

Family Consumer Sciences Committee Meeting

August 25, 26, & 27, 2015

Attendees

Alabama: Dorothy Brandon, Kyle Kostelecky, and Cynthia Smith

Arkansas: Anne Sortor and Lisa Washburn

Florida: Michael Gutter

Georgia: Deborah Murray

Kentucky: Joanne Bankston, Kristopher Grimes, and Cherry Kay Smith

Louisiana: Kasundra Cyrus, Gina Eubanks, and Karen Overstreet

Maryland: Virginie Zoumenou

Mississippi: Mattie Rasco and Paula Threadgill

North Carolina: Mitzi Downing and Michael Yoder

Oklahoma: Jorge Atilas and Dorothy Wilson

South Carolina: Kimberly Ray and Crystal Stafford

Tennessee: Leslie Speller-Henderson and Laura Stephenson

Texas: Carol Rice and Sabrina Simon

Virginia: Debra Jones

West Virginia: Kelli Batch

Advisors: Gina Eubanks, Karen Ramage

Tuesday (1:30 – 4:30)

Welcome & Introductions- Kristopher Grimes, Kentucky State University

Discussion of Health and Wellness Initiatives with Dr. Carol Rice, Texas A & M

- We have been invited to the table for discussions and funding that we previously have had access: CDC Funding. Only Extension has been funded and most of the states funded are in the Southern Region.
- The projects in the various states are different but there are some important aspects:
In Texas, they have built Coalitions in the four communities in the one county funded.
Kentucky has 6 counties funded and is using a community participatory model. The CDC is visiting counties there now.
Mississippi has 14 counties and building coalitions
Tennessee reported that the lessons learned- are the CDC cooperative agreements, with technical assistance being huge which will continue after the three year funding is over.
Two more states will be added to the group funded.
Coalition building is an important part of the intervention.
- Other Health and Wellness discussion:

1. Florida is using Health Access Deserts. FCS in Florida is restructured to be Health and Wellness, Family Resource Management, and Nutrition and Food Systems.
2. There are opportunities for cross-state expertise cooperation in these states.
3. Integration of all the disciplines – Oklahoma has done away with program areas and now have teams – hunger team, is an example.
4. What are the commonalities across the southern region?
5. What is the context of our public health for health and wellness?
6. What is the role for collaboration among the states on health and wellness?
7. ECOP Health and Wellness Core Competencies?
8. Should there be Random Controlled Trials Research – some examples were given from Texas

Health and Wellness Initiatives: Proposed information and action items

- Three suggested messages
 1. Work with NEAFCS on measures, since they have impact statements for each state: Nutrition Road Map.
 2. ECOP Chair Michelle Rogers headed the health and wellness task force and this will continue. Webinars on health held last year sponsored by ECOP
 3. Share Universities Goals and find common measures across the southern region.

Action Items

1. Map the FCS capacity across the Southern Region
2. Strategy for serving new populations: Millennials and others and adjust pedagogy
3. Launch product based messaging

Information Items

Develop a marketing strategy for Living Well

1. Prevent disease
2. Improve family life
3. Build Wealth

Wednesday Morning (8:00 – 12:00)

Discussion of Regional Centers for Excellence with Dr. Ann Vail, PI, National Coordinating Center of Excellence, University of Kentucky via telephone conference.

Regional Centers of Excellence emerged from work on farm bill. Pressure for Evidence based on outcomes for nutrition education has mounted in congress. The centers are operated on shoestring budgets. Four regional centers are operating and a new center will be focused on policy and environment. The four regional centers are at Purdue, Colorado State, University of North Carolina, and Cornell. Each of the four regional centers will operate a grant program based on regional priorities. There has been varying success on getting the right kind of research.

The proposals received and the number funded to date are:

Regional Center	Proposals Received	Proposals Funded
North Central	7	5
North East	10	4
Southern	6	2
Western Region	5	1

- Points:
 1. We need to increase number and quality of proposals.
 2. Centers are providing technical assistance in proposal development – some of the proposals need to come in alignment with centers priorities.
- Examples of kinds of indicators that are being proposed as measures of success of the proposals:
 1. The Centers will move in the direction of the western region framework – looking at proposals in that framework.
 2. FNS has identified 7-8 indicators they want to make priorities – we will move in that direction.
- Most funded projects are just in initial stages.
- Helen Chipman has ensured that EFNEP has a full seat at the table in these Centers.
- Website for national coordination center – www.rnece-ncc.org has a map of the regional centers – quarterly report, abstracts are included. Funding right now is through 2017. Use evidence base to improve practice, great need to provide tools to the varying implementing agencies. There are states that have hundreds of implementing agencies that are not at the land-grant universities.
- FNS has different regions than we do.
- EFNEP has the potential to be seen as a major player in the nutrition education. EFNEP is a unique program and part of a comprehensive approach. FNS is really expanding definition of nutrition education. Working on comprehensive approach to nutrition education.
- The field of Nutrition Education is becoming a more competitive, it is important that EFNEP does not rest on its Laurels.

