Minutes
NC 1169 Annual Meeting
October 20-22, 2011
Lincoln, NE

Thursday, October 20

Welcome and Introductions
Wanda welcomed us to Nebraska. We have three new PhD students from Colorado State University joining us: Susan Gills, Natalie Infante and Erin Murray. Also, Jean Fischer from Nebraska is considering working with us.

Words from our Federal Partners-Susan Welsh,

- A current organization of USDA/NIFA was distributed. Roger Beachy has left, and Chavonda Jacobs-Young is now the Acting Director.
- The FY 2012 budget as it stands was distributed. Once the Senate completes their budget recommendations, they will have to go to committee to work out the differences between the 3 budgets.
- Next AFRI will focus on ages 15-18, and it will be OK if children age into or out of this age range.
- There will not be any competitive grants workshops from NIFA offered this year.
- Current childhood obesity AFRI participants have submitted a program proposal to SNEB for the 2012 meeting in Washington DC, along with suggestions for a poster session for AFRI participants so that more work can be shared.

Funding notes:
Do QOL studies fit into the AFRI proposals? No.
Wanda is talking to UNL nursing program in November; they have NIH funding to study nutrition and QOL, along with dietary assessment. There are NIH grants that support behavior studies for kids, adolescent and young adults.
Group chairs should make sure, concrete steps toward funding.

Words from our Administrative Advisor-Dr. Deb Hamernik
Midterm review was completed earlier this year. Extension State Directors divide and review. For NC1169, there were no comments, no suggestions or concerns. This project is in good shape. Now starting 4th year of project, it will expires 9/30/2013. To renew for another 5 years, need to write renewal next year.
Timeline:

- Sept 15, 2012 – submit request to write proposal
- Select administrative advisor
- Request to keep the same number
- Oct 15, 2012 – upload objectives
- Nov 15, 2012 – new appendix E due - % effort and which objective you are working on
- Dec 1, 2012 – full proposal due at NIMS
- Deb will double check whether or not Nutrition Department heads (NCA5) have to review; their meeting is in November, so sometimes need to get things in earlier.
- March-April Ag Exp stations director's review and decide

Because the due date for the new objectives is earlier than this meeting usually occurs, would be good idea to identify a small writing group for the renewal and begin to determine the new objectives at this meeting.

Reviewers will want to see different objective that shows you've made progress; make it sound new and forward thinking.

Be sure to complete your state year-end reports - send an electronic copy to your secretary, they will forward the reports to Wanda and Susan.

Deb distributed last year's impact statements from Objective 3; these did not get uploaded to the NC website (http://ncra.infor/MRS_approval process.). These should be sent to Chris Hamilton. Groups should finalize their impact statements and forward to Susan who will send to Chris Hamilton.

Update from Objective 1 and 2 Workgroup
We have been struggling with our literature review. Finally have a nice rough draft and will be working to get it out. Made a decision to have it be a single paper, so will likely need to be shortened.

The survey of EFNEP Coordinators paper was submitted to JOE last Feb; no word. Nancy will call them. Preliminary findings from ASA 24 electronic vs dietary recall completed. Lots of interesting finding and observations – people in Oklahoma preferred it, people in Colorado (Hispanic audience) did not like it. Problems included finding enough computers with internet access. There is a good comparison between the 2 methods on numbers of foods. OK, CO, NV, WA, UT, WY participated.

Jan Scholl – article published in J Research Consumer Science – and website launched.
http://www.libraries.psu.edu/psul/lifesciences/agnic/EFNEP/EFNEPdatabase.html
In addition, Jan was honored recently this fall by the U.S. Department of Agriculture's National Institute of Food and Agriculture during a ceremony in Washington for the development of a national research database for studies related to 4-H and the Expanded Food and Nutrition Education Program.

The website allows

- Search by author or key word.
- Need help in filling in some holes in some of information – if you know of additional articles, write articles or have access to grad student studies, please send information to Jan. She inputs all new references.
- This database was originally started to capture research studies with 4-H.
- Jan then added a database for EFNEP – there are about 350-500 articles on EFNEP. Cannot get complete count yet; working with programmers since they did not program a counting mechanism.
- This also contains some studies prior to EFNEP development that that give the basis of EFNEP, such as one extension study in 1922 regarding obesity.
- Future work can include
  - expanding to low income populations and nutrition, whether it is general or specific
  - document curriculum offerings through the year (National Ag library has kept curriculum through the years.

