

V(A). Planned Program (Summary)

Program # 9

1. Name of the Planned Program

Chronic Disease, Health, and Wellness

2. Brief summary about Planned Program

AgriLife Extension

Diabetes Programs

Diabetes education programs are highlighted by the Do Well, Be Well with Diabetes (DWBW) program and Cooking Well with Diabetes (CWW). In the first phase of DWBW taught in 5 sessions, an overview, 4 nutrition and 4 self-care management topics help people with diabetes learn the skills needed to manage their disease successfully. Those completing the first phase of DWBW are invited to participate in the practical application of concepts learned presented in a 4-lesson diabetes cooking school series. Both phases include pre-, post- and post-post-surveys that both contain matched blood glucose monitoring questions collected online.

Family and Consumer Science agents are trained using an online conferencing system to work with local health care providers and people with diabetes to plan, implement and evaluate this program in their counties. Two additional diabetes education programs, ¡Si, Yo Puedo Controlar Mi Diabetes! and Wisdom, Power and Control, were developed and tested to address special needs of more unserved people needing diabetes education. These two programs address the need for delivery of diabetes education in Spanish, ethnic foods, and lower literacy.

Diabetes research is conducted by AgriLife Research through the Center for Obesity Research and Program Evaluation and targets foods and food ingredients which contribute to a reduced risk of obesity and obesity-linked diseases such as diabetes, cardiovascular, etc. This research supports the AgriLife Research Strategic Plan imperative to improve public health and well-being.

The Diabetes Education program supports the AgriLife Extension Roadmap goal of improving the health, nutrition, safety, and economic security of Texas families.

Exercise and Wellness Programs

The mainstay of exercise and wellness programming is Walk Across Texas! Walk Across Texas! is an eight week program to help people of all ages support one another to establish the habit of regular physical activity. Three options are offered to participants: walk in teams of eight, classes at schools, or individually. Participants log miles and use programs on <http://walkacrosstexas.tamu.edu>. The program was initiated in 1996. Walk Across Texas! is a best practice type physical activity program as described by the Centers for Disease Control at <http://www.thecommunityguide.org/>. It was recognized as a best program by the Texas Department of State Health Services in 2006.

The Exercise and Wellness program supports the AgriLife Extension strategic goal of improving the health, nutrition, safety, and economic security of Texas families and the AgriLife Research Strategic Plan imperative to improve public health and well-being.

Cancer Prevention Programs

This program supports agent activities providing cancer risk reduction and early detection education throughout Texas, particularly for underserved groups living in rural areas as well as research programs which target the development of diagnostic tools for the early detection of cancer.

The Cancer Risk Reduction and Early Education program supports the AgriLife Extension Roadmap goal to improve the health, nutrition, safety, and economic security of Texas families and the AgriLife Research Strategic Plan imperative to improve public health and well-being.

Cooperative Extension Program

A large number of Texas citizens, whether living in rural or urban areas, socially disadvantaged or middle income are experiencing problems with diet related illnesses. The prevalence of obesity in more than 60% of the adult population has tripled in children and adolescents. Among children and adolescents, 15% are overweight and more than 70% have diseases that are associated with obesity such as hypertension, Type 2 diabetes and elevated cholesterol levels. In Texas, obesity related diseases including diabetes, hypertension, cancer and heart disease are found in higher rates among various members of racial-ethnic minorities (e.g., African American and Hispanic American).

This program supports agent activities in providing information on improving diet, exercise and overall health by consuming nutritious fruits and vegetables, while reducing foods that are high in fat and sugars.

3. Program existence :

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

4. Program duration :

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

5. Expending formula funds or state-matching funds :

- Yes
- No

6. Expending other than formula funds or state-matching funds :

- Yes
- No

V(B). Program Knowledge Area(s)

1. Program Knowledge Areas and Percentage

KA Code	Knowledge Area	%1862 Extension	%1890 Extension	%1862 Research	%1890 Research
723	Hazards to Human Health and Safety	35%	15%	0%	0%
724	Healthy Lifestyle	65%	35%	0%	0%
802	Human Development and Family Well-Being	0%	50%	0%	0%
	Total	100%	100%	0%	0%

V(C). Planned Program (Situation and Scope)