Other questions and comments:

1. Ann reminded the program leaders of the opportunity for proposal submissions for the Rural Child Poverty Nutrition Center funding which is a separate entity and opportunity. Rural Child Poverty nutrition Center Proposals on Rural Childhood Obesity proposal: focus is not on nutrition education exclusive. Develop strategies – has to involve nutrition programs of USDA – focus is on increasing participation in these nutrition programs – WIC, SNAP, School Lunch program.
2. Important that we have a strategy for working with the UNC Center, consider inviting Alice Ammerman to join our conference call to discuss submitting proposals.
3. Discussion- CDC mandated for oversight of SNAP-Ed
4. Practice based evidence is needed
5. We need to make sure we are accountability for evaluating programs.
6. Kris is on steering committee for RNECE at UNC – question is who is reviewing the proposals. Kris had issue with the fact that funds are going to non-land grant institutions.

7. We have a niche but we have to work with the parameters of the federal agencies.
 - Submit your name for consideration for panel reviewer
 - Seek out researcher to work with
 - Use listserv to remind program leaders of grant opportunities

Selection of new officers

Laura Stephenson, University of Tennessee, Chair

Leslie Speller-Henderson, Tennessee State University, Vice-Chair

Cherry Kay Smith, University of Kentucky, Secretary

Cross Committee Meeting with CRD and Brent Elrod

- Family Well-Being Team is led by Beverly Samuel, focusing on traditional FCS programs in research, education and extension including: child and family development, financial capability, housing and environmental health, adult development and aging, and health literacy.
- Community Vitality Team is led by Brent Elrod and includes Workforce Development, Community Resource and Economic Development, and Rural Health and Safety. Rural/Urban interdependence is an underpinning theme.
- There is a change in philosophy for Rural Health and Safety Grants: Moving away from one and done awards. New RFA will link to Rural Development Centers for dissemination.
- National program leaders are meeting and looking for commonalities within NIFA as well as meeting with other agencies.
- CRED/ Housing Connection : HUD data at the household level is now available to us (brand new).
- Thematic Teams across the disciplines (From Point A (approach) to Point B (budget))

Information items:

- Liaisons with CRD will be Debbie Murray UGA; Michael Gutter, UFL and Kyle Kostelecky, AU. Conference call is scheduled for November 5, 2015 but since most of us will be at NEAFCS, we will meet there on November 3rd. Watch email for information.
- Request from Extension Directors provide seed funding for health specialists from Southern Region to attend a pre-conference at 2016 National Health Outreach Conference to better prepare these specialists to better position the South. Planning committee is Lisa Washburn will chair with committee members Laura Stephenson, Carol Rice, Mattie Rasco, and Kasundra Cyrus.

Wednesday Afternoon (1:30 – 4:30)

- FCS POW was completed.

Thursday Morning

- Conversation with eXtension's new CEO Christine Geith - eXtension was originally a consumer portal, but is transitioning to an agent support role. It will continue to support agents through

professional development and connect to best practices across country. The goal is to support the ground level educators with more than just information dissemination, including support for making a difference and software connecting consumers to their local agent. Communities of Practice will be “refreshed”, leveraging and aligning them with Extension priorities. The desire is to have vibrant tools for users as they address their issues, track end user participants, and employ a social media scientist and instructional design specialists to improve effectiveness and search capabilities. The goal is to help agents extend their work and leverage what we create to make a national impact.

The ECOP board will meet September 11 to prioritize the issues to address first. Additional suggestions from the group include: online registration capability and management; communication tool to promote internships or service learning opportunities; provide internal training on pedagogy.

- Anne Sortor shared Extension Director feedback from the POW presentation. In response to the request for financial support from the Extension Directors for a pre-conference training for health specialists, the directors asked for a plan and budget. The executive committee will discuss further.