Welcome to National Health Outreach Conference 2016!

On behalf of the planning committee for the second annual National Health Outreach Conference, we are excited to welcome all of the participants, sponsors and guests to the historic city of Roanoke, Virginia. The theme of this year’s conference is **All Aboard: Building Partnerships for a Healthy America**.

The purpose of the 2016 National Health Outreach conference is to build a collaborative and interdisciplinary approach between organizations, agencies and communities to address health literacy and growing health disparities. Through innovative approaches and new collaborations, we can be successful in creating positive impacts.

Our goal is to provide participants with the information and collaborations to address complex health issues. The conference was designed to increase your knowledge of:

1) Successful practices that lead to healthy and safe community environments
2) Applications that help people access clinical and community preventive services
3) Models for empowerment in health practices for individuals and families
4) Best practices that lead to addressing health disparities and health literacy in communities and families

We hope you will develop new and lasting partnerships while at the conference as we explore health disparities and health literacy. Most of all, we want you to leave Virginia energized and enthusiastic about the possibilities of creating positive impacts and change that are ahead of you.

We want to thank everyone who responded to our call for proposals for the conference as this was a very competitive process resulting in 166 exceptional submissions. We were able to accept 89 submissions, for an acceptance rate of 54%.

We want to extend our appreciation to USDA-National Institute of Food and Agriculture, Virginia Tobacco Region Revitalization Commission and Farm Credit of Virginia for their support and sponsorship of this conference.

I want to thank a truly dedicated group of individuals who comprised the planning committee for their insight and hard work to make this conference the best it could be.

Have an amazing conference and enjoy historic Roanoke!

Eric Bowen
Conference Chair
Extension Program Leader
Virginia Cooperative Extension
### Wednesday, April 6th

**Registration**
12:30 – 5:00 p.m. Educational Tours
12:30 – 5:00 p.m. Pre-Conference Workshop (lunch included)  
6:00 – 8:00 p.m. Opening Session Banquet

**Keynote Speaker**
Andy Thomas, Andy Thomas Careers Now; Seminars, Workshops, & Coaching

### Thursday, April 7th

**Registration**
7:45 – 9:20 a.m. Continental Breakfast
8:30 – 9:20 a.m. Plenary Session

**Leveraging Cognitive Diversity to Address Complex Health Problems**
Megan M. Seibel, R.N., Ph.D., VALOR Director and Extension Specialist
Andy Thomas, pre-conference MC and conference keynote

9:20 – 9:40 a.m. Break
9:40 – 10:40 a.m. Concurrent Sessions

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10:40 – 10:50 a.m. Break
10:50 – 11:50 a.m. Concurrent Sessions

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11:50 a.m. – Noon  
Noon – 1:30 p.m. Luncheon

**Youth and Family Wellness Moderated Panel**

Ed Jones, Introduction
Megan Seibel, Moderator
Dorothy McAuliffe, First Lady of Virginia
Nancy Agee, President and CEO, Carilion Clinic
Cynthia Lawrence, President, PerformanceLink Systems, and Founding Chair, Food for Thought Foundation
Maureen McNamara Best, Executive Director of Local Environmental Agriculture Project
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| 1:30 – 2:30 p.m. | Supporting Nutrition Educators in Systems-Wide Approaches  
                     Food Waste: How to Measure and why it’s Important  
                     PROSPER: Partnerships to Support Positive Youth Development  
                     IGNITE!  
                     Dining with Diabetes in Pennsylvania  
                     What Do You See When You Look in the Mirror? Body Image and American Women  
                     Kitchen Creations: A Cooking School for People with Diabetes  
                     Collaboration among rural hospitals & health programs in central Appalachia  
                     Campus Partnership Assists Chronic Disease Program in Improving Impacts  
                     Economic Impact of Dining with Diabetes  
                     Healthy Kansas is…  
                     Community College Students & the ACA: Results of a Message Intervention  
                     Assessing and Promoting Organizational Health Literacy with Public Health  
                     Teen Cuisine provided a foundation in healthy eating and obesity prevention | Roanoke Ballroom A  
                     Roanoke Ballroom B  
                     Buck Mountain  
                     Pocahontas |
| 2:30 – 2:40 p.m. | Break                                                                               |                   |
| 2:40 – 3:40 p.m. | Conducting Cost Effective Analyses of Health Education Programs for Policy  
                     Focus on Health Literacy: Impacts on individual and Public Health  
                     Farm to City: Community Support of Families in Need  
                     Collaboration with WSU Extension and Nursing to Address Farmworker Health  
                     T3: Intervention for Healthy Youth Development in School  
                     Youth Advisory Councils (YAC's) Involve Students in School Wellness  
                     Timely Adolescent Health Literacy: From Needs Assessment to Program Development  
                     Living in a Food Desert/Mobile Food Van Project  
                     Community Engagement through Needs Assessments  
                     Thrive WI: A Story on the Development of a Statewide Health Equity Alliance  
                     Developing a Community Monitoring System for Mental Illness & Substance Use | Roanoke Ballroom A  
                     Roanoke Ballroom B  
                     Buck Mountain  
                     Pocahontas |
| 3:40 – 4:00 p.m. | Break                                                                               |                   |
| 4:00 – 4:50 p.m. | Plenary Session  
                     **Success Stories and Lessons Learned from the CDC’s Partnerships with Land Grant University Extension Services to Reduce Obesity in High Risk Areas**  
                     Claire Heiser, Program Advancement Team Lead, CDC  
                     Ruth Brock, Extension Specialist, Auburn University  
                     Suzanne Stluka, R.D., Director of Food & Families Program SDSU Extension | Roanoke Ballroom C&D |
| 5:00 – 6:30 p.m. | Poster Session and Reception  
                     Dinner on your own | Roanoke Ballroom E-H |
Friday, April 8th

7:00 – 8:00 a.m. Continental Breakfast
8:00 – 9:30 a.m. 2017 Invitation to National Health Outreach Conference in Maryland 

Plenary Session
In It Together: Building A Culture of Health
Monica Hobbs Vinluan, J.D.; Senior Program Officer, RWJF
Michelle Rodgers, Ph.D.; Associate Dean for CANR, Director of Extension at UD

9:30 – 9:40 a.m. Break
9:40 – 10:40 a.m. Concurrent Sessions
4-H Yoga for Kids: A Healthy Living Program
Walkability, Walk Audits and Working with Community Partners: Clinton County
Get Aboard to Successfully Leading a Team into Social Media Programming
The Slow Down Program: Using Mindfulness to Promote Healthy Eating Patterns
Interprofessional Working Group Addresses Prescription Drug Abuse
Rethink your Drink with WVU Extension
Rev your Bev
The RWJF and the Cooperative Extension System: Bold Partnership Proposal
Building Partnerships with Parents for a Healthy America

10:40 – 10:50 a.m. Break
10:50 – 11:50 a.m. Concurrent Sessions
Cognitive Load and Neuro-economics: Implications for Health Literacy
Health Impact Assessment 101
Mediterranean Cuisine Comes to You!
A Community Context for Childhood Obesity Research
Creating Active & Healthy Communities: Utilizing an ‘Alphabet’ of Needs Assessment
R2 Formula for Successful Recruitment
Improving Health Outcomes in Minority Majority Populations in rural Kansas
Overview of Let’s Move Childcare

Noon – 2:00 p.m. Priester Awards Luncheon
Presiding: Michelle Rodgers, Ph.D.; Associate Dean for CANR, Director of Extension at UD
Keynote Speaker
Ms. Audrey Rowe, Administrator, Food & Nutrition Service, USDA
Partnering to End Hunger and Improve Nutrition

Conference Farewell
Keynote Speaker

Andy Thomas

Andy Thomas Careers Now
Seminars, Workshops, & Coaching

Focused, centered and balanced energy is exactly what places Andy Thomas at the top of career and life coaches, and as a sought after speaker to motivate employees and individuals alike to fully engage in how their careers can balance with their lives. Andy Thomas began his 30 year broadcasting career when he was 19 years old. A foundation as an on-air personality, program director and sales manager at 17 radio stations, served to establish his South Carolina based radio syndication company. Some of the highlights from his broadcast career include his years at WKBW (Buffalo, NY), WARM (Scranton, PA), WPTF (Raleigh-Durham) among other markets. He began South Carolina’s first non-sports related state radio talk show by satellite on ten radio stations in the 3PM-6PM time slot Monday through Friday. He established Teen Forum, an innovative, provocative, and informative program that aired on 18 radio stations in the South East.

Away from the microphone, he continued helping people by becoming a sales manager with Good People Staffing (a subsidiary of Goodwill Industries in Lower South Carolina). The role expanded to employment recruiter and career counselor, equipping thousands of eager job seekers during one of the most challenging job markets our nation has experience by instilling hope, confidence, and the necessary skills to not only land a job, but a career. He identified the demand and heeded the calling to take his methodology on the road by forming his motivational career seminar company, providing seminars for CBS-TV in Atlanta, GA, and other South East markets in 2009-2010.

After a strenuous two year national tour, Andy Thomas career and life coach settled into writing The Job I Need Needs Me, with the assistance of coauthor Denise K. James. The book covers everything you need to land the job this is actually right for you. Andy teaches you how to reinvent yourself, at any age, and how to market yourself in any economy. The Job I Need Needs Me provides a necessary blueprint moving forward.

Proving his process once again, Andy spent the next three years working in the new digital marketing field with CBS Radio and NBC TV in Charlotte, NC. Coaching clients continued to reach out to him, and the desire to hit the seminar path again brought it all full-circle to what is Andy Thomas Careers Now. Andy provides active career counseling, and traveling seminars around the globe. His mission is to serve as a resource instilling confidence to move forward by identifying individual talents, interests, and passions propelling people toward the goal of professional and personal fulfillment.
Jeanne M. Priester Award Keynote Speaker

Audrey Rowe

Administrator for the Food and Nutrition Service

Audrey Rowe is the Administrator for the Food and Nutrition Service (FNS) at the U.S. Department of Agriculture (USDA) in Washington, D.C. FNS provides children and needy families with better access to food and a more healthful diet through its 15 nutrition assistance programs and nutrition education efforts.

She brings to the Federal government over 20 years of experience in human services policy development, fiscal management, program design, service delivery and marketing with a particular focus on vulnerable populations, low income women, children and youth.

Most recently, Rowe served as Deputy Administrator for Special Nutrition Programs at FNS, leading the effort to pass the Healthy, Hunger-Free Kids Act of 2010, the legislative centerpiece of First Lady Michelle Obama’s Let’s Move! initiative to end childhood obesity in a generation.

Rowe has extensive experience working on issues related to FNS programs. Her leadership has included roles as Human Resources Administrator in New Haven, Connecticut, and Social Services Commissioner for the State of Connecticut and the District of Columbia. In addition, she served as Executive Vice President and Chief Operating Officer for the National Urban League.

In private industry, Audrey served as Senior Vice President and Managing Director for the Children and Family Services division for Affiliated Computer Service (ACS), formerly Lockheed Martin IMS. In this capacity, she spearheaded industry leadership in the realms of child support payment processing and enforcement and the electronic dissemination of public assistance benefits, including implementing Electronic Benefit Transfer (EBT) programs in over 20 states. Additionally, Audrey was appointed Senior Vice President for Public Affairs where she managed the corporation’s government relations, philanthropy, and community relation programs.

Audrey is a graduate of Federal City College and was a fellow at the John F. Kennedy School of Government Institute of Politics at Harvard University.
Plenary Speakers

Thursday, April 7th • 8:30 a.m.

Leveraging Cognitive Diversity to Address Complex Health Problems

Megan M. Seibel, R.N., Ph.D., VALOR Director and Extension Specialist
Andy Thomas, pre-conference MC and conference keynote

Abstract:
Issues surrounding health access, literacy, and delivery are some of the most historically complex and controversial that exist in our society. And yet, addressing and resolving them is imperative for the health and wellness of our communities. Teams of practitioners and experts gather at the local, state, and national levels routinely to address issues in both formal and non-formal settings. Leaders must maximize and leverage cognitive diversity in these teams. An understanding of how this diversity contributes to both solutions and complications in resolving issues is critical. We need the strengths of adaptors and innovators in order to address issues inside and outside of paradigms.

After this discussion, a preliminary report of findings from collaborative discussion during the NHOC pre-conference will be shared by Andy Thomas as an example of diversity of thought at play.

Megan Seibel is the Director of the VALOR Program at Virginia Tech, which is dedicated to spreading leadership best practice in education, workplace, and grassroots organizational settings. An Extension Specialist in the Department of Agricultural, Leadership, and Community Education, her research background is in peer education with paraprofessional community health educators (SNAP-Ed, and EFNEP), and community-based leadership capacity building. Dr. Seibel is a global instructor for Kirton’s Adaption-Innovation inventory certification, which addresses problem-solving style for complex issues. Her healthcare background was in pediatric oncology at NIH and Georgetown and teaching at Jefferson College of Health Sciences before entering her career in community and agricultural leadership. Megan holds a Bachelor’s of Science in Nursing from JMU, a Master’s of Science in Career and Technical Education from Virginia Tech, and a PhD in Agricultural and Extension Education from Virginia Tech.

Andy Thomas (see page 6 for bio)

Thursday, April 7th • Noon

Youth and Family Wellness Moderated Panel

Ed Jones, Introduction
Megan Seibel, Moderator
Dorothy McAuliffe, First Lady of Virginia
Nancy Agee, President and CEO, Carilion Clinic
Cynthia Lawrence, President, PerformanceLink Systems, and Founding Chair, Food for Thought Foundation
Maureen McNamara Best, Executive Director of Local Environmental Agriculture Project

Abstract:
The health and wellness of families is what determines community outcomes such as resilience, education, workforce development, and engagement. Our children are a critical piece of that equation. This dynamic panel of energetic leaders in areas of community health, food systems, food and nutrition education, and the power of collaborative community partnerships will showcase their ideas in a facilitated discussion. Topics will connect with concepts that are part of the overall conference theme, as the individuals and organizations that make up all of our community partnerships attribute much to the success of our initiatives. Identification of needs that are specific to our communities, as part of greater states, regions, and the nation, is critical in collaborating successfully. Our youth and families depend on it.
As First Lady of the Commonwealth, Dorothy McAuliffe has dedicated her efforts to eliminating childhood hunger and improving access to Virginia’s fresh, locally grown agricultural products for all our citizens. She has identified food security and nutrition as key elements necessary for educational success and building healthy communities. Mrs. McAuliffe serves as Chair of the Commonwealth Council on Bridging the Nutritional Divide. The Council is focused on eliminating childhood hunger in Virginia, developing local agriculture markets, and promoting community efforts that link locally grown food, education, health and nutrition. Having served as a volunteer over many years in her community, Mrs. McAuliffe recognizes the power of engagement. Under her leadership, Virginia is leading the way to encourage and elevate national service as a pathway for solving challenges in local communities, deepening appreciation for citizenship, and developing valuable workforce training opportunities. Largely as a result of her efforts, Virginia is the first state in the nation to be designated an Employer of National Service.

Nancy Howell Agee, President and CEO of Carilion Clinic, has dedicated her life’s work to improving the health of people in the communities we serve, as well as people across the Commonwealth of Virginia and beyond. Born at Roanoke Memorial Hospital, Ms. Agee began her career in nursing in the early 1970s, serving in various management roles over the years. In 1996, she was appointed vice president and gradually assumed increasing administrative and executive leadership roles at Carilion. As Executive Vice President and Chief Operating Officer from 2001 to 2011, Ms. Agee was at the forefront of the successful initiative to reorganize Carilion into a patient-centered, physician-led clinic.

