

## **Healthy Living - Area of Expertise Team Logic Model**

October 1, 2015 - Sept 30, 2016

Overweight and obesity have greatly increased during recent decades. Contributing factors include physical inactivity, excessive food consumption, and un-healthy food choices. Myths and unreliable sources of information abound. The State of Obesity: Obesity Date Trends and Policy Analysis report shows

26.7% % of adults are obese. (1)Data from a telephone survey of SNAP recipients in 2012 shows, 24% are overweight or obese (35%). (2) Coos, Grafton, Cheshire, Merrimack and Rockingham Counties have higher rates of obesity within NH. (3) The State of NH Obesity Report cites 14.6% of 2-4 year olds and 15.5% of 10-17 year olds in New Hampshire are obese. (1) The NH State Health Improvement Plan 2013-2020 states obesity rates are higher in schools with greater than 50% of the students participating in the free and reduced priced meals program compared to schools with 25% of the students participating. (4)Data show that 71.5% of adults have inadequate fruit and vegetable intake. (5) Data reveal that for SNAP recipients, 16% ate five or more servings of fruits and vegetables each day and 18% do not eat any daily servings. According to the Youth Risk Behavior Surveillance Survey a considerable percentage of NH teens reported consuming fruits (38.6%) and vegetables (31.8%) less than once per day. (5)Cost is the most frequently cited reason among all recipients (40%) as the primary barrier preventing them from eating a more nutritious diet. (2) According to the CDC, only 22.3% of adults and 22.9% of youth meet aerobic and muscle strengthening guidelines. 6) Providing nutrition education to adults and youth will help to increase New Hampshire residents' physical activity and intake of fruits, vegetables and whole grain foods closer to recommended levels.

Outputs/Activities	Learning Outcomes	Action Outcomes	Condition Outcomes
EDUCATIONAL PROGRAMS OR EVENTS FOR YOUTH, ADULTS AND/OR FAMLIES: includes development, promotion, implementation and evaluation (could be in person or on-line)  • Promote, implement and evaluate Nutrition Connections and 4 H programs  • Cooking Matters programs;  • Approved adult and senior curricula	Youth will improve their knowledge of foods to eat more of, foods to eat less of, and healthy eating patterns.  Schools, after-schools, child care and other youth related sites will become more knowledgeable about how to assess their	Adults will eat healthier based on MyPlate  Youth will report an increase of healthier foods based on MyPlate  Schools, after-schools, child care and other youth related sites will assess their nutrition	Participants will maintain a healthy weight and/or prevent weight gain.  Improvements in diet quality will contribute to decreased health care costs
Approved youth curricula	nutrition and physical activity policies and document progress.  4H staff and volunteers will be	and physical activity policies and document progress.  4H staff and volunteers will	Participants will maintain a healthy weight and/or prevent weight gain.

Outputs/Activities	Learning Outcomes	Action Outcomes	Condition Outcomes
Provide technical assistance and resources and evaluate progress with schools, after-schools, child care and other youth related groups to assess nutrition and physical activity policies     Collect baseline data from 4H programs on nutrition and physical activity opportunities and policies; review data collection methods; determine training needs and schedule	more knowledgeable about nutrition and physical activity opportunities; existing and new data collection methods; and will share training needs  Youth will improve their knowledge of the benefits of increasing physical activity and reducing sedentary behaviors	implement nutrition and physical activity opportunities; collect and report data; and attend trainings.  Adults will increase time spent engaging in regular physical activity.  Youth will engage in regular physical activity.  Youth will a decrease time in sedentary behaviors.	Improvements in diet quality will contribute to decreased health care costs.
PUBLIC RELATIONS/ MARKETING/ COMMUNICATIONS: includes general social media, newsletter, event and webpage development (i.e, not connected specifically to one program)			

## Impact Indicators to be measured Oct 2015 - Sept 2016

- HL 1 Number of youth who report an increase in healthier food choices.
- HL 2 Number of adults who report an increase in healthier food choices
- HL 3 Number of youth who improve their knowledge of healthier foods.
- HL 4 Number of groups that assess policies and document changes
- HL 5 Number of youth who report an increase in physical activity
- HL 6 Number of youth who report a decrease in sedentary behavior
- HL 7 Number of adults who report an increase in physical activity

<sup>1. &</sup>quot;The State of Obesity: Obesity Data Trends and Policy Analysis." *The State of Obesity: Obesity Data Trends and Policy Analysis.* Trust for America's Health and the Robert Wood Johnson Foundation, n.d. Web. 12 June 2015.

<sup>2.</sup> RKM Research, Inc., 2012 Telephone Survey of NH SNAP recipients.

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- 3. "What's for Dinner? Finding and affording Healthy Foods in new Hampshire Communities", Nena Stracuzzi and Sally Ward, Carsey Institute, New England Issue Brief No.
- 21, spring 2010.
- 4. "NH State Health Improvement Plan 2013-2020." *Division of Public Health Services | New Hampshire Department of Health and Human Services*. N.p., n.d. Web. 12 June 2015.
- 5. "Fruit and Vegetable Consumption among New Hampshire Adults and Youth." *Obesity Rates in NH; Connection to Chronic Diseases; Role of FV in the Prevention of Obesity and Chronic Disease*. N.p., n.d. Web. 12 June 2015.
- 6. "State Indicator Report on Physical Activity, 2014, Behavioral Indicators." *Centers for Disease Control and Prevention*. Centers for Disease Control and Prevention, 22 July 2014. Web. 12 June 2015.