1. Situation and priorities

AgriLife Extension and Cooperative Extension Program

Diabetes Programs

The number of Americans with diabetes (21 million) is projected to increase 43 percent by 2020. Health-care costs now average \$11,744 per diabetic person costing the United States \$174 billion. \$116 billion (70 percent) is spent on health care and (30 percent) in lost productivity. Just over 4 percent of the population has diagnosed diabetes, but almost \$1 of every \$5 spent on health care is for people with diabetes. Currently, only 7 percent of people with diabetes are at recommended levels for blood glucose, blood pressure, and blood cholesterol. Annual cost of diabetes to Texas is estimated at \$12.5 billion. In Texas 2.1 million people have diabetes, with only 1.7 million people from 18 years old and older (9.7 percent of this age group) aware that they have the disease. Of those diagnosed with diabetes, Caucasian, non-Hispanic comprise 8.3% of this population; Black, non-Hispanic, 13%; and Hispanic, 11.1%. Poor nutrition and self-care management increases health care costs. People with diabetes who maintain their blood glucose, blood pressure, and cholesterol numbers within recommended ranges can keep their costs, health risks, quality of life, and productivity very close to those without the disease.

Exercise and Wellness Programs

Twenty-five percent of Texans are obese. Twenty-five percent of children are obese. Only 25 percent of adults and 27 percent of high school students get regular, moderate exercise. 29 percent of Americans adults are not physically active at all. Estimated direct costs of obesity and inactivity together account for approximately 9.4 percent of U.S. health expenditures. Regular physical activity and controlling weight can significantly reduce the incidence and impact of chronic diseases like heart diseases, stroke, diabetes, cancer, high blood pressure and depression. Regular physical activity is also associated with fewer hospitalizations, physician visits, and medications.

Cancer Prevention Programs

Women living in rural areas of Texas are less likely than their urban counterparts to have had a mammogram or Papanicolau (Pap) test within the past two years. Screening and diagnostic services tend to be "disconnected" and not easy to locate or access in rural Texas, especially for underserved and older women. As a result, women in these rural areas tend to be diagnosed in later stages of breast or cervical cancer, making treatment more difficult and impairing their future quality of life.

2. Scope of the Program

- In-State Extension
- In-State Research
- Multistate Research
- Multistate Extension
- Integrated Research and Extension
- Multistate Integrated Research and Extension

V(D). Planned Program (Assumptions and Goals)

1. Assumptions made for the Program

AgriLife Extension and Cooperative Extension Program

Diabetes Programs

Research has shown that people with diabetes can learn effective self-care skills for their type 2 Diabetes with teaching delivered by volunteer health care professionals using a curriculum such as Do Well, Be Well with Diabetes and Phase 2. Cooking Well with Diabetes. Texas is projected to have a greater incidence rate in the future due to the growing and increased costs of the population of Hispanics/Latinos/Mexicans who are at a greater risk of having the disease. African-American also have an increased risk for the disease. To address the need for diabetes education requiring lower literacy, ethnic foods and delivery in Spanish, ¡Si, Yo Puedo Controlar Mi Diabetes! and Wisdom, Power and Control were developed and tested.

Exercise and Wellness Programs

People are more likely to make a behavior change, such as increased physical activity, a regular part of their daily lives if they are provided peer support over a time period of 6 to eight weeks. Moderately intensive walking, 30 minutes, 5 days per week, is effective in reducing the onset of chronic diseases such as type 2 diabetes as shown by the Diabetes Prevention Program.

Cancer Prevention Programs

A one-time, evidence-based program can lead to improved screening and earlier detection of cancer.

2. Ultimate goal(s) of this Program

AgriLife Extension and Cooperative Extension Program

Diabetes Programs

People with type 2 diabetes will improve the management of their disease after attending one of these diabetes education series: Do Well, Be Well with Diabetes, ¡Si, Yo Puedo Controlar Mi Diabetes! or Wisdom, Power and Control.

Exercise and Wellness Programs

Participants in Walk Across Texas! who walk the eight weeks in teams of eight will significantly increase their physical activity level as measured by increased miles walked.

Cancer Prevention Programs

Reduce the burden and impact of cancer in Texas.

V(E). Planned Program (Inputs)

1. Estimated Number of professional FTE/SYs to be budgeted for this Program

Year	Extension		Research	
	1862	1890	1862	1890
2015	25.0	4.0	2.4	0.0
2016	25.0	4.0	2.4	0.0
2017	25.0	4.0	2.4	0.0
2018	25.0	4.0	2.4	0.0
2019	25.0	4.0	2.4	0.0

V(F). Planned Program (Activity)

1. Activity for the Program

AgriLife Extension and Cooperative Extension Program

Diabetes Programs

Partner with local health care professionals to plan, implement and evaluate Do Well, Be Well with Diabetes, ¡Si, Yo Puedo Controlar Mi Diabetes! or Wisdom, Power and Control for underserved people with type 2 diabetes.