Cynthia Lawrence is president of PerformanceLink Systems, LLC, a leading boutique consulting firm that helps organizations improve workplace culture and employee engagement. Ms. Lawrence’s multiscale knowledge of workforce analytics and healthcare policy issues drives her work building innovative, enduring links between education and community wellness. Focusing on combating childhood hunger in multiple venues, Ms. Lawrence was appointed by Governor McAuliffe to serve on The Commonwealth Council on Bridging the Nutritional Divide to imagine, develop, and facilitate a plan that leverages existing resources and effective public-private initiatives addressing community nutrition, food access, and health strategies across the Commonwealth. Leading a constellation of powerful Virginia and community initiatives, Ms. Lawrence is, in addition, founding chair of Food For Thought – An Edible Education Partnership that engages Virginia Western Community College, Roanoke City Public Schools, and the City of Roanoke to teach middle school students – and through it, the larger community – about the multiple connections among food, health, the environment, and personal performance. Ms. Lawrence currently serves on multiple boards advising the development and direction of state and regional culture, transportation, and education.

Maureen McNamara Best is the Executive Director of Local Environmental Agriculture Project (LEAP), a 501c3 non-profit based in Roanoke, VA. LEAP’s mission is to nurture healthy communities and resilient local food systems. We work closely with our community partners, farmers, and the broader community to meet this mission and support all aspects of local food systems in order to create healthy communities that can respond and adapt to meet community needs. Programs include LEAP Community Markets, LEAP Mobile Market, SNAP Double Value Program and The Kitchen. The Markets support 20 food producers directly and another 80 through aggregators who sell at our markets (all within a 100-mile radius). In 2015, the Markets generated over $250,000 in sales, over 10% of which came from market incentive programs. The Mobile Market, launched in 2015, sells local and affordable produce at weekly stops in low-income neighborhoods with limited access to fresh produce. In 2016, LEAP will launch The Kitchen, a shared commercial kitchen and food business incubator, which will further strengthen the local food system in our region. Maureen has over twelve years of experience working with food, agriculture and community.
Thursday, April 7th • 4:00 p.m.

Success Stories and Lessons Learned from the CDC’s Partnerships with Land Grant University Extension Services to Reduce Obesity in High Risk Areas

Claire Heiser, Program Advancement Team Lead, CDC
Ruth Brock, Extension Specialist, Auburn University
Suzanne Stluka, R.D., Director of Food & Families Program SDSU Extension

Abstract:
During this panel presentation, a CDC representative will provide an overview of the agency’s collaborative approach to addressing obesity prevention and control, and the unique partnership between CDC, land grant university extension services, USDA, and other public health agencies. Two grantees will describe their partnership activities to achieve collective impact within and across their state and local communities. They will also discuss; 1) successes and lessons learned from their efforts to develop and maintain effective community coalitions, 2) their community assessments which have identified nutrition and physical activity environment gaps and assets, and 2) the communities’ plan for action including their ongoing community participatory process and how this process will continue to inform priorities and community-selected interventions.

Claire Heiser is the Team Lead of the Program Advancement Team in Division of Nutrition, Physical Activity and Obesity at the Centers for Disease Control and Prevention. She has held this position since December 2007. As the team lead, Ms. Heiser is responsible to leading a team of public health professionals who provide technical assistance and training to state, local, tribal, and territorial public health departments that implement nutrition, physical activity and obesity programs. Claire joined the Division of Nutrition, Physical Activity and Obesity at CDC in August 2003 as a project officer. Prior to joining CDC, Claire was a public health nutritionist and obesity program director with the Texas Department of Health for 10 years. Claire is a registered dietitian who received her Master’s of Science degree in nutrition from Virginia Tech University.

Ruth W. Brock currently serves as an Extension Specialist for Alabama Extension at Auburn University. She is the Program Manager for the Centers for Disease Control and Prevention ALProHealth grant. ALProHealth serves 14 high obesity counties in Alabama through implementing policy, systems and environmental changes to increase access to healthy foods and physical activity. She has worked as an Extension Educator teaching decision-making skills to teenagers. Ruth has also worked as a Public Health Educator for the Alabama Department of Public Health in the area of chronic diseases. She received a BS in Athletic Training from the University of Mobile and a MEd in Health Promotion from Auburn University.

Suzanne Stluka is a Registered Dietitian and currently serves as the Food & Families Program Director for SDSU Extension. She provides leadership to the Food & Families Capstone Field Specialists in the areas of Aging, Family Resource Management, Food Safety, and Nutrition. Suzanne also provides leadership to the Expanded Food & Nutrition Education Program (EFNEP) and Supplemental Nutrition Assistance Program Education (SNAP-Ed); these programs provide health and wellness education to limited resource audiences across SD. Her research interests are in the area of food security, food access, and nutrition education for Native American audiences. Suzanne received her MS degree from Eastern Illinois University in Family & Consumer Sciences with a certification in Nutrition Education and her BS degrees in Family & Consumer Sciences Education and Dietetics from South Dakota State University.
In It Together: Building A Culture of Health

Monica Hobbs Vinluan, J.D.; Senior Program Officer, RWJF
Michelle Rodgers, Ph.D.; Associate Dean for CANR, Director of Extension at UD

Abstract:
The Robert Wood Johnson Foundation is focused on building a culture of health in communities across the US. They look at drivers and measures of improved health. They desire partners, like the Cooperative Extension, who bring both willingness to work together and a history of community education to the challenge and opportunity of improving population health. Monica Hobbs Vinluan, Senior Program Officer, RWJF and the current Extension Committee on Policy Chair, Michelle Rodgers, Director, University of Delaware Cooperative Extension, will share the podium.

This session will focus on:
• A vision for building a culture of health
• The RWJF Culture of Health Framework
• The value of partnerships

Attendees should leave able to connect the focus on the RWJF with the priorities of the Cooperative Extension National Framework for Health and Wellness.

Monica Hobbs Vinluan, J.D., is the Senior Program Officer, Robert Wood Johnson Foundation. She 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.

Previously, Vinluan served as director of the Healthier Communities Initiatives for the YMCA of the USA, which catalyzed community and state-level leadership teams to put in place strategies and policies that enabled people to make healthy choices. The Healthier Communities Initiatives—funded by the Centers for Disease Control and Prevention, RWJF and a host of other funders—created nearly 250 community teams and enacted 39,000 policy changes in advocating for physical activity, healthy eating and health equity policy strategies.

Vinluan's experience also includes serving as a senior policy associate with the National Recreation and Park Association. She was a regulatory counsel with Stateside Associates and a federal legislative counsel for the Center for Reproductive Rights. She also worked with the National Women's Law Center, the Institute for Women's Policy Research, the National Association of Child Advocates and in the office of former United States Senator Charles Robb of Virginia.

She earned her Juris Doctorate at the American University Washington College of Law and her BA in Political Science from Virginia Tech. She was the recipient of the Sandra P. Grasso Scholarship for her commitment to advancing social justice and feminism, and was also honored for her work in opening the Women's Center at Virginia Tech.

Michelle Rodgers is Associate Dean of the College of Agriculture and Natural Resources and Director of the University of Delaware Extension. She is also Chair of the Extension Committee on Organization and Policy. Dr. Rodgers served as President of the Journal of Extension Board; member of the Northeast Regional Center for Rural Development and is on the National 4-H Council's Board of Trustees.

She served as co-chair of the ECOP Health and Wellness Taskforce that produced the Cooperative Extension National Framework for Health and Wellness. She served on the National 4H Council and Robert Wood Johnson Foundation National Leadership Team charged with exploring a plan for leveraging the capabilities of the Cooperative Extension System and partnering with the RWJF to build a culture of health.

Dr. Rodgers holds a bachelor’s degree in home economics education from Indiana University of Pennsylvania as well as a master’s degree in rural sociology and a doctorate in agricultural education, both from Penn State. Prior her Delaware appointment, served as Associate Director at Michigan State University Extension. She is a member of the Epsilon Sigma Phi honorary educational fraternity. She has received several national and regional awards and honors, including a fellow in the Food Systems Leadership Institute Class Ten, the Outreach and Cooperative Extension Vice Presidents Leadership Award; the Mary Nell Greenwood Extension Evaluation Award; and the Working Differently award from eXtension.
**Roanoke Ballroom A**

**Building Partnerships to Extend Program Outreach**

**Rusty Hohlt**, Extension Program Specialist and Program Coordinator and **Julie Gardner**, Community Health Specialist, Texas A&M AgriLife Extension Service

This workshop will discuss enhancing programming and outcomes by starting partnerships, understanding partner strengths, recruiting training volunteers, and building dynamic programs to address health issues; based on proven Extension partnerships with academic centers, health plan systems, and community volunteers. Healthy South Texas combines the expertise of the Texas A&M Health Science Center with local outreach of Extension agents to address local health issues with current research-based interventions. Utilizing Extension’s interdisciplinary programming, additional staffing of Health Agents and Specialists in the field, grass-roots health coalitions, and joint programming efforts; Healthy South Texas aims to reduce preventable diseases and consequences in a 27 county area. AgriLife Extension’s partnership with one of the largest statewide health plans has created a pathway to providing health education to hundreds of people through their employers by jointly funding a health specialist for coordinating employee wellness events with local agent programming. With the goals of helping employees prevent and/or manage chronic disease, and helping the employer save in health plan premiums, reduce absenteeism, and increase productivity; the partnership has impacted over 500 people with our Dinner Tonight healthy cooking school, 200 people with our Step Up & Scale Down weight management program, and over 1200 with our Walk Across Texas physical activity program. The Master Wellness Program trains volunteers to assist Extension agents with planning, implementing, and evaluating health and nutrition programs. Volunteers receive 40 hours of education and must pass a certification exam in order to receive the designation as ‘master’ volunteer. Following the training volunteers provide at least 40 hours of programming. Last year, 99 volunteers provided over 3,200 hours of service and taught or assisted with 811 educational sessions, reaching 25,400 people. By creating partnerships with community members, agents are able to recruit and train volunteers, reach new audiences, and create FCS advocates.

**Collaborative Health Programming with Faith-based Organizations**

**Kathryn Hosig**, Ph.D., M.P.H., R.D., Associate Professor, Department of Population Health Sciences, Virginia Tech; **J. Elisha Burke**, D.Min., Director of Health, Wellness and Social Justice, Baptist General Convention of Virginia; **Ann Forburger**, M.S., Senior Research Associate and Project Coordinator, Department of Population Health Sciences, Virginia Tech; **Debra Jones**, M.P.H., Extension Specialist, Family and Consumer Sciences, Virginia State University; **Kimberlee Kinney**, Ph.D., Student, Department of Nutrition, Foods & Exercise, Virginia Tech; **Monica Motley**, Ph.D., M.S.Ed., M.P.H., Director, Partners in Health and Wholeness, North Carolina Council of Churches and **Ivette G. Valenzuela**, Ph.D., M.P.H., R.N., School Nurse, Alexandria City Public Schools

Balanced Living with Diabetes (BLD) is a type 2 diabetes lifestyle education program delivered by Virginia Cooperative Extension (VCE) in collaboration with community partners. A five-year study funded by the National Institute for Nursing Research partnered VCE with a statewide association of black churches; the target population was medically underserved African Americans. Mixed method (questionnaire, interviews) evaluation of the varying readiness and capacity among community, faith-based (FBO), and research partners delivering BLD in this study was conducted. The most important factors at the individual and organizational levels for effective collaborative health programming were identified. An iterative process was used to develop a self-assessment tool for churches to assess and improve capacity and readiness for collaborative health programming. The instrument assesses 1) built environment; 2) physical and administrative resources; 3) communication resources; 4) inclusion of health messages in church communication; 5) church calendar operation and church availability for health and wellness activities; 6) number and types of community organizations with which the church has partnered for health and wellness activities; 7) frequency of health-related activities; 8) existence of health-related policies; 9) availability of healthy food and beverages at church functions; and 10) demographic information for the congregation. Results of pilot testing with 22 churches suggest that the tool would be useful for understanding and improving church capacity and readiness for collaborative health programming. An online survey and individual telephone interviews with VCE staff explored VCE staff experience and perspectives regarding collaborative health programming in partnership with FBOs. Topics included previous experiences, obstacles, barriers, level of comfort and future interest in working with FBOs. Strategies to develop and strengthen partnerships between FBOs and VCE were identified. Workshop participants will review the church self-assessment tool and strategies to strengthen VCE/FBO collaboration and discuss their potential utility, and identify “next steps.”

**Roanoke Ballroom B**

**“How” to Engage Communities in Planning**

**Heather Wallace**, Assistant Professor and Human Development Specialist; **Karen Franck**, Assistant Professor; **Soghra Jarvandi**, Assistant Professor and Health Specialist and **Kathryn Burklund**, Extension Assistant and C3 Project Manager, University of Tennessee

In 2014 the University of Tennessee Extension received funding from the Centers for Disease Control (CDC) to reduce obesity and increase physical activity in an effort to prevent and control chronic diseases in four rural Tennessee counties: Haywood, Humphreys, Lake, and...
Buck Mountain

Applying Ecological Systems Theory to Community Health Promotion Efforts
Heather Wallace, Assistant Professor and Human Development Specialist, University of Tennessee

In 2014 the University of Tennessee Extension received funding from the Centers for Disease Control (CDC) to reduce obesity and increase physical activity in an effort to prevent and control chronic diseases in four rural Tennessee counties: Haywood, Humphreys, Lake, and Lauderdale. These counties each have an obesity rate over 40% (2012 Behavioral Risk Factor Surveillance System (BRFSS)) and are "food deserts". Compounding the lack of access to food is the dearth of reliable transportation and pervasively limited resources of families (nearly 30% are SNAP recipients). We are increasingly learning more about how to best address long-term, intergenerational, and chronically high obesity rates; effectiveness now rests in a holistic and systematic approach responsive to the multitude of contributory factors (e.g., transportation access, health literacy, motivation, social support, and access to healthy food and physical activity options). This seminar will discuss how Bronfenbrenner's Ecological Systems Theory (EST) is being translated into practice through its use as a framework for planning approaches dedicated to transforming policies, systems, and environments. Additionally, EST serves as the foundational perspective used in efforts to shift the collective perspective from intervention-based models of community care to proactive, holistic, and inherently dynamic responses to complex issues related to chronic disease and healthcare access. In this seminar participants will learn: a) how Cooperative Extension on campus can support community partnerships in rural areas, b) to account for contextual variation while minding the need for coordinated approaches, and c) examples of how to translate EST into practices specific to reducing and preventing obesity.

Pocahontas

Determining the Best Ways to Incorporate Health Coaching in Extension
Sarah Bercaw, Extension Agent, University of Delaware

Background: Diabetes affects about 382 million people worldwide, and continues to be a leading cause of death in the United States. Health coaching has shown to improve the wellbeing of those with diabetes. The purpose of this study was to assess the need for a health coaching program for those with diabetes enrolled in a Dining with Diabetes educational program through the University of Delaware’s Cooperative Extension. Methods: This study involved four focus groups, each consisting of 6-10 participants. Questions related to diabetes, the existing education program, and health coaching were asked. Focus group sessions were audio recorded and transcribed. Transcriptions were coded and analyzed through NVivo 10.2 software. Results: The data presented four major themes: advantages and disadvantages of the Dining with Diabetes education program, the lack of ability to personally apply educational material to individual lives, the usefulness of planning or goal-setting, and the request for a health-coaching program for people with diabetes. Conclusion: This study resulted in preliminary suggestions for the development of a Dining with Diabetes group health coaching program with peer one-on-one coaching included in the lessons.

