North Central Region
Family and Consumer Sciences/Human Sciences
Battelle Study

June 2015
Value of FCS/Human Sciences

• Define the discipline of Family and Consumer Sciences

• Understand the science of prevention/education and how it relates to the intervention/service sector

• Examine the value of FCS programming

• Implications for Health Extension
USDA-NIFA Model

- Influencing Policy & Legislation
- Changing Organizational Practices
- Fostering Coalitions & Networks
- Educating Providers
- Promoting Community Education
- Strengthening Individual Knowledge & Skills
The Social-Ecological Model: A Framework for Prevention

Centers for Disease Control and Prevention
Prevention Continuum

**Tertiary**
Provide interventions for unresolved problems

**Secondary**
Programs targeted to alleviate identified problems and prevent escalation

**Primary/Universal**
Programs targeted at entire population in order to provide support and education before problems occur
Tertiary: Provide interventions for children experiencing maltreatment (5% of population).

Approximately 15% of population:
- Early identification and intervention
- Complex intervention and restoring wellbeing

Approximately 80% of population:
- Primary prevention

Focusing on promoting the health and wellbeing of all people.
“We can gain money by investing early to close disparities and prevent achievement gaps, or we can continue to drive up deficit spending by paying to remediate disparities when they are harder and more expensive to close. The argument is very clear from an economic standpoint.”

Key Findings

FCS Extension Programming:

• Results in substantial economic returns to the nation
• Makes a positive difference in behaviors and shaping policy
• Utilizes the most effective educational materials available
• Partners with others to leverage resources and reach people effectively
• Focuses on education and prevention, different than social services agencies
• Utilizes train the trainer to multiply impact
1. Economic Impact

- EFNEP resulted in savings in food expenditures and future health care costs of $86–$185 million in the NCR in FY14 (all states)
- SNAP-Ed results in savings of at least $185 million each year in the NCR (all states)
- The Chronic Disease Self Management Program provides $4 in health care savings for every $1 spent on the program (7 states)
- ServSafe reduces the incidence of foodborne illness and results in savings in associated healthcare costs and losses (8 states)
- “Strengthening Families Program: For Parents and Youth 10-14” identified economic returns of up to $9.60 for each $1 spent on the program. (8 states)
- SHIC resulted in $20.69 in savings on medical and prescription costs for each $1 spent in 2014 (2 states, a savings of $3 million in one state alone in 2014)
2. Behavior Change and Shaping Policy

More than 100 NCR FCS programs are cited that have evaluation data showing outcomes and impact, which are critical in shaping policy at local, state and national levels.

Addressing the outer rings of the socio-economic model help create healthy environments in communities needed for healthier families and individuals.

Examples include:
- Voices for Food
- Communities Preventing Childhood Obesity
- Together We Can
“Through the cornerstone programs of SNAP-Ed and EFNEP, and other programs in nutrition, it is likely that Family and Consumer Sciences Extension reaches more people with nutrition education than any other source in the nation.”

- Battelle Report

- SNAP-Ed delivered through Extension is much more efficient than through other providers (in 2010, $36/person vs. $142/person)
- 40 to 90% of participants improved nutrition behaviors
- 40 to 60% of participants increased physical activity
“The Food, Nutrition & Health efforts of FCS Extension are a major factor contributing to the health and well-being of people across the region, combining the best of university research-based program development with a robust delivery system which is responsive to local needs. The positive changes that they bring about at the individual, family, community, state and national levels are unparalleled.”

- Battelle Report
3. Effective Educational Materials

FCS uses the highest quality, evidence-based programs available to address the need. Examples are those developed by:

- Other Universities, such as Stanford and Tufts
- CDC
- USDA
- Other State Extension Materials

The NCR has also developed many materials that are used across the country. Award winning NCR programs include:

- Strengthening Families (multiple awards)
- Walk Kansas
- Recovering After Disaster: The Family Financial Toolkit
- Couple Talk
4. Partnering and Leveraging resources

Collaborations are strong and innovative

• Military, Social Service Agencies, Health Agencies, etc.

Collaboration among the NCR states in FCS Extension include:

• North Central Nutrition Education Center of Excellence (all states)
• Communities Preventing Childhood Obesity (7 states)
• Voices for Food (6 states)
• Community Based Participatory Research Obesity Prevention for Middle School Youth (3 states)
5. Education and Prevention

Child Development and Parenting (10 states)

• FCS Extension strives to educate parents before problems occur,
• Educate childcare providers to promote positive development,
• Provide direct education to children and youth to give them tools to combat negative influences, and
• Work to create an environment that facilitates healthy development.
“From teen mothers to grandparents who are ‘parenting again’, FCS Extension offers programming to introduce and reinforce healthy parenting practices, and helps parents create developmentally enriching environments for their children. Even strong couples sometimes complain that ‘new babies should come with an instruction manual’. FCS helps to provide that instruction manual.”

- Battelle Report
FCS Extension addresses these issues of aging head on

- Nutrition and physical activity
- Managing chronic disease
- Navigating Medicare and other health insurance
- Caring for caregivers
- Fall prevention

All of these help people live in their homes as long as possible.
5. Education and Prevention, cont.

Family Resource Management

- Savings programs (9 states)
- Transfer of personal property including farm succession (6 states)
- Home buying and foreclosure prevention (3 states)
- “Together We Can” (3 states)
- Volunteer income tax program (4 states)
- Money mentoring programs (5 states)
6. Multiplying the Impact

In addition to direct education to individuals and families, education is often provided through a train the trainer approach:

• Master Volunteer Programs, such as:
  • Master Food Volunteers
  • Master Food Preserver
  • Master Money Mentors

• Training of other professionals, such as:
  • Childcare providers and center directors
  • Teachers
  • Health professionals
“FCS Extension programming that targets professionals such as childcare center directors, and other FCS Extension activities affecting infrastructure and policy can change the entire approach of care in a facility, community, or state, and have rippling effects that improve the level of care, and thus the potential for healthy development, for an entire generation of children.”

- Battelle Report
HEALTH EXTENSION
POSITIONING NCR-FCS FOR THE FUTURE
Future plans and need for director support
“The Extension model arose at a time when American agriculture was largely inefficient and only marginally productive. The consequences of the agricultural practices of the time were endangering our nation’s economic, environmental, and personal health. A century later, American agriculture is without equal in its contributing food to a growing world population. We, and others, believe that this same system of Extension can do for the nation’s health what it did for American agriculture.”

Excerpt from “Cooperative Extension’s National Framework for Health and Wellness,” 2014, on the 100th anniversary of the signing of the Smith-Lever Act, which created the nation’s Cooperative Extension System.