

**Teaching Content (Promoting Healthy Diets and Active Lifestyles,
Reducing Risks for Diet Related Diseases)
Discussion Session - 17 March 2004
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New Ideas/Concepts/Concerns per the Guidance on Allowable Teaching Content

1. Concepts and concerns with Physical Activity/Youth

- a) What states are doing
 - Obstacle course using nutrition questions
 - Using dollar store items in games such as ring toss
 - Activities that include asking nutrition questions then kids can jump, dance, etc if they get it right
- b) How does this fit into logic model? How are outcomes (how to determine if leads to behavioral changes)
 - Kids learn muscles and activities, but not sure if being more physically active
 - Why does nutrition have to be combined with physical activity?
- c) Suggestions
 - Use calorie concept to combine: “Energy IN / Energy OUT”
 - Partner with other groups who can perform physical activity programs, (no USDA stipulation) such as YMCA, Physical Ed program/staff in schools, 4-H staff, local recreational center staff
 - Be active while teaching “A walking nutrition class”
 - Tie nutrition with other subjects such as “math”

2. Seniors/Physical Activity

- a) What are you doing?
 - Wisconsin social marketing campaign - “Adults helping the children in their lives to be more active” with the goal of adults intending to be more active with children in their lives as an outcome
- b) Challenges/Concerns
 - Evaluation
 - Evaluation/Reporting System (ERS)
 - Literature has limited value - “not much there”
 - Teaching “Dietary Guideline” regarding physical activity so not clear why we can’t do it, per the Guidance
 - Expertise issue
 - Funding limitations
 - Links to Medical Nutrition Therapy
 - May lead to involvement with organized sports

- c) What we can do
 - Impress regional FNS to provide for more allowance
 - Media campaigns

3. Concepts and Concerns with Medical Nutrition Therapy

- a) Obesity
 - Lack of understanding about the issue (FNS and Extension not agreeing on terminology)
- b) Chronic disease prevalence
 - Indicates need for education, but Guidance appears to dictate; not working with those who have disease – is not realistic
 - Depends on how things are worded, how phrased by instructor
 - Staff wants to be helpful, so training and staff support is needed
- c) Teaching life skills instead of therapy, so can do:
 - Portion sizes
 - Teach eating at regular times
 - Reading food labels to assist participants in complying with physical or medical advice
 - Progression Record Model – New York (write down goals, objectives, teaching record to keep abreast of what staff is teaching and to observe)
 - Prevention focus
 - Partnerships
 - Projects that allow Extension to get funds to do this specifically
 - Referrals

4. Seniors

- a) Challenges
 - Ineligibility at meal sites for FSNE
 - Curriculum
- b) What states are doing
 - Low income housing sites - Michigan
 - Developing curriculum and making recommendations for use – New York

5. Partnerships

- a) Head Start
 - Provides childcare and transportation
 - Supportive to Extension programs
 - Audience is eligible
 - Can reach both parents and youth
- b) Operation Frontline
 - Has curriculum
 - Parents/kids together (ages 9-12)

What Will You Initiate/Do Differently?

1. Work harder with staff to encourage them to retain participants
2. Learner Centered Strategies approach which makes the participant the focus, involving them and building on what they know (note - this is keynote presentation at FNEE/SNE pre-conference)
3. Stages of change to let learners set own goals and have staff lead the process requires lots of practice to get them to motivate learners (training provided through many sessions, nothing pre-packaged)