.

In 2015 there were 165,114 unique visitors to the website which is a 139% increase in the last 3 years. Currently there are 3,937 likes on the Facebook page and approximately 2,500 blog readers. Self-reported influence on behavior will be measured in 2017 through user surveys.

To continue meeting the needs of consumers, a free Spend Smart. Eat Smart mobile app has been created. Additional tools on the app include:

- Produce basics: Information on how to choose, clean, store and prepare fresh fruits and vegetables with ease.
- Recipe finder: Keep track of your favorite recipes from the website.
- Unit price calculator: Compare products to find the best price.

The Spend Smart. Eat Smart. resources allow educators to maintain a connection with participants following program completion ensuring continued access to healthy recipes and cost saving tools.

IF22 - Using the Five Love Languages Relationship Program to Improve Your Health

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Using the Cooperative Extension’s National Framework for Health and Wellness, our program’s aim is to increase the number of Americans who are healthy at every stage of life. The Social-Ecological model recognizes that an individual’s belief and choices are important when making healthy and safe choices. (Braun, 2014) We used The Five Love Languages program based on the book(s) written by Dr. Gary Chapman to help couples make healthy choices in their relationships.

Program Goals:

1. Participants will be able to identify each of the 5 Love Languages.
2. Participants will be able to identify their own love language(s).
3. Participants will be able to identify and use the love language of others.

The rationale for Relationship and Marriage Education (RME) programs comes from extensive research linking healthy stable couple relationships to better physical and mental health for adults, using indicators including health behaviors, longevity, lower rates of alcohol consumption, less depression, and lost work days. (Futris & Adler-Baeder, 2013). The newly revised National Extension Relationship and Marriage Education Model (NERMEN) calls educators to ground teaching in research and best practices (Futris & Adler-Baeder, 2013). Toward this end, we established an evidence base for a popular couple’s education program based on The Five Love Languages (Chapman, 2004). The program is delivered via power point, activities and group discussion and includes handouts.

Impact of the program was measured by pre/post relationship satisfaction surveys using several validated relationship related sub measures, focus group discussion and a general class evaluations. T-tests were conducted on the data to measure pre/post changes in relationships as well as transcripts from the focus groups.
IF22 - Using the Five Love Languages Relationship Program to Improve Your Health (con't)
Building stronger communities and families begin with building stronger couples. Communication, feeling appreciated and understood are important factors in healthy relationships. The Five Love Languages program helps people to have more empathy and better understand each other.

References:

IF24 - Convenient Education at Home, Work or On-the-Go: Expanding the Reach of Nutrition, Health and Chronic Disease Prevention
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Many Americans have one or more preventable, diet-related chronic diseases, including cardiovascular disease and type 2 diabetes as well as being overweight or obese. According to the CDC (2016), chronic diseases are responsible for seven of ten deaths each year.

Objectives:
1. Participants will increase knowledge and self-efficacy in healthy eating and chronic disease prevention.
2. Participants will identify at least one behavior change related to improved food choices.

Methods: An Extension nutrition team developed a series of webinars to address the need for expanded reach of chronic disease prevention and nutrition education while limiting the barriers of time, money, and travel for adult participants. Eight webinars were developed and delivered monthly from January through September, namely: Nutrition Tips for 2016, Love Your Heart, Health Benefits of the Mediterranean Diet, Breaking Down the Dietary Guidelines for Americans: What You Need to Know, How Sweet It Is, Fact or Fiction: A Guide to Reliable Nutrition Information, Organic Sustainable and Local, Oh My, and Creating Healthy Salads.

Results: There were 254 total participants with 64% participation in a post program evaluations. Most (90%) of 147 respondents increased knowledge on ways to improve their diet. Other results INCLUDED: 94% (33 of 35 respondents) increased knowledge of dietary changes specific for chronic disease prevention, 69% (68 of 99) plan to increase fruit and vegetable consumption and 87% (141 of 162) reported increased confidence in ability to maintain healthier lifestyle. A formative evaluation indicates improved healthy behaviors with a formal evaluation pending in November 2016.

Conclusions: Virtual education provides increased access to quality, research-based nutrition and chronic disease prevention education and improved dietary quality.

