OAES/OCES 2007-2011 Plan of Work

Name of DASNR Initiative Team:

HUMAN NUTRITION, FOOD SAFETY, AND
HUMAN HEALTH AND WELL-BEING

Contacts:

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Other Information:

This is the Oklahoma Cooperative Extension Service
Family and Consumer Sciences
Food, Nutrition and Health impact program,
titled “Healthy Oklahoma.”
1. **Actions taken to seek stakeholder input that encourages their participation. (Check all that apply.)**
   - x Use of media to announce public meetings and listening sessions
   - x Targeted invitation to traditional stakeholder groups
   - x Targeted invitation to non-traditional stakeholder groups
   - □ Targeted invitation to traditional stakeholder individuals
   - □ Targeted invitation to non-traditional stakeholder individuals
   - □ Targeted invitation to selected individuals from general public
   - x Survey of traditional stakeholder groups
   - x Survey of traditional stakeholder individuals
   - □ Survey of the general public
   - □ Survey specifically with non-traditional groups
   - □ Survey specifically with non-traditional individuals
   - □ Survey of selected individuals from the general public
   - x Other: State Advisory Coalition

**Write your brief explanation here.**

- Purchase (regional market) advertising inviting public to attend five regional community forums located around Oklahoma.
- Mail invitations to participate in community forums, including traditional stakeholder groups such as Oklahoma Home and Community Education, school staff, government agencies, 4-H families, etc.
- Mail invitations to targeted non-traditional groups, including Native Americans, African Americans, Hispanics and pregnant and lactating women.
- Survey of traditional stakeholders—school administrators, teachers, counselors and after school directors in 34 counties of Oklahoma
- Survey of school students, students’ parents, 4-H members, 4-H parents and 4-H Adult volunteer Leaders.
- A minimum of two meetings per year with a State Advisory Coalition specifically for Healthy Oklahoma impact program.
2(A). A brief statement of the process that will be used by the recipient institution to identify individuals and groups who are stakeholders and to collect input from them. (Part - 1)

Initiative team members identify individuals and groups who are stakeholders at the local, regional and state level. These stakeholders are asked to provide input via a variety of methods ranging from county program advisory committees twice each year, town hall meetings, deliberative forums and *state advisory coalitions (listed below).

1. Method to identify individuals and groups. (Check all that apply.)
   - Use Advisory Committees
   - Use Internal Focus Groups
   - Use External Focus Groups
   - Open Listening Sessions
   - Needs Assessments
   - Use Surveys
   - Other

Write your brief explanation here.

- Advisory Committees—an initiative team Advisory Coalition will be used. This coalition will meet at least twice each year.
- Internal Focus Groups—the team will operate using several committees. A Steering Committee will be active early in the process; deliberative forums will be conducted with the team members.
- Open Listening Sessions—we conduct community forums in five regions of Oklahoma.
- Needs Assessment—one form of needs assessment will include county program advisory committees, conducted twice each year, for the entire program cycle; team members will also be assessed for needs to address the priority issue.
- Surveys—several surveys will be used, examples include a survey of school staff and a survey of youth (students &/or 4-H members) and adults (parents &/or 4-H parents & volunteers)

**Healthy Oklahoma State Advisors**
Susan Allen, M. Ed.
Director of Consumer Information & Education
Oklahoma Beef Council

Gloria Burrell
Head Start Child Nutrition Specialist
Community Action Agency

Dr. Stephanie Curtis, Ed. D.
Administrative Coordinator NET
Child Nutrition Programs
Oklahoma State Department of Education

Jamie Dunnington, MPH
Program Associate
Oklahoma Fit Kids Coalition

Heather Duvall, MA
Oklahoma Fit Kids Program Coordinator
Oklahoma Institute of Child Advocacy

Dr. Lisa Horn, Ed. D.
Assistant Superintendent of Special Services
El Reno Public Schools

Joy Leuthard, MS, LSWA
Director of Health Care Policy & Research
Oklahoma State Medical Association

Robert “Bob” Zumwalt, PFS
Reach 2010 Program Coordinator/Physical Fitness Specialist
Wichita and Affiliated Tribes

Stakeholder Input - Page 3
2(B). A brief statement of the process that will be used by the recipient institution to identify individuals and groups who are stakeholders and to collect input from them. (Part - 2)