Update from Objective 3 Workgroup

- QOL – two papers to submit, one next week and one before end of year.

- Completed rough draft of focus groups for DVD to assure consistency. DVD will be made this year.
- SNE presentation at SNE this year was well attended. There was good interest and it resulted in a new member for Obj 3 group. Several non-extension people commented to Susan about what great work this is; she pointed them to the NIMS website and encouraged people to join us.
- Plan to have new QOL test tool next summer.
- Natalie reviewed her work on QOL (handout provided). These findings will help drive the focus group content.

Publication Team

Siew Sun presented Roots and Shoots forms.
Submit these for any publication to keep track of all publication in the planning or process phase.
Siew Sun and Scottie will send out the documents electronically. ***Please give feedback by Nov 20.***
Root – a place holder for research/publication. The shoot allowed others to join in and work on the research.
Shoots are more like spin off, especially for grad student project.

This will keep others from not knowing and working in parallel universes.
Work within each group to catch up the roots and shoots we already have. That would eliminate an issue that came up on one of the papers – couldn't remember who has been involved. Twice a year, Siew or Scottie will ask on the monthly call for updates on the roots and shoots.
Nancy commented – some multistate projects do projects related to project, but not part of the project. Yet will still be able to go on our report. It's a fine line. So important to have groups review on regular basis.

General Discussion

- Funds:
  - Need a process to document funds committed by university. When planning what to do – what we could accomplish if state could contribute "X" $. Not all university can simply contribute money.
  - Analysis of data from the specific state for use by that state will be paid for by a specific state.
  - If data collected for multistate purpose, can state publish their data? Need to include student process also. Don't go off on your own to submit abstract or paper before working through it with your group.
- Website: We need a group website – can anyone do this easily for us? Siew will check with OSU
- Jennifer McCaffry, Chicago, will be joining Obj 3. She has done some work with EFNEP participants on their perceptions of paraprofessionals
- Wanda/UNL has been an ASA 24 pilot site with Nutrition 101 students and athletes – they did beta testing on over 1000 students. 1500 foods have been added to the database. It is now easier to use. NE applying for NRI grant to develop a nutrition app for ipad or ibook.

Day 1 Share Back

Objective 3
Michael from CSU questioned the intended use of QOL in EFNEP. Is it an outcome measure? What's the cost benefit to this? Mike and Dave brought up if people's QOL improves does that indicate behavior change? Can we tie this to A1C, cholesterol, etc to tie to health? That opens different funding streams. Funding is narrow for QOL.

Wanda has an AFRI grant. Looking at a sub sample at Lincoln to do A1C and BMI. Could be linked to behavior checklist.

Obj 1-2
Drafted Impact Statement
Drafted objectives for next project
Will begin work to develop and check an enhanced behavior checklist
24 recall as is vs enhanced process with training vs ASA24
Focus groups of clientele to see if 24 hr recall or checklist is more representative of intake
3 possible grad student dissertations
Talked about our paper – a bit long, going to pull together and send to reviewers
NIH has PAR – RO1 or R21 directed at development of methods of dietary assessment for low income audiences LOI due in May.
Discussed focus groups next winter and paper currently working on.

Day 2 Share Back

<u>Leadership</u>

Wanda and Mary Kay are new chairs
Nancy and Karen will continue on Obj 1&2
Gary and Sandy continue on Obj 3

<u>Meetings of All Objectives</u>

- Mid Year Adobe Connect
  April 27: 8 Pacific, 9 Mountain, 10 Central, 11 Eastern
- 2012 Annual Meeting
  Ft. Collins, Colorado
  Oct 11-13, 2012

<u>Year End Reporting</u>

Send minutes to Wanda along with publications, grad students and accomplishments to Nancy
AES project reports to chair - electronic
Submit impact statements and send to Deb

<u>Writing Groups for Renewal</u>

Objective 1-2: Mary Kay, Josh, Siew Sun
Objective 3: Dave, Wanda, Kate and Scottie

Objective 1&2 Work Group Meeting
Thursday

Impact Statement
Submission form for impact statement – we did one last year and it was sent to Wanda; not sure what happened. Reviewed and revised:

Finalized statement:
Nugget: Development of simpler, more accurate and cost effective measures will evaluate behavior change in EFNEP clientele which will, in turn, promote continual program improvement
Issues: Those who care include public policy decision makers, program sponsors, limited resource participants, State EFNEP coordinators, State EFNEP Coordinators, EFNEP Supervising Educators, EFNEP paraprofessionals, others who provide nutrition education to low income audiences, legislators and taxpayers because the evaluation instruments document that the financial and program investment into EFNEP positively change participant nutrition behaviors. In addition, findings can be generalized to similar populations. (i.e. SNAP-Ed)

What has the project done so far?:

- *Completed a survey of EFNEP directors examining the challenges of conducting dietary assessments and submitted a publication about the findings.*
- *Completed a pilot study to determine the feasibility of using electronic dietary assessments with EFNEP clientele with data analysis underway.*
- *Drafted the literature review (objective 1) which will form the basis of an NIH grant proposal and identified gaps in research addressing dietary assessment of low income audiences.*
- *Established a searchable data base of EFNEP literature and published a paper about the data base.*
- *Recruited successfully graduate students to conduct research.*

Impact Statements: *(The economic, social, health, or environmental consequences derived as benefits for the intended users. These* ***short, concise*** *statements are usually quantitatively measured either directly or indirectly as indicators of benefits. (An example of an impact would be improved human nutrition for so many individuals through genetically engineering rice to contain the precursors to vitamin A.) NOTE: impact statements SHOULD NOT include publications, meetings/conferences/program held, meeting/conference/program attendance, or results of research. THESE ARE OUTPUTS!)*

- *Improved methods of determining dietary intake of low income adults through examination of dietary intake assessments will provide practitioners with better understanding of impact of the program*
- *More accurate and reliable measures of dietary intake and behavior will improve nutrition education delivery through the EFNEP program*
- *The data base will allow program directors and researchers to build upon existing knowledge to improve the EFNEP program delivery*

Research Needs for Future Impacts:

- *Develop and test enhanced Behavior Checklist in the nutrition domain*
- *Compare the current dietary assessment methods with the enhanced method*

- *Conduct focus groups with clientele to determine which assessment method is more representative of their intake so that we can accurately measure dietary behavior change due to the program*

Funding
Nancy has $10,000 for this year - ? how to spend it

ASA24 Update
Data from ASA 24 and group recalls. Siew Sun reported that she and Mary discussed last week
Information has been revised.
Nancy can work on statistics it if Karen Spears leaves or is unavailable. Need publication from that.

Nancy noticed that people seemed to do well with electronic. Was it an age thing? Mostly younger, but not all very literate. Issue is a location to compute access. Age range low 20's to 71 years.

Literature Review Update
Pull together and have reviewers review – Marilyn Townsend, Susan Welsh and Jean Anliker offered to review.
See how it looks then select journal – what journals appropriate?
Thomspon and Subar published in book; McCelland, published in JNEB. This could be JNEB or JADA.

In development of your section, did you feel as though there was a method would be studied for EFNEP?

Screener - not really. The method is mostly food specific; if you put together enough screeners to cover all the food groups you would have a FFQ. FFQ were never meant to assess individual dietary change as a result of nutrition education. Taking something with whole different purpose and trying to fit it to our purpose. Neither seen as a good options.

All for population level – should we divide between the states and try some of these to see if they work. Purpose of educator is to make the positive training, easy to train paraprofessional to administer. Instead of just going with ASA 24, can we do a variety to trials at the same time?

There is some training for the person who is completing the data. For most, they may not have written literature and consistent repeated training. Can we make a conversational tool, and the dialogues. Brief. Make a more functional tool; if can you use it for ongoing conversation,

Still needs standardization so staff get the same kind of information and training and understand the value of bigger data set. If look at validating tools, not doing as a research opportunity – not our mission to collect data - but to give feedback to participant and progress in program. Susan Gills (student) is new to all of this- can we set up something that can be standardized among states? Nancy thinks comparing the 24 group recall with gold standard of professionally conducted one-on-one 24 hr recall is best. Long discussion about why compare to professional since – do we need to show that well-trained paraprofessional can get comparable data?

Jan: Can we establish an evaluation that so simple and easy and we would have instant data. Can we use My plate and have them design it? Would we be satisfied with the fact that we know what we are teaching them. Would that be enough? Knowledge instead of behavior?

Need simple tool.