IF36 - When It’s Family: Elder Financial Exploitation Risk and Protective Factors
Marlene Stum mstum@umn.edu Professor, University of Minnesota

This study provides an up-to-date systematic review of what’s known from published research about elder family financial exploitation (EFFE) risk and protective factors utilizing a human ecological systems lens. It is widely agreed that the most prevalent and growing type of elder abuse is family financial exploitation. EFFE is defined as the “illegal, unauthorized, or improper use or withholding an older person’s or vulnerable adult’s funds, property, or assets”. Despite growing awareness as a problem, there is consensus that EFFE remains vastly underreported, under-recognized, and too often unaddressed.
IF36 - When It’s Family: Elder Financial Exploitation Risk and Protective Factors (con’t)

The Elder Justice Roadmap report calls for research, direct services, education, and policy as critical priorities. The findings from this content analysis of identified research (published from 2005-2016) provide a cumulative picture and visual map of EFFE of risk and protective factors associated with different family sub-systems (elder victim, perpetrator, extended family members). The critical role of physical, mental, and emotional health and well-being in understanding the complexity of EFFE is highlighted. In addition, recognized factors related to EFFE include social support, quality of relationships, a history of traumatic events, financial management knowledge and planning choices, intergenerational dependency, and entitlement beliefs.

Overall conclusions about the state of EFFE research, including strengths and challenges will be shared with the goal of informing needed EFFE research, prevention and intervention strategies. This study should interest multidisciplinary researchers, practitioners, educators, and policymakers interested in healthy and safe behaviors and choices for individuals and families in later life. An increasing population over 65+, combined with extensive wealth (money and property) to be transferred, and the risks of decision making vulnerabilities are creating a perfect storm for EFFE. The consequences for the health and wellness of elders, families, and society are too great to ignore.

References (Research Base for Elder Family Financial Exploitation: Risk and Protective Factors Session):

IF38 - Teen Advocates Strengthen 4-H Food Smart Families Program

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Teen volunteers have long been part of the 4-H program becoming contributing leaders in most content areas – science, technology, animal, consumer sciences, camping, etc. In Idaho we have a strong teen leadership pipeline from middle school through high school, however, teen volunteers did not support healthy living activities. In the spring of 2014 University of Idaho 4-H Youth Development received a National 4-H Council grant to reach 2500 youth with ten hours of nutrition education and community events. As part of our delivery plan for the new 4-H Food Smart Families (4-H FSF) we launched our healthy living teen advocate effort. Wisely partnering with the UI’s Eat Smart Idaho, College of Agriculture and Life Sciences, Family & Consumer Sciences Dietetics faculty and college interns, we were able to execute the teen advocates program statewide. The teen/adult teams taught at schools, recreation departments, Boys & Girls Club, YMCA, summer migrant programs, summer feeding sites, housing authorities and 4-H. The presentations addresses our three-year teen advocate program, teen skill development and impact.

Teens receive 14 hours of training that incorporate the Choose Health teaching methods, youth-adult partnerships, working with children, snack preparation, food and kitchen safety. The teens practice lesson and logistic planning, site set-up assessment, safety concerns, and strategies to reach a variety of learning styles in children. Teen advocates are hired and learn job application and work skills. Choose Health: Food Fun and Fitness (Cornell University 2015) and YA4-H! Youth Advocates for Health - Teens as Teachers. (Oregon State University Public Health Extension, 2015) curricula are used for the teen advocates and 4-H FSF.

From 2014 through 2016 there were 31 teens trained as advocates with 29 completing service. Three teens have been advocates for 3 years and six have committed 2 years of advocacy. Thirty percent of the teens identified as Latino, 27% were from limited-resource families and 23% were not previously in 4-H.

IF47 - Navigating the Murky Waters of Diabetes: An Online Learning Approach

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Dining with Diabetes: Beyond the Kitchen, an on-line class designed to help individuals with diabetes and their families learn to prepare healthy meals and make informed choices when eating out and grocery shopping. Components include presentations, virtual shopping tours, discussion forums, quizzes, cooking demonstrations, website links, and app reviews. Since July 2016, 357 participants have enrolled in the course and enrollment numbers are increasing. Of these, 50 have completed all modules and the final course evaluation.

Of these, 65% have diabetes or pre-diabetes. Results of the final online curriculum evaluation show that course participants report increases in their confidence to manage diabetes following completion of Dining with Diabetes, Beyond the Kitchen. The evaluation asked participants to rate their self- efficacy before versus after the class on a scale of 1 “Extremely Not Confident to 5 Extremely Confident”. After the class, 91.84% reported they were more confident that they could manage their blood sugars vs 58% before the class. Additionally 60% of participants have reported that the online class has helped them to make healthy choices when eating out, 28% reported “I have not eaten out yet since starting this online class”, 60.78% of participants have reported that is has helped them to make healthy choices when grocery shopping. When asked “What did you like about this on-line class? Example responses include: “I liked the videos. I am a visual learner and seeing as well as hearing made them easier to process”; “The ease of use online, the information that was provided was to the point and easy to follow. It was available when I was; “Convenience of being able to take it at my own time. I can watch the videos anytime and I can replay them if I didn't catch something the first time”.
Organizational Health
Concurrent Session Presentations