“Faith Communities Alive!” Promotes Health within Faith-based Settings
Julie Garden-Robinson, Professor and Extension Food and Nutrition Specialist, North Dakota State University Extension Service

North Dakota has the second-highest rate of religious adherence in the United States, with 67% of North Dakotans claiming a religion, according to statistics from the 2010 Association of Religion Data Archives U.S. Congregational Membership report. "Faith Communities Alive" is a community-based educational program that recognizes and assists participating faith communities in setting goals toward changes in their policies, systems and environment to promote health. Using an evidence-based curriculum and a health coach who works directly with the volunteer leaders, the program aims to improve nutrition and physical activity practices among participants in 24 faith communities. Community partners include dietitians from two universities and a hospital, county Extension, public health nutritionists, and parish nurses. Needs assessment surveys (n=708) have shown that 70% of respondents were interested in healthy meals being served in their faith
communities, 74% were interested in healthy snacks being served, and 57% were interested in learning more about the benefits of physical activity and its influence on health. Materials developed include a website (with links to gardening, nutrition and physical activity information), a monthly newsletter with community events and success stories, face-to-face trainings for volunteer leaders, a volunteer training online module, a video, table tents, posters and social media posts. One-year retrospective surveys of volunteer leaders have shown that all the faith communities have promoted physical activity, 93% have equipment that promotes healthful food preparation, 79% always provide water at events, 79% have provided exercise classes, 77% have relationships with another health promotion agency to provide services to their members, 79% have promoted healthy eating in bulletins or newsletters, 69% have exercise equipment on site, 57% have a garden, 50% of leadership have promoted physical activity and/or healthy eating in a speech or sermon, and 46% have offered nutrition classes. Funding was provided by Dakota Medical Foundation.

Benefits & Challenges of Translating Clinical Programs to Community Setting

Elaine Meredith, Project Assistant; Ashley Songer, Project Assistant and Alisha Farris, Childhood Obesity Extension Specialist, Virginia Tech

This session will discuss and provide an example of how nutrition educators should consider the benefits and challenges of translating evidence-based clinical programs into community-based practice, to enhance programming and research opportunities. It is increasingly important for health educators to consider how best to translate findings from evidence-based clinical trials into community-based research and practice. Despite an emphasis on clinical trial results, information transfer into a practice setting is limited and rarely carried out from formative research to community programming. This session describes the translation process and lessons learned from the USDA AFRI-funded Food, Fun, and Families, a program developed from formative focus group results and previous research that was initially tested in a randomized controlled trial, and adapted and delivered state-wide in Virginia through the Supplemental Nutrition Assistance Program Education (SNAP-Ed). At the end of the session, participants should be able to: Learning Objective 1: To understand how the translation of clinical trials to community settings, including Cooperative Extension, EFNEP, and SNAP-Ed could benefit community and Extension programming and impact and inform research programs. Learning Objective 2: To provide an overview of the translation process from a clinical to community trial, including lessons learned from the perspectives of researchers and practitioners. Learning Objective 3: To allow participants an opportunity to consider programming areas and research agendas that may benefit from translation and to consider potential challenges (and solutions) to translating these programs into settings in which they work. This session will include multiple presenters who have been involved in the translational process.
Roanoke Ballroom A

Using the RE-AIM Framework for Planning, Implementation, and Evaluation

Samantha Harden, Assistant Professor and Exercise Specialist, Virginia Tech

The RE-AIM (reach, effectiveness, adoption, implementation, maintenance) framework was developed to promote balanced reporting of internal and external validity of programs, policies, and practice to more readily translate evidence-based interventions into sustained practice. The RE-AIM framework has been used in a variety of settings (clinics, schools, Extension) with numerous targeted outcomes (increased chronic disease self-management, improved adoption rates). The purpose of this workshop is to train researchers and practitioners on the core concepts of the framework for real world application. This will be accomplished through training on each dimension and related indicators as well as an experiential learning opportunity.

Roanoke Ballroom B

Working on Wellness: A Collaborative Model for Sustainable Community Change

Alice Kirk, Child Health and Wellness Specialist; Jamie Rae Walker, Assistant Professor and Urban Parks Specialist; Jenna Anding, Professor and Extension Specialist and Mike Lopez, Health Planning Specialist, Texas A&M AgriLife Extension Service

The purpose of this workshop will be to provide participants with the strategies and resources that are supporting environmental change within Hidalgo County, Texas. Hidalgo County is one of the many limited resource areas on the border of Texas and Mexico, and the only county in Texas with an obesity rate over 40%. In addition, 27% of residents have limited access to healthy foods and 43% have limited access to exercise opportunities. Without access to these opportunities, research shows it is considerably harder to make living healthy an easier choice. Utilizing a previously tested, evidence based model from a neighboring border county project, Texas A&M AgriLife Extension and the Health Science Center, in concert with Working on Wellness Coalitions, are engaging community members from numerous disciplines in order to invoke and be the leaders for change in their communities. Four distinct community coalitions have identified and prioritized possible food and physical activity environmental changes and are working to build partnerships and leverage existing resources to create change. The objective of the session is for the audience members to learn the principles of the Working on Wellness model from a panel of practitioners. Learning topics include building community collaboration and capacity, promoting healthy food retail, and promoting access to safe places for physical activity. Select project examples will be used to facilitate discussion as well as to demonstrate evaluation tools used to measure outcomes. Participants will be encouraged to identify and utilize feasible, cost-effective, and best practice resources to lead this change post session. This model is designed for use, adaption and re-use on a national scale in other communities with similar goals.

Buck Mountain

Adapting for Cultural Relevance: Diabetes Prevention Program

Anne Dybsetter, Extension Educator, Health and Nutrition and Abdulahi Mohamed Dohe, SNAP-Ed Educator, University of Minnesota Extension

This session will present preliminary findings from two cultural adaptations of the National Diabetes Prevention Program (DPP) curriculum. In the Minnesota community of Worthington (population 12,940), a multi-cultural team of educators and researchers supported a SNAP-Ed educator in implementing an adapted version of the existing Spanish-language curriculum with Latino participants. In Willmar, Minnesota (population 19,680), the same team supported a SNAP-Ed Educator in interpreting, adapting, and implementing DPP with Somali participants. The session will include a description of the project team, methods to accomplishing adaption, preliminary outcomes, and lessons learned. Activities that will be highlighted from the project include engaging cultural liaisons from within the community to guide the work, gathering input from community members through participation in focus groups, and interviews with community partners. Presenters will share preliminary lessons learned from the cultural adaptation process. Themes will include: -Understanding and addressing belief systems about health and prevention -Tracking food intake and physical activity among low-literacy participants -Honoring social support systems and religious and gender norms -Addressing barriers to participation in a year-long program among immigrant and refugee populations -Cultivating support for lifestyle change within families and across communities -Recognizing the centrality of food to family, community and cultural life. In this seminar, participants will be asked to acknowledge and contemplate their own cultural lenses. Discussion will include opportunities for participants to share their own experiences related to culturally-appropriate programming. Cultural adaptation projects provide practitioners an opportunity for ongoing learning, by allowing practitioners to reflect on their own culture(s) of origin and consider promising practices to support the health and well-being of community members of diverse cultures.
Texas Grow! Eat! Go! Family Reach by Obesity Prevention Components

Judith Warren, Professor and Special Initiatives Coordinator, Texas A&M AgriLife Extension Service; Alexandra Evans, Associate Professor, University of Texas School of Public Health and E. Lisako J. McKyer, Associate Professor, School of Public Health, Texas A&M University

Texas GROW! EAT! GO! (TGEG) used a research and extension team of health, horticulture and nutrition specialists who worked with education, health, sociology and psychology researchers at Texas A&M University and UT School of Public Health to integrate theory based strategies into two existing Extension programs: Walk Across Texas (WAT) and Junior Master Gardener (JMG) for a study using the Coordinated Approach to Child Health (CATCH) program as the control intervention. It was hypothesized that these two programs would extend the reach on key healthy behaviors into the family home environment through the child. A randomized control trial with 28 Title 1 schools, 1508 third grade students and 1169 parents evaluated effects on child obesity and other health behaviors of the individual and combined programs (CATCH, CATCH + WAT, CATCH + JMG, and CATCH + WAT + JMG) in the model. Evaluation methods included child, parent, and teacher surveys and program implementation logs and child BMI at four data points. This presentation will describe the process used by the multidisciplinary design team to enhance and integrate social cognitive, theory-based strategies into two existing Extension programs to enhance behavioral outcomes related to child, parent and parent-child interactions. Evaluation methods, tools will be described. Project component reach into the family home will be described and significant health behavior changes will be presented. Project supported by USDA National Institute of Food and Agriculture, Agriculture and Food Research Initiative, Grant no. 2011-68001-30138 Integrated Research, Education and Extension to Prevent Childhood Obesity.

Healthy Youth: Making and Responding to Life Choices

Debra Jones, State 4-H Program Leader and Mara Bascujilak, 4-H and Youth Development Agent, University of Alaska Fairbanks

Presenters will share evolving best practices as experienced in their research and application of out-of-school time healthy living programming with disengaged youth, and invite others to share their experiences to develop networks and collaboration. Presenters will 1) share respondents’ perceptions of what 4-H youth development would look like in various communities, with a focus on key elements as they relate to prevention, and 2) move into application in the communities which then led to broader engagement of youth in foster care and youth corrections. We share the continuum of positive youth development through the lives of youth as they make and respond to life choices. We began with the recognition that 4-H youth development is culturally responsive wherever we go, and is the outcome of active engagement and leadership of youth, young adults and adults. We have been guided by stakeholders and community partners in opening creative ways in which youth are excited to continue learning through healthy activities. Our stakeholders experience some of the highest rates of child abuse and neglect, domestic violence and violence against women, teen pregnancy, and suicide in the nation. We will share how 4-H provides prevention programming leading to healthier youth who are leading the way for positive change, and invite sharing of other ideas and experiences so that we may work together to develop best practices and collaborative networks.

Packed vs School Lunch: Discover the Differences in an Elementary Setting

Alisha Farris, Childhood Obesity Extension Specialist, Virginia Tech

Approximately 40% of children bring a packed lunch to school in the United States each day. Little is known about the quality of packed lunches. While new nutrition standards have been implemented for the National School Lunch Program (NSLP), packed lunches are not required to meet any standards. This study examined the nutritional quality of packed lunches compared to school lunches, following the implementation of the new NSLP standards. Observational data for packed and school lunches were collected from pre-kindergarten and kindergarten children from three elementary schools in a rural region of the United States for five consecutive school days and analyzed for food group and macro-and-micro-nutrients using Mann-Whitney-Wilcoxon tests and descriptive statistics. Of the 1314 observations collected; 42.8% were packed lunches (n = 562), and 57.2% school lunches (n = 752). Energy, fat, saturated fat, sugar, vitamin C, and iron were significantly higher for packed lunches, while protein, sodium, fiber, vitamin A and calcium were significantly lower. Packed lunches contained fewer fruits, vegetables, juice without added sugar, and milk while containing more savory snacks, sugar-sweetened juice, and desserts. Eating habits developed in early childhood continue into adolescence and adulthood. Education programs targeting children and parents and school policy should be encouraged to promote healthier options within packed lunches and/or participation and increased enrollment in NSLP. At the end of this session participants will understand the current research on packed and school lunches in the United States, identify the differences in nutritional quality for food items provided, and understand the need to develop or implement programming which targets feeding young children.
Roanoke Ballroom A

Supporting Nutrition Educators in Systems-Wide Approaches
Anne Dybsetter, Extension Educator and Laura Perdue, Extension Educator, University of Minnesota Extension

Health outcomes related to nutrition and physical activity are greatly influenced by an array of complex policies, systems and environments (PSE). The need to address health using techniques beyond direct education is reflected in a shift in priorities from funders such as USDA. The University of Minnesota Extension Health and Nutrition programs have adopted the Spectrum of Prevention as a guide and practical tool for our work. This new approach is a change for many of our SNAP-Ed and EFNEP staff, so the need to provide additional training was identified. Extension staff created a series of four interactive, online modules titled, “Exploring Our Work with the Spectrum of Prevention.” The four modules were: - Thinking on a Systems Level - Working Across the Spectrum - Engagement and Partnering - Assessment Each module had a process evaluation survey that assessed the extent to which the modules met the learning objectives and how relevant and useful they were to educators' work. In addition, modules two through four began with an evaluation question that asked how the previous module had changed their approach to their work. Further evaluation is ongoing to determine how these trainings will impact the capacity of staff to work across the Spectrum of Prevention and ultimately we will evaluate the impact this way of working has on addressing health disparities with our targeted audience. Based on the evaluation of this initial training, the modules will be adapted with a goal of making them available to a national audience in 2016. In this session, participants will: - Understand the challenges and opportunities for SNAP-Ed and EFNEP staff to work on systems-wide approaches - Learn about the training method used in Minnesota to increase the capacity for nutrition educators to work on multi-level approaches - Discover opportunities to implement systems training with their nutrition education staff.

Food Waste: How to Measure and Why it’s Important
Alisha Farris, Childhood Obesity Extension Specialist, Virginia Tech

Public schools in the United States represent a prime environment for food waste reduction. Many schools face great resource constraints in addressing food waste, but are actively implementing changes to the school food environment (food items and/or physical environment) due to the updated healthier school food guidelines for lunch and breakfast. Health educators can fill this need by assessing acceptability and providing evidence which measures the impact of school food environment changes. The proposed workshop will cover a variety of evidence-based food waste measurement techniques that are currently utilized in research. This will be accomplished in three phases. Phase one will focus on food waste evidence and a description of current food waste statistics in the public school environment. Information will be provided on how to involve stakeholders and potential partners for collaboration and data collection. Phase two will introduce common and evidence-based food waste measurement techniques, including a discussion on which techniques are appropriate for a variety of situations/environments. Finally, phase three will provide hands-on practice with selected food waste techniques. Participants will have the opportunity to move through four food waste stations and practice collecting food waste data utilizing a different measurement tool at each station. At the end of the session, participants should be able to design and implement a food waste study in their community which will contribute to and improve the school food environment.

Roanoke Ballroom B

PROSPER: Partnerships to Support Positive Youth Development
Claudia Mincemoyer, Professor, Penn State University

The PROSPER project began as a NIDA-funded research partnership between prevention researchers, the Cooperative Extension System (CES), and communities throughout Pennsylvania and Iowa. PROSPER involves high quality implementation of evidence-based interventions to reduce youth substance abuse and strengthen youth and family resilience, along with ongoing technical assistance to support this implementation. PROSPER started in 2001 and unlike programs that disappear when their grants run out, Cooperative Extension keeps this program present and sustained at a high level. Extension’s infrastructure uniquely enables proactive, ongoing assistance, which leads to high-quality programming and the ability to garner buy-in from local stakeholder champions. Extension’s leadership within the local PROSPER teams has provided long-term consistency and sustainability. Data from the PROSPER study have revealed significant, long-term benefits for youth, families, and communities, including community-level reductions in drinking, tobacco use, illicit drug use, and problem behaviors, as well as significant increases in protective factors such as family cohesion and communication. For the past 8 years, PROSPER has been successfully sustained without grant funding. The CES within Pennsylvania and Iowa has absorbed the infrastructure for PROSPER as part of its usual operations, while local teams have vigorously and creatively pursued sustainability funding for their local teams. PROSPER in Pennsylvania has expanded from the original seven sites to include additional communities throughout the state. This session will discuss findings from the ongoing, longitudinal PROSPER research project, including sustained positive impacts on youth, families, and communities. Additionally, ways in which PROSPER communities have continued to successfully generate resources to support their prevention initiatives at the local level will be presented. These results highlight the success of the engaged PROSPER partnership model.
Concurrent Session Descriptions
Thursday, April 7 • 1:30 – 2:30 p.m.