Initiative team members identify individuals and groups who are stakeholders at the local, regional and state level. These stakeholders are asked to provide input via a variety of methods ranging from county program advisory committees twice each year, town hall meetings, deliberative forums and state advisory coalitions

1. Methods for collecting Stakeholder Input. (Check all that apply.)
   - Meeting with traditional Stakeholder groups
   - Survey of traditional Stakeholder groups
   - Meeting with traditional Stakeholder individuals
   - Survey of traditional Stakeholder individuals
   - Meeting with the general public (open meeting advertised to all)
   - Survey of the general public
   - Meeting specifically with non-traditional groups
   - Survey specifically with non-traditional groups
   - Meeting specifically with non-traditional individuals
   - Survey specifically with non-traditional individuals
   - Meeting with invited selected individuals from the general public
   - Survey of selected individuals from the general public

   - Other: Partners—County and State levels

Write your brief explanation here.

- Meeting with traditional Stakeholder groups: Advisory Committees at county and state level, school staff at local level
- Survey of traditional Stakeholder groups: school administrators, teachers, counselors and after school directors.
- Meeting with traditional Stakeholder individuals: directors of various community agencies, government agencies such as County Health Departments’ Health Educator; School Nurse, Physical Education teacher, Health teacher
- Survey with traditional Stakeholder individuals: survey with youth (students and 4-H members) and adults (parents, 4-H volunteer leaders).
- Meet with general public: five regional community forums.
- Meet specifically with non-traditional groups: Latinos
- Other: Partners, at the local, county and state levels
3. A statement of how the input will be considered. (Check all that apply.)

- In the Budget Process
- To Identify Emerging Issues
  - Redirect Extension Programs
  - Redirect Research Programs
- In the Staff Hiring Process
- In the Action Plans
- To Set Priorities

☐ Other

Write your brief explanation here.

- Budget Process: input will be considered as the team prepares and submits various grants to fund related needs beyond budget available (such as a “family newsletter” for students participating in the program)
- Identify Emerging Issues: State Advisors, and partners at county and state level, help keep initiative team informed of emerging issues and needs across the state.
- Staff Hiring Process: by considering needed adjustments to position descriptions when vacancies occur, to insure we remain relevant and have the human resources to respond adequately and appropriately
- Action Process: input is included in the initiative team’s Logic Model, our guide for action; including both youth and adult components
- Set Priorities: Stakeholders help identify behaviors which, when taught by Extension Educators and applied by youth and adult participants, have greatest potential to cause a decrease in incidence of obesity & overweight. Help identify and prioritize needs of families for support beyond informal and formal education settings, such as family newsletters, tip sheets for parents, etc

Add Planned Program
Enter the name of the Planned Program.
HEALTHY OKLAHOMA

Enter the program Knowledge Area(s) (up to 10) and a percentage for each (total 100%).

<table>
<thead>
<tr>
<th>KA Code</th>
<th>Knowledge Area</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>703</td>
<td>Nutrition Education and Behavior</td>
<td>50</td>
</tr>
<tr>
<td>724</td>
<td>Healthy Lifestyles</td>
<td>50</td>
</tr>
</tbody>
</table>

Grand Total 100

Number of years the Program has been in existence.

- New (One year or less)
- Intermediate (One to five years)
- Mature (More than five years)

Expected future Program duration.

- Short-Term (One year or less)
- X Medium-Term (One to five years)
- Long-Term (More than five years)

Enter brief summary about your Planned Program.

Over the past decade, the percentage of overweight youth has steadily increased in Oklahoma. As many as one in five Oklahoma children are significantly overweight or obese. Among children and adolescents, obesity increases the risk of diabetes, hypertension, hypercholesterolemia, cardiovascular disease, gall bladder disease and arthritic. The health of Oklahoma children can be improved by increasing knowledge, skills, attitudes and behaviors related to food, physical activity and body image.
Planned Program (Situation)

1. Name of the Planned Program.

   HEALTHY OKLAHOMA

2. Situation and priorities.

   **Priorities: “Healthy Oklahoma” Team’s Top 5 Priorities**

   The team selected five priorities relevant to this initiative including; increase in overweight, poor dietary intakes, increase in diabetes, high heart disease death rates and food safety. Of these priorities, the team selected **increase in overweight/obesity** as the major priority the impact team will address for the long term program cycle. Overweight in itself is a risk factor for diabetes and heart disease. In addition, overweight is addressed through improving poor dietary and physical activity habits. Food safety can also be addressed through programs related to poor dietary habits. These priorities are summarized below.

