

3.1 Nutrition, Food Safety and Health – Signature Program

Brief Summary of Program

A healthy, well-nourished population depends on well informed consumers making wise health-promoting choices supported by strong research and education programs in human nutrition, health, food systems and food safety. The Cooperative State Research, Education, and Extension Service (CSREES), in partnership with Cooperative Extension, delivers community-based nutrition education programs that help individuals, families, and communities make informed choices about food and lifestyles that support their health along with their economic and social well-being. Nutrition and health programs within CCE are designed to 1) connect research and practice, 2) result in behavior change, 3) build on the strengths of families and youth, and 4) develop strong collaborations resulting in community changes for optimal health promotion and provide policymakers with the knowledge to develop appropriate policies for citizens.

Situation and Priorities Statement

Overweight and obesity have reached epidemic proportions in the United States. An estimated 34 percent of U.S. adults, 20-74 years of age, were overweight in 1999-2000, with an additional 31 percent being obese. The Centers for Disease Control and Prevention (CDC) estimates that 40 percent of adults (69 million) will be obese by 2010 if trends go unchanged. Obesity is positively correlated with increased risk of chronic diseases such as cardiovascular disease, diabetes, stroke, hypertension, osteoporosis, and some forms of cancer. Type 2 diabetes, once only found in adults, is now more frequently showing up in children, even pre-adolescent children.

The prevalence of chronic diseases in general is higher in low-income populations and this is exacerbated by increased obesity. Approximately 14 percent of New Yorkers, including 17 percent of children, live below the federal poverty level. Higher rates of obesity have been associated with factors that may discourage walking or healthy eating, such as urban sprawl; living on a highway and/or having no sidewalks, paths, or shops within walking distance; and questionable neighborhood safety. It has also been associated with neighborhood deprivation. Low income is also associated with hunger and food insecurity as well as a myriad of additional health problems including poor pregnancy outcome, infant mortality, anemia, and growth retardation. Food insecurity and obesity or overweight can exist at the same time in a household. With emphasis on low and moderate income audiences, CCE nutrition and health programs enable participants to improve the diet, health, and well-being of themselves, their families, and their communities. Program goals focus on food resource management, nutrition and health knowledge, food preparation and promoting breastfeeding.

While consumers report that they are more knowledgeable about and have improved their food safety practices, in reality, some are still unknowingly practicing some unsafe behaviors. The Center for Disease Control estimates that 76 million people get sick, more than 300,000 are hospitalized, and 5,000 Americans die each year from foodborne illness. Preventing foodborne illness and death remains a major public health challenge. Food thermometer use, safely handling leftovers, safely defrosting meat and poultry, immediately discarding food that may be unsafe and hand washing are important practices in preventing illness along with avoiding food cross-contamination. Experts have ranked behaviors for the reduction of the risk of illness caused by major food-borne pathogens; this information can enable consumers to make informed choices about food consumption and handling behaviors and can guide food safety educators in prioritizing their educational efforts.

A variety of good agricultural and manufacturing practices can reduce the spread of microbes among animals and prevent the contamination of foods. Careful review of the whole food production process can identify the principal hazards, and the control points where contamination can be prevented, limited, or eliminated. A formal method for evaluating the control of risk in foods exists is called the Hazard Analysis Critical Control Point, or HACCP system. HACCP safety principles are now being applied to an increasing spectrum of foods, including meat, poultry, and seafood and are incorporated in education with targeted food production audiences.

Assumptions

The CSREES National Research Initiative on human nutrition and obesity addresses critical factors related to obesity prevention so that resulting knowledge can be applied to the development and evaluation of effective interventions. Likewise, in New York State, research on the etiology of obesity and chronic disease is applied by Cornell Cooperative Extension (CCE) to locally based nutrition and wellness education developed in partnership with families, youth, health and wellness professionals, and other community-minded individuals and groups.

Cornell and other academic research is applied to CCE programs promoting secure and safe community food systems to guard against food insecurity and help ensure a safe food supply. Neighborhood and community resources complement federal, state, and local government support to implement this outreach.

Target Audiences

Audiences reached include: moderate and low income families; 4-H youth; nutrition, health, and family professionals; front-line family workers; food service and food production staff and their managers and directors; and government and agency leaders at the local, state, and federal level.

Ultimate Goal(s) of the program

- Better diets, more healthy food choices, increased physical activity, and improved overall health including reduction of chronic disease among priority groups.
- Improved food security, food-choice options, and food-handling practices throughout community food systems.

