FOSTERING COMMUNITY WELLNESS THROUGH NUTRITION AND PHYSICAL ACTIVITY AT K-STATE RESEARCH AND EXTENSION

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Agenda

- Introduction
- Literature Review
- Practicum Theory Application
- Methods
- Results
- Discussion
 - Public Health Magnitude

INTRODUCTION

Introduction

- Obesity
 - Chronic diseases (diabetes, cardiovascular disease, and metabolic disorders)
 - Lower socioeconomic status (SES) and minority background (Tukcer-Seely, Li, Sorensen, & Sabramaniam, 2011)
 - Physical Activity (PA)
 - Child and adults from lower SES are more likely to be less physically active and have higher rates of obesity (Burgie, et al., 2010; Dubois & Girard, 2006; Semmler, Ascroft, van Jarrsveld, Carnell & Wardle, 2008).
- PA and nutrition can reduce the effects of obesity and its related co-morbidities

Program Activities

 Expanded Food and Nutrition Education Program (EFNEP)

• Worksite Wellness, *Take 10*

Pressure-cooking class



Take 10



Program Description: EFNEP

- Goals and objectives
 - Nutrition Education
 - Move More



- Targets low-income adults with <u>limited resources</u> who are responsible for food preparation
- Small groups or one-on-one with clients

Participants receive a certificate at end of course



A Need for Kansans?

- Over 18% of Kansans have low income and 13% are in poverty(US Census Bureau, 2010)
- In 2010, Kansas EFNEP participants
 - 53% were at or below 100% poverty level and 29% were non-White
 - Over 1300 Kansas families with over 2,000 children



Logic Model

Expanded Food and Nutrition Education Program (EFNEP) Logic Model: K-State Research and Extension

Statement of Problem: Poorer welfare of those with limited resources

Inputs

K-State Research and Extension

Volunteers

Curriculum

Facilities and Equipment

Community Support

Program Leader

Financial Resources— Funding from USDA

Activities

EFNEP Recruitment
Breastfeeding educ.
and promotion

Food Safety Education

Food Budget Management

Physical Activity (PA) Education

Prepare 5-minute bouts of PA

Develop PA guestionnaire

Educate participants on programs/resources within community

Outputs

Participants will include KS consumers of all ages and income Enrolled 14 participants in both

EFNEP classes

Developed 9 EFNEP lessons to include 8 nutritious recipes

Developed nine 5-minute bouts

Developed one PA questionnaire for parents and child of EFNEP

Increase awareness of social support in local community

Short-Term Outcomes

Participants will increase in awareness and knowledge of means to access high quality foods with multiple resources

Participants will possess the skills to access low cost nutritious meals

Participants will increase their awareness of the benefits of breastfeeding for their infants and families

Improved diets and nutritional welfare of Kansas families

Participants will increase their knowledge and skills to access food

Increase knowledge of proper food safety

Increased knowledge of additional resources for food security and how to shop for less

Increased physical activity

Long-Term Outcomes

Increased number of low income families that have adequate, safe, high quality foods

Lower public health cost of health care and health insurance and increase number of productive, contributing community members

Improve the lives of those with limited resources.



EFNEP Curriculum

Introduction to EFNEP

Introduction to EFNEP

Moving More, Everyday, Everywhere

- Choosing to Move More Throughout the Day
- Choose, Plan, Do for a Healthier You
- Healthy and Strong

Moving More, Watching Less

• Limit TV

Eating Smart at Home

- Plan: Know What's for Dinner
- Shop: Get the Best for Less
- Fix it Fast, Eat at Home
- Shop for Value, Check the Facts
- Fix it Safe
- Choosing More Fruits and Vegetables
- Smart-size Your Portions and Right-size You

Eating Smart on the Run

- Making Smart Breakfast Choices
- Making Smart Lunch Choices
- Making Smart Choices When Eating Fast Food
- Making Smart Choices When Eating Out
- Making Smart Drink Choices

Eating Smart Throughout the Life Cycle

- Pregnancy
- Breastfeeding
- Infants
- Children
- MyPyramid: Steps to a Healthier You



EFNEP Curriculum for Practicum

- Week 1—Introduction to EFNEP/My Pyramid: Steps to a Healthier You
- Week 2—Choose, Plan, Do for a Healthier You/Children/Limit
 TV
- Week 3—Choosing More Fruits and Vegetables
- Week 4 Smart-size Your Portions and Right-size You
- Week 5—Shop: Get the Best for Less/ Shop for Value, Check the Facts
- Week 6—Fix it Safe
- Week 7—Meal Time Mania (Making Smart Breakfast Choices/Making Smart Lunch Choices/Plan: Know What's for Dinner)
- Week 8—Making Smart Choices When Eating Fast Food/Make Smart Choices When Eating Out/Making Smart Drink Choices
- Week 9—Conclusion/Healthy and Strong



Physical Activity Component

Move More

- Instant Recess was implemented to make the PA component more robust
 - 10-minute bouts of physical activity that include music, dance, and traditional body weight exercises
 - 5-minute bouts due to time constraints



Physical Activity Component

- Week 1— Instant Recess—Stretching
- Week 2—Instant Recess—Walking/Introduction to pedometer
- Week 3—Instant Recess—Fitness Bands
- Week 4—Instant Recess for Children
- Week Instant Recess for Upper Body
- Week 6—Instant Recess for Lower Body
- Week 7—Instant Recess in the Office/Work
- Week 8—Instant Recess—Dance
- Week 9—Instant Recess—Sports



EFNEP Groups

- Flint Hills Job Corp (JC)
 - Enhanced PA component with 5-minute Instant Recess break
 - Low-income, young females (16 and older)

Completing high school diploma, GED, and receiving

job training

- Riley County (RC)
 - Move More PA
 - Low-income
 - More educated



- ENFEP Eating Right Survey
 - Traditional survey
 - Behavior checklist on how parents planned and fixed meals for their families
 - County Reporting System version 5 (CRS5)
- 24-hour Food Recall
 - Traditional survey
 - CRS₅





Eating Right Survey

This is a survey about ways you plan and fix foods for your family. As you read questions, think about the recent past. This is not a test. There are no wrong answers. If you do not have children, just answer the questions for yourself.

For these questions, think about how you usually do things. Please put a check in the box that best answers each question.	(1) Never	(2) Seldom (Almost Never)	(3) Some- times	(4) Most of the time	(5) Almost Always
(1) How often do you plan meals ahead of time?					
(2) How often do you compare prices before you buy food?					
(3) How often do you run out of food before the end of the month?					
(4) How often do you shop with a grocery list?					
(5) This question is about meat and dairy foods. How often do you let these foods sit out for more than two hours?					
(6) How often do you thaw foods at room temperature?					
(7) When deciding what to feed your family, how often do you think about healthy food choices					
(8) How often do you eat or prepare foods without adding salt?					
(9) How often do you use the "Nutrition Facts" on the food label to make food choices?					
(10) How often do your children eat something in the morning within two hours of waking up?					
(11) How often do you eat meals or snacks with one or more family members?					



24-hour Food Recall

Name:	Expanded For Nutrition Ed Program				
Date Taken: Check w	Check which food record:				
Pregnant: Yes Nursing: Yes No No	Entry Exit				
Taking Nutritional Supplements: Yes If yes, list type: No	30-60 minutes.				
Amount spent on food last month:	More than 60 min	1			
Meal type: 1 = Morning Serving Abbreviations 2 = Mid-Morning 3 = Noon 4 = Afternoon 5 = Evening 6 = Late Evening What did the client eat and drink in the last 24 hours? (be thorough)	Cup = c Teaspoon = tsp Pound = lb Ounce = oz Slice = sl				
Foods and Beverages consumed. Described in detail. List on food p	per line. Amount Eaten	Meal Type			