Farmers Grow MyPlate
Suzanne Stluka\textit{Suzanne.Stluka@sdsstate.edu} Food & Families Program Director and Karlys Wells \textit{Karlys.Wells@sdsstate.edu} Extension Associate, SDSU Extension

The school environment has an influence over the type of food children choose and can impact a large number of children to learn to eat and live healthfully. Schools have challenges to meet both food service standards and to educate youth on healthy lifestyles. Tapping the power of a Farm to School type program that includes an educational component related to MyPlate is an effective educational strategy. A review examining 15 research studies on Farm to School programs has shown that they result in students eating more fruits and vegetables per day in the cafeteria, classroom, and/or at home. Children also improve knowledge and attitudes about healthy eating and sustainable agriculture (Joshi, Azuma, & Feenstra, 2008).

MyPlate was designed by USDA to be a simple tool that even elementary school children can understand and follow in practice. Farmers Grow MyPlate utilizes MyPlate as the center for theme-based lessons with a goal to combine nutrition education with education on how food is grown and processed. Curriculum includes 5 units, one for each segment of MyPlate. Lessons in each unit include nutrition, food preparation, production/field trip, physical activity, art & craft activity, & review/ wrap up game. One or more field trips to farms or production facilities is required. Designed for K-4th grades in a classroom, summer or after-school setting. Combined with a toolkit for implementers that includes posters, visual aids, cooking utensils and physical activity supplies.

Pre- and post-surveys using the K-2 and 3-5 EFNEP surveys with additional subject-specific questions are being analyzed and results will be shared. Results from pilot tests in 2015 showed increased knowledge. Farmers Grow MyPlate has been successfully being implemented in a variety of settings including 2nd and 3rd grade classrooms, after school programs, 4-H groups and summer feeding sites. Program directors report strong participation, high interest and community support.

Developing Positive Youth Development Inclusiveness for LGBTQ Youth through 4-H
Jeff Howard \textit{jwhoward@umd.edu} State Director, 4-H Youth Development, University of Maryland Extension

The objective of the organizational health seminar is to showcase the positive elements of an organized positive youth development experience that Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) adults have identified as being significant to them during their formative years. With a focus of positive experiences for one's mental health, the goal is for audience members to leave the seminar with an understanding of basic programming elements that would create a more inclusive and welcoming environment for LGBTQ youth. Information and insight will be shared from survey results and interviews conducted in partnership with the National 4-H Working Group for Vulnerable Populations - LGBTQ Youth as well as the nationally established Agriculture Brotherhood - a private association for LGBTQ males working in agriculture. The insight provided focuses on adults who grew up in the 4-H program but did not come out as LGBTQ until adulthood. Upon workshop conclusion, the goal is for youth development practitioners to have a better understanding of the LGBTQ community and ways that they can create programmatic inclusiveness which my lead to LGBTQ youth more likely feeling welcomed and engaged.

Family Fit & Fun Challenge: Empowering Youth to Make Healthier Choices
Jen Thomas \textit{jmthomas@wmhs.com} Health Educator, Health Coach, ACE Certified Personal Trainer, Western Maryland Health System

The Family Fit & Fun Challenge is a 4-6 week program designed to engage students in 30 minutes or more of daily physical activity, healthy eating habits, and family involvement during these activities. This challenge encourages the recommended amount of daily activity healthy eating goals, from the Physical Activity Guidelines and 2015-2020 Dietary Guidelines.

Entering its 4th year, students have shown to be more active, eating better, and strengthening at-home relationships. Information on this program will be provided and the target audience is parents, community leaders, school professionals, etc. Evaluation has been assessed through the log sheets and parental feedback.
**Finding and Leveraging Your Natural Talents to Increase Individual & Organizational Wellness**

*Katie Christy* katie@activateyourtalent.com  Gallup Certified Strengths Coach, Activate Your Talent

This interactive, innovative, and inspiring program designed to help individuals and organizations understand how to find, and leverage, their natural talents to increase overall wellness.

The session begins by providing numerous resources to find natural talents (Via Character Strengths or Gallup’s StrengthsFinder Assessment). Both online tools help individuals understand their unique talents and how to leverage them to become more effective in their personal and professional life. The assessments are grounded in decades of solid research based on two fundamental assumptions:

1. Each person’s talents are enduring and unique.
2. Each person’s greatest room for growth is in the areas of their greatest strength.