Buck Mountain

Dining with Diabetes in Pennsylvania

Debbie Griffie, Ed.D., C.H.E.S., Program Coordinator, Dining with Diabetes and Lynn James, M.S., R.D.N., L.D.N., Senior Extension Educator, Penn State Extension

Dining with Diabetes, an evidence-based research study, which was funded in part by the Centers for Medicare and Medicaid Innovation Grant in cooperation with Joslin Diabetes Center, is a community-based education program offered by Penn State Extension. The purpose of the program is to teach participants how to interpret important diabetes-related numbers, improve self-management, prepare healthy food, and increase physical activity. The program has been taught in 40 Pennsylvania counties through community partnerships at facilities such as senior centers, churches, retirement communities, and libraries. To date over 5762 individuals have participated in the program including Medicare and Medicaid beneficiaries and individuals from low income/uninsured populations. At the initial and follow-up classes participants complete a lifestyle questionnaire and have A1C and blood pressure measurements taken. Individuals then participate in four 2 hour classes that teach behavior and lifestyle modification. The goal of the research is to evaluate the effectiveness of community education programs in reducing diabetes related health issues. After completing the program a significant number of participants experienced a drop in A1C and blood pressure and were better able to explain their condition to family members and health care providers. The Dining with Diabetes program provides participants with the knowledge and skills necessary to make positive lifestyle changes and improve their diabetes related bio-markers.

What Do You See When You Look in the Mirror? Body Image and American Women

Lauren Prinzo, Families and Health Extension Agent and Terrill Peck, Families and Health Extension Agent, West Virginia University Extension Service

WVU Extension Service offers a one-time presentation on developing a healthy body image titled, “What do you see when you look in the mirror?” The goal of the program is to educate women about statistics relating to body image among women and girls in the United States. We explore the cultural and environmental influencers that contribute to the development of body image including children’s toys, games, movies, and other media images. We also provide participants with information and materials to assist in educating others and being a positive influence on other women and children in their lives.

Kitchen Creations: A Cooking School for People with Diabetes

Cassandra Vanderpool, Diabetes Coordinator and Lourdes Olivas, Extension Associate, New Mexico State University Extension

To improve access to diabetes education, New Mexico (NM) State University Cooperative Extension Service partnered with the NM Department of Health to develop the Kitchen Creations program. It is a free cooking school of four classes that focus on hands-on activities and cooking to teach participants how to plan and prepare meals that will help manage diabetes. With the help of additional community sponsors, the program has been offered free of charge throughout NM for 15 years. Last year, 100% of participants reported that they were satisfied with the classes and understood how to plan and prepare healthy meals.

Collaboration Among Rural Hospitals & Health Programs in Central Appalachia

Cody Goessl, Ph.D. Student, Virginia Tech, Fralin Translational Obesity Research Center

The mission of Via College of Osteopathic Medicine (VCOM), Blacksburg, VA, is to educate medical students to serve rural and underserved communities. In 2011 VCOM was invited to join a consortium of industry funded Appalachian research universities to study and disseminate findings on health disparities in rural coal-dependent counties. The research question posed was, “Is there a direct relationship between counties with poor health and coal production?” The initial network of VCOM faculty, alumni, and friends was created followed by the difficult multi-year process of obtaining agreements with rural hospitals unfamiliar with research. Secondly, we obtained state death records (n=755,414) from 1960-2012, with approximately 60,000 from the regions of interest to observe longitudinal trends in chronic diseases prevalence rates. Next, inpatient electronic medical records were obtained from 6 different hospitals throughout Virginia with health disparities. Approximately 1,600 medical records from the year 2012 provided cross-sectional data for analysis of chronic disease prevalence rates. Lastly, statistical analysis was performed and interpreted through focus groups of interdisciplinary professionals. Preliminary differences existed between coal and non-coal counties, respectively, for years of age (17.1±1.7, 19.8±1.3, p<0.01), percent with high school education (73.0±4.7, 78.3±4.2, p<0.05), and deaths due to injury (109±22, 83±16, p<0.01), a measure reflecting mental health concerns. Interventions for mental health may need to preclude interventions for chronic disease prevention. Economic challenges in rural hospitals favor nutrition and physical activity assessment to prevent and treat these high rates of chronic diseases. Various challenges were experienced such as establishing research with rural hospitals, developing rapport among stakeholders, and convincing facilities of the indirect value to patient and facility well-being. To conclude, the core team reached out at great lengths to develop collaborations with various partners to address multiple causative factors, i.e., health care economics, medicine, legal logistics, information technology, epidemiology, and behavioral interventions.
Campus Partnership Assists Chronic Disease Program in Improving Impacts

Patricia Brinkman, Assistant Professor, Family and Consumer Sciences Extension Educator, Ohio State University Extension

Relying on individuals’ self-reporting, instead of dollars or factual data for behavior change, can create questions about reliability due to participants reporting according to anticipated responses (Chipman & Litchfield, 2012) (http://www.joe.org/joe/2012june/a5.php). One evaluation method includes physiologic measures (i.e. blood pressure, adiposity, serum lipids, and in some cases, physical fitness). These measures can indicate health behavior change for nutrition programs. One way in which Extension programs could obtain physiological measures, would be to partner with their university’s nursing or medical college to perform medical screenings. This option would help determine if an individual’s behavior changes result in changes to blood pressure, weight, blood cholesterol statistics or A1C (a diabetes test). If an individual shares these screening results, nutrition programs could determine if significant behavior change has taken place. A Campus-Community Partnership with Extension to expand heart disease screenings and provide education programming to effect behavior change has resulted in providing more reliable statistical data. This heart disease risk reduction program has partnered with their College of Nursing to do medical screenings for blood pressure, cholesterol and BMI providing reliable data as to whether behavior changes have taken place. This session will explain how this partnership started, wrote a grant to provide funding for screenings, and expanded to other parts of the state. An additional result is a new partnership with the state Nursing Association to provide screenings for this heart disease risk reduction program throughout the state. This is increasing our reach and availability of screenings throughout the state, as we will have better access to nurses to perform the screenings than relying on nursing students. Reliable statistical information will assist us in improving our programming and effectively documenting the public value of our programs. (Lamm, Israel, & Diehl, 2013) (http://www.joe.org/joe/2013february/a1.php) /

Economic Impact of Dining with Diabetes

Debbie Griffie, Ed.D., C.H.E.S., Program Coordinator, Dining with Diabetes and Lynn James, M.S., R.D.N., L.D.N., Senior Extension Educator, Penn State Extension

Diabetes is the 7th leading cause of death in the United States, and in 2012 the estimated cost of diagnosed diabetes was $245 billion. That number includes $176 billion in direct medical costs and $69 billion in reduced productivity. Individuals with diagnosed diabetes spend an average of $13,700 annually in medical costs, which is approximately 2.3 times higher than those without diabetes (Yang, et.al., 2013). Adding to that burden are indirect costs of diabetes, which include for the employed population; increased absenteeism ($5 billion) and reduced productivity while at work ($20.8 billion). For those not in the labor force reduced productivity ($2.7 billion), inability to work as a result of disease related disability ($21.6 billion), and lost productive capacity due to early mortality ($18.5 billion)(Yang, et.al., 2013). This proposed research report will discuss Dining with Diabetes, an evidence-based research study offered by Penn State Extension. The purpose of this community based program is to teach participants how to improve self-management, understand important health related tests and numbers, prepare healthy food, and increase physical activity. To date 5762 individuals have participated in the program. At the initial and follow-up classes participants complete a lifestyle questionnaire and have A1C and blood pressure measurements taken. Individuals then participate in four 2 hour classes that teach behavior and lifestyle modification. The goal of the research is to evaluate the effectiveness of community education programs in reducing diabetes related health issues. Additionally the economic impact of the program is being evaluated focusing on reduced health care costs, decreased number of hospitalizations, increased productivity, and quality of life. The proposed presentation would address data analysis related to economic factors and the cost effectiveness of diabetes education in the community setting.

Healthy Kansas Is…

Elizabeth Kiss, Associate Professor and Extension Specialist; Bradford Wiles, Assistant Professor and Extension Specialist; Erin Yelland, Associate Professor and Extension Specialist; Elaine Johannes, Associate Professor and Extension Specialist; Charlotte Olsen, Professor and Extension Specialist; Roberta Riportella, Kansas Health Foundation Professor of Public Health and Dorothy Durband, Professor and Director, School of Family Studies and Human Services, Kansas State University

The social determinants of health provide an organizing framework for inter- and multi-disciplinary collaborations in health promotion activities. With the goal of discovering how Kansans understand and communicae about health (e.g. physical, mental, etc.) and using a lifespan approach, we created a social marketing campaign to gather data that benchmarks the current situation and contributes to the needs assessment process. Insights gained are being used to target our efforts and amplify our messages. Session participants will increase their knowledge of the uses of social media in research. They will also gain an understanding of what respondents described as “health.”
Community College Students & the ACA: Results of a Message Intervention

Laura Payne, Associate Professor and Extension Specialist; Jennifer McCaffrey, Assistant Dean and Heather Coyle, Program Coordinator, University of Illinois Extension

Young adults, or “young invincibles” as they are sometimes called because they hold the belief that nothing bad will ever happen to them, are seen as key enrollees for health insurance because they are healthier and use fewer medical services (Cunningham & Bond, 2013). One concern is that young adults approaching 26 may become uninsured when they age out due to costs of insurance and beliefs that they are healthy and can go without it (ibid). Therefore, enrolling and maintaining health insurance are two major concerns in the young adult population. Our study aims were to understand community college students’ attitudes toward health insurance and the ACA, track the evolution of their attitudes over time and better understand the effectiveness of various message channels in reaching young adults and community college students. We conducted a message channel intervention in which the channel varied (i.e., traditional media-radio advertising, promotional flyers, social media, face-to-face information, and everything combined) across four community colleges with a control group college. Comparing pre-test (N=700) and post-test surveys (N=500), results indicate the social media strategy was effective in reaching this audience. At post-test a significant percent of respondents indicated familiarity with key messages of our campaign. However, based upon web analytics, we determined the social media was one of the most effective message channels for reaching this segment of the population. Messages, message formats (videos, advertisements, Blog posts, facebook ads), and strategy will be shared and findings of the social media follow up study for the winter 2015-2016 enrollment period will be discussed.

Assessing and Promoting Organizational Health Literacy within Public Health

Jamie Zoellner, Ph.D., R.D., Associate Professor and Kathleen Porter, Ph.D., R.D., Postdoctoral Associate, Department of Human Nutrition, Foods, and Exercise, Virginia Tech

Health literacy (HL) has two broad foci: 1) the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions; and 2) the extent to which health organizations and systems support individuals as they seek, receive and use information and services (organizational HL). Although there has been increased emphasis on the need to understand and promote organizational HL, no known system-level organizational HL efforts exist in Virginia. To support health care practices in addressing HL and improving environments, the Agency for Healthcare Research and Quality (AHRQ) has developed an evidence-based HL Universal Precautions Toolkit (Toolkit). This toolkit includes 21 tools across four content areas – written communication; spoken communication; self-management and empowerment; and supportive systems. Unfortunately, few empirical accounts (process or outcomes) of the systems-level application of the Toolkit exist. In response to this need, a partnership was initiated in 2014 between four southwest Virginia Department of Health (VDH) districts (i.e., LENOWISCO, Cumberland Plateau, Mount Rogers, New River) and researchers from the Department of Human Nutrition, Foods, and Exercise at Virginia Tech. The counties served by these districts are federally designated as a medically underserved and consistently score poorly on the Health Opportunity Index across Virginia. Our work is guided by the Interactive Systems Framework, which builds both general and program-specific capacities to strengthen the adoption and implementation of evidence-based programming. As a partnership, we are collaboratively working through a 3-year process using the Toolkit to 1) engage medical directors to conduct a HL Assessment (completed); 2) collect baseline data about staff HL beliefs and actions and the environment related to HL practices within VDH, and client perceptions (Nov 2015-April 2015); 3) collaboratively develop a HL improvement action plan (Spring 2015); 4) implement improvement plan, including approximately four professional development opportunities (Summer 2016-Spring 2017); 5) collect follow-up data from VDH staff, environmental audits, and clients (Summer 2017); and 6) use findings to update action plan and disseminate findings statewide (Fall-Winter 2017). Concurrently, we are studying VDH’s adoption and implementation of a health literacy focused behavioral intervention to reduce sugar-sweetened beverage consumption. Our presentation will highlight the planned methodology and preliminary findings as well as key Toolkit resources and established evaluation instruments.

Teen Cuisine Provided a Foundation in Healthy Eating and Obesity Prevention

Heather Petty, Graduate Student, Virginia Tech

Teen Cuisine is a cooking-based curriculum developed by Virginia Cooperative Extension that focuses on obesity prevention, food preparation, and kitchen safety. The program contains six 90-minute lessons, incorporated into middle and high school classes. 4-H and FCS Extension Agents and EFNEP and SNAP-Ed Educators delivered Teen Cuisine to 1,130 teens across Virginia. To examine the impacts of the program on participants’ behaviors, a retrospective pre/post-test was administered to 1,130 students who completed the program. The evaluation was based upon the 4-H Common Measures Evaluation Instruments for healthy eating programs and assessed food, dietary, and physical activity behaviors. Additional questions were added to assess gains in food preparation, and cooking skills, and food safety. Seventy two percent of students reported consuming more fruits and vegetables, 73.0% drank fewer soft drinks, and 76.4% were making food choices based on what they know their bodies need. Fifty three percent agreed they watched less television, and 74.2% spent less time playing video games, and used the computer less in their free time. Ninety one percent washed their hands before cooking to prevent the spread of cross contamination, and food-borne illnesses. Overall, Teen Cuisine was found to be effective in promoting healthy behaviors among teens.
Roanoke Ballroom A

Conducting Cost Effective Analyses of Health Education Programs for Policy

Elena Serrano, Director, Virginia Family Nutrition Program; George Davis, Professor, Department of Human Nutrition, Foods and Exercise; and Judy Midkiff, Project Associate, Virginia Tech

Local, state, and national government has increased its emphasis on accountability for federally-funded programs. Specifically, the Government Performance and Results Act (GPRA) of 1993 was established to "improve Federal program effectiveness and public accountability by promoting a new focus on results, service quality, and customer satisfaction. This session will provide an overview of the benefits of utilizing cost-effectiveness analyses (CEA) within local, state, and federal health education programs, including reporting and decision-making, and within policy-making. The session will also guide participants through the calculation of a cost-effectiveness ratio, which is simply the average cost per one effect unit produced, including different measures and instruments to gather data on: the different components of both direct and indirect costs (inputs), such as labor, capital, material, and utility, and effects (behavior change). Participants will also learn about the pros and cons to utilizing a CEA versus a cost-benefit analysis. This session is designed to be interactive, allowing participants to have the opportunity to consider strategies for incorporating CEA within their programs and how to effectively communicate CEA results to key policy stakeholders and partners.