We were talking about what we've learned from our section writing re: dietary analysis processes. Moving around to what might be a method that would be useful. Started by saying screeners might not be useful do to multiple ones becomes a FFQ. FFQ validity and reliability seemed more to look at dietary patterns across groups of people not changes in individual intake due to nutrition education.

Research on using them with low income pop is minimal. Would if work ok if culturally sensitive?
Neither is the food recall meant to assess dietary change after general nutrition education.
Literature refers to individuals with professional administering.
Do we introduce personal bias when we use the program to document overall changes at an individual level?
So instead of getting an individual report is it a group report? Susan B would have more comfort if it was a group report on number of f/v, but now we also talk about individual changes and the program allows us to print reports on individual for feedback.

Mary and Marilyn reported difficulties in using 24 hr recall conducted by less trained individuals in a group setting.

Another aspect – can we standardize training paraprofessionals to improve recalls. Not everyone uses the OK 24 hr DVD or provides consistent and regular training. Is it training more regularly that is needed? Need it about every 18 months – why we collect, why it's important and why it's important on how we do it.

Can Susan G. establish that the group recall method is valid? If so we can use the data to put recommendations toward the program.

Currently just have practices observations; need a better foundation and training processes that are standardized.

These things could be recommendation of lit review paper – what studies need to be done.

Electronic – positive response to ASA 24, Siew Sun thinks it's something to consider. Low literacy audience benefits from cues and lots of visual to id portion and the food. Now we have two issues – data entry and data collection. If we can collect the data electronically, it eliminates one of the issues.
Problem is the electronic access. Colorado Hispanics did not like the ASA – they are against computer. But that can be changing through the years.
Others look at individual change with high socioeconomic groups.

Hazel - We have to provide digital access for this population. There are programs now targeting low incomes to provide broadband access. What about phone app.

Susan W – you can improve technique for 24 hr to be perfect. If the intent is to show impact of program, you need to be able to measure change. It may be a problem.

Could get info from a behavior checklist? Where can we get best information?

As a result of paper, we seem to be saying change pre/post of 24 hour recall and change the behavior checklist. Can we take that step before we have the data collected and it's not just opinion of the people around this table and anecdotal evidence from EFNEP coordinators?
What is the objective –
Standardize how to deliver 24 hour recall so paraprofessionals do correctly and consistently
Then look at pre/post and get a baseline
Then do another round to see if there is a consistent change

Why invest time on consistent training first when we could have a research project in a controlled setting. When used this way by this individual and group size does it give good data and work?
How to define works? Do multiple dietary assessments – is recall the same ie professional and paraprofessional. We have fears we don't get a complete recall. In control setting is it necessary to do in a clinical way? Not really. Just have good research protocols, training and delivery. Need to compare difference. What's in like is one on one in a clinical setting and a group setting. Are you judging consistency? It gets sticky.

Susan W goes back to even if you had good 24 hr recall with weighed food; would it show impact of program and change in dietary intake. What are you testing it against?

Trained interview, literacy, variation in daily intake – It's all about the ability to detect change.

If you look at how tool developed and validated, we just started using the 24 hr recall. We use 24 hr recall now because we don't have anything better to use. USDA uses it to get nutrient data used for reports – but the reports we see don't call out specific nutrients.

Some use the results to set goals for the participants. Compare before and after based on classes. Help identify food and PA goals – don't use the nutrient data with individuals. Used as a discussion tool to set goals.
24 hr recall may not capture the change for one day; but we aren't using 24 hr recall on its own; also using behavior checklist data.

First time we met – this conversation occurred. So write the paper to review the processes available.
New objective to write to experiment on a few different methods?
Do we spend energy to test 24hr recall in a group w/non-professional collecting it?
Do we do that to make firm recommendations to program or do we make recommendation based on literature so far?

Erin Murray joined us and has a possible project to take one of subject matter domain and take the behavior checklist and id topics/questions/ answers/ relative to domain – DQ/FRM/. She can test them all to decide which are best.

If we don't feel that what we gain from recall is needed, would it work to add dietary change through the checklist?

Dietary Checklist work: The Web-based NEERS 5 in beta-testing and should be rolled out Oct 2012 from Clemson. Mary Kay is on the subgroup to review behavior questions in the domains and make preliminary recommendations. Mary Kay and Gail Hanula are looking at what literature says we should be asking, what questions has no one used for 20 years, what questions are lots of state using; moving toward testing validity and reliability. Some states are changing the question wording, so it isn't consistent.