Instead of pouring time and energy into marginally improving weaknesses, individuals and organizations can and should clearly identify their innate talents and be intentional about bringing those talents to bear. Gallup’s extensive research provides quantitative data to support what we have observed in our clients:

- People who focus on their Strengths are three times as likely to report having an excellent quality of life.
- People who focus on using their Strengths are six times as likely to be engaged in their jobs.
- People who use their strengths everyday have 7.8% greater productivity.
- Teams who receive strengths feedback have 8.9% greater profitability.

When individuals and organizations are operating in their sweet spot they are proven to be more competent and effective. This session will equip participants with specific knowledge, language, and tools to develop their talents into Strengths, which can be leveraged to increase engagement, productivity and profitability.

A strengths-based wellness approach allows individuals and organizations to better understand, engage, and utilize their greatest talents in order to increase overall wellness and happiness.

**Evaluation of Food Literacy**

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Throughout history, eating has been a social activity and as such, to understand social contexts is to understand food and eating patterns (Holmberg, 2014). There has been a shift in American food culture. “We are changing societally, and our values are changing, so that we are becoming more like Italians and Chinese and Thais and Spaniards, where we actually think about what we’re eating, what we ate last night, and what we’re considering eating tomorrow” (Rosenbaum, 2014, p. 19). Food literacy is a major component of health. Being food literate allows the public to make informed nutrition choices and opinions. There is a need to identify what the public understands and knows about the food they cook and/or consume. The purpose of this study is to discover what the public actually knows about food and the health benefits from food. A 31 question survey with multiple choice, fill in the blank and Likert scales style questions was developed. The responses will provide an analysis of nutrition, perceived confidence in cooking skills and knowledge of food preparation. For example, the survey will evaluate how often the participants cook, what foods they find “healthy” and how they feel about utilizing certain culinary tools. The survey will be administered to several different groups of University of [State] students during the Fall 2016 semester. It is expected that students by in large are not food literate, although their food literacy may be associated with their major field of study. Implications for an array of audiences will be developed.

**References:**

OH2 - Rethink Your Drink at School

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This workshop will provide extension professionals with the information they need to host Rethink Your Drink Week at schools in their home state/county. The Rethink Your Drink initiative seeks to encourage individuals to drink more water and fewer sugar sweetened beverages in order to improve health outcomes. The target audience includes extension educators working to provide health education to children and families.

WVU Extension Service developed and implemented the “Rethink Your Drink” public health initiative in forty one counties across West Virginia in 2014-2016. The campaign include educational sessions, social media, billboards, radio, newsletters, publications, and youth education.

In 2016, WVU Extension expanded the campaign to include a school-based education component. The program is designed for students in grades PreK-8. It is one week long and can be easily incorporated into the school day. Agents and nutrition instructors have piloted the program with positive results. During pilots of the preschool education component, 72% of parents surveyed reported that their children increased their water consumption. An additional 61% reported that their child decreased consumption of sugar sweetened beverages. Survey results from piloting the program elementary aged students show similar results. Post evaluation results include that 86% of teachers and parents surveyed reported that students had increased water consumption. An additional 64% reported that students decreased their consumption of sugar sweetened beverages. Teachers and parents completed brief, anonymous, hard copy surveys at the conclusion of the program.

Learning Objectives:

- Participants will demonstrate an understanding of strategies that can be utilized to increase water consumption and decrease sugar sweetened beverage consumption among children and teens.
- Participants will access resources and materials to assist in the initiation of the “Rethink Your Drink” at school program in their home county/state.

OH3 - Smarter Lunchrooms

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Smarter Lunchrooms is a project designed to create sustainable lunchrooms as a result of research conducted by the Cornell Center for Behavioral Economic in Child Nutrition Programs. This project uses behavioral economics with mixing and matching interventions to create a customized lunchroom that guides improved choices with less waste and increased consumption of school lunches. The Smarter Lunchroom Best Practices have been implemented in Ohio with several basic principles that support a variety of methods that has made school lunchrooms help students toward healthier selections and healthier behaviors with school lunches.

These simple strategies are low cost changes that can make a difference in a school lunchroom environment with implementation of the Smarter Lunchroom menu for student to make it easier to select healthier food choices. These behaviors through the application of evidence-based research focused on theory, principles, environmental changes and evaluation tools make the lunchroom smarter. The Best Practices evaluation and implementation guide includes: increasing number of students selecting fruit, increasing student’s selection of vegetables, increasing the number of students that select white milk, Increasing the number of students that select targeted entree, and increasing the number of students that select reimbursable meals.
**OH3 - Smarter Lunchrooms (con’t)**

**Learning Objectives:**

Increase the number of students that select Targeted Entrée white milk, fruits, vegetables and reimbursable meals.