   **Priority 1: Increase in Overweight/Obesity**

   **What is the current situation?**

   As many as one in five Oklahoma children are significantly overweight or obese. Among children and adolescents, obesity increases the risk of diabetes, hypertension, hypercholesterolemia, cardiovascular disease, gall bladder disease and arthritis. The health of Oklahoma children can be improved by increasing knowledge, skills, attitudes and behaviors related to food, physical activity and body image. Over the past decade, the percentage of those overweight has steadily increased in Oklahoma. Over half of Oklahoma’s adult population has been classified at risk for health problems related to being overweight. One in every five Oklahoma children is overweight or obese.

   **Why is this issue critical to Oklahoma communities?**

   Oklahoma communities are experiencing the economic burden of overweight. The health-related economic cost of overweight to business is substantial and as much as 36 percent of health care costs relate to overweight. Recent research indicates that overweight contributes to higher costs for health care services and medications than either smoking or drinking. Additional expenditures for overweight are borne through health, life, and disability insurance and paid sick leave. Significant health problems have been attributed to overweight. Among adults overweight contributes to heart disease, stroke, diabetes, arthritis, certain cancers, and other chronic diseases and conditions. Among children and adolescents, overweight increases the risk of hypertension, high blood cholesterol, and diabetes. Oklahoma’s death rates for heart disease, cancer, and stroke all exceed national averages.
Priority 2: Poor Dietary Intakes

What is the current situation?

Oklahomans know they need to eat well to be healthy yet we continue to observe an increasing number who are overweight and suffer from chronic illness associated with poor diet. A majority fail to meet the minimum recommended number of daily servings from the USDA MyPyramid grains; fruit; vegetable; and milk groups. In addition, we continue to see total fat and simple sugar intake exceed recommendations. Young children, adolescents, young and working families, and people living alone are particularly at risk. Barriers to better eating include a lack of time, knowledge, skill, motivation and money.

Why is this issue critical to Oklahoma communities?

People who are overweight are at risk for health problems including heart disease, stroke, diabetes, arthritis, certain types of cancer, and other chronic diseases and conditions. Over half of Oklahoma’s adult population has been classified at risk for health problems related to being at risk for overweight or are overweight. In addition, as many as twenty percent of Oklahoma children are significantly overweight. The last census reported that 60% of Americans are in households of two or less, and 26% are single. Only 23% are couples with children. Cooking for small numbers can be more difficult since recipes are usually written for 4 or more. There may also be less motivation when children are not present in the household. Learning overcome barriers and to make healthy foods and healthy food choices at home, at school or work, for snacks, and when eating away from home could improve health, reduce health care costs and reduce family food expenses.

Priority 3: Increase in Diabetes

What is the current situation?

Diabetes is a chronic disease characterized by high levels of blood sugar, due to defects in insulin production, insulin use, or a combination of both. Diabetes is major risk factor of heart disease, which is the leading cause of death in Oklahoma and the nation. Individuals with diabetes are two to five times more likely to die from heart disease and stroke.

Why is this issue critical to Oklahoma communities?

The health and economy of Oklahoma adversely affected by a rising tide of diabetes. The economic cost of diabetes is substantial. The difference in average costs between treating persons with diabetes versus persons without diabetes for the same diagnoses is equal to $126,305.15. People with diabetes have a longer average length of hospital stay of 188 days. Diabetes is one of the most common serious chronic diseases, the 7th leading cause of death. Oklahoma has over 402,566 cases
of diabetes, and about 1,800 annual deaths from diabetes. Oklahoma ranks 35th in the nation, with 11.3% age-adjusted rate per 100,000 population and 19.4% per 100,000 standardized population, crude death rate. Diabetes is the leading cause of adult blindness, end-stage renal disease, and lower extremity amputations. Mothers with diabetes are more likely to have babies with birth and metabolic defects, and also premature babies. The cost of Diabetes in Oklahoma is over $180,998,509,000.00. An increase in the aging and minority population, and overall increase in prevalence of obesity do contribute to the diabetes problem in Oklahoma.