Roanoke Ballroom B

Focus on Health Literacy: Impacts on Individual and Public Health

Sonja Koukel, Associate Professor and Extension Health Specialist, New Mexico State University Extension; Lisa Barlage, Family and Consumer Sciences Educator, Ohio State University Extension; Sarah Bercaw, Extension Agent, University of Delaware; Nancy Crevier, Family Living Educator, University of Wisconsin Extension; Jatunn Gibson, Extension Specialist, Alabama Cooperative Extension System; Belinda Letto, Extension Agent, University of Tennessee; Fatemeh Malekian, Professor, Southern University Agricultural Research and Extension Center and Cathy Newkirk, Extension Educator, Michigan State University Extension

Given the national trends in health, Extension adopted the Framework for Health and Wellness (2014) to be responsive to emerging needs and to create a new programmatic focus to positively influence the social, economic, and environmental determinants of health. Through an assessment of national trends, five topic issue areas were identified in the Framework. Health Literacy is one of the five topic issue areas. The Health Literacy Action Team, comprised of Extension professionals across the nation, is charged with raising awareness on health literacy defined as “Increasing the ability of people to obtain, understand, communicate, and act upon health information and services.” Only 12% of U.S. adults tested in the National Assessment of Adult Literacy are fully health literate; the majority is at or below basic levels of functioning. Demands for health literacy are increasing along with the complexity of health-related issues. This presentation provides an overview of health literacy at the national level; the challenges of health literacy education; what is currently available on this topic for consumers and educators; and the role of Extension professionals, community educators, and medical institutions. Additionally, Action Team members will present a brief update on work accomplished since their first meeting at the 2015 National Health Outreach Conference, Atlanta. Progress to be shared will be overviews of the team logic model, database of evidence-based health literacy programs and curricula including health information technologies, gap analysis process, and professional development opportunities. An exchange of ideas, materials, and programs done within the context of community collaborations or partnerships with academic health centers and/or others will be generated through an interactive discussion. All interested individuals are invited to participate in assisting the team with identifying additional resources or content experts to complete the teams goals and objectives during the three-year process.

Buck Mountain

Farm to City: Community Support of Families in Need

Ginny Hinton and Dorothy Lee, Family and Consumer Sciences Faculty, University of Florida

Farm to City Week offers a prime opportunity for faculty at university Extension offices, research centers, food banks, private industry and farmers to collaborate. Through a coordinated annual event, 700 families in two counties receive food baskets including fresh produce. Extension agents and trained volunteers prepare samples of fresh produce and distribute healthful recipes along with preservation information. From 2013 -2015, 632 of 776 participants completing surveys indicated they learned a new and nutritious way to prepare fresh produce and 260 repeat participants reported that they used the information received during the previous year to prepare more nutritious meals.
Concurrent Session Descriptions
Thursday, April 7 • 2:40 – 3:40 p.m.

Collaboration with WSU Extension and Nursing to Address Farmworker Health
Gina Ord, Assistant Professor, Health and Nutrition, WSU Extension

Participants will learn about collaboration between Extension and clinical programs to improve health and how a community-based participatory research approach can give voice to commonly underserved residents. In Yakima county of Washington state, migrant latino farmworkers are often the target of environmental health messaging, but this group may not be aware of environmental health terminology or have the ability to actively participate in outcomes involving environmental health. In this evolving project, primary themes from the qualitative narratives from two focus groups lead to a system of worksite clothes-changing stations to reduce pesticide exposure and empower workers in environmental health messages.

T3: Intervention for Healthy Youth Development in School
Holly Follmer-Reece, Ph.D., Research Associate, Center for Adolescent Resiliency—Texas Tech University and Sara Dodd, Ph.D.

This session will focus on a triangulated, two dimension intervention program developed to address the specific needs of an 8th grade class notable throughout the school district and community as being “troubled” (suicide, violence in school, academic challenges). Rooted in PYD program principles, the program aimed to develop students’ social, emotional, and academic self-efficacy, comprehensive wellness, and developmental assets (dimension 1). The program also targeted the adult support system by promoting school staff’s self-efficacy as guides for learning, sustained wellness, and transferable professional competencies (dimension 2). Explication of the need, program and curriculum, and longitudinal, cohort-level data will be presented.

Youth Advisory Councils (YACs) Involve Students in School Wellness
Luanne Hughes, M.S., R.D.N., Family & Community Health Sciences Educator and Associate Professor, Rutgers Cooperative Extension

Childhood obesity rates have continued to increase, due to a combination of factors that lead to excess caloric intake and inadequate physical activity. To address the concern of childhood obesity and its subsequent impact on chronic disease risk into adulthood, the Healthy Hunger-Free Kids Act of 2010 (HHFKA) established nutrition standards requiring schools to increase the availability of healthful food choices on their menus. HHFKA also mandates that schools establish active wellness councils to affect change on the overall school wellness environment. Youth provide valuable insights into understanding the impact of the obesity epidemic and identifying problem-solving interventions to combat it. They can share in developing healthy changes to the school environment and influencing their peers and families to join them in taking action and supporting change. Youth benefit when they actively contribute to their programs and communities. Not only do young people gain a stronger sense of agency, but they also garner a strong sense of belonging and connection to their communities. Change happens fastest when youth and community work together and students are afforded the tools, training and trust to apply their creativity and energy to make changes in their own lives and in the future of their school and community. Although the HHFKA mandates the establishment of an active school wellness council, it does not specify or recommend the involvement of youth on this council. The purpose of this project is to assist schools in developing a forum to engage youth in the dialogue of school wellness, particularly related to creating environments where physical activity and healthy eating are both accessible and encouraged. Family & Community Health Sciences (FCHS) Educators with Rutgers Cooperative Extension worked with two schools to establish YACs, train student members and their faculty advisors to assess school wellness needs, and develop recommendations to include in school wellness plans. Because of time and scheduling constraints and a desire to avoid encumbering additional expense or staff workload, YACs were integrated into existing programming – a Gifted and Talented Program, as one component of a school-wide wellness initiative, and via the establishment of a wellness club as part of the school’s enrichment program. By encouraging each school to identify a structure that best accommodated them, it was easy to garner support and interest.

Timely Adolescent Health Literacy: From Needs Assessment to Program Development
Elaine Johanes, Associate Professor and Extension Specialist, K-State Research and Extension, Kansas State University

K-State Research and Extension, as a result of its state adolescent health needs assessment, heard loud and clear that teens want health information and resources that equip them for healthy adulthood. But, health literacy information is often designed for adults and it is not useful to adolescents. K-State Research and Extension, in collaboration with community-based partners and health providers, has developed and tested health literacy materials designed for teens. This workshop discusses the results of Kansas’ adolescent health literacy project and the lessons learned through the development, testing and dissemination of the health literacy products that intentionally enhance youth voice of adolescents.

Living in a Food Desert / Mobile Food Van Project
Kevin Camm, Extension Agent, Virginia Cooperative Extension; John Matheson, Executive Director of Lynchburg Grows and Philipp Gabathuler, President of Lynchburg Area Food Council

Lynchburg Grows partnered with the Centra Foundation (the primary healthcare provider in Central Virginia) and received funding to establish a mobile food van which would improve access to healthy and fresh local produce to the seven food deserts located within the City. In only its second year, Lynchburg Grows is already showing great results, expanding deliveries from three locations...
to over six locations and has been prominently featured in Virginia State University’s “Living in a Food Desert” documentary. This initiative has provided access to food for those individuals living in food deserts in Lynchburg, but has also strengthened the community.

Pocahontas

Community Engagement through Needs Assessments
Karen Franck, Assistant Professor and Heather Wallace, Assistant Professor and Human Development Specialist, University of Tennessee

This presentation will focus on the benefits of engaging community members through a comprehensive needs assessment process from data collection through reporting. Needs assessments can be an important first step in the evaluation process but can be viewed as extraneous especially in situations where the issue is obvious such as major health issues like obesity. For the first year of a CDC funded grant to reduce obesity through community-driven environmental changes, comprehensive needs assessments were conducted in four counties in a southern state where the adult obesity rate was over 40%. At the start of the project, agency staff and coalition members had strong feelings about what their community needed to be healthier. They were ready to work together to implement interventions and programs and were frustrated about having to wait until the needs assessments were completed. The needs assessment process took several months and included surveys, focus groups, observations of parks and food venues and a review of census and health data. Agency staff and coalition members were engaged throughout the assessment process. The synthesis of these findings confirmed some of the needs identified by staff and coalition members from the beginning but also highlighted additional needs as well as community strengths and potential partnerships. Results of these assessments were shared during community planning meetings where participants discussed different strategies for transforming their communities to promote healthier behaviors. These results were an effective method for engaging community members in strategic planning. For example, results indicated that each community had areas that were underserved or had limited access to services, recreation opportunities and healthy foods. These results prompted discussions among participants about ways to reduce disparities for these communities. This presentation will include examples about how to effectively use the needs assessment process to engage community members.

Thrive WI: A Story on the Development of a Statewide Health Equity Alliance
Paula Tran Inzeo, Health Promotion Specialist, University of Wisconsin Extension

This presentation will describe the formation and developmental evaluation of a statewide initiative to create multi-sector alignment for addressing health inequities. The mission of Thrive WI is to advance health equity by building an alliance of diverse local and state stakeholders to promote learning, best practices, and collective action around the social, economic and environmental determinants of health. Thrive is part of a multi-state initiative in the Midwest that seeks to reorganize resources, identities and power in order to address these determinants. In the alliance development phase, we specifically targeted key public health and community organizing partners for trainings and planning sessions to build relationships and identify strategic opportunities for impacting policies, systems and environments in Wisconsin communities. A developmental, mixed-methods approach was used to observe the dynamic emerging partnerships at the state and community level.

Developing a Community Monitoring System for Mental Illness & Substance Use
Courtney Cuthbertson, Postdoctoral Fellow and Extension Specialist, Michigan State University Extension

Nearly 10 million Americans experienced mental illness and 27 million people ages 12 and older were current drug users in 2014 (CBHSQ 2015). Mental illness is one of the top five most costly medical conditions in the US, with total expenditures over $83 billion (2012); this is higher than 2012 expenditures for asthma, and represents an increase of $25 billion since 2002 (Soni 2015). While mental illness and substance abuse are increasing over time, data to inform interventions are often 1-2 years behind current events. A community monitoring system (CMS) regularly collects and analyzes geographically-relevant data about a health problem to issue warnings when increases are detected. The project, funded by HHS Substance Abuse and Mental Health Services Administration and administered by the USDA National Institute of Food and Agriculture, involves 20 land-grant institutions and tests three CMS methods: (1) regular surveys about mental illness and substance use, taken by locally knowledgeable individuals in 12 communities; (2) aggregating and regularly updating community-level administrative data such as police calls for mental health, or hospital admissions for drug overdose in five communities; (3) testing whether big data, such as Google Trends, indicates community mental illness and substance use problems. This project has helped to increase community partnerships, and to increase awareness of and use of data to inform evidence-based practice selection strategies. In addition to discussing these methods for creating a CMS, the presentation will include new information about potential effects of mid-point interventions in 12 communities, and recommendations for other communities interested in creating a CMS. Participants in this session will learn about current efforts to develop a low-cost, replicable CMS for mental illness and substance use, be able to explain the importance of a CMS, and be able to identify potential sources of data within their own communities to create a CMS.
Concurrent Session Descriptions
Friday, April 8 • 9:40 – 10:40 a.m.

Roanoke Ballroom A

4-H Yoga for Kids: A Healthy Living Program
Lisa Washburn, Dr.PH, and Lauren Copeland, Program Technician, University of Arkansas Cooperative Extension Service

Youth are exposed to more stressors today than ever. However, skills for dealing with such stressors are often overlooked in youth development programs. The ability to cope with stress is a life skill. Child and adolescent studies suggest that yoga practice can decrease anxiety, improve coping skills, relationships, and reduce the body’s stress response. 4-H Yoga for Kids, a healthy living program, was developed by a team of state extension specialists and county extension agents. The curriculum guiding the program was reviewed by a panel of Expert Registered Yoga Teachers (ERYT) and youth development professionals. More than a physical activity program, Yoga for Kids promotes self-acceptance, self-regulation, and helps the ability to focus. The physical, social and emotional health of youth can be addressed with the 4-H Yoga for Kids program, which can be implemented in a range of settings, including community, school, and camping programs. Evaluations (student and teacher questionnaires) from implementation in seven pilot counties with more than 1,000 students indicate youth were better able to focus, manage stress, and cope with benchmark exams as a result of their in-school yoga program. The 4-H Common Measures for Healthy Living and a Behavioral Questionnaire were used. Objectives: Participants in this session will be introduced to the 215-page 4-H Yoga for Kids curriculum, which includes pictures and instructions for more than 50 yoga poses, and learn: 1) how it aligns with the Essential Elements of Youth Development and the National Health Education Standards; 2) the basics of yoga practice, including breathing and a 4-H-themed sequence and guided relaxation; 3) ideas for using yoga in communities; 4) where to find existing resources (Yoga for Kids DVD, posters, etc.); and 5) steps to bring the program to other state 4-H programs.

Walkability, Walk Audits and Working with Community Partners: Clinton County
Nicole Peritore, Senior Extension Specialist for Family Health and Christy Nuetzman, Family and Consumer Sciences Extension Agent, University of Kentucky

Kentucky is a mostly rural state where poverty is common; obesity and overweight are the norm. Given the connection between poverty and obesity there is a dire need for practice-based strategies to improve healthy behaviors and implementation of strategies that may alleviate the burden these communities face. CDC made funding available to land grant colleges and universities in states with counties with an adult obesity prevalence exceeding 40%. An examination of Clinton County, Kentucky reveals a variety of barriers to physical activity such as lack of access to places with physical activity opportunities, lack of sidewalks and lighting, high traffic and safety fears, and limited access to stores, schools, and worksites in remote or outlying areas of the community. Collaboration between University of Kentucky Cooperative Extension Service and the College of Public Health assisted in bolstering the efforts around development of local solutions. The Clinton County community coalition assessments prioritized active transportation as a means to decrease negative health statistics and improve the quality of life for citizens. Based upon participation in a walk audit facilitated by Mark Fenton, community leaders are addressing ways to enhance walkability. As there is no entity or individual in our community that has expertise in pedestrian planning, and yet the community has come together to implement improvements. Additional walk audits are being planned to garner support for community work days which will result in the implementation of some of the smaller scale strategies identified in the initial walk audit. This session will examine the barriers to physical activity within a rural community, review walk audit components and how it can be utilized to enlighten community members to issues that were previously unseen, and describe steps taken to address the prioritized needs of the audit and complete the work.