Outputs	Near-Term Outcomes	Mid-Term Outcomes	Long-Term Outcomes
<p>3.1 Nutrition and Health</p> <p>(3.1.1a) # of children, youth, and adults completing education programs on: food, nutrition and health topics including attitudes about healthy eating, healthy food choices, selection of healthy foods, and preparation of healthy foods. (no target)</p> <p>(3.1.1b) # of women and health providers completing education programs addressing healthy weight gain during pregnancy and breastfeeding. (no target)</p> <p>(3.1.1c) # of community members completing educational programs on issues that influence food and health behavior and associated appropriate actions including obesity prevention programs and policy. (no target)</p>	<p>Nutrition and Health</p> <p>(3.1.1d) # of program participants who demonstrate knowledge or skill gains related to food, nutrition and health topics including: attitudes about healthy eating, healthy food choices, selection of healthy foods, preparation of healthy foods, and/or benefits of active living. (no target)</p> <p>(3.1.1e) # of program participants who demonstrate knowledge or skill gains related to healthy weight gain during pregnancy and breast feeding. (no target)</p> <p>(3.1.1f) # of program participants who demonstrate knowledge or skill gains related to issues that influence food and health behavior and associated appropriate school/public/community actions, programs, and policy. (no target)</p>	<p>Nutrition and Health</p> <p>(3.1.1g) # of program participants documented to have applied healthy eating, active living, and/or food safety recommendations. (32,000)</p> <p>(3.1.1h) # of program participants documented to have managed food budgets and related resources to meet family needs. (15,000)</p> <p>(3.1.1i) # of program participants documented to have increased participation in public/community health-related programs. (1,500)</p> <p>(3.1.1j) # of program participants documented to have reduced one or more chronic disease indicators. (no target)</p> <p>(3.1.1k) # of participating schools and/or communities documented to have made practice and policy changes to promote healthy eating and active living. (no target)</p>	<p>Nutrition and Health</p> <p>(3.1.1l) # of vulnerable children, youth and members of other priority groups documented to have reduced incidence of overweight and obesity as a result of participating in relevant educational programs. (no target)</p> <p>(3.1.1m) # of participating schools and/or communities reporting decline in incidence of overweight and/or indicators of chronic diseases associated with obesity. (no target)</p>

<p>3.1.2 Food Security</p> <p>(3.1.2a) # of children, youth, and adults completing education programs on: identifying food insecurity, obtaining food assistance, balancing available resources by planning food choices, and lack of sufficient quality food/hunger. (no target)</p> <p>(3.1.2b) # of policy makers and citizens participating in education programs on status of food security in their communities and possible actions to promote increased food security. (no target)</p>	<p>Food Security</p> <p>(3.1.2c) # of program participants who demonstrate knowledge or skill gains related to status of food security in their communities and possible actions to promote increased food security. (no target)</p> <p>(3.1.2d) # of program participants who know what to do related to food insecurity problems such as actions to obtain food assistance, balance available resources by planning food choices, and lack sufficient quality food/hunger. (no target)</p>	<p>Food Security</p> <p>(3.1.2e) # of program participants who have acted to improve their food security status. (7,500)</p> <p>(3.1.2f) # of participating communities that assess food insecurity and develop appropriate action plans. (25)</p>	<p>Food Security</p> <p>(3.1.2h) # of individuals or households documented to have improved food security status. (5,200)</p> <p>(3.1.2i) # of participating communities reporting declines in food insecurity indicators. (no target)</p>
<p>3.1.3 Food Safety</p> <p>(3.1.3a) # of participants in programs on: reducing food safety and/or food borne risks and illnesses including recommended food purchase, storage, handling, and preparation practices. (no target)</p>	<p>Food Safety</p> <p>(3.1.3b) # of program participants who demonstrate knowledge or skill gains related to reducing food safety and/or food borne risks and illnesses including recommended food purchase, storage, handling, and preparation practices. (no target)</p>	<p>Food Safety</p> <p>(3.1.3c) # of household and food handler participants documented to have increased application of safe food preparation practices (storage, preparation, and serving, i.e, HACCP standards. (15,000)</p>	<p>Food Safety</p> <p>(3.1.3d) # of communities/firms/or organizations documented to have implemented improved practices or food safety policies as a result of participating in relevant educational programs. (350)</p>