**Priority 4: Increase in Heart Disease Death Rates**

**What is the current situation?**

Heart and blood vessels, also called cardiovascular diseases (CVD), are the leading cause of deaths in the country. More than 2,600 Americans die each day of CVD accounting for about half a million deaths each year. In 2002 cardiovascular diseases cost the nation an estimated $329.2 billion, including health expenditures and lost productivity (AHA, statistical update, 2002). One of the objectives of Healthy People 2010 is to reduce the coronary heart disease death rate in the nation from a base line of 208, to 166 per 100,000 persons by the year 2010.

**Why is this issue critical to Oklahoma communities?**

Heart Disease is the number one cause of death in Oklahoma and the United States. The death rate due to Heart Disease is 15% higher in Oklahoma than the United States rate. Ischemic Heart Disease comprises more than half of all cardiovascular disease deaths in Oklahoma and nationally. Three of the five primary contributors to heart disease relate to behavior choices: tobacco smoking, physical activity and obesity, and nutrition. Unfortunately Oklahoma exceeds national rates in nicotine addiction, overweight, and lack of exercise.

**Priority 5: Food Safety**

**What is the current situation?**

More than 250 food borne diseases have been described. Symptoms vary widely with diarrhea and vomiting the most common. Food borne illnesses are caused by many different bacteria (e.g., Campylobacter, Salmonella, E. coli O157:H7), viruses (e.g., hepatitis A), parasites (e.g., Giardia, Cyclospora), and natural and manmade chemicals (e.g., mushroom toxins and heavy metals). It is estimated that food borne diseases cause 76 million illnesses, 325,000 hospitalizations, and 5,200 deaths in the United States each year. Known pathogens account for an estimated 14 million illnesses, 60,000 hospitalizations, and 1,800 deaths annually. Medical costs and lost wages due to food borne salmonellosis, only 1 of many food borne infections, have been estimated to be more than $1 billion/year. All persons are at risk of food borne illness but pregnant women, infants, the elderly and the immunocompromised at
greatest risk of serious illness and death. All livestock markets require people, including youths, that sell even one pig must be Pork Quality Assurance certified. Extension educators are involved in this process. A similar program exists for beef though it is not mandatory at this time. Consumers have concerns about the safety of plant and animal food production practices including the use of chemicals, production methods that involve bioengineering, and unsafe processing methods.

Why is this issue critical to Oklahoma communities?

The population of Oklahoma continues to age, increasing the size of the group at greater risk. Higher numbers of food product recalls decreases consumer confidence in the food supply and can result in decreased consumption of associated foods and less healthful diets. Decreased consumption reduces profitability of Oklahoma agriculture and hurts the state economy. Pork Quality Assurance certification lasts only two years. Thus many Oklahoma pork producers and youth showmen need to go through the program annually. Those that attend the training are better equipped to maintain quality, reducing food safety risk factors. Making food safe in the first place is a major effort, involving the farm, the production plant or factory, and other points from farm to table. Many different groups in public health, industry, regulatory agencies, and academia have roles to play in making the food supply less contaminated. Consumers can promote general food safety with their dollars, by purchasing foods that have been processed for safety and by following five precautions: cook, separate, chill, clean and report. Decreasing the incidence of food borne illness can positively affect the health and health care costs of Oklahomans and have a positive impact on the food industry.

3. List the assumptions made for the Program.

- All team members will participate.
- Team members will experience “customer acceptance” --schools, after school programs, community youth groups will allow the program to be taught.
- The focus issue of Obesity/Overweight is a long-term challenge citizens of Oklahoma will battle.
- Adults and youth participating in program delivery and evaluation will answer evaluation honestly.

4. Write the ultimate goal(s) of this Program here.

- Oklahoma citizens will have decreased risk factors associated with obesity and overweight
5. Scope of this Program. (Check all that apply.)
   X In-State Extension
   □ In-State Research
   X Integrated Research and Extension
   □ Multistate Extension
   □ Multistate Integrated Research and Extension
   □ Multistate Research
Planned Program (Inputs)

1. Name of the Planned Program.

HEALTHY OKLAHOMA

2. Inputs.

- Time of professionals and support staff
- Funds for training, promotional items; purchasing developing or adapting curriculum; recognition/celebrations of successes during program cycle;
- Preparation of technology for use with youth &/or adults
- Partners—local, county and state
- Volunteers

Will you be expending formula funds or state-matching funds on this Program?