Need to have something as good or better before throwing 24 hr out. Should we do all behavior checklist work first on a specific domain and be able to compare to 24 hr - so it is something that we can accomplish within 5 years?

If we were to get the dietary quality and physical activity domains tested and compare it to recall, in terms of measuring change, it could be reported on the EFNEP site. If we have strong evidence that a checklist shows improve in dietary quality, 24 hr recall is less necessary. Compare group setting of paraprofessional with24 hr recall and the behavior checklist and to just a checklist.

Which is a better tool for program to use? Checklist takes away issue of 1 day, burden, input, consistency in training. With daily variation, question if 24 hr will ever show the impact of the program change.

Why is it so important to have nutrient data?

Still need to id bottom line objective of what we will be doing.
Main focus is to show that the program makes a change in behavior.
At first it was to show that the group 24 hr was not the best method.
Now how can we say this program makes a change in the 24 hr recall – does it giving us any data to actually say this?
Are we still looking at 24 hr group recall is showing us anything about change?

Need standard, valid and reliable tools as basis plus data on subsets

a) Determine if 24 hr dietary recall measures as currently used vs
b) an enhanced process (ASA 24) or standardized training

Measures what we want to measure - dietary change following nutrition education.

Need standardized protocol
Testing a) and b) above and paraprofessional in group setting compared with professional.
Develop and test enhanced behavior checklist.

Does the program make a change in dietary behavior as measured by the behavior check?
Expanded behavior check list to see if it measures dietary intake compare to 24 hr recall.

How are we going to say that this method is not a good method? Does it show change?
If we don't deal with the 24 hr recall and demonstrate that it is not accurate information, then what will happen is that we have both 24 hr recall and the expanded behavior checklist. Still a burden for collection and decreased time for education.

Can we compare 24 hr recall vs behavior checklist? Do focus groups – which one captures the changes you made in the study. And attach $$ value to difference.

Will stakeholders listen to what clientele have to say?

Not sure this is what NIH was looking at for funding – Nancy will call program leader for comment.

Susan W worked with Helen Chipman to develop National *Outcomes and Indicators for the Formula Grants in the 5-Year State Plan of Work Update and Annual Report of Accomplishments and Results* - reporting for non-EFNEP programs:
http://www.nifa.usda.gov/business/reporting/planrept/pdf/11_out_ind_grants_v6.pdf
Look at these indicators as we are thinking through our objectives.

Objective 1&2 Work Group Meeting
Friday

Reviewed and finalized Impact Statement (see above)
Mary Wilson joined via Skype

ASA24

Mary reports that Karen Spears has all our data and will be able to analyze the data now. Karen wants to join our group and is approved, however she is not going to be at UNR after Jun 12. She will then be writing grants to obtain funds to do research. Paper to be ready for submission tentatively by February 1.

ASA 24 issues:

- Translating Spanish surveys was really difficult, so do anything for testing in English first.
- The paras and others who translated got very different results.
- Ways of counting entries was different, too. If person itemized taco, Mary entered all the items. However the person in Utah entered it as "taco," not itemized. ASA 24 took the taco apart.
- Different interpretations of these data shows need for a more uniform protocol.
- NV Para's put in fat free milk for every milk entry; ww bread for every bread entry.
- Spanish speaking para's were doing a translating and did very differently. Everyone ate 1 cup of everything.
- Handwriting was hard to interpret.
- There was regional interpretation of words. One of the NV para should have translated "Lentil" but the correct word was not used.
- ASA 24 is now avail in Spanish for literate Hispanic.

The whole process was educational in itself. It will be interesting to review against ASA24.

Future Objectives

Mary asked have we discussed testing how many paraprofessionals it takes to conduct the 24 hour recall in a group to help make the data better? Other question is how much time is spent on it. Discussed Amanda Scott and Deb Reed study out of Texas – there was a threshold for # participants. After that they recommended two paraprofessionals for a group.