Roanoke Ballroom B

Get Aboard to Successfully Leading a Team into Social Media Programming
Patricia Brinkman, Assistant Professor and Family and Consumer Sciences Extension Educator; Lisa Barlage, Family and Consumer Sciences Extension Educator and Michelle Treber, Family and Consumer Sciences Extension Educator, Ohio State University Extension

Smartphones and social networking are changing the way the public/consumers access information. According to a 2013 Pew Report, 72% of adults who use the Internet look for health or medical information (Fox, 2014) (http://www.pewresearch.org/fact-tank/2014/01/15/the-social-life-of-health-information/). Sixty-seven percent of the population used social media sites (Madden & Brenner, 2013) (http://pewinternet.org/Reports/2013/Social-media-users.aspx). As statistics continue to show social media as part of our lives, it is imperative organizations use it to engage and communicate with the public. “We don’t have a choice on whether we DO social media; the question is how well we DO it” (Qualman 2014) (http://www.socialnomics.net/2010/05/05/social-media-revolution-2-refresh/). On social media sites people share information which may not be reliable. Extension Educators need to be providing research-based information online and in various forms addressing the needs of clientele. If people view our trustworthy sites they will return to get answers. Our statistics show people return to our sites for credible information. Our blog reached 33,784 in 2014. Facebook™ had 2,843 views this week with 210 in post engagement with a total monthly over 140,218. Our email wellness challenges had over 9,000 participants last year, including 35 states and several countries. In this session participants will discover how to embrace the ever-changing climate of social media options to provide more enticing and engaging online programming. Participants will explore social media avenues (blogs, challenges, Facebook, Twitter,
**Buck Mountain**

**The Slow Down Program: Using Mindfulness to Promote Healthy Eating Patterns**

Lauren Kennedy, Ph.D. Candidate, Department of Human Nutrition, Foods & Exercise, Virginia Tech

This seminar will highlight the use of mindfulness in public health research so far, especially in regards to nutrition and weight management. The history and mechanisms of mindfulness will be covered, along with an experiential mindful eating activity. An example of this type of mindfulness and nutrition research is the Slow Down Program, an interactive group discussion-based program designed for mothers of young children. This is a 4-week program that teaches mindful eating and mindfulness-based stress management techniques. It also allows mothers in the group to provide input on general and advanced nutrition topics to be covered during each session, including child feeding strategies, Solid Fats/Added Sugars (SoFAs), and healthy meal planning. The Slow Down Program was piloted in 2015 and the results will be discussed here, including outcomes for maternal eating behavior, mindfulness self-efficacy, stress, child feeding, and social facilitation.

**Interprofessional Working Group Addresses Prescription Drug Abuse**

Angela Hagaman, M.A., L.P.C.A., Program Director and Stephanie Mathis, M.P.H., Graduate Assistant, East Tennessee State University, College of Public Health

Northeast Tennessee has been disproportionately burdened by a high prevalence of opioid prescribing, prescription drug abuse, addiction, overdose, and Neonatal Abstinence Syndrome. The East Tennessee State University Prescription Drug Abuse and Misuse Working Group (PDAMWG) formed upon recognizing an urgent need for a collaborative, multi-faceted response to reduce prescription drug abuse. Composed of over 100 members from various agencies, organizations, and institutions, members of this highly interprofessional, university-sponsored working group include academic scholars, healthcare providers, pharmacists, elected officials, students, community members, and more. This collaboration has successfully generated multiple funded research projects and numerous evidence- and community-based initiatives targeting prescription drug abuse. This seminar will focus on substance abuse prevention, specifically the prevention of prescription drug abuse. In addition to providing a data supported summary of the epidemic in the region, this seminar will outline the historical development of the PDAMWG and describe past and present research and community-based initiatives. An emphasis will be on the continuous commitment of the PDAMWG to the development, dissemination, and implementation of evidence-based practices to reduce prescription drug abuse and improve population health in the region. This seminar will also document research as well as community-based outcomes of PDAMWG efforts. Consequently, participants will recognize the effectiveness of strong, cross-sector partnerships for population health improvement. Relatedly, participants will develop a concrete understanding of a collaborative approach that bridges academic research and community-based practice. Perhaps most importantly, participants will discover its potential for replication in other communities to support the achievement of maximum, evidence-based outcomes for various health concerns. Lastly, participants will appreciate the complexity of public health problems and the subsequent importance of a multi-pronged, evidence-based response to addressing them.

**Pocahontas**

**Rethink your Drink with WVU Extension**

Lauren Prinzio, Families and Health Extension Agent and Elaine Bowen, Health Promotion Extension Specialist, West Virginia University Extension

WVU Extension Service has implemented new aspects of the “Rethink Your Drink" social marketing and education campaign throughout the state of West Virginia in 2015. The “Rethink Your Drink" initiative includes a marketing campaign, “hydration stations” at public events, toolkits for youth summer camps, a week-long program for preschool and elementary school students, and print ready educational materials. WVU Extension has created a mascot (Quench) and short songjingle to appeal to children and youth. In 2015, “Rethink Your Drink at Camp” was implemented at 4H Camps across the state. Results of over 3000 campers surveyed show that two thirds (65.3%) of respondents strongly agree or agree with the statement “I drink more water.” An even greater percentage (81%) strongly agree or agree with the statement “I drink less sugar sweetened beverages. Each participating camp received a toolkit that included: • “Hydration Stations” at each camp with various fruit infused waters available throughout the five day residential camp • Large group assemblies, small group activities, team games, and print ready materials • A large laminated poster with a “Rethink Your Drink” pledge that students signed at the beginning of camp • A hydration tracking poster (to track the total gallons of water consumer at camp in a fun and visible way) • “What color is your wee?” charts in bathrooms that remind children to check
the color of the urine to determine if they are properly hydrated. Participants in this workshop will receive informational and materials needed to replicate the “Rethink Your Drink” campaign in their county/state. After participating in this workshop, attendees will demonstrate an increase in knowledge relating to the health issues caused by overconsumption of sugar sweetened beverages. Each participant will receive the information and print ready materials they need to replicate this project in their home county or state.

**Rev Your Bev**

**Heidi Hertz, Obesity Prevention Coordinator, Virginia Foundation for Healthy Youth**

Since 2013, approximately 160,000 Virginians have explored the amount of sugar in many popular beverages and how much physical activity is needed to burn off those calories through Rev Your Bev. Rev Your Bev is the Virginia Foundation for Healthy Youth’s (VFHY) statewide initiative to increase awareness on the health impacts of sugar-sweetened beverages. Rev Your Bev, is a unique opportunity to bring together multi-sector partnerships throughout the state. The Rev Your Bev initiative culminates each May when partners across the state celebrate Rev Your Bev day with interactive displays and educational opportunities. VFHY provides participating organizations with resources and tools to host Rev Your Bev events in local schools, libraries, community centers, churches, YMCAs, and other areas. On this day, partners are organized around specific Rev Your Bev day messages and education. Messages such as “You wouldn’t eat 54 cubes of sugar. So why are you drinking them?” and “It would take 82 minutes of running in a giant gerbil ball to burn off the calories in one 64oz soda” are displayed on posters throughout Virginia schools and communities and shared through social media messages. In addition to raising awareness about sugary drinks, Rev Your Bev Day events focus on collecting information on Virginians’ perceptions of sugary drinks and knowledge of their health effects through surveys. Data from the initial Rev Your Bev survey reveals that Virginians of all ages are unaware of the health effects of sugar sweetened beverages and show that 1 in 3 respondents consumed at least one sugar sweetened beverage per day. Through the success of Rev Your Bev, the most recent state data indicates a decrease in sugar sweetened beverage intake. Since the launch of Rev Your Bev, the Virginia Youth Survey shows an increase in number of high school students avoiding sugary drinks.

**Appalachian**

**The RWJF and the Cooperative Extension System: Bold Partnership Proposal**

**Bonnie Braun, Professor Emerita, University of Maryland**

The Robert Woods Johnson Foundation has articulated a vision of creating a culture of health across the United States. They understand that such a culture arises locally. They believe that such a culture can be cultivated through multiple community-based actions. They recognize the potential of the Cooperative Extension System as a partner in co-creating a culture of health. They wanted to know about the historic and contemporary assets of the CES and how the RWJF could partner to mobilize the assets of CES to address an important public health issue—childhood obesity. They challenged CES to think big and bold and to produce a strategic and business plan for responding to this personal health problem and social issue. And they provided funding to the National 4-H Council to oversee a 6-month planning process with the expectation of a proposal for partnering in the years ahead.

A moderated panel will share the story of how the CES responded to the RWJF’s planning grant to develop a strategic and business plan. It will include an explanation of how the appointed National Leadership Advisory Team, consisting of both youth and adults from diverse perspectives and positions, conducted its work on a fast track. Members will speak to the review of evidence-based research and programs, or interventions, both internal and external to the CES that provided a research base for the proposal. Members will share what they learned about mobilization of organizations and communities to adopt an innovation and about how evaluation was key in forming the proposal and, if funded, will be key to assessing impact. They will share the vision behind the proposal and the response by the RWJF touching on the opportunity, the challenge and key points in the proposal. They will discuss the opportunity for a future health-focused partnership. Participants will be encouraged to ask questions and to think about how they individually and collectively can contribute to the Big Bold idea of eliminating childhood obesity. Participants will leave with a deeper understanding of: 1) A culture of health as a phenomenon; 2) Eliminating childhood obesity as a public issue; and 3) The proposal that emerged from the National Leadership Advisory Team as a concept and opportunity for action. This seminar is for professionals from multiple disciplines and diverse organizations who are interested in lessons learned from the experience of exploring a partnership with a philanthropic foundation. It is for those who want to know about opportunities to contribute to the BIG BOLD idea of eliminating childhood obesity from a multi-sector, multi-disciplinary, coordinated perspective.
**Roanoke Ballroom A**

**Cognitive Load and Neuro-Economics: Implications for Health Literacy**

**Elena Serrano, Director, Virginia Family Nutrition Program and George Davis, Professor, Department of Human Nutrition, Foods and Exercise, Virginia Tech**

Health educators can benefit from applying concepts of cognitive load and neuro-economics, which combine methods/theories from multiple disciplines to understand decision-making, to design and evaluate programs. Cognitive load is determined by how much attention, focus, and concentration a decision requires. Neuroeconomics is a relatively new field of economics that combines methods and theories from neuroscience, psychology, economics, and computer science to better understand the process of decision-making and the resulting choices. The goal of this session is to provide participants with a foundation in these disciplines to help explain challenges related to health literacy and to develop more effective health programming. Learning objectives for participants include: 1) to understand the constructs of cognitive load and neuro-economics; 2) to identify how cognitive load and neuro-economics help provide insight into food, nutrition, and health choices, particularly among individuals with budget constraints, such as low-income individuals; and 3) to discuss strategies for addressing cognitive load and neuro-economics within nutrition education programs and research. This session will provide an overview of cognitive load and neuro-economics as they apply to food, nutrition, and health with opportunities for group discussion to consider applications within health literacy programs.

**Health Impact Assessment 101**

**Paula Tran Inzeo, Health Promotion Specialist, University of Wisconsin Extension**

Health Impact Assessment (HIA) is a multi-step process that draws upon community input, prioritizes health concerns using multiple criteria, and utilizes data to project the health implications of a decision on a population and the distribution of impacts within a community. HIA offers a flexible framework for timely application to inform proposed policies, plans or projects prior to their execution and stresses consideration of vulnerable populations and health equity. Based on the synthesis of the best available evidence, HIA then disseminates recommendations or mitigation strategies to ameliorate negative and bolster positive health impacts. Finally, HIA entails monitoring and evaluating the utility and influence of the HIA.

**Roanoke Ballroom B**

**Mediterranean Cuisine Comes to You!**

**Lynn James, M.S., R.D.N., L.D.N., Senior Extension Educator and Fran Alloway, M.A., R.D.N., L.D.N., Senior Extension Educator, Penn State Extension**

Mediterranean Cuisine Comes to YOU! Participants will put the Mediterranean diet/lifestyle into practice by using local foods and engaging in hands-on food preparation, demonstrations, and class exercises based on Med. diet research and cultural foods. The program was developed based on research, including PREDIMED, Harvard University, Oldways, from a study tour in Crete, Greece in 2014 and other research indicating the healthfulness of the Mediterranean diet/lifestyle. Materials developed: A four-part PowerPoint lesson/plans; oil, cheese, and greens tasting evaluation and discussion sheets; handouts, marketing and evaluation tools were developed. Program Intervention: This program has been offered in rural and urban locations to 68 participants during two-hour classes offered over four weeks. Topics included: 1. Introduction to the Mediterranean Lifestyle (history and culture) Food Focus: Healthy Fats; 2. Supporting Healthy Eating and Lifestyle (How the Mediterranean Diet Pattern Affects Chronic Disease) Food Focus: Yogurt, Cheese, Whole Grains of the Region; 3. Applications and Meal Planning, Food Focus: Cultivated Greens and Other Vegetables; 4. Leaner Protein and Seasonings, Wine tour/tasting. Description of Evaluation: Retrospective post program and 6 month follow-up. Conclusions: In our initial pilot (N=26), 90% (n=21) reported increasing their knowledge after attending the program and explained one or more ways the program helped them prepare more healthful meals for themselves and their family; 81% planned to use olive oil more often (90% in 6 month follow-up); 76% planned to eat more fruits and vegetables (78% F/U); 71% more plant proteins (90% F/U) and planned meals more often with Med. Pyramid principles (67% F/U). This program demonstrated a fun, experiential way participants can learn new healthful diet/lifestyle change strategies and then implement positive diet changes. Adherence to the Mediterranean diet helps decrease risk for heart disease, Type 2 diabetes, stroke, obesity and Alzheimer’s disease, and is now promoted by the 2015 U.S. Dietary Guidance committee.
Concurrent Session Descriptions
Friday, April 8 • 10:50 – 11:50 a.m.

Buck Mountain

A Community Context for Childhood Obesity Research

Paula Peters, Ph.D., Assistant Director, K-State Research and Extension; Carol Smathers, M.S., M.P.H., Field Specialist, Youth Nutrition and Wellness, The Ohio State University; Abby Gold, Ph.D., M.P.H., R.D., Vice Chair, Department of Public Health, College of Health Professions, North Dakota State University; and Sandy Procter, Ph.D., R.D., L.D., Assistant Professor and Extension Specialist, K-State Research and Extension

The focus of this seven state, five year, collaborative research project investigated communities’ abilities to provide environments that support healthful eating and promote physical activity from the vantage point of 4-year-old, low-income children, in rural communities. Methods: a quasi-experimental approach was used to implement a unique community development model of Extension intervention to prevent or improve childhood obesity and examine outcomes. Fourteen rural, low-income communities participated (seven randomly assigned as intervention and seven as comparison), two communities from each state. All fourteen communities with their existing community coalitions completed needs assessments of their communities using the same instruments and procedures provided by the research team. Seven community coaches were hired and trained throughout the grant period to work with an intervention community coalition. The comparison communities received no additional training but had access to the same resources to work on their own. Using a Toolkit of evidence-based/ evidence-informed resources developed by the multi-disciplinary research team, the individual communities developed a plan including at least one nutrition and one physical activity objective to address findings of their assessments. Evaluation: Effectiveness of this community development approach and community coaching will be compared with the traditional Extension expert-driven approach of changing individual behaviors. The hypothesis that community coaching resulted in greater behavior change in nutrition and physical activity among parents, caregivers, child-care providers and others providing services to 4-year-old children is anticipated. Final data is being collected and analyzed during this fifth year of the project. Description of the findings and challenges of working with multiple state and rural, low-income communities over an extended time period will be shared with participants as well as highlighting “Best Practices” identified. Transition out of these communities will also be reported to assure that efforts are sustained and future engagement is promoted.