Yes____  No__X__

Will you be expending funds other than formula funds or state matching funds on this Program?

Yes__X__  No____

3. Enter the estimated amount of professional FTEs/Sys to be budgeted for this Program. The time indicated below is for state and district staff associated with this team, and does not include the time of county extension educators.

<table>
<thead>
<tr>
<th>Year</th>
<th>Extension FTE</th>
<th>Research FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>0.80 FTE</td>
<td>0.10 FTE</td>
</tr>
<tr>
<td>2008</td>
<td>0.80 FTE</td>
<td>0.10 FTE</td>
</tr>
<tr>
<td>2009</td>
<td>0.80 FTE</td>
<td>0.10 FTE</td>
</tr>
<tr>
<td>2010</td>
<td>0.80 FTE</td>
<td>0.10 FTE</td>
</tr>
<tr>
<td>2011</td>
<td>0.80 FTE</td>
<td>0.10 FTE</td>
</tr>
</tbody>
</table>
Planned Program (Outputs)

1. Name of the Planned Program.
   HEALTHY OKLAHOMA

2. Outputs.

Please enter a very brief description of the activities you are planning, a couple of sentences, phrases, or bullets will do.

- Training of team
- Development of new curricula
- Adaptation & supplementation of existing curricula
- Development of marketing materials
- Development of surveys, evaluation tool
- Programming by team
- Searching out and applying for appropriate grants

Choose the type(s) of methods used in your program.

<table>
<thead>
<tr>
<th>Direct Methods</th>
<th>Indirect Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education Class</td>
<td>Public Service Announcement</td>
</tr>
<tr>
<td>Workshop</td>
<td>Newsletters</td>
</tr>
<tr>
<td>Group Discussion</td>
<td>Billboards</td>
</tr>
<tr>
<td>One-on-One Intervention</td>
<td>TV Media Programs</td>
</tr>
<tr>
<td>Demonstrations</td>
<td>Web sites</td>
</tr>
<tr>
<td>Other1</td>
<td>Other: Social Marketing in youth settings</td>
</tr>
<tr>
<td>Other2</td>
<td>Other2</td>
</tr>
</tbody>
</table>


Youth, 3rd through 8th grades; an adult component will be developed

Enter the target for the number of persons (contacts) to be reached through direct and indirect contact methods.

<table>
<thead>
<tr>
<th>Year</th>
<th>Direct Contacts Adults</th>
<th>Indirect Contacts Adults</th>
<th>Direct Contacts Youth</th>
<th>Indirect Contacts Youth</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td>300</td>
<td>1,000</td>
<td>1,200</td>
<td></td>
</tr>
<tr>
<td>2009</td>
<td>300</td>
<td>1,000</td>
<td>1,200</td>
<td></td>
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<td>2010</td>
<td>300</td>
<td>1,000</td>
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</tr>
<tr>
<td>2011</td>
<td>300</td>
<td>1,000</td>
<td>1,200</td>
<td></td>
</tr>
</tbody>
</table>

(Standard Research Target) Number of patents?

<table>
<thead>
<tr>
<th>Year</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>0</td>
</tr>
<tr>
<td>2008</td>
<td>0</td>
</tr>
<tr>
<td>2009</td>
<td>0</td>
</tr>
<tr>
<td>2010</td>
<td>0</td>
</tr>
<tr>
<td>2011</td>
<td>0</td>
</tr>
</tbody>
</table>
**Planned Program (Outputs) / Add Output Target Measure**

This is where you get to set your own output measures if you so choose. You may have more than one output measure you define, if so copy this page and use a new page for each measure.