Scott A; Reed D; Kubena K, McIntosh, A. Evaluation of a Group Administered 24-Hour Recall Method for Dietary Assessment. Journal of Extension February 2007, Volume 45, Number 1; Research in Brief 1RIB3

A group administered 24-hour food recall was developed by the Expanded Food and Nutrition Education Program of Texas to expedite dietary assessment of clients. The study reported here evaluated the group recall and an individual recall method. Data for one meal collected with the use of dietary recalls, either group of individual, were compared to observational data. ***Results suggest that the group recall may be at least as effective as the individual recall to estimate dietary intakes of subjects.*** The group recall method could be used by programs such as EFNEP to simplify and expedite dietary assessment of clients.

Susan W described an older study published in J Nutr:

P. Peter Basiotis, Susan O. Welsh, Frances J. Cronin, June L. Kelsay and Walter Mertz. Number of Days of Food Intake Records Required to Estimate Individual and Group Nutrient Intakes with Defined Confidence. J. Nutr. September 1, 1987 vol. 117 no. 9 1638-1641.
The results indicated that the number of days of food intake records needed to predict the usual nutrient intake of an individual varied substantially among individuals for the same nutrient and within individuals for different nutrients; e.g., food energy required the fewest days (averaging 31) and vitamin A the most (averaging 433). This was considerably higher than the number of days needed to estimate mean nutrient intake for this group, which ranged from 3 for food energy to 41 for vitamin A. Fewer days would be needed for larger groups.

Behavior Checklist Discussion
If group would like, CSU will take lead with on the getting students to do FMR and Fd safety questions, replicating the Clemson methodology for PA.

Erin will lead nutrition domain and may break into two. She can carve out and create the methodology and then the other students can follow on and do FMR/FS. Student at Clemson is doing PA. She is about 75% complete. Susan B is part of expert panel and reviews her work every few months. They are taking current PA activity, and looking to create the PA that are part of key things we teach and should be measured. Suggested surveying efnep coord to see which curriculum as most used. Review learning objectives to see if related to dietary guidelines. Decide how to test for those items.

Mary Kay's NEERS5 committee will have a group of experts tied to program practice that could assist with review.

Nancy thinks that will make it potentially difficult as to when the behavior checklist items are available since objective is to compare the 24 hr recall compared to the checklist.

Are we looking at food recall in group setting compared to using a new version of behavior checklist to measure knowledge and attitude change as well as dietary intake?

How do I use these data if I don't know the recall is valid to begin with? So what does it mean? If I get different data from recall and checklist – which one is right? That's were focus group comes in – but basic science doesn't – it is not measuring behaviors change per say.

Amy Subar says it's all subjective, so can't say that written vs ASA24 is better. If hasn't been tested in this manner, it means that data isn't there.

So what is a more successful way to get to the dietary data? Is it recall in groups, enhanced behavior check list – how do I know which is better?

Our new objective measure would have to be a scientific measure.

Only to look at the two is to look at individual; we don't have it the information with groups. We have to do it individually if you want to compare. And need to have an objective measure such as doubly labeled water.

Recall is the current standard care – can we get even equal results with other measures?
Do we need a specific protocol for the standard? Do we need to do more recalls/group? Do we need to have more than one para for each group?

We have to know what the best combination is to compare to the standard which is the 24 hr recall for now.

If you keep getting more para's you are getting back to one-on-one relationship; if done with RD in clinical setting, that's as good as it gets. Is that even going to measure change due to variation in diet intake? If you use the behavior checklist, do you get adequate info?

Adv/disadv to ind/group teaching and tools: will one of these factors be better or the same – will individual measures like the 24 hr recall or the behavior checklist cause individual differences based on how they react to the tool? Someone might say that they like behavior checklist better, so they are more willing to fill it out.

Research says that those who did a literacy test on participant when they did 24 hr recall – those who did better on literacy test also did better on 24 hr recall. The 1 on 1 recall, the interviewer does the writing. The groups recall can't do that – so the recall requires literacy skills. How do you improve the issue for literacy? Even the less literate on ASA 24 like the pictures and prompts.

Focus groups will allow you to document the how the participants perceive the information they are providing on each type of tool.

What we are looking for is the easy, cost effective way to get similar data. Do we need to have someone who is considered more accurate to gather the data to show that what we are gathering by para is not good? Nothing in literature to support what we are doing.

Can we look at:
Standard care
Asa 24
Enhanced behavior checklist
Focus groups

What is it about the enhanced behavior checklist that you think would provide similar info to 24 hr recall? Can't get all the information you need from one or the other.