Creating Active & Healthy Communities: Utilizing an ‘Alphabet’ of Needs Assessment

Suzanne Stluka, Food & Families Program Director, Tara Shafrath, Health and Physical Activity Field Specialist; Linda Burdette, Assistant Professor, Nursing; Victoria Britson, Assistant Professor, Nursing; Shawn Burke, Native American Program Director; Jessica Meendering, Associate Professor, Exercise Science; Lacey McCormack, Assistant Professor, Nutrition and Rebecca Weathers, Diversity Outreach and Engagement Coordinator, South Dakota State University

Six rural South Dakota (SD) counties report obesity rates at 40% or greater, chronic disease rates are higher on the nine American Indian reservations, and two counties rank in the top 10% of poorest counties in the nation. And, while only 10% of the state’s population is American Indian, they make-up 46% of the SNAP recipients. Thus, in order to promote community-level decision-making and engagement activities to improve nutrition and physical activity, the following baseline community needs assessments were conducted in 12 rural and American Indian SD communities, and promoted community member involvement throughout the data collection process: Healthy Eating Active Living: Mapping Attributes using Participatory Photographic Survey (HEAL MAPPS™), Rural Active Living Perceived Environmental Support Scale (RALPESS), Rural Active Living Assessment tool (RALA) and Nutrition Environment Measurements Survey (NEMS). HEAL MAPPS™ is an evidence-based engagement assessment tool developed by Oregon State University that utilizes global positioning system (GPS) enabled photography. Community residents were equipped with GPS cameras to photomap community environmental features that supported or hindered healthful eating and physical activity. A series of scribed community engaged focus groups and Community Conversations generated a dialogue that were coded and assessed for community readiness, available resources, and supports/barriers. RALA collected data on the physical environment features, town characteristics, community programs and policies that affect community member physical activity levels. A RALA training manual was developed and Extension staff trained prior to implementation. RALPESS measured community member’s perceptions about the town and area they live in. It was administered at the HEAL MAPPS Community Conversation. NEMS Store Measures survey assessed the nutrition environment and availability and pricing differences between healthier and less healthy options. One survey was completed for each qualifying store in the community. A total of 884 photos were taken for HEAL MAPPS. A minimum of three photomaps were constructed for each community. Community reports summarizing results of narratives and photo audits; stage of community readiness; and resident-informed recommendations for changes were compiled. RALA, RALPESS and NEMS data was analyzed with SPSS. This methodology provided a comprehensive snap-shot of each community and will help to identify evidence-based community interventions. This session will help attendees navigate through the ‘alphabet’ of needs assessments that are available to them to help their communities better understand their nutrition and physical activity environment.
Pocahontas

R2 Formula for Successful Recruitment and Retention

Ninfa Purcell, Associate Professor, Texas A&M AgriLife Extension

Recruitment and retention of minority populations in community-based health promotion programs remains a challenge. This is a particular concern for African Americans and Hispanic/Latinos who are disproportionately impacted by type 2 diabetes. Participation in DSME classes is critical to reduce their risk for complications. Wisdom, Power, Control and Sí, Yo Puedo Controlar Mi Diabetes (Sí, Yo Puedo) exemplify two culturally relevant interventions, respectively, to reach these populations. Both interventions are recognized as evidence-based DSME programs in Texas, as well as other national sites. Bringing these programs to scale in new communities is an ongoing effort to promote sustainability. From past experiences implementing these programs, the author has found relationships and relevance is the two-part formula for successfully recruiting and retaining participants. This interactive presentation will engage the audience to examine this phenomenon. Recruitment and retention will be discussed in the context of addressing the following three questions: 1) What are best practices in recruitment and retention? 2) What can we learn from real world experiences? and 3) How can you apply this information to your work in community-based health programming? Didactic and group activities will be the two instructional methods employed. Application to other types of community-based health programs will also be explored.

Improving Health Outcomes in Minority Majority Populations in Rural Kansas

Bradford Wiles, Assistant Professor and Extension Specialist, Kansas State University; Roberta Riportella, Professor, Kansas State University; Elaine Johannes, Associate Professor and Extension Specialist, Kansas State University; Allen Griner, Professor and Associate Chair for Research, Kansas University Medical Center and Erin Corriveau, M.D., Family Medicine, Kansas University Physicians

Kansas State University, the University of Kansas Medical Center (KUMC), and community partners in Kansas have been working toward making positive change in rural health outcomes among diverse populations, using a model commonly known as Primary Health Extension. In several communities in Southwest Kansas, minority groups form a majority of the population, and issues of rural populations, immigration status, language barriers, and others contribute to diminished health outcomes in these communities. As researchers in human health and development, the land-grant faculty recognizes the need to address the social determinants of health in vulnerable populations. Likewise, as researchers in the state’s flagship medical school, faculty recognizes the need to help people access clinical and community preventive services. Thus, the need and time for collaboration to leverage our respective institutional strengths became evident. In building the collaboration between our universities, several barriers needed to be overcome, including selecting key personnel, selecting areas of research interesting to the entire team, and securing support to explore communities in need of applied research support. Because both K-State and KUMC faculty members are committed to Community-Based Participatory Research (CBPR), we recognized that to meet the needs of any community, we needed to start by consulting with various community health entities, including hospitals and community health coalitions, and across all levels of the system (e.g. patients, CHW’s, community health board members, and hospital executives). This presentation will explore our successes and failures in reaching our goals, as well as providing a roadmap for others interested in starting such collaborations. We provide lessons learned in building trust, reciprocity, and collective competence, as well as information about securing funding to support our work together. Implications for future research will be provided, as well as discussion of progress to date at the time of the conference in April, 2016.

Appalachian

Overview of Let’s Move Childcare

Rachel M. Powell, Ph.D., M.P.H., C.H.E.S., ORISE Fellow, Let’s Move! Child Care Operations Manager, Division of Nutrition, Physical Activity, and Obesity, Centers for Disease Control & Prevention

The workshop describes Let’s Move Child Care (LMCC), a sub-initiative of the First Lady Michelle Obama’s campaign. LMCC is a free, online obesity prevention intervention for children ages 0-5 years old in early child care and education centers and homes. The main tools of LMCC, the checklist quiz and action plan, will be highlighted, along with the various resources, activities, and trainings around the 5 goals areas of nurturing healthy eaters, providing healthy beverages, increasing physical activity, reducing screen time and support breastfeeding. Also Penn State's Better Kid Care online on-demand LMCC trainings for professional development credit will be discussed.
1. **Addressing Cancer Health Disparities in Rural Wisconsin**  
   Mary Ann Schilling  
   A collaborative effort between the University of Wisconsin-Extension and the University of Wisconsin School of Medicine and Public Health, Carbone Cancer Center is building on initial efforts to increase community capacity to prevent cancer and other chronic diseases. This expanding project has dual purposes – to promote a health literate cancer education program, and to build the capacity of health-focused coalitions to address rural health disparities. An integrated evaluation approach is being used to inform all phases of program development and to document outcomes and lessons learned.

2. **High Speed Hand Washing Helps Build Healthy Habits**  
   Glenda Hyde and Marc Braverman, Ph.D.  
   How do Extension educators of nutrition education sessions find time for students to wash their hands during a 30-minute lesson? Between daydreaming and visiting with friends, the lesson time might not be enough! Changing a habit needs to be modeled and scheduled in the day to be valued and adopted. Using High Speed Hand Washing, a class of 30 can wash their hands, properly, in less than 5 minutes. In self-reported surveys over 7 years, 4th graders show improvement or already at best practices between 58.9% in the base year and 82.9% in the hand washing habit.

3. **Social Marketing for Community Change: A Farmers Market SNAP Challenge**  
   Sarah Misjak, Austin Brooks, M.S., Meredith Leidle Johnson, M.S.W., and Elena Serrano, Ph.D.  
   To create a culture of health, Virginia Cooperative Extension’s Family Nutrition Program (FNP) social marketing can impact public policy and cultural norms. To this end, FNP has developed a Farmers Market Supplemental Nutrition Assistance Program (SNAP) Challenge as an opportunity for participants to experience challenges and choices made by food insecure families by pledging to live on the limited food budget of an average SNAP beneficiary for one week. The Farmers Market SNAP Challenge is an engagement tool for policy makers, organizations, students and/or community members that highlights the impact of SNAP and farmers market programming on community food security.

4. **Partnering to Offer a County Garden Conference**  
   Karen Ensle  
   The purpose of this annual nutrition-enhanced gardening conference is to assist school and community groups with planning a vegetable garden and using it as an outdoor classroom to teach local youth and residents the basics of starting a garden to improve their health along with appreciation of our food supply. This county conference has been taught yearly since 2013 as a joint effort of the Rutgers Cooperative Extension of Union County faculty in Agriculture, Family and Community Health Sciences and 4-H with support from the Union County Board of Chosen Freeholders.

5. **Lessons Learned: Health-Focused Master Volunteer Program Implementation**  
   Lisa Washburn, Dr.P.H., LaVona Traywick, Lauren Copeland, and Jessica Vincent  
   This workshop will share information about a health-focused master volunteer program, the Extension Wellness Ambassador Program (EWAP), which trained sixty Ambassadors who reached more than 2,300 people with nearly 300 educational sessions in the first year. EWAP provides volunteers with 40 hours of training in nutrition, physical activity, health behavior change strategies, mental and emotional health, and needs assessment. In return, Ambassadors provide 40 hours of volunteer service supporting community health. Learn about EWAP training format and content, individual effects on graduates’ functional fitness, self-efficacy and physical activity levels, and hear “lessons learned” from program development and implementation.

6. **Cooking, Nutrition Education and Hands-on Activities Help Teens Change to Healthy Living Behaviors**  
   Anne Carter Carrington and Johanna Hahn  
   Teens make poor food choices for a variety of reasons, including peer pressure, lack of knowledge, and parents’ fear of using dangerous kitchen equipment. Teen Cuisine uses hands-on activities in six lessons to reinforce major concepts related to the four core areas of the curriculum: nutrition, food resource management, food safety and physical activity. Since 2013, Virginia Cooperative Extension has delivered Teen Cuisine to over 1,130 teens were evaluated using the 4-H Common Measures Evaluation Instruments for healthy eating programs and assessed food, dietary, and physical activity behaviors. Overall, results show that Teen Cuisine positively impacts food behaviors.

7. **Five-year Evaluation of Health Programming Utilizing Teens as Teachers**  
   Anne Iaccopucci, Kendra Lewis, Steven Worker and Marisa Neelon  
   Over the five year program implementation, youth outcomes were evaluated using pre- and post-program survey, as well as participant interviews with teens. The following expected outcomes were evaluated: Youth will improve their knowledge about nutrition, gardening, agriculture, cooking, and health, and will improve their skill to act on this knowledge; youth will improve their physical fitness; and youth will develop a long-term plan for health. Though some findings for youth and teen were not significant, results showed improvement from pre-test to post-test. There was a general increase seen for skills, behaviors, and knowledge in comparing frequencies of responses per question (paired samples). A higher percentage of youth were able to
correctly identify “where food comes from” from pretest (49.6% correct) to post-test (69.4%; McNemar’s Test = 10.02, p<.01). Teen participants showed a higher mean on the nutrition scale at post-test (M=12.09, SD=3.34) than pre-test (M=11.57, SD=2.48). For dietary behaviors, teens reported eating more salad (pre-test=17.6%, post-test=20.8%), and eating more carrots pre-test=8.8%, post-test=12.5%). In general, participants report being more active and spending less time on computers. Participants reported getting more physical activity (at least 60-minutes per day) on the post-test (95%) than on the pre-test (89%) and less time playing video games from pre-test (76% report at least 60 minutes) to post-test (66% report at least 60 minutes). To assess goal management related to health, a seven-item measure was developed and tested in 37 youth. These items were adapted from other measures of goal management for older youth. A scale was created of these seven items. Higher scores indicated better goal management. While not significant, findings do indicate a trend of increasing goal management skills (pre-test M= 4.35, SD=.53; post-test M=4.40, SD=.65). Qualitative post interviews were also conducted with teen participants. Responses from these interviews indicate that teens learned about the importance of healthy decisions, how to encourage healthy lifestyles in others, and saw changes in themselves and others as a result of their experiences. Differences in gender and age will also be discussed. These results show the potential of hands-on gardening programs on a range of youth and teen health outcomes.

8. **ALProHealth: A community partnership to prevent obesity**
   **Ruth Brock and Mitch Carter**
   
   Alabama Preventing and Reducing Obesity: Helping to Engage Alabamians for Long-Term Health aims to prevent and reduce obesity by supporting community coalitions that focus on health and wellness in 14 Alabama counties with adult obesity rates of greater than 40 percent. ALProHealth engages with community coalitions to implement and evaluate strategies to decrease obesity. The three-year goal of ALProHealth, a partnership with the Centers for Disease Control and Prevention, is to increase healthy behaviors by igniting grassroots behavioral, environmental, system and policy changes.

9. **Nutrition Composition of Snacks Offered to Young Recreational Soccer Player**
   **Matthew D’Aria**
   
   Objective: the nutrition composition of snacks and beverages offered to young children within a soccer league. Methods: The study utilized a cross-sectional observational study of snack foods and beverages offered to children participating in a voluntary youth soccer league in southwest Virginia. Snacks offered to children in the under-five (U5) and under-six (U6) years of age categories were observed during weekly matches using an observational checklist reflecting commonly consumed snack foods and beverages. Results: The most popular beverages were SSBs (139, 54.9%). The most popular snacks were grain-based desserts (136, 31.3% of all snack foods), followed by fruit (124, 28.5%) and savory snacks (117, 26.9%). A mean of 208.5 calories was offered to each child with a range of 18 to 450 calories. Conclusions: According to this study as well as others, snacks and beverages being provided to youth athletes tend to be unhealthy and provide unnecessary calories.

    **Karen Ensle**
    
    The National Cooperative Extension Small Steps to Health and Wealth™ signature program (SSHW) encourages participants to take action to simultaneously improve their health and personal finances. While SSHW is grounded in research and has been in existence since 2004, the jury is still out regarding its status as an evidence-based program (i.e., a program that demonstrates effectiveness with rigorous scientific research). This poster will discuss tools that have been recently developed to assess the impact of SSHW on the lives of participants, including changes in knowledge level and daily health and financial practices, and suggestions for future program evaluation resources.

11. **WeCook: Fun with Food and Fitness**
    **Michelle Krehbiel and Tara Dunker**
    
    Childhood obesity is a major health concern for our nation’s youth that needs to be addressed because of the health related complications and economic burden. Recently it has been shown that teaching children how to prepare and cook may lead to better food choices and decreased overweight and obesity (Hersch et al, 2014). Research also shows that parents and caregivers have an influence in food behaviors in youth (Arcan et al, 2007). The aim of this study is to promote nutrition and physical activity through cooking, interactive play, and family meal nights.

12. **Activate! Increasing Classroom-based Physical Activity in Elementary Schools**
    **Nancy O’Hara Tompkins, Mary Foltz Weikle, Sue Childers, and Karen Northrup**
    
    Activate! is a randomized control trial designed to test the effectiveness of family or classroom-based physical activity strategies on 5th grade students’ physical activity, fitness and academic achievement in West Virginia elementary schools. Members of the research team reviewed 25 classroom-based physical activity programs/resources/websites for potential inclusion in the Activate! menu of strategies. This poster describes the development of the classroom-based physical activity strategies’ arm of the study, which aims to add 30 minutes of physical activity to the school day.
13. Building Partnerships to Equip Teens to Promote Healthy Lifestyles
Ann Sansing, Dr. David Buys and Dr. Laura Downey
Together with high school allied health classes, Mississippi State University Extension and the University of Mississippi Medical Center launched the Junior Master Wellness Volunteer (JMWV) program in 2014. Allied health students, commissioned as JMWVs and trained on health literacy, chronic diseases, obesity, tobacco cessation, cultural competency, and leadership development, complete 20 hours of community service. Pre and posttests evaluate knowledge gained. Last year, JMWVs from two pilot schools completed 710 hours, demonstrated increased self-efficacy and leadership skills, and successfully competed in the 4-H State Congress Health Competition. The program is growing and has promise for replication elsewhere.