Increase the number of students that select fruit. Moving and highlighting fruit increased sales of fruit. Naming vegetable and displaying new names with foods increase the selection. Placing the white milk first in the cooler will result increase white milk selection.

- Create nutritional awareness through taste tests and education
- Enhance lunchroom environments by low-cost makeovers strategies
- Students will consume healthy items
- Students will select and consume healthy food choices.

**OH4 - No Two are Alike: Designing and Delivering Smarter Lunchrooms Interventions for Unique Sites**

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The Smarter Lunchrooms Movement was spearheaded by researchers at Cornell University, who have developed research, training materials, conceptual framework, and best practices for creating cafeteria environments that encourage the selection and consumption of healthy foods. In Maryland, the Smarter Lunchrooms concept has disseminated through a variety of channels, including grant-funded projects through the Maryland State Department of Education, and food service staff training led by school districts. However, sustained implementation of Smarter Lunchrooms principles benefits from a program delivery format that meets the needs and limitations of individual cafeterias, addresses topics of most relevance to each site, and includes on-going training and follow up.

Food Supplement Nutrition Education (FSNE), Maryland’s SNAP-Ed program, is piloting Smarter Lunchrooms programming at partnering schools in the 16-17 school year. Complementing training activities delivered by MSDE and individual school district leadership, FSNE works with individual schools to create a tailored program of training, materials, and technical assistance that spans a whole school year. A unique aspect of FSNE’s Smarter Lunchrooms approach is the ability to connect to nutrition education occurring at the site, leveraging themes, books, and characters introduced in nutrition education lessons to promote foods on the service line.

This presentation will describe the program design process, including tools used to observe the nutrition environment; share various modes of program delivery appropriate for different types of sites; and share formative data from pilot year sites. Perspectives on developing productive partnerships will be shared by field staff.

**OH5a - Transforming Our Own Culture of Health: Extension Leaders’ Role in Promoting Adherence to Healthy Eating Guidelines**

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This presentation’s purpose is to highlight research related to organizational guidelines for foods served at meetings and events, and to suggest potential roles for leaders, particularly Extension administrators, in encouraging organization-wide healthy food practices.

Cooperative Extension's National Framework for Health and Wellness (Braun, et al, 2014) asserts that land-grant universities have the knowledge and expertise for addressing Americans’ health status and health care crisis and calls on Extension to do for the nation’s health what it did for American agriculture. Healthy Living is one of three 4-H national mission mandates, a key focus of Family and Consumer Sciences programs, and an Extension-wide impact area in numerous states.
OH5a - Transforming Our Own Culture of Health: Extension Leaders’ Role in Promoting Adherence to Healthy Eating Guidelines (con’t)

Ecological models suggest behavior is influenced by factors across individual-, social-, organizational-, and policy-level domains. Environmental changes may have more widespread and lasting effects when assimilated into policies, systems, and cultural norms. Health promotion efforts, therefore, must go beyond educating individuals to creating social, organizational, and policy-level changes.

Although research-based healthy eating guidelines are used in some states to inform food environment practices at Extension meetings and events, they may not be understood or followed (Smathers and Lobb, 2015). One statewide Extension observational assessment using a scorecard based on that state’s guidelines found an average 57% compliance and that inclusion of recommended options varied: water (93%), at least one fruit/vegetable (78%), no sweetened beverages (45%), vegetarian options (43%), and whole grains (30%) (Smathers and Lobb, 2016).

Presentation participants will recognize key findings in published research on creating healthy food environments at workplaces and events, and identify potential roles, supports, and barriers for Extension administrators seeking to promote healthy food environment practices (guideline approval, verbal support, funding for trainings and materials, adoption of procedures that enable and track compliance, etc.) based on findings from interviews with state and regional leaders about these roles.

OH5b - Maryland Charts a Collaborative Course to School Wellness, with Wellness Specialists and Champions at the Helm

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Schools with wellness teams are more likely to implement Local Wellness Policies (LWPs)[1]. Therefore, we developed (formative research) and pilot-tested (cluster-randomized trial) an intervention to enhance LWP implementation through the formation of wellness teams: “Wellness Champions for Change”.

Formative Research: school wellness stakeholder interviews (n=7) and a teacher/administrator focus group (n=7) indicated the importance of: wellness team composition, administrator/school staff engagement, training/professional development, setting clear/attainable goals, and funds to carry out wellness plans/activities.