But it takes time for input, takes time away from education and it cost more for a 24 hr recall. Can we put together a compelling argument about this? Fix and strengthen the checklist so that it provides adequate information.

Most states use 10 foundational questions, then other questions from the question bank.

Susan W - In looking at measures for sensitivity to change and accuracy of methods – may be something like a screener is better for that.

New proposal writing

Obj due Oct 15

Full proposal Dec 1

Check original, does lit review need updating;

describe current and related work done so far on this project.

Cris search (current research info system) – develop search terms to be entered into system (Susan W). Go through and decide if there are any relevant items. Helps you see that you are not doing the same stuff – dietary assessment and EFNEP.

Siew Sun will be the organizer.

Objectives:

1. Current Methods
    a. Document current 24 hour collection methods - Susan G. will take lead on this piece
        i. Literature review on training methods in EFENP
            1. Is there any standardized training for EFNEP in the literature; check the Cornell literature for Navigating for Success. Susan G will look for the literature.
        ii. Write up current standard process
            1. Develop survey to find out what people are doing
            2. States: OK, NV, WY, UT may be interested – contact Paula Scott.
            3. Look for some who have para's enter the data and some with secretary entering data.
        iii. Observation - get a handle on how it's happening now – with both training and delivery. Do observation in the field. See training and in the field? Seeing the participants in the field. Ask when the para was trained and last trained
        iv. Survey coordinators about training in 24 hr recall and ask if they would be willing to have their para observed during 24 hr administration. Then we go out and watch them. Need an observation checklist. ? scoresheet.
        v. Identify the strengths and challenges/limitation of the 24 hr recall in a group setting
    b. Develop standardized training
        i. Basis of above study used to develop a standardized training
        ii. Decide the elements that are essential to administration of the 24 hr recall group collection method by the NEA
        iii. ? method OK dvd is good
        iv. Identify other training process
        v. Determine what is reasonable for training the trainers
        vi. Develop training for train the trainer for coordinators
        vii. Need to find out which states would be part of project, look at current practices and based on those, develop one standard practice with training from different states.
    c. Implement enhanced, standardized training
        i. Train coordinators
    d. Evaluate the 24 hr recall results
    e. After standardized training, go back and observe again.
2. Test ASA24 to see if the revised software works with this population.
3. Develop enhanced behavior checklist for nutrition domain.

4. Test comparison of ASA 24, enhanced training and results, and enhanced behave checklist (still problem with low literacy – how many people take to get a good recall)

Part of current proposal that we were going to interview participants to see what they perceive the barriers of 24 hour recall and doing in a group. Did a debriefing post survey; Mary will pull data and summarize for group – by Nov 17.

Need to develop protocol to test these types of tools.
Number of states
Racial breakdown
Hispanic
Division of work

NIH RFA – possible funding. LOI in May, application in June. Wants innovative research to enhance the quality of dietary intake assessment or pa. some things that could be proposed novel assessment approaches, better
Assessment tools, culturally appropriate
Methods to investigate
Not much on low literacy, low income or hard to reach audiences.
Harder for new investigator to get funded,
Nothing at USDA for us.

Add students to our email list:
sgills@ymail.com
ekmurray@comcast.net
jfischer6@unl.edu

Objective 1& 2 Timeline

Nov 20:	Karen update Screeners section of lit review
	Nancy edit rest of lit review
	Nancy Contact reviewers
	Nancy Contact NIH program leader for PAR
Nov – May:	Mary, Karen Spears, Karen Barale: Develop NIH project proposal
Dec 1:	Nancy Send lit review to reviewers
	Members of Obj 1-2: Send annual report to Nancy
Jan 30:	Reviewers: return lit review
Pending:	Josh , Mary Kay, Siew Sun: Begin drafting next 5 yr proposal
	Drafted 3 objectives
	Josh will work with Mary Kay & SiewSun re: timeline
Pending:	Susan Gill literature review on standardized training for EFNEP paraprofessionals

Pending:	Erin Murray literature review on Behavioral Checklist nutrition domain
Oct –Feb:	Josh, Develop protocol for Focus Groups of participants (perception of recall)
Feb-April:	Josh, Susan B, Hazel and others: focus groups with participants.
May 1	LOI to NIH
April – July:	Susan B and others: telephone surveys of paraprofessionals (Susan and Meredith Pearson conducted interviews over the phone that were recorded w/para's).