Exercise and Wellness Programs

A local coalition will recruit participants and provide leadership to implement Walk Across Texas! Teams of eight or classes of children at schools will be recruited to walk for eight weeks. Teams and classes are challenged to walk regularly for eight weeks, reporting their mileage on <http://walkacrosstexas.tamu.edu>, to achieve the goal of walking the approximate 830 miles across Texas on a map that allows comparisons of teams and class progress. Participants are personally recruited as well as groups like worksites, schools, churches and clubs using free media time.

Cancer Prevention Programs

County agents will work with local volunteers, regional cancer prevention program specialists, and patient navigators to implement Friend to Friend, an evidence based program, to increase the number of women in rural, frontier, and border counties who find breast and cervical cancer earlier, when treatments are most effective. Once a year, a Friend to Friend event will be provided in 40-49 selected counties. Each event will include a presentation by a local physician, a chance to meet and make appointments with nearby clinical sources of mammograms and Pap tests, and a discussion group for networking support and finding solutions for problems like cost and transportation. Funding will be provided by the Cancer Prevention and Research Institute of Texas for transportation and clinical services to women needing assistance.

2. Type(s) of methods to be used to reach direct and indirect contacts

Extension

Direct Methods	Indirect Methods
<input checked="" type="checkbox"/> Education Class <input checked="" type="checkbox"/> Workshop <input checked="" type="checkbox"/> Group Discussion <input type="checkbox"/> One-on-One Intervention <input checked="" type="checkbox"/> Demonstrations <input checked="" type="checkbox"/> Other 1 (Class handouts) <input checked="" type="checkbox"/> Other 2 (Cooking School handouts)	<input checked="" type="checkbox"/> Public Service Announcement <input type="checkbox"/> Billboards <input checked="" type="checkbox"/> Newsletters <input checked="" type="checkbox"/> TV Media Programs <input type="checkbox"/> eXtension web sites <input checked="" type="checkbox"/> Web sites other than eXtension <input checked="" type="checkbox"/> Other 1 (novelas for Hispanic audiences) <input checked="" type="checkbox"/> Other 2 (faith-based outreach to others)

3. Description of targeted audience

AgriLife Extension and Cooperative Extension Program

Diabetes Programs

The target audience is all people with type 2 Diabetes who need training to learn dietary and self-care management skills such as eating more healthfully (limiting carbohydrate intake, reducing fat and sodium and increasing fiber in meal plan), increasing physical activity, taking prescribed medications, checking their blood glucose levels, and regularly visiting their health care providers.

Exercise and Wellness Programs

Walk Across Texas! is open to anyone wanting to increase their physical activity level if they live in a community with a AgriLife Extension educator or have access to <http://walkacrosstexas.tamu.edu>.

Cancer Prevention Programs

Underserved rural women who are at risk for breast and cervical cancer.

V(G). Planned Program (Outputs)

NIFA no longer requires you to report target numbers for standard output measures in the Plan of Work. However, all institutions will report actual numbers for standard output measures in the Annual Report of Accomplishments and Results. The standard outputs for which you must continue to collect data are:

- Number of contacts
 - Direct Adult Contacts
 - Indirect Adult Contacts
 - Direct Youth Contacts
 - Indirect Youth Contact
- Number of patents submitted
- Number of peer reviewed publications

Clicking this box affirms you will continue to collect data on these items and report the data in the Annual Report of Accomplishments and Results.

V(H). State Defined Outputs

1. Output Measure

- Number of group educational sessions conducted.
- Number participating in educational efforts.

Clicking this box affirms you will continue to collect data on these items and report the data in the Annual Report of Accomplishments and Results.

V(I). State Defined Outcome

O. No	Outcome Name
1	Number of participants who report improved before meals blood glucose levels after attending 4 of the 5 Do Well, Be Well with Diabetes classes; 3 of 4 Cooking Well with Diabetes classes; and 5 of 6 ¡Si, Yo Puedo Controlar Mí Diabetes¡.
2	Increased number of miles walked per week at week one compared to week eight.
3	Number of people reporting knowledge gained through participation in cancer prevention educational activities.
4	Number of people reporting a willingness to adopt practices through participation in cancer prevention educational programs.
5	Number of individuals who gain knowledge in Health and Wellness while attending workshops and conferences.