- PA Survey for Adults and Children
 - Developed from PA survey from HOP'N
 After School Project and SPARK (Dzewaltowski et al., 2010;
 Sallis, 2011)
 - Parent's days of PA for the past week
 - Child's hour per day of PA
 - SPSS 17

LITERATURE REVIEW

- EFNEP
- Instant Recess
- Learner-centered education



- 2009, National data
 - 94% positive change in one or more food groups
 - 28% improvement in PA (USDA, 2009)
- 2010, National data
 - 88% improvement in food resource management (Questions 1-4)
 - 66% improvement in food safety practices (Questions 5 & 6)
 - 40% improvement in PA (USDA, 2010)
- 2010, Kansas data
 - 87% improvement in food resource management (Questions 1-4)
 - 95% improvement in nutrition practices (Questions 1, 7-10)
 - 43% increase in PA (Procter, 2011)
 - 47% increased in eating more family meals together



- Research-based evidence
 - Cullen et al., 2009; Cullen et al., 2010
 - Improvement in dietary behaviors
 - Improvements in parent feeding skills
 - Improvement in self-efficacy nutrition practices when more goals were obtained
 - Boyd &Windsor, 2003
 - Program designed for pregnant women
 - Improvements were seen in nutrition competencies and dietary behavior



- Cost Effective?
 - Virginia found a healthcare savings of \$10 per every \$1
 spent on EFNEP (Radhika, Cox, Lambur, & Lewis, 2002)
 - Oregon EFENP found a \$3.63 savings in healthcare for every \$1 spent on EFNEP (Schuster et al., 2003)
 - Tennessee EFNEP found a savings of \$124 to \$234 per household on a year basis with an average savings of \$10-\$20/monthly on grocery bills (Burney and Haughton, 2002)

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Instant Recess

- Short bouts of exercise of at least 10 minutes have been shown to decrease weight, BMI, and waist circumference
- Higher self-perception of actual health and fitness (Yancey et al.,
- Those with higher self perception of fitness may be more motivated to be more physically active (Barr-Anderson, AuYoung, White-Glover, Glen, & Yancey, 2011; Yancey et al., 2004)
- For children, activity breaks are one of the most effective ways to increase PA (Barr-Anderson, AuYoung, White-Glover, Glen, & Yancey; Donnelly, et al., 2009; Salmon, Booth,

Instant Recess Break

- African Dance Lift Off
 - http://www.youtube.com/watch?v=HOUQ8bpBnFk

- Learner-centered education
 - Focuses on interests and needs of learner

- Learners seek out and use the skills and tasks they would naturally use (Gunderman, Williamson, Frank, Heitkamp, & Kipfer, 2003; Stanley & Dougherty, 2010; Norman & Spohrer, 1996)
- Effective in increasing fruit and vegetable intake
 - WIC participants (Gerstein et al., 2010)

PRACTICUM THEORY RELEVANCE

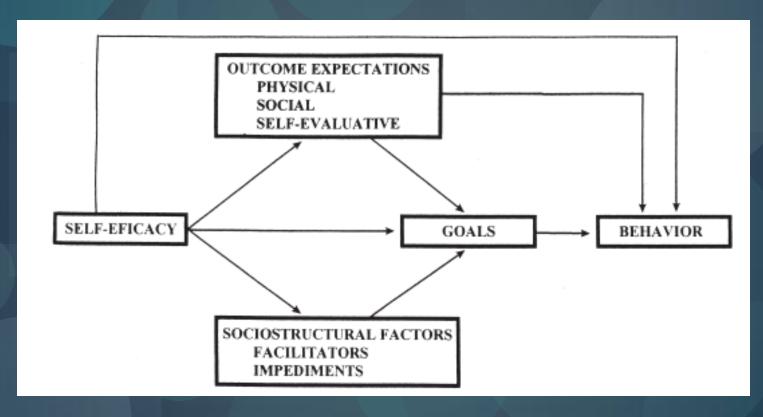
Public Health Relevance

- Social and behavioral sciences
 - Important to focus health interventions with research-based evidence and social science theories and models