Pilot Study: 63 elementary, middle, or high schools within 5 school systems were cluster-randomized into one of three groups: (1) WCC training: training teachers as wellness champions to lead wellness teams (2) WCC training + technical assistance (TA), and (3) delayed WCC training following pilot (control). All schools received financial resources for wellness activities. A trained Wellness Specialist for each school system delivered WCC training and provided TA. Intervention outcomes (formation of wellness teams/meeting wellness team best practices) were examined using an online survey [1] administered pre/post to school teachers/administrators (test-retest reliability= 0.7%/agreement=75.6%/Cronbach’s alpha=0.92). Post-intervention, semi-structured interviews with Champions and Specialists were conducted.

Schools in all intervention groups built wellness teams, with no difference by group. Post-intervention, teams that received WCC training + TA were more likely to conduct a needs assessment (100% versus 47%-WCC training only and 20%-control; chi-square=21.0, p<0.001). Other wellness team best practices (meeting >4 times/year, key staff representation, etc.) did not differ by group. Interviews revealed Champions were paid stipends and school systems implemented new policies/procedures during the study period to encourage wellness teams.
OH5b - Maryland Charts a Collaborative Course to School Wellness, with Wellness Specialists and Champions at the Helm (con’t)

Findings suggest factors beyond training/TA can promote wellness team formation (i.e.: financial incentives, system policies/procedures, etc.). Teams with training/TA engaged in planning activities, which may enhance productivity/sustainability. Additional quantitative/qualitative analyses will examine differences in LWP implementation by intervention group to understand the role of training/TA in enhancing implementation.


OH6a - Build a Productive Team with Positivity
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The purpose of this presentation is: to inform the audience about how positivity can improve productivity, to motivate participants to identify areas to improve, and to provide ideas and resources for teams to build a positive mindset. This presentation is based on current research and best practices to improve work engagement and productivity. Information is based on research by Barbara Frederickson at the University of Michigan, The Orange Frog: A Parable Based on Positive Psychology by Shawn Achor, and various publications by best-selling author and speaker on developing positive leaders, organizations and teams, Jon Gordon.

This presentation includes information on the potential impact that positivity can have in the workplace. Positivity can be contagious, especially when exhibited by a leader. Having a positive mindset is key to creating an atmosphere that encourages creativity. Positivity can improve employee well-being and motivation. According to research, both motivation and psychological well-being are important conditions for creativity to flourish. Positivity can have a ripple effect throughout an organization, enhancing the feeling of group membership and encouraging positive and respectful interactions with others. Positivity can inspire employees to set higher goals and show increased effort and work enjoyment. Positivity can help an organization reach extraordinary performance.

This presentation will help participants learn tips to focus on positive thinking, identify areas to improve and invest in their work teams for greater impact. This information could be utilized by directors, team leaders and educators to improve work engagement, morale, motivation and productivity. A handout will be provided that lists resources to help team leaders find additional information on ways to further develop positive productive teams in the workplace.

This program was evaluated as part of the Live Healthy Live Well signature program.

OH6b - Healthy Schools Challenge
Lisa McCoy lmccoy@umd.edu Extension Educator, University of Maryland Extension; Erin Hershey erin.e.hershey@gmail.com President, HEAL of Washington County

The objective of the Healthy Schools Challenge was to improve the nutrition, physical fitness and overall wellness of students. This challenge focused on changes in policies regarding nutritional offerings to students as well as increase physical activity in the school day. The challenge criteria was based on the Healthier US School Challenge from the national Let’s Move campaign.

As childhood obesity increases, there is a new trend of increasing chronic obesity-related diseases such as Type 2 Diabetes Mellitus (T2DM) in children (1). Both physical activity and nutrition are influential factors for youth obesity and T2DM. Only 32% of Maryland middle-school children met the recommended Centers for Disease Control guidelines of 60 minutes of physical activity a day (2). Additionally, Maryland adolescents do not typically eat recommended amounts of fruits and vegetables (3). Washington County youth obesity prevalence is 11.9%, which exceeds the state goal of 11.3% (4).
OH6b - Healthy Schools Challenge (con’t)

Enabling factors of childhood overweight and obesity are largely related to lack of access to healthy food in school and at home as well as little availability of active time in school (5, 6, 7).

The HEAL Healthy Schools Challenge INCLUDED three categories of wellness: Fuel Your Body (nutrition), Get Moving (physical activity) and Feel Your Best (mental health). Schools could select options in each category to earn points. At the end of the school year, prize money was awarded to the top three schools, based on total point accumulation. Ninety (90) percent of county schools participated in the challenge and 85% of these schools achieved “healthy school status” based on points accumulation.

Pre- and post-evaluations were conducted with teachers in the schools. A student survey was conducted with elementary and middle schools students (Grades 3-8) at the end of the school year to assess their nutrition and physical activity behaviors.