14. Enhancing School Wellness Environments to Make the Healthy Choice the Easy Choice
Kate Alie and Judith Stevens
The Virginia Department of Health’s Division of Prevention & Health Promotion has partnered with Virginia Cooperative Extension’s Family Nutrition Program and Virginia Tech in order to enhance Extension’s efforts to promote and support student health in select K-12 schools by implementing a variety of evidence-based nutrition and physical activity platforms intended to enhance school wellness environments, policies, and practices. Additionally, the implementation of a consistent statewide health messaging campaign by partnering agencies creates buy-in and promotes a culture of health.

15. 2015 Wellness Challenge at California 4-H State Leadership Conference
Anne Iaccopucci, Kendra Lewis, Marcel Horowitz, Dorina Espinoza and Marisa Neelon
Each year 4-H youth potentially engage in several club/project meetings, county/statewide events, and 4-H conferences. Over 400 4-H youth and adults participate in the California 4-H State Leadership Conference (SLC) each year. National and state priorities highlight the importance of modeling and encouraging health and safety habits when working with children to support optimal development. Aspects of these 4-H events are ripe for strengthening, such as improving nutritional value of snacks/beverages, increasing amount of sleep, and eliminating some “hazing” traditions. This SLC health assessment is one way to identify and address how to best support future event planning and execution.

16. DHPE LEAP: Lupus Education and Awareness for Patients and Professionals
Thometta Cozart and Steve Owens, M.D., M.P.H.
The Directors of Health Promotion and Education (DHPE) was funded to implement the LEAP: Lupus Education and Awareness for Patients, Professionals and Providers. The purpose of the national lupus health education program is to reduce lupus related health disparities among racial and ethnic minority populations disproportionately affected by this disease by conducting a national lupus education initiative. DHPE believes a collaborative multi-level approach; state, local health departments, academia and communities, is a promising strategy to have the greatest impact in reaching populations highly affected by lupus. The intended outcomes are to improve community knowledge and awareness of lupus, and early screening and diagnosis of lupus by medical and health professionals.

17. Strategies to Create a Healthier School Environment
Luanne Hughes, M.S., R.D.N.
The positive health effects of a diet high in plant foods are well known. Likewise, increasing physical activity levels can improve health and reduce chronic disease risk in children and adults. Although attempts to increase fruit and vegetable consumption and physical activity in schools are occurring, schools struggle to meet the recommended target goals. In New Jersey, Extension educators are leading efforts to support schools in creating healthier school environments that promote increased fruit and vegetable consumption and opportunities for physical activity. Creating a culture of wellness can be challenging, but there is an important role for Extension in this area. Learn about the strategies and techniques used to support healthier school environments.

18. Can Promotoras Reconnect Individuals to the Healthcare System?
Lourdes Olivas
Promotoras deliver programming that emphasizes self-management, understanding significance of lab tests and importance for participant’s health, increasing physical activity, and promoting healthier and sustainable eating habits. Pathways to Better Health (PTBH) consists of four classes held within three months. Information on A1C, blood pressure, LDL, kidney tests, (eGFR and microalbumin), eye exam, physical activity, and basic nutrition are given at the first three classes. At the first and fourth classes A1C and blood pressure are administered by promotoras.

19. Evaluating Community Coalitions for Impacting Environmental Change
Allison Tohme
One-fourth of Louisiana parishes (counties) have an adult obesity prevalence of 40% or more, and most of these parishes are rural. Knowing that creative solutions, informed by local stakeholders, are essential to building healthier rural environments, the LSU AgCenter piloted the ‘Healthy Communities’ program, aiming to promote healthier environments through community coalitions. The project team evaluated existing coalitions in target parishes to determine if they represent their communities.
20. Monster Munch! Build Skills and FV intake through Kids Cooking Classes  
Tonya Johnson  
Recent data show that nineteen percent of youth report eating 5 or more servings of fruits and vegetables per day. Fruit and vegetable intake is associated with better nutrition and weight maintenance. If children are actively engaged in food preparation, they are more likely to eat the foods they prepare. The Extension Service designed a Kids in the Kitchen series to help build cooking skills in children ages 6-12 using recipes that incorporate a variety of fruits and vegetables. The vast majority of students taste the recipes during class and make them again at home. Class outlines will be available for program replication.

21. UC 4-H Water Policy: Changing the Environment to Support the Health “H”  
Marcel Horowitz, Anne Iaccopucci and Dorina Espinoza  
The UC 4-H Program shares in the responsibility to promote health through education, practices, policies and supportive environments. Research has demonstrated a clear link between the consumption of sugar-sweetened beverages and increased risk of poor diet quality, obesity, health problems and poor oral health. The 4-H program developed, adopted and implemented a statewide water policy. An online survey was administered prior to and post adoption of the water policy. Environmental changes through policy help alter the social norm and support the development of healthy behaviors.

22. No Kid Hungry Virginia: Working Together to End Childhood Hunger in Virginia  
Elizabeth Brightwell and Miriam Stiefel  
Children who are hungry are not able to meet their potential. How can we build a workforce to lead Virginia into an era of global economic competitiveness when 300,000 children are hungry? Learn about how the No Kid Hungry Virginia team plans to end childhood hunger by increasing participation in federal child nutrition programs. The No Kid Hungry Virginia team is a partnership between the national non-profit Share Our Strength, First Lady of Virginia, Dorothy McAuliffe, the Virginia Department of Health, and the Virginia Department of Education.

23. Health Coaching for Dining with Diabetes  
Sarah Bercaw  
Study included an assessment of health coaching implementation for the University of Delaware’s Dining with Diabetes program. Four focus groups were asked questions related to diabetes, the existing program, and health coaching. Data showed four major themes: advantages and disadvantages of the Dining with Diabetes education program, the lack of ability to personally apply educational material to individual lives, the usefulness of planning or goal-setting, and the request for a health-coaching program for people with diabetes. Results demonstrated preliminary suggestions for the development of a Dining with Diabetes Group health coaching program with peer one-on-one coaching included in the lessons.

24. Bringing Everyone to the Table: Using Partnership to Advance Community Need  
Nicole Peritore and Sally Mineer  
The relationship between poverty and obesity necessitates development of community-based strategies to improve infrastructure supporting healthy choices. Collaborative efforts led by the University of Kentucky Cooperative Extension Service and College of Public Health nurtured development of local solutions to address obesity. This session explains steps taken by communities in gathering stakeholders to discuss community needs and assets and demonstrates how collaborative efforts of Cooperative Extension and Public Health are replicable. Further, the session illustrates the results of community efforts and specifically how Lewis County utilized their coalition discussions to engage local schools efforts to develop healthy behaviors in children.

25. Assessing Public Value of Family & Consumer Sciences Wellness Programming  
Luanne Hughes, M.S., R.D.N.  
Nationally, Cooperative Extension is transforming to stay relevant amidst smaller budgets, reduced staff, a more diverse population and modern technology. This is particularly apparent in Family and Consumer Sciences (FCS), or Family & Community Health Sciences (FCHS) as it’s called in New Jersey. FCHS collaborates with a variety of organizations to deliver wellness programming. Yet, despite breadth of outreach, department members express concern about lack of name recognition and budgetary support, compared to Agricultural and 4-H counterparts. To develop strategies to build public value, FCHS surveyed collaborating partners to measure attitudes relating to FCHS impact on constituents, organizations and clientele.

26. Creating collaborations that grow healthier communities through Extension  
Jennifer Conner, Debbie DeRossitte, Valerie Turner and Mary Ann Kizer  
Arkansas ranks among the worst for obesity and other chronic disease rates. Recent reports indicate that Arkansas has the highest adult obesity rate at 35.9%. Since 2003, leaders across the state have been working to reduce both adult and childhood obesity. Shortly after landmark childhood obesity reduction legislation was passed in 2003, the state created
the Arkansas Coalition for Obesity Prevention (ArCOP), with the mission of increasing physical activity and healthy eating opportunities. The University of Arkansas (UA) Cooperative Extension Service (CES) has been an integral partner in ArCOP’s development and program implementation. In 2015, the UA CES has partnered with ArCOP and other organizations to implement innovative obesity reduction strategies in 4 Arkansas Delta communities. Three of these communities have participated in ArCOP’s Growing Healthy Communities (GHC) program and have documented effective programmatic and policy-based solutions through Extension outreach.

27. Partnerships to integrate health education for child care professionals
   Claudia Mincemoyer
   High quality early education is closely tied to improved health outcomes for young children, setting the stage for better health throughout the lifespan. Young children from low-income families are at especially high risk for poor health outcomes due to multiple social determinants including food insecurity and limited health literacy. Child care providers have the ability to connect families with supportive health services and to model healthy behaviors that can positively impact children’s health. This session will discuss partnerships formed by Penn State Better Kid Care with national, state and local organizations to offer online training support for child care providers.

28. Dietary patterns of Arab Americans in the US
   Amal Almohanna
   Acculturation has been proven to influence the health status of immigrants globally. Specifically, in the US three million Arab Americans are undergoing acculturation. Our conceptual frame will be developed of the multiple links of acculturation and Arab American health status including pathways such as: family, religion, diet and community on the individual level. The impact of dietary acculturation on the health status of Arab Americans as a minority group have not been explored enough as compared to other ethnic groups. There is an argument on how nutrition, behavior, and mental health pathways could either improve or degrade health.

29. Just walk! Expanding neighborhood-centric walking groups
   Tonya Johnson and Schuyler Hibbard
   This presentation will discuss the implementation and success of Just Walk Salem, a volunteer-led community-based walking program. Just Walk Salem was initiated by a local volunteer, and later expanded City-wide through the Extension Service to improve health through increased physical activity and social connectedness. The Extension Service hired a coordinator to develop a web- and social-media presence, conduct community outreach, train volunteer leaders, and recruit walk participants. In just six months, the number of walking groups tripled. Walking groups are now located in every high school feeder area of the City, reaching an average of 70 people each week.

30. Partnering4Health:A National Collaboration for Chronic Disease Prevention
   Cheryl Welbeck, Nicolette Warren Powe, M.S., M.C.H.E.S., Dr.P.H. (c); Elizabeth Hartig, and Quinney D. Harris, M.P.H.
   Chronic diseases and its related issues are among the top causes of preventable death in the United States. Communities with excess tobacco exposure, lack of safe physical activity options and little to no access to nutritious foods are at an increased risk for chronic diseases. In 2014, CDC awarded the National Implementation and Dissemination for Chronic Disease Prevention grant to support five national organizations. This collaboration addressing chronic disease and promoting prevention efforts, in ultimately 100 communities during a three-year period, is referred to as Partnering4Health. Learn how our partnership makes healthier communities through policy, systems and environmental change approaches.

31. Collaborative Community-based Diabetes Education for Diverse Audiences
   Kathryn Hosig, Eileen Bill, J. Elisha Burke, Melissa Chase, Kimberly Edmonds, Ann Forburger, Debra Jones, Monica Motley, Carlin Rafie, Eleanor Schlenker and Ivette G. Valenzuela
   Balanced Living with Diabetes (BLD) is a community-based type 2 diabetes lifestyle education program developed, coordinated and delivered by Virginia Cooperative Extension (VCE) in collaboration with partners that serve diverse target populations. A brief history of BLD including the role of community-based participatory research and program outcomes to date will be followed by a panel discussion. Panel members representing program developers, staff and diverse community partners will discuss facilitators and challenges for BLD development, implementation, dissemination and sustainability in a variety of settings. VCE and partner capacity and readiness for collaborative health programming will also be addressed.
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 and wellness 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 programs and impactful leadership in health and wellness at the county, state and national level.

**Award Categories**

- Individual/Family Category
- Innovative Category
- Community Category
- Health Leadership Category
Community Partner:

United States Department of Agriculture
National Institute of Food and Agriculture

Sponsors:

Tobacco Region Revitalization Commission

Farm Credit of Virginias
USDA-National Institute for Food and Agriculture

Centers for Disease Control and Prevention Division of Nutrition, Physical Activity and Obesity

University of Maryland

Virginia Cooperative Extension

Directors of Health Promotion and Education

National 4-H Council

Learning Zonexpress
Program Committee

**Eric Bowen**, Area Specialized Food Safety Agent, Extension Program Leader, Virginia Cooperative Extension

**Deborah Murray**, Ed.D., Associate Dean for Extension Outreach, College of Family and Consumer Sciences, University of Georgia

**Roger Rennekamp**, Ph.D., Associate Dean for Outreach and Engagement, College of Public Health and Human Sciences, Oregon State University

**Karen DeBord**, Ph.D., Extension Specialist, Family & Human Development, Virginia Tech

**Karen Tanner**, Extension Agent, Family and Consumer Sciences, Virginia Cooperative Extension

**David M. Young**, D.V.M., M.S., Ph.D., C.R.C., Professor & Community Health Specialist, Montana State University

**Ninfa Peña-Purcell**, Ph.D., M.C.H.E.S., Assistant Professor and Extension Health Specialist, Texas A&M University

**Nancy Stegon**, Extension Agent, Family and Consumer Sciences, Virginia Cooperative Extension

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**Donna R. Shanklin**, M.S., Regional Extension Agent II – Human Nutrition Diet and Health, Auburn University

**Cristin Sprenger**, Sr. Extension Agent, Family and Consumer Sciences, Virginia Cooperative Extension

**Mary Ann McFarland**, M.S., R.D., EFNEP/SCNEP Coordinator, Virginia Cooperative Extension

**Nicole Peritore**, M.S., Extension Specialist for Family Health, University of Kentucky

**Carol Smathers**, M.S., M.P.H., Field Specialist, Youth Nutrition and Wellness, The Ohio State University

**Tonya Price**, Ph.D., Assistant Professor and Extension Specialist, 4-H, Virginia Tech

**Robin B. Landry**, M.S., Area Nutrition Agent, Regional Coordinator, Louisiana State University Ag Center

**Eleanor Schlenker**, Professor and Extension Specialist Emerita, Human Nutrition, Foods and Exercise, Virginia Tech

**Sekai Turner**, Ph.D., 4-H Youth Development Specialist, North Carolina A&T State University

**Megan Seibel**, R.N., Ph.D., VALOR Director & Extension Specialist Agricultural, Leadership, and Community Education

**Elena Serano**, Ph.D., Associate Professor, Family Nutrition Program Project Director, Virginia Tech

**Lisa Washburn**, Dr.P.H., Assistant Professor – Health, University of Arkansas

**Ahlishia Shipley**, Ph.D., National Program Leader - Family and Community Health, National Institute of Food and Agriculture

**Susan Prillaman**, Extension Agent, Family and Consumer Sciences, Virginia Cooperative Extension

**Claire Lillard**, Extension Agent, Family and Consumer Sciences, Virginia Cooperative Extension

**Carol Haynes**, Extension Agent, Family and Consumer Sciences, Virginia Cooperative Extension

**Rebecca Davis**, Extension Agent, Family and Consumer Sciences, Virginia Cooperative Extension

**Michael Lambur**, Ph.D., Associate Director, Program Development, Virginia Cooperative Extension

**Crystal Tyler-Mackey**, Ph.D., Interim Associate Director, Family and Consumer Sciences Community Viability Specialist, Adjunct Faculty, Department of Human Development, Virginia Cooperative Extension / Virginia Tech

**Judy Midkiff**, Family Nutrition Program Manager, Operations and Evaluation, Virginia Cooperative Extension

**Katrina Kirby**, Extension Agent, Family and Consumer Sciences, Virginia Cooperative Extension

**April Payne**, Extension Agent, Family and Consumer Sciences, Virginia Cooperative Extension

**Jennifer Abel**, Sr. Extension Agent, Family and Consumer Sciences, Virginia Cooperative Extension

**Debra Jones**, Extension Specialist, Family and Consumer Sciences, Virginia State University