- Social Cognitive Theory (SCT)
- Transtheoretical Model (TTM)

Practicum Theory Relevance

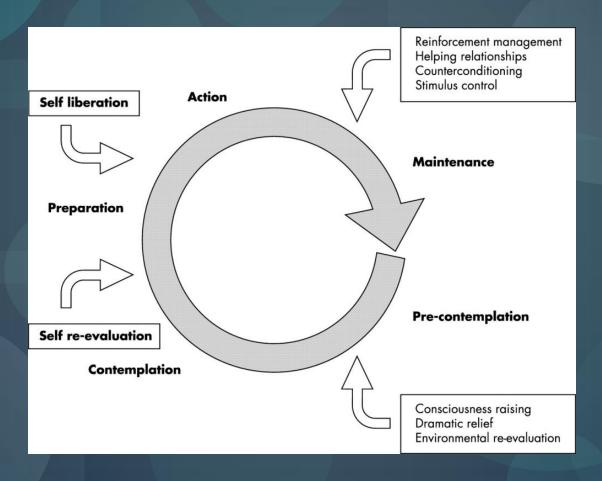
SCT



(Bandura, 2004)

Practicum Theory Application

TTM



(Adams & White, 2003)

Practicum Theory Application

- Why SCT and TTM?
 - Psychological constructs
 - Studies with these frameworks were more successful in the number of individuals who initiated and adopted healthier behaviors (Bartholomew, Parcel, & Kok, 1998; Blair et al., 1993; Johnson et al., 2008; Marcus, Rossi, Selby, Niaura, & Abrams., 1998; Prochaska & DiClemente, 1983; Riebe et al., 2003).
 - Fit with framework of EFENP





Participants

Job Corp

- 8 individuals at entry
- 33% whites
- 66% ethnic or racial minorities (i.e. African American, Hispanic, and American Indian)
- 18-23 years of age
- 3 completed program

Riley County

- 6 individuals at entry (1.7% response rate)
- 50% white, 50% minority (African American)
- 20-46 years of age
- 4 completed program



Design and Procedures

- Summer EFNEP
 - 9 weeks
- Pre-and post-program surveys
 - Eating Right behavior checklist
 - 24-hour Food Recall
 - PA
- JC received *Instant Recess*
- Data entry

RESULTS

Eating Right Survey

- Food Resource Management (Questions 1-4)
 - 50% (2 of 4 participants) more often planned meals in advance.
 - 20% (1 of 5 participants) more often compared prices when shopping.
 - o% (o of 4 participants) less often ran out of food before the end of the month.
 - o% (o of 3 participants) more often used a list for grocery shopping.

Eating Right Survey

- Nutrition Practices (Questions 1, 7-10)
 - 50% (2 of 4 participants) more often planned meals in advance.
 - 0% (o of 5 participants) more often thought about healthy food choices when deciding what to feed their family.
 - o% (o of 3 participants) more often prepared foods without adding salt.
 - 40% (2 of 5 participants) more often used the "Nutrition Facts" on food labels to make food choices.
 - 50% (1 of 2 participants) reported that their children ate breakfast more often.

Eating Right Survey

- Food Safety Practices (Questions 5 & 6)
 - 0% (o of 4 participants) more often followed the recommended practices of not allowing meat and dairy foods to sit out for more than two hours. Furthermore, o% (o participants) ALWAYS follows the recommended practice.
 - 25% (1 of 4 participants) more often followed the recommended practice of not thawing foods at room temperature. Furthermore, 9% (1 participant) ALWAYS follow the recommended practice.

Eating Right Survey

- Family Meal Time (Question 11)
 - 40% (2 of 5 participants) more often ate meals and snack together as a family.