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3. Centers for Disease Control. (2013). Youth Online: Middle School YRBS.
Oh01 - Food Hero Initiative
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The Food Hero Ticket Initiative was implemented in three Bend-La Pine School District elementary schools during the spring of 2015. The purpose of this project was to encourage students to choose healthier options on a daily basis and demonstrate the ease of making healthy choices. A long term goal of this initiative is a systems change of the school lunchroom environment that supports making the healthy choice, the easy choice each day. To accomplish these goals, OSU Extension SNAP-Ed faculty and staff in partnership with school administration, created posters specifying how students can get caught being a “Food Hero” through demonstrating daily, healthy behaviors. The criteria to become a Food Hero are based on information from the 2010 Dietary Guidelines. Students that are observed by staff to be eating more fruits and vegetables and eating them first, choosing healthy drinks, trying new foods or moving more become Food Heroes! Each school tailored this program to fit the needs of their students by choosing different healthy options that define the school’s Food Hero. School staff, can help encourage and reward healthy eating and active living by awarding those participating students with a Food Hero ticket. Students write their names on the back of the ticket and deposit it in the OSU Extension Food Hero ticket box. Once a week, the principal draws a ticket. This student becomes the Food Hero of the week, their photo appears on the Food Hero bulletin board and they can receive reinforcements related to a healthy lifestyle. Research has shown that reinforcements can relate to student motivation and providing both social and tangible reinforcement optimizes behavior change. Evaluation of the program was based on administration feedback.

Oh07 - The Health Motivator
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The Health Motivator Initiative is a volunteer-led program designed to incorporate health education and activities within community groups. An annual curriculum is created with a theme that includes monthly motivational messages for a designated “Health Motivator” group member to share at meetings. Health Motivators are trained to deliver key points and engage their group members in an activity to reinforce target health behaviors. Members use a calendar to track these health habits throughout each month. Because research strongly supports the use of community volunteers as an effective method of increasing health knowledge, and improving healthy behaviors, the West Virginia University Extension Service developed the initiative in 2008. Extensive evaluations were conducted in 2011 and 2016 to discover the perceptions, impacts, and recommendations of the Health Motivators, group members, and Extension Agents. Results from 46 Health Motivator phone interviews, 265 group member surveys and 43 online Extension Agent surveys suggest that the curriculum content and its delivery is deemed beneficial. Successes were reported in areas such as increased physical activity, healthier food choices, and improved health conditions (e.g., weight loss, blood pressure). Specific recommendations were made for future program improvement. This conference presentation will explore details of the curriculum, delivery methods, and evaluation results. The curriculum may be used in a variety of community settings - civic and faith organizations, workplaces, and senior centers. The model is easily adapted by health education organizations.
**OH11 - Long Live Idaho! Let's get healthy together**

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The “Long Live Idaho! Let’s get healthy together” campaign, is a collaborative effort of multiple health partners. The campaign partners include diverse professionals from health, nutrition, education, emergency food, local foods, youth development, and physical activity fields. The committee worked together for a year, to identify a target audience, mission and goals. Team members agreed that Idaho’s target audience should be parents and caregivers. The overall mission and goal is to provide consistent messages on nutrition and physical activity guidelines for children and youth. A marketing agency was contracted to provide professional marketing services for this exciting project. The marketing agency conducted focus groups to identify what type of messages and venues would be best to promote healthy lifestyles in Idaho. The focus groups were conducted in English and Spanish with parents and caregivers. The “Long Live Idaho!” campaign was created and launched statewide at the Idaho Collaborating for Health Conference in spring of 2016.

“Long Live Idaho!” is underway with a series of four messages being distributed and displayed throughout Idaho on posters, billboards and radio. The messages are:

- Feed your kids a rainbow - serve 5 fruits and vegetables a day,
- Kids grow best in motion, encourage 1 hour of physical activity a day
- Playtime not screen time - Limit screen time to 2 hours a day
- Water is just fine, thanks! Serve water or low-fat milk instead of soda.

The tools and media utilized to distribute and display the messages will be shared with conference participants. The campaign has been very successful and is continuing to grow with new partners joining every month.

**OH14 - Assessing 4-H Club Healthy Living Practices: A Survey of 4-H Club Leaders**

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Obesity among children and adolescents is among the top public health concerns. The majority of youth do not meet the guidelines for physical activity and healthy eating. Youth development organizations can promote healthy behaviors. With health as the 4th H, through its national mission mandate, and with a variety of healthy living projects, 4-H as an organization recognizes the importance of promoting and establishing healthy habits for its members. However, some aspects of 4-H have yet to embrace health promotion. For example, the 4-H pledge emphasizes health, but in practice clubs often contradict this message by holding fundraisers selling unhealthy food items or by providing unhealthy snacks, making it difficult for youth to adhere to healthy eating guidelines.