Outcome # 1

1. Outcome Target

Number of participants who report improved before meals blood glucose levels after attending 4 of the 5 Do Well, Be Well with Diabetes classes; 3 of 4 Cooking Well with Diabetes classes; and 5 of 6 ¡Si, Yo Puedo Controlar Mí Diabetes¡.

2. Outcome Type :

- Change in Knowledge Outcome Measure
- Change in Action Outcome Measure
- Change in Condition Outcome Measure

3. Associated Knowledge Area(s)

- 723 - Hazards to Human Health and Safety
- 724 - Healthy Lifestyle
- 802 - Human Development and Family Well-Being

4. Associated Institute Type(s)

- 1862 Extension
- 1862 Research
- 1890 Extension
- 1890 Research

Outcome # 2

1. Outcome Target

Increased number of miles walked per week at week one compared to week eight.

2. Outcome Type :

- Change in Knowledge Outcome Measure
- Change in Action Outcome Measure
- Change in Condition Outcome Measure

3. Associated Knowledge Area(s)

- 723 - Hazards to Human Health and Safety
- 724 - Healthy Lifestyle
- 802 - Human Development and Family Well-Being

4. Associated Institute Type(s)

- 1862 Extension
- 1862 Research
- 1890 Extension
- 1890 Research

Outcome # 3

1. Outcome Target

Number of people reporting knowledge gained through participation in cancer prevention educational activities.

2. Outcome Type :

- Change in Knowledge Outcome Measure
- Change in Action Outcome Measure
- Change in Condition Outcome Measure

3. Associated Knowledge Area(s)

- 723 - Hazards to Human Health and Safety
- 724 - Healthy Lifestyle
- 802 - Human Development and Family Well-Being

4. Associated Institute Type(s)

- 1862 Extension
- 1862 Research
- 1890 Extension
- 1890 Research

Outcome # 4

1. Outcome Target

Number of people reporting a willingness to adopt practices through participation in cancer prevention educational programs.

2. Outcome Type :

- Change in Knowledge Outcome Measure
- Change in Action Outcome Measure
- Change in Condition Outcome Measure

3. Associated Knowledge Area(s)

- 723 - Hazards to Human Health and Safety
- 724 - Healthy Lifestyle
- 802 - Human Development and Family Well-Being

4. Associated Institute Type(s)

- 1862 Extension
- 1862 Research
- 1890 Extension
- 1890 Research

Outcome # 5

1. Outcome Target

Number of individuals who gain knowledge in Health and Wellness while attending workshops and conferences.

2. Outcome Type :

- Change in Knowledge Outcome Measure
- Change in Action Outcome Measure
- Change in Condition Outcome Measure

3. Associated Knowledge Area(s)

- 723 - Hazards to Human Health and Safety
- 724 - Healthy Lifestyle
- 802 - Human Development and Family Well-Being

4. Associated Institute Type(s)

- 1862 Extension
- 1862 Research
- 1890 Extension
- 1890 Research

V(J). Planned Program (External Factors)

1. External Factors which may affect Outcomes

- Natural Disasters (drought, weather extremes, etc.)
- Economy
- Appropriations changes

- Public Policy changes
- Government Regulations
- Competing Public priorities
- Competing Programmatic Challenges
- Populations changes (immigration, new cultural groupings, etc.)
- Other

Description

Any of the above factors could influence whether programs in this area meet their intended goals or are even sustained.

V(K). Planned Program - Planned Evaluation Studies

Description of Planned Evaluation Studies

AgriLife Extension

Diabetes Programs

Participants are given a pre-test at the beginning of the class series and post-test at the end of the Do Well, Be Well with Diabetes (DWBW) classes, Cooking Well with Diabetes (CWWD), ¡Si, Yo Puedo Controlar Mi Diabetes! or Wisdom, Power and Control class series to determine changes in measures such as blood glucose and self-care practices such as seeing a health care provider specializing in eye care to test for signs of retinopathy or making better food selections.

Exercise and Wellness Programs

Participants report their mileage every week on-line at <http://walkacrosstexas.tamu.edu>. Week one mileage is compared to week eight mileage to determine if there is improvement in physical activity levels.

Cancer Prevention Programs

Evaluators track the number of women attending Friend to Friend events and the number of them requesting help obtaining screening for breast and cervical cancer because they are not in compliance with American Cancer Guidelines. In addition, evaluators are tracking the number of women actually completing screenings, diagnostics, and the number of cancers discovered in our 40-49 target counties.

Cooperative Extension Program

- Surveys
- Pre and Post Test
- Interviews
- Monthly Reports will be used to collect data