24-hour Food Recall

	Entry	Exit
Variable	M (SD)	M (SD)
Grains (oz)	6.7 (3.2)	15.0 (15.8)
Fruits (cups)	0.3 (0.4)	0.6 (0.5)
Vegetables (cups)	2.2 (1.7)	1.0 (0.5)
Milk (cups)	2.9 (0.5)	1.8 (1.3)
Meat and Beans (oz)	3.9 (3.5)	5.6 (2.6)
Total Calories	2063 (620)	2213(1053)

Physical Activity—Adults

Pre- and Post-Test Physical Activity Survey Results for Adults in Days									
Pre-Survey		Post Survey							
Variable	n	M (SD)	n	M (SD)					
JOB CORP									
Total Activity	4	8.25 (1.25)	3	10.33 (1.52)					
Mild	4	7.00 (0.00)	3	6.66 (0.57)*					
Exhausting	4	1.25 (1.26)	3	3.67 (2.08)					
Total Sedentary	4	3.25 (2.87)	3	3.00 (3.00)					
RILEY COUNTY									
Total Activity	6	5.83 (2.04)	4	3.25 (0.95)					
Mild	6	4.67 (1.86)	4	3.00 (0.82)*					
Exhausting	6	1.17 (1.33)	4	0.25 (0.50)*					
Total Sedentary	5	3.40 (1.14)	4	3.00 (0.00)					
*p value < 0.05									

Physical Activity—Oldest Child

Tre- una Tost- Enysic	al Activity Survey Results fo				
Variable	Pre-Survey		Post Survey		
	n	M (SD)	n	M (SD)	
JOB CORP					
Total Activity	4	9.75 (0.95)	2	9.50 (0.70)	
Outside Play	4	3.25 (0.50)	2	3.00 (0.00)	
Organized Sport	4	2.00 (1.41)	2	2.50 (2.12)	
Inside Play	4	4.50 (1.00)	3	4.33 (1.15)	
Total Sedentary	4	6.00 (2.58)	2	4.00 (1.41)	
RILEY COUNTY					
Total Activity	2	8.50 (0.70)	1	8.00 (.00)	
Outside Play	3	3.67 (0.58)	1	3.00 (.00)	
Organized Sport	2	0.00 (0.00)	2	0.00 (0.00)	
Inside Play	3	4.33 (1.15)	1	5.00 (.00)	
Total Sedentary	3	8.33 (1.52)	1	8.00 (.00)*	
*p value < 0.05					



EFNEP Outcomes—Dietary

- Increases in those who planned more meals, read food labels, compared prices when shopping, and ate more family meals and snack together
- Increase in grains and meats and beans food groups

Why?

- Participation: Only had to attend 7 of 9 classes
- Small classes
- Level of commitment
- Time allotted for class

EFNEP Outcomes—PA

- Group differences –Adults
 - JC had higher PA than RC
 - Decrease in PA for RC

- Group differences –Oldest child
 - Decrease in PA for RC

Why?

- Participation: Only had to attend 7 of 9 classes
- Small classes
- Level of commitment
- Time allotted for class

Theoretical Framework

EFNEP

- Precontemplation/Contemplation
 - JC versus RC

- Application of different theory constructs
 - Reinforcements
 - Problem solving
 - Goal-setting
 - Rewards

Limitations and Strengths

EFNEP Limitations

- Improved evaluation system/CRS5
- Formative evaluation
- 24-hour food recall

EFNEP Strengths

- CRS5
- Small class
- Learner-centered approach
- Shown to be effective multiple times

Recommendations

- EFNEP
 - Improve Move More component
 - Formative evaluation

Worksite Wellness & Pressure Cooking Class

- Worksite Wellness
 - Approximately 2-5 employee attended each one
 - Two different classes on Tuesdays
- Pressure cooking class
 - Pottorff Hall in CiCo Park



CONCLUSION

Public Health Magnitude

- What is Public Health?
 - "The science and art of protecting and improving the health of communities through education, promotion of healthful lifestyles, and research for disease and injury prevention."
- Is EFNEP public health?

K-State Research and Extension

Application of public health



Overall Experience

- More effective at leading small groups
- Practically applied the skills from my degree my internship

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QUESTIONS