Despite a focus at the national level, little is known about practices at the club level. Therefore, a study was conducted to better understand 4-H club practices related to nutrition and physical activity. Because no previous survey measuring 4-H club practices related to food, beverages, and physical activity was identified by the study team, an online survey was developed to better fit the purpose of the study.

Results showed that although some practices align with health recommendations, the majority of 4-H clubs surveyed were not serving healthy foods and beverages nor allowing time for physical activity during club meetings. Limited time and lack of space were identified as some of the challenges to implementing healthy living activities. The purpose of the poster is to present the results from a study of healthy living practices exhibited by a sample of our state’s 4-H clubs. Participants (Cooperative Extension, Youth Development, and Public Health Professionals) who view the poster will understand the rationale, purpose, and methods of the study and reflect on the implications of the information presented and how the results can inform practice.
**OH14 - Assessing 4-H Club Healthy Living Practices: A Survey of 4-H Club Leaders (con’t)**

**References:**


**OH20 - Formative assessment using mixed methods to develop a training program for Residential Child Care Institution (RCCI) and Non-Profit Private School (NPPS) personnel**

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The Healthy, Hunger-Free Kids Act of 2010 updated the rules and regulations related to administering school meal programs, including establishing new Professional Standards for school nutrition personnel. In 2015, OSCNP conducted needs assessments to prepare for the implementation of the Professional Standards. Findings from MSDE Administrative Reviews revealed a higher rate of non-compliance among RCCI/NPPS than among public school systems. To address challenges faced by RCCI/NPPS, OSCNP recognized the need to develop a tailored training program for these agencies, and partnered with UMD Extension to conduct a formative assessment using mixed methods approach.

The formative study systematically evaluated training needs for RCCI/NPPS staff. An initial survey conducted by OSCNP (n=20) assessed directors’ and managers’ perceived importance of key topics in operating a food service program. A second structured survey was later administered to a similar group of managers/directors (n=38) to assess the perceived difficulty associated with the identified tasks for themselves and their staff, followed by in-depth interviews of selected participants (n=7) to explore potential strategies to overcome barriers. Survey results showed that menu planning tasks were rated highly important and most difficult, including: meeting USDA guidelines (100% rated important, 37% rated difficult for managers/directors [M/D]), calculating meal components (100% rated important, 24.1% rated difficult [M/D]), writing standardized recipes (90% rated important, 34.8% rated difficult [M/D]), and performing nutritional analysis (95% rated important, 31% rated difficult [M/D]); generally, difficulty ratings were higher for staff than for directors/managers. The in-depth interviews highlighted areas for training efforts, including more opportunities for networking among RCCI/NPPS, creation of templates for menu planning/recipe development, and sharing of resources among RCC/NPPS. The training programs will ensure that RCCI/NPPS are able to (1) meet USDA’s professional standards guidelines, (2) meet or exceed current program requirements, and (3) enhance food quality, appearance, and nutritional profile of school meals.
University of Maryland Extension serves as the host organization for the 2017 National Health Outreach Conference. Extension Administration and Family & Consumer Sciences faculty and staff went ‘above and beyond’ to support the conference in terms of effort and resources. Interim Associate Director for Extension Dr. Tom Porter’s remarks will reiterate the value of community based education and outreach, and the difference it is making in communities across this country.

The College of Agriculture and Natural Resources has been a generous partner by supporting and hosting the Conference website, as well as administrative leadership support for working collaboratively to create ‘cultures of health’ in communities across this state, nation, and world. Dean Craig Beyrouty’s remarks will highlight critical linkages where agriculture, nutrition, and health intersect, and how our collective work is essential to a healthy and thriving future.

UMD School of Public Health is a long-time partner and collaborator with University of Maryland Extension on campus and in communities, as we work together to promote healthy living at every stage of life. Dean Boris Lushniak’s welcoming remarks will set the stage for working collaboratively for greatest potential impact. As our partner for this conference, the School of Public Health provided ten scholarships for SPH students, offering them the opportunity to connect with outreach professionals from across this country, as well as learn about the amazing work that is happening at the grass roots level every day.

The National Institute of Food and Agriculture (NIFA), an institute within USDA, is Extension’s federal partner, providing leadership, expertise and guidance to land grant universities and others across this country focusing on national priorities. NIFA was the founding partner of what was originally the “Priester Health Conference”, which has since transformed into today’s National Health Outreach Conference. NIFA lends ‘institutional memory’ for land grant university health outreach, as well as expertise and support to this conference as it moves about the country and is hosted and convened by a different land grant university each year.
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