1. Name of the Planned Program.

   HEALTHY OKLAHOMA

2. Add output target.

<table>
<thead>
<tr>
<th>Year</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>Improved food, nutrition and physical activity behaviors including: increased take of dairy foods, fruits and vegetables, increased water intake, increased consumption of breakfast, making healthy snack choices, making healthy choices when eating out, increased use of nutrition facts labels, increased hand washing, increased time participating in physical activity.</td>
</tr>
<tr>
<td>2008</td>
<td>Improved food, nutrition and physical activity behaviors including: increased take of dairy foods, fruits and vegetables, increased water intake, increased consumption of breakfast, making healthy snack choices, making healthy choices when eating out, increased use of nutrition facts labels, increased hand washing, increased time participating in physical activity.</td>
</tr>
<tr>
<td>2009</td>
<td>Improved food, nutrition and physical activity behaviors including: increased take of dairy foods, fruits and vegetables, increased water intake, increased consumption of breakfast, making healthy snack choices, making healthy choices when eating out, increased use of nutrition facts labels, increased hand washing, increased time participating in physical activity.</td>
</tr>
<tr>
<td>2010</td>
<td>Improved food, nutrition and physical activity behaviors including: increased take of dairy foods, fruits and vegetables, increased water intake, increased consumption of breakfast, making healthy snack choices, making healthy choices when eating out, increased use of nutrition facts labels, increased hand washing, increased time participating in physical activity.</td>
</tr>
<tr>
<td>2011</td>
<td>Improved food, nutrition and physical activity behaviors including: increased take of dairy foods, fruits and vegetables, increased water intake, increased consumption of breakfast, making healthy snack choices, making healthy choices when eating out, increased use of nutrition facts labels, increased hand washing, increased time participating in physical activity.</td>
</tr>
</tbody>
</table>
**Planned Program (Outcomes) / Add Outcome Target Measure**

This is where you get to set your own outcome measures. They provide no standard measures so you must define one or more outcome measures. You will likely have more than one outcome measure, so **copy this page and use a new page for each measure.**

1. Name of the Planned Program.

   **HEALTHY OKLAHOMA**

2. Add Outcome Target

   **Outcome Measure:**

   20% of participants will demonstrate Improved food, nutrition and physical activity behaviors such as: increased take of dairy foods, fruits and vegetables, increased water intake, increased consumption of breakfast, making healthy snack choices, making healthy choices when eating out, increased use of nutrition facts labels, increased hand washing, increased time participating in physical activity.

   **Outcome Type:**

   - [ ] Short-Term Outcome Measure
   - [ ] Medium-Term Outcome Measure
   - [ ] Long-Term Outcome Measure

<table>
<thead>
<tr>
<th>Year</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>20% of 1,200 =240</td>
</tr>
<tr>
<td>2008</td>
<td>20% of 1,200 =240</td>
</tr>
<tr>
<td>2009</td>
<td>20% of 1,200 =240</td>
</tr>
<tr>
<td>2010</td>
<td>20% of 1,200 =240</td>
</tr>
<tr>
<td>2011</td>
<td>20% of 1,200 =240</td>
</tr>
</tbody>
</table>
Planned Program (Outcomes)
1. Name of the Planned Program.
HEALTHY OKLAHOMA

2. External factors which may affect outcomes. (Check all that apply.)

☐ Natural Disasters (drought, weather extremes, etc.)
☑ Economy
☐ Appropriations changes
☑ Public Policy changes
☐ Government Regulations
☐ Competing Public priorities
☐ Competing Programmatic Challenges
☑ Populations changes (immigration, new cultural groupings, etc.)
☐ Other _______________

**Brief explanation of external factors which may affect the outcomes.**

Changes in economy may affect participants consumption of fruits and vegetables in addition to diary and whole grain products

Public policy changes in schools, such as school wellness policies, may affect participants healthy food choices and participation in physical activity

Changes in population may affect participants' consumption of fruits and vegetables in addition to diary and whole grain products.

3. Evaluation studies planned. (Check all that apply.)
☐ After Only (post program)
☐ Retrospective (post program)
☒ Before-After (before and after program)
☐ During (during program)
☐ Time series (multiple points before and after program)
☐ Case Study
☐ Comparisons between program participants (individuals, group, organizations) and non-participants
☐ Comparisons between different groups of individuals or program participants experiencing different levels of program intensity.
☐ Comparison between locales where the program operates and sites without program intervention
☐ Other ___________________

**Brief explanation of your evaluation studies planned.**

Program participants will complete a pre/post questionnaire.

4. **Data collection methods.** (Check all that apply.)

☒ Sampling
Whole population Survey (Mail, Telephone, On-Site). (Check all that apply.)
- Mail
- Telephone
- On-Site Interview.
- Structured
- Unstructured
- Case Study
- Observation
- Portfolio Reviews
- Tests
- Journals
- Other

**Briefly explain any data collection methods.**

Participants in the program will be pre/post testing representing a population sample.