Meeting Schedule : 3rd Thursday Susan will check on phone line
Meetings scheduled for 10 AM Pacific, 11 AM Mountain, Noon Central, 1 PM Eastern

November 17
December 15

2012
January 19
February 16
March 15
April 19
April 27: 8 AM Pacific, 9 AM Mtn, 10 AM Central, 11 AM Eastern: Combined Work Group Adobe Connect
May 17
June 21
July 19
August 16
September 20
October 11-13– face to face meeting in Ft. Collins.

NC1169
Objective 3 Work Group Minutes
Lincoln, Nebraska
October 20, 2011

Present: Scottie, Donnia, Wanda, Natalia, David, Sandy, Garry, Susan, Joyce, Jennifer (via video) and Kate

Agenda Item	Discussion	Action Items
Manuscript Update	1. Success Story manuscript: will be submitted to Am. Journal of Public Health, need to determine order of authors 2. QOL Pilot manuscript: QOL Interview project: consensus process to code (very time consuming)	1. Order of authors: Megan, Wanda, Garry, Susan, Joyce, Scottie, Sandy, and Kate 2. Garry will send Wanda the QOL pilot manuscript – Wanda, Sandy and Kate will work on revisions to prepare manuscript for submission to AJPH
Creating the QOL Tool	• Will have data from 4 separate projects • Will we use an existing tool and adapt, or develop something based upon project outcomes? • What do we want to accomplish?	
DVD	Discussed funding sources – QOL research funding difficult to find • PepsiCo – might be the best Reviewed the script for process for recruitment of Focus Group	
Call in by Dr. Michael Steger	Validation of QOL tool • Evaluation strategies – access to large samples to help validate QOL tool • Significant need for a short, QOL life measure of nutrition education program • What is the intended use and what is the appropriate format o With EFNEP, to be regularly used, needs to be short and succinct o Helen Chipman needs to be involved in this decision • What variables do we need to assess First step would be the measure of usefulness by evaluators in the field • WHO – has a shorter QOL evaluation tool • Mind/body connection could be useful, physiological distress	

	measures
	• 2 stage roll-out – 3 items per final subscale or indicator of quality of life
	• Pull item bank from qualitative data
	• Review the themes and ask the target population review as well
	  o Use the focus group to get that feedback
	  o Create a bank of questions and test
	• Use common themes (facets) – QOL measures along with the themes that would emerge from EFNEP education
	  o Are items clustering with in the facet system that has been created
	• Focus on the QOL tool for the participant first, so we can then progress to CBA of EFNEP
	  o Then move to the QOL tool for paraprofessionals
	  o To conduct a CBA – the best data to collect is measurable outcomes (HgbA1C, BMI, ER visits vs preventive care, employability)
	Improved QOL and well-being are what sustains the behavioral change	

October 21, 2011

Present: Scottie, Wanda, Natalia, David, Sandy, Garry, Susan, Joyce, Jennifer, and Kate

Agenda Item	Discussion	Action Items
Timeline	See Below	

Focus Group/DVD Project	• Discussed states that will conduct focus groups.
	• Estimated cost: $600 per focus group (incentives
	• Participants: should have completed EFNEP in November or December 2011 – so need to start recruiting now
	  o Make sure participant contact information is current for follow up
	  o Susan suggested standardizing the reminders of the upcoming focus group
		Ohio (white, Hispanic, English, African American), Kansas (all Spanish, white), Colorado (white, Hispanic, African American), possibly Michigan, possibly Maine (for white focus groups)

Next Cycle's Objectives	Cost Benefit Analysis Start to identify the behaviors/measures to collect to conduct the CBA	To determine if EFNEP participation influences QOL,

	HgbA1C, BP, Cholesterol (small subset) ***Intervention, Improved QOL, sustained behavior change, improved health outcomes (measurable)***	sustained behaviors, and health outcomes in a cost effective manner.
Location and dates of 2012 Annual Meeting	ADA – October 6-8, 2012 Potential Dates: October 11-13, 2012 or October 18-20 Propose meeting at CSU Potential Mid-year electronic meeting: April 20,2012	
Leadership for next year	Nominate: Wanda K and Mary Kay W. for large group leadership Administrative Advisor: Deb Hamernik	Garry and Sandy – Co-chairs Kate – Secretary

Objective 3 Timeline: