

THE JOURNAL OF NEAFCS



Journal of the National Extension Association of Family and Consumer Sciences

Volume 5, 2010

JOURNAL OF NATIONAL EXTENSION ASSOCIATION OF FAMILY AND CONSUMER SCIENCES

President's Message

It is my pleasure to provide the introduction for our 2010 *Journal of the National Extension Association of Family and Consumer Sciences*. The theme for this volume, "The Value of Collaborative Partnerships: Extending the Reach of Extension and Family and Consumer Sciences," is extremely relevant with the struggle that many states are experiencing to maintain funding levels during these challenging economic times. As extension educators, we need to find and build collaborative partnerships within our communities to help extend and distribute the wealth of information available from extension. Through partnerships we can add to our resources and ability to impact our communities.

I encourage you to read the journal and to think about how ideas and programs presented in this volume may be of benefit in your state. The journal is published to assist our members to stay current with programming methodology and research that is specific to our profession. As you read the journal, also be mindful of the wonderful program impacts that you have brought about and consider submitting an article to share with your peers in future issues of the journal.

Since our journal is now available to the public online, please forward the link to your administrators, local and state policymakers and advisory groups, and peers so they are also aware of the valuable work done by extension family and consumer science educators from across the nation. We need to each strive to keep getting the word out about the valuable work that we do and the impact that it provides.

I would also like to extend a huge thank you to Lou Mueller of Utah State University for her hard work and dedication as our journal editor and chair of the editorial subcommittee. Our appreciation also goes to the members of the journal subcommittee, the peer reviewers, and to our vice presidents of Member Resources, Judy Kovach (2008-2010) and Lora Lee Howard (2010-2012), for their efforts in producing this quality peer-reviewed professional publication.

Marsha A. Lockard, President (2010-2011)
National Extension Association
of Family and Consumer Sciences

National Extension Association of Family and Consumer Sciences

2011 Executive Board

President

Marsha Ann Lockard
University of Idaho Extension
PO Box 400
238 8th Ave West
Marsing, ID 83639-5304
Phone: (208) 896-4104
Fax: (208) 896-4105
Email: mlockard@uidaho.edu

President-Elect

Amy L. Peterson
University of Nebraska-Lincoln
Extension
Box 215
400 Hawkeye
Osceola, NE 68651-0215
Phone: (402) 747-2321
Fax: (402) 747-2124
Email: apeterson3@unl.edu

Secretary

April Brooks Martin
University of Tennessee Extension
115 W. Market St.
Smithville, TN 37166
Phone: (615) 597-4945
Fax: (615) 597-2121
Email: amartin3@utk.edu

Treasurer

Judith Elaine Hetterman
University of Kentucky Extension
265 Ellis Rd
Owenton, KY 40359-9300
Phone: (502) 484-5703
Fax: (502) 484-5704
Email: jhetterm@uky.edu

Immediate Past President

Mary Ann Lienhart Cross
Purdue University Cooperative
Extension
17746 County Road 34 Ste E
Goshen, IN 46528-9261
Phone: (574) 533-0554
Fax: (574) 533-0254
Email: lienhart@purdue.edu

VP Member Resources

Lora Lee Frazier Howard
University of Kentucky Extension
PO Box 421
Manchester, KY 40962
Phone: (606) 598-2789
Fax: (606) 598-2695
Email: lhoward@uky.edu

VP Professional Development

Kathleen Ann Myhra Olson
University of Minnesota
Extension Extension Regional Center
863 30th Ave SE
Rochester, MN 55904-4915
Phone: (507) 536-6306
Fax: (507) 536-6311
Email: kaolson@umn.edu

Central Region Director

Peggy Ann Ehlers
Purdue University Extension
230 Main St.
Aurora, IN 47001-1357
Phone: (812) 926-1189
Fax: (812) 926-3006
Email: pehlers@purdue.edu

Eastern Region Director

Theresa Christine Mayhew
Cornell Cooperative Extension
479 Route 66
Hudson, NY 12534-9971
Phone: (518) 828-3346
Fax: (518) 828-3069
Email: tcm5@cornell.edu

Southern Region Director

Eleanor Nash Mathews
Alabama Cooperative Extension
72 Brockford Rd., Suite A
Heflin, AL 36264-1677
Phone: (256) 463-2620
Fax: (256) 463-5651
Email: emathews@aces.edu

Western Region Director

Owida Crites Franz
New Mexico State University Extension
Box 428
Clayton, NM 88415
Phone: (575) 374-9361
Fax: (575) 374-2830
Email: ofranz@nmsu.edu

Executive Director

Dave Beebe
NEAFCS National Office
14070 Proton Road
Suite 100, LB 9
Dallas, TX 75244
Phone: (972) 371-2570
Fax: (972) 490-4219
Email: dave@neafcs.org

Executive Staff

Raquel Navarrette
NEAFCS National Office
Madeleine Crouch & Company
14070 Proton Road
Suite 100, LB9
Dallas, TX 75244
Phone: (972) 233-9107
Fax: (972) 490-4219
Email: raquel@neafcs.org

Journal of National Extension Association of Family and Consumer Sciences

Member Resources

Lora Lee Howard, Vice President

Editorial Subcommittee

Editor and Chair

Mary Lou Mueller
Utah State University Extension
PO Box 549
Monticello, UT 84535
Phone: (435) 587-3239
Fax: (435) 587-3654
Email: lou.mueller@usu.edu

Katie Cobb
University of Arkansas Extension
411 N. Spruce Street
Searcy, AR 72143
Phone: (501) 268-5394
Fax: (501) 279-6247
Email: kcobb@uaex.edu

Assistant Editor and Chair-elect

Teresa B. Byington
University of Nevada Extension
8050 Paradise Road
Suite 100
Las Vegas, NV 89123
Phone: (702) 940-5421
Fax: (702) 222-3100
Email: byingtont@unce.unr.edu

Ruth Carolyn Jackson
University of Arizona Extension
4341 E Broadway Rd
Phoenix, AZ 85040-8807
Phone: (602) 827.8200 x 361
Fax: (602) 827.8292
Email: rjackson@ag.arizona.edu

Members

Mary L. Blackburn
University of California
1131 Harbor Bay Pkwy. #131
Alameda, CA 94502-6540
Phone: (510) 639-1274
Fax: (510) 748-9644
Email: mlblackburn@ucdavis.edu

Adrienne O. Vidrine
Louisiana State University Extension
157 Cherokee Drive
Crowley, LA 70526-3103
Phone: (337) 788-8821
Fax: (337) 788-8816
Email: avidrine@agctr.lsu.edu

Jana Darrington
Utah State University Extension
100 E Center St. Room L-600
Provo, UT 84606-3106
Phone: (801) 851-8468
Fax: (801) 851-8463
Email: jana.darrington@usu.edu

Journal of National Extension Association of Family and Consumer Sciences

Reviewers

Jennifer Thorn Bentlejewski, University
of Maryland Cooperative Extension

Mary L. Blackburn, University of
California

Julie Cascio, University of Alaska
Fairbanks Cooperative Extension

Katie Cobb, University of Arkansas
Extension

Jana Darrington, Utah State University
Extension

Sharon Hoelscher Day, University of
Arizona Extension

Karen M. Dickrell, University of
Wisconsin Extension

Roxie Rodgers Dinstel, University of
Alaska Fairbanks Cooperative
Extension

Debra Minor Driscoll, Oregon State
University Extension Service

Karen M. Ensle, Rutgers Cooperative
Research & Extension

Vicki Hayman, University of Wyoming
Cooperative Extension Service

Doris I. Herringshaw, Ohio State
University Extension

Luanne J. Hughes, Rutgers Cooperative
Extension

Ruth Carolyn Jackson, University of
Arizona Extension

Judy Kovach, University of Tennessee
Extension

Phyllis B. Lewis, University of Wyoming
Cooperative Extension Service

Christine A. Pasley, University of
Wyoming Cooperative Extension
Service

Pam Peterson, University of Wisconsin
Extension

Jan F. Scholl, Penn State
Extension, Penn State University

Ellen Serfustini, Utah State University
Extension

Adrienne O. Vidrine, Louisiana State
University Cooperative Extension Svc

Journal of National Extension Association of Family and Consumer Sciences

From the Editor

I am honored to serve as incoming editor of the *Journal of National Extension of Family and Consumer Sciences*. I commit to (a) continue publishing significant scholarship that enlightens and enriches extension colleagues, consumers, and communities, (b) increase credibility of the journal, and (c) expand our reach. To accomplish these goals, this year we begin publishing *JNEAFCS* strictly online and opening the journal for free public access. The journal will also become more readable by changing the format, and more credible by eliminating special features and placing greater emphasis on applied family science (Brown & Irby, 2002).

The *Journal of National Extension of Family and Consumer Sciences* is published annually by the National Extension Association of Family and Consumer Sciences. Each volume carries cutting-edge articles to update our knowledge base, and Volume 5 is no exception. The theme of this issue is, "The Value of Collaborative Partnerships: Extending the Reach of Extension and Family and Consumer Sciences."

- Bowen, Matlick & Mowbray (2010) reported on a successful team effort that resulted in a statewide system of Health Motivators. Outcomes demonstrated that teamwork and strong social support motivated subjects to increase physical activity.
- Lindsay (2010) brought local citizens, community groups, and talented artists together to produce a media package that motivated children to be more physically active. Pooled resources significantly increased extension's capacity to produce a quality product which is reaching national audiences.
- Byington (2010) formed a collaborative to develop a shared vision for child care centers and implement a Quality Rating Improvement System. Outcomes demonstrated that a successful collaborative needed effective communication, respect for diversity, and clear objectives.
- Petty et al. (2010) maximized extension resources in 15 rural Idaho communities through Horizons, a community development project. Partnerships increased the impact of family and consumer sciences programming and enhanced sustainability of extension educators.
- Goard (2010) described formation of a Coordinated School Health Coalition which organized workshops for teachers, school nurses, and other key influencers of student's health. Participants set goals and

results of a six-month follow-up survey were reported, as were methods for extending the reach of extension.

- Torppa (2010) utilized Bandura's social cognitive theory to create a community partnership and guide formation of an afterschool and family services program. Several positive outcomes for students, their families, communities, and Extension were outlined.

Collectively, these articles illustrate how collaborative partnerships extend the reach of Extension. Among the many outcomes that were highlighted, these rose to the top (1) shared resources stretched limited budgets; (2) increased visibility reinforced the importance of extension programming; (3) ideas, knowledge, and expertise were enlarged; (4) a broader client base was opened up; and (5) opportunities for programming allowed extension to enter new arenas and attain greater sustainability.

I gratefully acknowledge my predecessor, Dr. Rebecca Travnicek, for the solid foundation she built during her years of valuable service to the journal, and for tutoring me as assistant editor. I am also grateful to Dr. Judy Kovach, immediate-past vice president of Member Resources, for her guidance and support as I ventured into this new endeavor.

The *Journal of National Extension of Family and Consumer Sciences* welcomes manuscripts that advance extension through outcome-based research, best practices, and creative activities. All manuscripts are blind reviewed by two or more external reviewers and submission guidelines are available at <http://www.neafcs.org/content.asp?pageID=404>

Mary Lou Mueller, Editor
Assistant Professor/Family and Consumer Sciences Agent
Utah State University Extension
117 South Main
Monticello, UT 84511
Phone: (435) 587-3239
Fax: (435) 587-3654
Email: lou.mueller@usu.edu

References

- Bowen, E., Matlick, J. & Mowbry, R. (2010). Health motivators on the move: Partnerships and social support systems. *Journal of National Extension Association of Family and Consumer Sciences*, 5, 1.

- Brown, G. & Irby, B. J. (2002). Fourteen lessons: Initiating and editing an online professional refereed journal. *The Journal of Electronic Publishing*, 8(1). Retrieved from <http://dx.doi.org/10.3998/3336451.0008.106>
- Byington, T. (2010). Silver State Stars: A collaboration to design a Quality Rating Improvement System. *Journal of National Extension Association of Family and Consumer Sciences*, 5, 20.
- Goard, L. M. (2010). School health collaboration promotes school wellness. *Journal of National Extension Association of Family and Consumer Sciences*, 5, 33.
- Lindsay, A. R. (2010). A media effort addressing preschool inactivity through family, community, and Extension collaboration. *Journal of National Extension Association of Family and Consumer Sciences*, 5, 11.
- Petty, L., Hansen, L., Hoffman, K., Wittman, G., Falen, K., Cheyney, C., Cummins, M., & Packman, J. (2010). Partnering with rural communities to expand the reach of Extension in Family and Consumer Sciences. *Journal of National Extension Association of Family and Consumer Sciences*, 5, 27.
- Torppa, C. (2010). Expanding Public Awareness and Support for FCS Programming through a Collaborative School, Community, and Extension Partnership. *Journal of National Extension Association of Family and Consumer Sciences*, 5, 39.

All rights of reproduction in any form reserved. Mention of any program, service, product or manufacturer in this publication does not constitute endorsement by NEAFCS, any state Extension organization, or individual.

Journal of National Extension Association of Family and Consumer Sciences

Volume 5, 2010

Health Motivators on the Move Partnerships and Social Support Systems Elaine Bowen, Judy Matlick, Rebecca Mowbray	1
A Media Effort Addressing Preschool Inactivity through Family, Community, and Extension Collaboration Anne R. Lindsay	11
Silver Star States: A Collaboration to Design a Quality Improvement Rating System Teresa Byington	20
Partnering with Rural Communities to Expand the Reach of Extension in Family and Consumer Sciences Barbara Petty, Lyle Hansen, Katie Hoffman, Grace Wittman, Kristy Falen, Chad Cheyney, Missy Cummins, and Joel Packman	32
School Collaboration Promotes School Wellness Linnette Mizer Goard	38
Expanding Public Awareness and Support for FCS Programming through a Collaborative School, Community, and Extension Partnership Cynthia Torppa	44

Health Motivators on the Move: Partnerships and Social Support Systems

Elaine Bowen, Judy Matlick, Rebecca Mowbray

The benefits of physical activity have been documented extensively, yet more than half of adults in the U.S. are not active enough to gain these benefits. The Health Motivators on the Move program demonstrated a peer-led social support system to improve health behaviors. Extension educators teamed with lay Health Motivators to conduct a statewide initiative to motivate Community Educational Outreach Service (CEOS) club members to increase knowledge of physical activity and practice of healthy behaviors. Club members were predominantly white women over age 50 living in rural areas who met monthly for educational and community service activities. The Health Motivator program experiences and evaluation data confirmed that teamwork and effective motivation from social support systems helped increase physical activity.

Regular physical activity plays a major role in decreasing the risks of many chronic diseases such as heart disease, some cancers, non insulin-dependent diabetes, osteoporosis, osteoarthritis, and obesity. Although benefits of physical activity have been documented extensively in the literature, more than half of adults in the U.S. are not active enough to realize these health benefits. Only 8.2% of adults aged 50 or older engage in recommended levels of both aerobic and muscle-strengthening activities (Kruger, Carlson & Buchner, 2007). While physical activity is an individual choice, it is learned and fostered within the social context of the family, neighborhood, and community. Social networks provide a critical influence on lifelong health behaviors such as eating, smoking, and physical activity (Christakis & Fowler, 2007; Eyster et al., 2002; Eyster et al., 1999).

The U.S. Centers for Disease Control and Prevention (2010) and the Partnership for Prevention (2008), recommended using existing social networks or creating new ones to support increased physical activity. Social support may be emotional, instrumental, informational, or appraisal (Vrazel, Saunders & Wilcox, 2008). Interventions that build social support benefit people of all ages

and fitness levels (Peterson, Yates & Hertzog, 2008; Peterson, Yates, Atwood & Hertzog, 2005). For example, programs which included social support (i.e., interaction and communication) during exercise increased overall fitness levels and confidence; activity time increased by 44%, and frequency of activity increased by 20%. In a review of the literature by Vrazel et al. (2008), 34 studies identified emotional, tangible, and informational types of support which positively influenced the physical activity behaviors of women. Social support of family and friends was shown to consistently and positively relate to regular physical activity (The Community Guide, 2009). Research showed strong evidence that social support played a vital role in behavioral change (i.e., increased physical activity) and established the need for health advocates and educators to incorporate elements of personal support into their community-based programs.

Purpose

The purpose of the Health Motivator initiative was to demonstrate a peer leadership model of social support that effectively improved physical activity behaviors. The ultimate goal was to develop a stronger partnership between the Extension Service and Community Educational Outreach Service (CEOS) to create organizational and club environments supportive of wellness and physical activity. This article describes the evolution of the program, related literature, and outcome evaluations.

Method

In response to the need for a more active populace, a collaborative team of Extension educators and lay leaders created a "Health Motivator" initiative to increase physical activity, knowledge, and practice among members of a statewide civic organization, Community Educational Outreach Service, or CEOS. The overall theme of the initiative was derived from this civic organization, with its approximately 300 CEOS clubs and 5,000 members. The majority of club members were older women living in rural areas who met monthly to participate in educational and community service activities. The slogan, "CEOS on the Move," conveyed a positive message that the organization and its members were working together to become more physically active.

CEOS and the Extension Service have a long history of collaborating based on a shared commitment to improve the quality of life in West Virginia. The project team consisted of CEOS' state and club representatives, county leaders, local Extension agents, state Extension specialists, and Health Motivators. The team trained some club members to act as "Health Motivators" and assume a leadership position within each club, leading educational

activities and motivating club members to practice healthy behaviors. Extension Services provided research-based educational curriculum, training, and assisted the CEOS to accomplish their goals.

The project team developed and carried out a comprehensive plan of community involvement and effective communication. Health Motivators were selected by their peers and trained to deliver club programs by the Extension Services. Curriculum and teaching tools were also provided. Health Motivators conducted monthly activities with CEOS club members to (a) gain an understanding of physical activity as an essential daily habit to prevent disease and chronic problems, (b) self-assess their lifestyle behaviors, and (c) improve their self-efficacy to become more physically active. Key components of the initiative were communication, curriculum development, program development, implementation, and evaluation. Continuous communication was vital to adoption and implementation of the initiative and all project team members were responsible for some aspect of the program.

Curriculum Development

In consultation with CEOS state leadership and Extension agents, the team developed the initial Health Motivator curriculum which included two coordinated components, a guide for Health Motivators, and a calendar for members focusing on monthly health messages. The Health Motivator guide provided talking points and brief interactive club activities. Calendars included physical activity tips and a tracker to log daily physical activity minutes. Monthly topics/themes for the first two years were selected by CEOS leaders based on findings/recommendations from focus group discussions. Walking was the theme for the third year because it was identified as the physical activity members performed most often. Materials were brief and engaging with interactive games and exercises for both the leaders and participants to enjoy.

Program Development

Existing organizational leadership structures at the state, area, county, and club levels assumed roles in conducting the Health Motivator program. Each club chose one of their peers to become their Health Motivator to provide health education and encouragement only—not to supplant their healthcare provider's advice. A train-the-trainer session for Health Motivators, Family Committee representatives, and other interested leaders was conducted at the October 2007 State CEOS Annual Conference. Extension agents and others trained at the state conference conducted county-level trainings to prepare the Health Motivators. State and regional CEOS leaders helped publicize project plans, accomplishments, and often provided peer recognition of Health Motivator efforts.

Program Implementation

The Health Motivators program began in January 2008 and is now in its third year of operation. The format included baseline survey assessments, interventions, and evaluations. Pre- and post-surveys assessed physical activity habits, sources of motivation, and the likelihood that club members would increase physical activity. Intervention included interactive health features led by the Health Motivator at each monthly meeting, and club members used the monthly physical activity log and tips on the calendar. Incentives to excite and motivate participants included pedometers, custom-printed stretch bands, certificates of appreciation, and pins. Health Motivators were also recognized at area meetings and local events to raise the visibility of new Health Motivators and encourage them to be role models for healthy habits.

Program Evaluation

An evaluation strategy was designed to capture quantitative and qualitative information on pre- and post-intervention behaviors and attitudes among club members, and post-intervention perceptions of the Health Motivators. Survey and focus group methods were designed to collect desired information without being burdensome or intrusive.

Tools. The Institutional Review Board approved survey tools, focus group activities, and questions developed by the project team.

Pre- and post-assessments. A five-item survey was administered by Health Motivators to club members before the program began, then again 12 months later. Extension agents in 21 counties volunteered to collect surveys from the Health Motivators.

Focus groups. Focus groups were conducted to assess perceptions and effects of Health Motivators on social support and physical activity among club members. Eleven Extension agents were trained by an Extension program evaluation specialist to serve as facilitators and recorders. Responses were tape recorded, transcribed, and analyzed by the team.

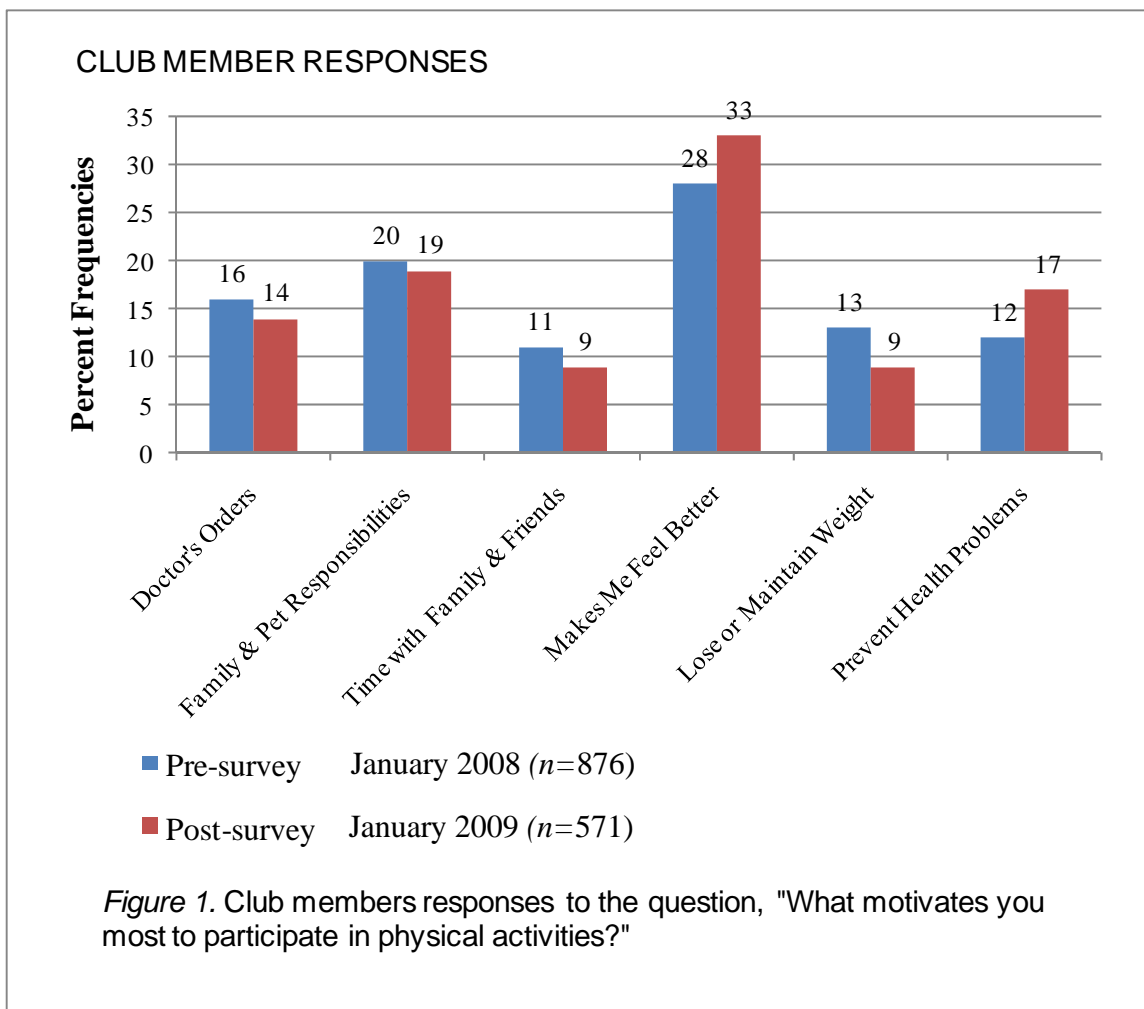
Convenience sample. Approximately four months after the program was launched, focus groups were conducted in six different regions of the state. A convenience sample of 43 Health Motivators (out of 300) was recruited by Extension agents from counties near focus group locations. There were anywhere from 4 to 10 Health Motivators in each group, representing 18 of 50 participating counties.

Data analyses. Member survey data were analyzed using the Statistical Product and Service Solutions Software (SPSS) version 16.0. Chi-square and t-test analyses were performed to determine if results were significant.

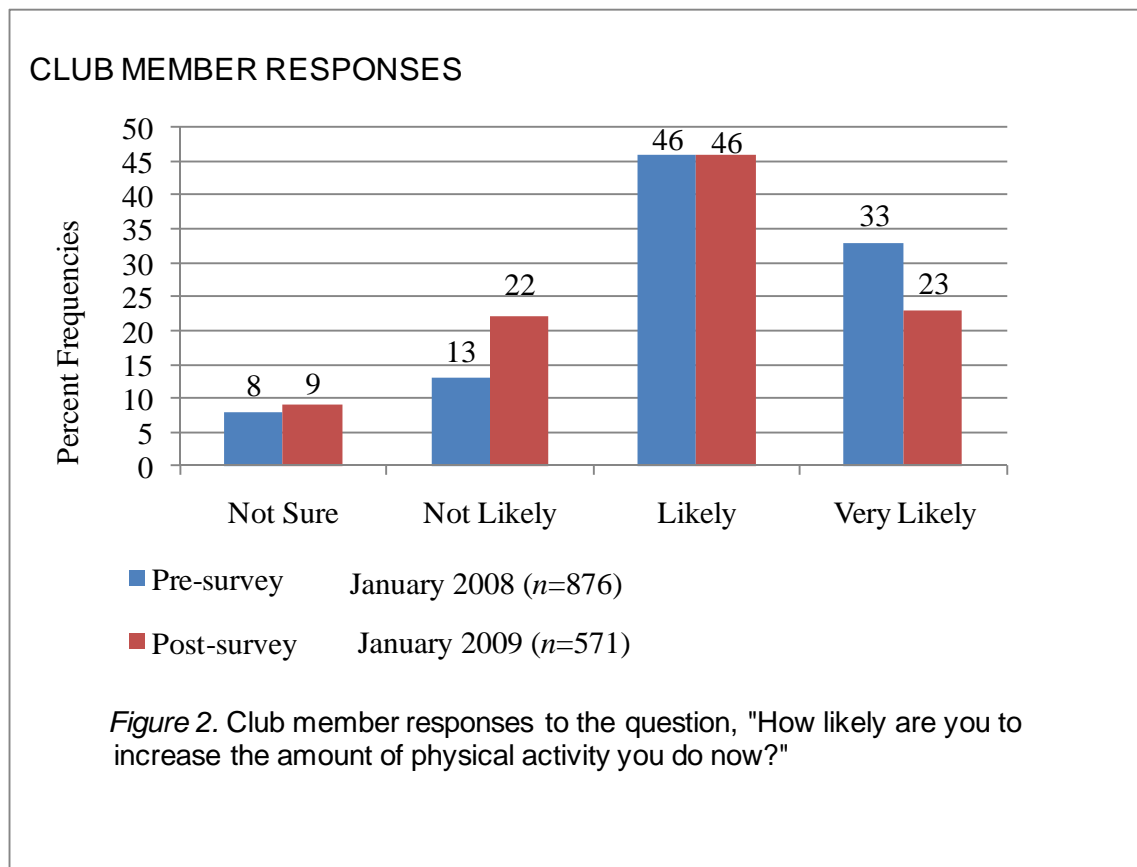
Findings

A total of 876 pretest-surveys were collected from a potential of 5,000 participants. Twelve months later 571 (65%) of the same respondents completed post-test surveys. CEOS members were asked, "What motivates you most to participate in physical activities?"

Responses shown in Figure 1 demonstrated that 28% of respondents in the pre-survey and 33% in the post-survey were motivated because it made them feel better. The next most frequent response was family responsibilities (i.e., taking care of family members and pets), with response rates of 20% in the pre-survey and 19% in the post-survey. Other less frequent responses included doctor's orders (16% pre and 14% post), lose or maintain weight (13% pre and 9% post), prevent health problems (12% pre and 17% post), and time with family and friends (11% pre and 9% post).



Respondents were also asked, "How likely are you to increase the amount of physical activity you do now?" As shown in Figure 2, pre-survey results indicate that 33% felt they were "very likely," 13% were "likely," and 9% were "not sure." However, post-survey responses for "very likely" decreased to 23%, while responses for "not likely" increased to 22%. More than half of survey respondents reported they participated in greater than 30 minutes of physical activity from five to seven days a week. The activity respondents engaged in most was walking (62% pre and 58% post), and household chores was second (24% pre and 25% post).



Based on a t-test analysis, respondents did not report a statistically significant change in the number of minutes or days they engaged in physical activity. These results were puzzling, yet one possible explanation may be that members had increased physical activity during the year and were satisfied with their current level of activity.

Overall survey results showed a significant difference between pre- and post-responses in at least one area that motivated club members to participate in physical activity. The data showed a statistically significant increase ($p < .05$)

in motivation to feel better and prevent health problems. Anecdotal evidence also indicated that members had an increased awareness of physical activity and its benefits resulting from participation in the Health Motivators program.

Analysis of the six focus group discussions found Health Motivators were generally satisfied with healthy changes they were seeing in club meetings and individual club members, but acknowledged the program was new and changing habits took time. Their perceptions were summarized in five common themes (1) a variety of health activities helped maintain the interests of members, (2) most members liked being physically active, (3) it was important to keep the curriculum brief and fun, (4) activities had to be easily adaptable to the physical abilities of the members, and (5) rewards and encouragement increased positive active behaviors.

Health Motivators described ways they thought the program may have helped to build social support for physical activity:

- “Before we had the Health Motivator program, our club members never did any kind of physical activity.”
- “One of our members started walking and lost 15 pounds.”
- “Our club members were inspired by the Health Motivator program to exercise more often and to see who was going to get the most hours recorded at our meeting.”
- “Club members demonstrated healthy social support and competition during club meetings as they compared physical activity minutes on their monthly calendars.”

Health Motivators also observed other encouraging changes. Club members accepted the program and were positively motivated, some clubs were inspired to incorporate more active events into their monthly meeting plans, and members shared information about community exercise programs and available facilities.

Summary

The Health Motivator project confirms published research indicating that community organizations such as CEOS can augment social and emotional motivation for individuals (particularly women) who may need to improve healthy behaviors. The Health Motivator initiative has established health promotion as a priority for CEOS clubs, and created a leadership infrastructure to help sustain health-related activities which have become an integral part of CEOS organizations across the state, engaging Extension agents, CEOS leaders, and club members in 50 out of 55 counties in West Virginia.

Results of surveys, focus group research, and anecdotal feedback indicated that club members and Health Motivators increased personal awareness and motivation to become more physically active. Additionally, team partners learned strategies that enhanced the partnership between Extension

and CEOS. Communication and relationships were strengthened, but most importantly, a social network was built to sustain and support healthy lifestyles. The Health Motivator program outcomes and evaluation data confirmed the benefits of social support systems. As reported, networks and support systems effectively motivated individuals to increase physical activity and change behaviors (Centers for Disease Control & Prevention, 2010; Eyster et al., 1999; Eyster et al., 2002; Kahn et al., 2002; Partnership for Prevention, 2008; Peterson et al., 2005; Peterson et al., 2008).

The Health Motivators project had certain limitations. The self-selected convenience sample of 571 CEOS members may not generalize to the total population of older women living in rural settings for two reasons. First, demographics were not collected in this program, so they were not available for the overall CEOS organization. West Virginia's population is older and less ethnically diverse than the national average. Second, club membership is characterized as homogeneous, predominantly female, white, and over age 50. Thus, results of survey findings and focus groups may be specific only to demographics similar to these. Another possible limitation was a potential bias toward healthy behaviors, since those who volunteered to be Health Motivators participated in the program, completed surveys, or contributed to focus groups. Health Motivators may have been more interested in health than random volunteers.

Future plans for the initiative are to develop and/or adapt specific tools to promote walking; encourage Health Motivators to form walking groups within their clubs; invite other family and community members to participate and essentially broaden the existing social support network; conduct a six-week campaign where walking group members will track daily physical activity minutes, steps, and other related data; and collect program evaluation and impact data.

Implications for Extension

Extension is ideally positioned to carry out the 2010 recommendation of the Centers for Disease Control and Prevention to use existing social network support to increase physical activity. Experiences and lessons learned in the Health Motivators project identified practical strategies Extension professionals may use to build similar partnerships and expand the reach and impact of health education programs within their communities. Results from surveys and focus groups provided insight into the attitudes of CEOS members toward physical activity, Health Motivator's perspectives on program success, and helpful information to develop future program strategies and curricula. Through community partnerships and collaborations, Extension professionals can increase their capacity to create healthier environments for individuals, civic organizations, and communities.

Experiences of the project team and results of the Health Motivator initiative suggest the following implications for Extension programs in health, leadership, and community development:

- Participant involvement in all aspects of the project is essential to continually improve programs.
- Effective programs are developed by building on client feedback, motivational factors, health habits, and personal opinions.
- Participants readily accept research-based curriculum if information is translated into an easy-to-do, quick, and fun format.
- Extension professionals can maximize their time and multiply their impact by training leaders to be peer health educators.
- Trained leaders can effectively stimulate their peers to improve physical activity habits.

Other Extension systems may adapt the Health Motivator initiative to fit their audiences, such as the National Volunteer Outreach Network, Inc., senior centers, faith communities, women's groups, and the workplace.

Elaine Bowen, Ed.D., C.F.C.S.
Extension Specialist and Associate Professor
West Virginia University Extension Service
604 Knapp Hall
Morgantown, WV 26506-6031
Phone: (304) 293-8584
Fax: (304) 293-3703
Email: EPBowen@mail.wvu.edu

References

- Centers for Disease Control and Prevention. (2010). Behavioral and social approaches to increase physical activity: Social support interventions in community settings. Retrieved November 9, 2010 from <http://www.thecommunityguide.org/pa/behavioral-social/community.html>
- Christakis, N. A. & Fowler, J. H. (2007). The spread of obesity in a large social network over 32 years. *New England Journal of Medicine*, 357(4), 370-379.
- Eyler, A. E., Wilcox, S., Matson-Koffman, D., Evenson, K. R., Sanderson, B., Thompson, J., Wilbur, J., & Rohm-Young, D. (2002). Correlates of physical activity among women from diverse racial/ethnic groups. *Journal of Women's Health & Gender-based Medicine*, 11(3), 239-253.

- Eyler, A. A., Brownson, R. C., Donatelle, R. J., King, A. C., Brown, D., & Sallis, J. F. (1999). Physical activity social support and middle- and older-aged minority women: Results from a U.S. survey. *Social Science & Medicine*, 49(6), 781-789.
- Kahn, E. B., Ramsey, L. T., Brownson, R., Heath, G. W., Howze, E. H., Powell, K. E., Stone, E. J., Rajab, M. W., & Corso, P. (2002). The effectiveness of interventions to increase physical activity: A systematic review. *American Journal of Preventive Medicine*, 22(4), 73-107.
- Kruger, J., Carlson, S. A., & Buchner, D. (2007). How active are older Americans? *Preventing Chronic Disease*, 4(3). Retrieved from http://www.cdc.gov/pcd/issues/2007/jul/06_0094.htm
- Partnership for Prevention. (2008). *The community health promotion handbook: Action guides to improve community health*. Retrieved from <http://www.prevent.org/content/view/142/173/>
- Peterson, J. A., Yates, B. C., Atwood, J. R., & Hertzog, M. (2005). Effects of a physical activity intervention for women. *Western Journal of Nursing Research*, 27(1), 93-110.
- Peterson, J. A., Yates, B. C., & Hertzog, M. (2008). Heart and soul physical activity program: Social support outcomes. *American Journal of Health and Behavior*, 32(5), 525-537.
- Vrazel, J., Saunders, R. P., & Wilcox, S. (2008). An overview and proposed framework of social-environmental influences on the physical-activity behavior of women. *American Journal of Health Promotion*, 23(1), 2-12.

A Media Effort Addressing Preschool Inactivity through Family, Community, and Extension Collaboration

Anne R. Lindsay

Statistics indicate that childhood overweight and obesity continue to increase among preschool children in the U.S. While numerous factors contribute to childhood obesity, low levels of physical activity play a significant role--nearly half of preschool children do not engage in sufficient physical activity. To improve healthy eating and movement in children, a media project was developed with the help of community partners that promoted dance and play through music. Results indicated that children who participated in the program demonstrated improvement in healthy behaviors (significant at $p < .05$). Results of community collaboration provided a healthy, meaningful experience for participants and local partners; helped reduce budgetary costs; and increased Extension's reservoir of expertise. The shift beyond traditional classroom information dissemination to media resources helped reach larger and more diverse audiences.

There has been a significant increase in the number of preschool children in the U.S. who are overweight (U.S. Department of Health & Human Services, 2009a) and childhood obesity is growing at an alarming rate. Data from the National Health and Nutrition Examination Survey (NHANES), conducted from 1976 to 1980 and 2003 to 2006, show that the prevalence of obesity increased for children aged two to five years from 5.0% to 12.4%, as measured by heights and weights and converted to Body Mass Index (U.S. Department of Health & Human Services, 2009b).

While numerous factors in the obesogenic environment contribute to obesity in young children, clearly low levels of physical activity play a significant role (U.S. Department of Health & Human Services 1996, 2000). Contrary to popular belief that children in child care programs are generally active, there is evidence to suggest that activity levels in these programs are low (Cardon & De Bourdeaudhuij, 2008; Jackson et al., 2003; Pate, Pfeiffer, Trost, Ziegler & Dowda, 2004). A systemic review of 39 studies on physical activity levels of preschool children ages three to five years determined that nearly half do not

engage in sufficient physical activity (Tucker, 2008). In the preschool classroom many activities are based on pre-kindergarten standards emphasizing sedentary learning such as math, science, language, and literacy, with less time devoted to physical activity. Outdoor play time provided to children does increase physical activity. However, studies have shown that increased time alone may not be sufficient to increase the activity level of children (Brown et al., 2009; Cardon & De Bourdeaudhuij, 2008; McKenzie et al., 1997).

The need for intentional teacher activities, both indoors and outdoors, along with strategic adult involvement, are necessary to promote physical activity (Brown et al., 2009). The National Association for Sport and Physical Education (NASPE) has published physical activity guidelines for preschool-aged children which states that children should engage in 60 minutes daily of structured activity or adult-organized play, and at least 60 minutes daily of unstructured physical activity or free play (National Association, 2001; Sanders, 2002).

Objectives

The objective of this media effort was to partner with local citizens and community organizations to create an innovative physical activity tool to address inactivity in young children, with the ultimate goal of reducing the incidence of childhood obesity. A music CD and DVD video project were developed to promote healthy eating and movement in young children through music, dance, and play. The media package included a music CD with song lyrics containing healthy messages, and a DVD of music videos that encouraged children to dance and play. The media project extended messages taught in a local health intervention program, *All 4 Kids: Healthy, Happy, Active, Fit*, by continuing education efforts outside the classroom and providing materials that could be used in other Extension programs.

Methods

All 4 Kids: Healthy, Happy, Active, Fit, a multi-disciplinary program developed by the University of Nevada Cooperative Extension, educated young children about physical activity, nutrition, and acceptance of self and others. Physical activity was promoted in the program through the use of music and dance. Children learned to dance and sing to original music from a variety of genres including country rock, hip-hop, and Latin salsa. The dances were taught as part of a 24-lesson curriculum conducted in the preschool classroom and funded in part through a grant from the Supplemental Nutrition Assistance Program—Education (SNAP-Ed).

A media project was developed to continue education and prevention efforts both inside and outside the classroom teaching experience. Designed

initially for classroom teachers and *All 4 Kids* program participants, the project was extended to include community-based efforts. Since financial resources provided by SNAP-Ed were limited to program development and classroom teaching, it was necessary to recruit support and build a collaborative partnership with citizens and organizations in the Las Vegas valley to complete the media project. Materials from the media project were used not only in the *All 4 Kids* program, but also as a community promotional tool to increase physical activity and deliver healthy messages. More than 110 volunteers were recruited and nearly 15 local organizations participated in this effort. Volunteers were diverse in gender, age, race, education, and socio-economic status. The media project, which included two music CDs (with both performance and dance instructional versions) and a DVD (with music videos), was developed in two phases and took approximately two years to complete.

The Music CD

The first phase of the media project involved recruiting local songwriters, musicians, recording artists, choreographers, and studio engineers that were interested in participating in a collaborative effort to address a nationwide childhood obesity epidemic. Las Vegas is known for its music and dance entertainment industry and huge pool of talented, professional artists. Extension was able to tap into these community resources to produce the CD.

Songwriters, arrangers, and musicians recruited from various genres created four songs that addressed various areas of childhood obesity. The "*All 4 Kids Chant*" is a warm-up chant that teaches children about healthy snacks and how to stretch and prepare their bodies for physical activity. A country rock song, "Boogie Oogie Slide," was written to encourage children to move their bodies and included a simple line dance. The lyrics in the hip hop song "Pack it Up," educated children about healthy eating and choosing *Go, Slow, and Whoa* snack foods. A Latin song, "Ven Conmigo," included a salsa dance and was written to help children accept themselves and others, while promoting that bodies can be healthy at any size.

After the songs were written, they were arranged and recorded by authentic recording artists within those genres. "Pack It Up" was arranged and recorded by a prominent Las Vegas rap artist whose personal mission is to encourage adolescents and teens to write and perform healthy, clean rap music not associated with gangs, sex, or violence. His enthusiasm for the media project led him to not only arrange, record, and mix "*Pack It Up*," but also to help with arranging and recording the *All 4 Kids* chant. He also assisted with directing the children's choir that performed on all four recordings. "*Ven Conmigo*" was arranged and recorded by a very popular Latin band that plays in local Las Vegas clubs. Finally, "Boogie Oogie Slide" was arranged and recorded by various country musicians in the Las Vegas music scene.

Once the recordings were completed, dance instructors were recruited from recreation centers and local dance schools to assist in choreographing the songs from all three music genres. The goal was to create culturally authentic dances which incorporated skills from Nevada's Pre-Kindergarten Physical Development Standards. Artists were then recruited to record instructional voice-overs to the songs so that listeners could also perform the corresponding dances. The recording was then mastered and printed with both performance and instructional versions (with voice-overs). Clark County funds were used to pay for studio time necessary to record the album.

The Music DVD

The second phase of the media effort involved recruitment of script writers; camera, lighting and production crews; film actors; and site locations for filming music videos. Participation came from local, public, and private organizations; schools, churches, fitness and recreation centers; families; and more. Individuals who were diverse and highly influential within their cultural environment such as Latin musicians, rap artists, pastors, school teachers, fitness trainers, rodeo performers, and cowboys were also identified for participation in the video. Children dancing in the music videos were recruited from Acelero Clark County Head Start, where the *All 4 Kids* Program was being facilitated, and from local elementary schools through their music teachers. The use of location sites to shoot the videos also utilized volunteer community partners. Sites included a local church playground and park facility ("Ven Conmigo"), a private high school cafeteria after school hours ("Pack It Up"), a small farm-style ranch owned by a local 4-H Extension family ("Boogie Oogie Slide"), and a children's fitness gym ("All 4 Kids Chant").

Rehearsals were held to prepare the children (and some adults) for performance in the video. Parents and families of all racial and culturally diverse backgrounds joined together in the dance rehearsals which were held at local churches and community centers. Photographers were recruited to take still photos during rehearsals and filming. Upon completion of filming, editing, and production of the four music videos, graphic design artists were recruited to develop the cover artwork and prepare the project for print and release.

After two years of hard work, a CD/DVD release party was held to bring all the volunteers and community partners together to celebrate the effort and watch the videos together. Currently the CDs and DVDs are being distributed in the *All 4 Kids* program being conducted in the Acelero Clark County Head Start preschools throughout Las Vegas. They are also available to the public through Cooperative Extension for a nominal recovery fee and have been officially released on YouTube, through the University of Nevada Cooperative Extension publications page, available at

<http://www.unce.unr.edu/publications/files/hn/2009/av0902.asp>

Findings

The greatest implication for Nevada and Extension nationally is the current availability of these motivational, entertaining, and educational products that promote healthy behaviors in young children. The CD and DVDs are not only utilized and disseminated as part of a structured preschool education program, but have also been released to the public for children and their families to engage in physical activity and learn about healthy snacks. The media project has spread rapidly by word of mouth to Extension programs, universities, schools, and federal, state, and local health agencies across the country. Uses of the video have extended the audience beyond young children to adolescents, teens, adults, 4-H groups, even seniors (through SNAP-Ed), and other health-based programs.

Preliminary findings in the use of the media package in the All 4 Kids program have demonstrated significant improvement in children's health behaviors. Children performed the dances which incorporate state pre-kindergarten standards for music, movement, and physical activity. Of the 15 physical development variables tested (performed in the dances), 13 demonstrated significant improvement ($p < .05$) at the end of the program (Table 1). An accelerometry study is also currently underway to measure physical activity levels in children. Data will be analyzed to determine physical activity levels of the control versus intervention group as well as activity levels before and after program implementation. Accelerometers are commonly used in research to monitor daily physical activity.

Table 1
Preschool Movement Assessment (Physical Development Variables)

Movement Skill	Measure of Physical Development
Fundamental Skills	Jump, hop on one foot, spin on one foot, balance, cross feet, step forward, step back, step to the side, move up high, move down low, move fast, move slow
Strength Skills	Timed balance
Endurance Skills	15 second hop on one foot
Coordination Skills	Cross the midline

Improvements in healthy snack choices were also observed, however, these were due only in part to healthy messages provided in the media package. Children reported they would choose a healthy snack over an unhealthy snack when presented the choice. Though studies to date have not been conducted on the overall effectiveness of the media project as an independent teaching tool, an Internet survey (Survey Monkey) is in progress to evaluate the value of the media project by other program users.

Another important finding of the collaborative effort between Extension and the local community was the meaningful experience that children and their families gained. The *All 4 Kids* program curriculum was designed to reach the preschool child, but the addition of the music CD and the DVD extended the experience to the preschool teacher to provide additional opportunities in the classroom for children to dance and be physically active. Through the distribution of the CD/DVD to *All 4 Kids* program participants, dances could also be learned and performed at home with children and their families, or just used to simply promote physical activity through viewing the video.

The findings extended to the actual production of the video as well. Not only did recruited volunteers on the project agree to be a part of the collaboration and embrace the strong mission of addressing childhood obesity, it was also evident that the partnership within the community was very contagious. It was apparent from the *All 4 Kids* program studies that children were impacted by the healthy messages found in the music lyrics and the desire to move their bodies; but through this collaboration the ripple effect extended to the families of children recruited. Parents and older siblings were invited to be extras in the music videos. They joined the experience by playing, dancing, and eating healthy snacks.

Collaboration with the local community has also reduced costs for Extension. Although health and nutrition is a tremendous part of the Extension mission, the production of such a valuable tool can be very costly, especially in these hard economic times that include federal and statewide budget cuts. A unique and creative project such as this is not typically within Extension's budget and resource capabilities. Collaborating with neighboring agencies and utilizing unique local talent and volunteers extended limited Extension resources. The average cost of arranging (\$500), recording (\$2,000), editing and mixing (\$2,000), producing (\$500), and mastering (\$200) a song for CD is about \$5,000. A low-end music video costs about \$10,000 per song. The total estimated cost for the production of the project, not including the cost of the film talent, was about \$75,000. However, through generous donations of time and effort, the CD/DVD was professionally produced for only \$22,500.

Finally, collaboration with the community can build Extension's reservoir of expertise. The primary goal of Extension is to define and meet the needs of the community, however, expertise is limited within the organization and can be costly to secure. It is important to tap into the local expertise bank and build

partnerships between Extension and the community. Utilizing community capabilities through partnerships and collaborative efforts allows experts and those with specific talents and contributions to engage in a productive and impactful opportunity that they might not otherwise be given. Extension leaders should not be afraid to ask for help from local icons, talent, and experts. It is not just celebrities and big stars that impact the community as role models—other influential people within a community can have a large impact on the mission of Extension.

Implications for Extension

Recognizing changing technology and discovering new ways of reaching Extension audiences is necessary to impact the community. New marketing techniques and information dissemination must be developed in order to reach the largest number of audiences of all different age groups. With the latest music and video technology, including CDs, DVDs, mp3s, iTunes, and YouTube, it is essential to reach audiences through these venues and not rely solely on traditional methods of classroom instruction. Upon release of the *All 4 Kids* music videos on YouTube, the site had more than 500 views within the first 10 days of posting and is currently averaging more than 1,000 hits a month. Visitors on the YouTube site resulted strictly from word of mouth and Facebook sharing—no formal press releases were sent out. This type of marketing, which is free and quickly accessible, is reaching a more diverse audience than traditional methods.

Discovering, developing, disseminating, preserving, and using knowledge to strengthen the social, economic, and environmental well-being of all people is the mission of Nevada's Extension. In the words of one *All 4 Kids* project parent, *"I would like you all to know how much you have changed my son's life; you have exposed him to things that he otherwise would not have been exposed to. The different people he has come in contact with, the different cultures and environments, we couldn't ask for more."*

Increasing fascination with do-it-yourself videos and music recordings has changed the face of technology. Extension must now move beyond traditional information dissemination through the classroom teaching experience into cyberspace to reach young audiences. With Extension's limited resources, however, it is necessary to partner with the expertise and talent of local community members to create an environment that promotes the mission of Extension and reaches the greatest number of diverse audiences.

Anne R. Lindsay, M.S.
Extension Area Specialist
Assistant Professor, Exercise Physiology
University of Nevada Cooperative Extension
Southern Area
8050 Paradise Rd. #100
Las Vegas, NV 89123
Phone: (702) 940-5434
Fax: (702) 222-3100
Email: lindsaya@unce.unr.edu

References

- Brown, W., Pfeiffer, K., McIver, K., Dowda, M., Addy, C., & Pate, R. (2009). Social and environmental factors associated with preschoolers' non-sedentary physical activity. *Child Development, 80*, 45-58.
- Cardon, G. & De Bourdeaudhuij, I. (2008). Are preschool children active enough? Objectively measured physical activity levels. *Research Quarterly in Exercise & Sport, 79*, 326-332.
- Jackson, D., Reilly, J., Kelly, L., Montgomery, C., Grant, S., & Paton, J. (2003). Objectively measured physical activity in a representative sample of 3- to 4-year-old children. *Obesity Research, 11*, 420-425.
- McKenzie, T. L., Sallis, J. F., Elder, J. P., Berry, C. C., Hoy, P. L., Nader, P. R., Zive, M. M. and Broyles S. L. (1997). Physical activity levels and prompts in young children at recess: A two-year study of a bi-ethnic sample. *Research Quarterly in Exercise & Sport, 68*, 195-202.
- National Association for Sport and Physical Education (NASPE). (2001). Position Statement: Physical education is critical to a complete education. *American Alliance for Health, Physical Education, Recreation and Dance*, Reston VA. Retrieved from <http://www.aahperd.org/naspe/standards/upload/Physical-Education-is-Critical-to-a-Complete-Education-2001.pdf>
- Pate, R., Pfeiffer, K., Trost, S., Ziegler, P., & Dowda, M. (2004). Physical activity among children attending preschools. *Pediatrics, 114*, 1258-1263.
- Sanders, S. W. (2002). Active for Life: Developmentally appropriate movement programs for young children. *National Association for Sport and Physical Education*: Washington, D.C. in association with Human Kinetics Publishers: Champaign, IL. Retrieved from <http://www.naeyc.org/files/store/TOC/126.pdf>

- Tucker, P. (2008). The physical activity levels of preschool-aged children: A systematic review. *Early Childhood Research Quarterly*, 23, 547-558.
- U.S. Department of Health and Human Services. (2009a). *Childhood overweight and obesity*. Retrieved from <http://www.cdc.gov/nccdphp/dnpa/obesity/childhood/index.htm>
- U.S. Department of Health and Human Services. (2009b). *Defining childhood overweight and obesity*. Retrieved from www.cdc.gov/nccdphp/dnpa/obesity/childhood/defining.htm
- U.S. Department of Health and Human Services. (1996). Physical activity and health: A report of the Surgeon General. Centers for Disease Control and Prevention: Atlanta, GA. Retrieved from <http://www.cdc.gov/nccdphp/sgr/ataqlan.htm>
- U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, and National Center for Chronic Disease Prevention and Health Promotion. (2000). Healthy People 2010: Objectives for improving health: Understanding and improving health, nutrition, and overweight, physical activity, and fitness. Retrieved from www.health.gov/healthypeople/

Silver State Stars: A Collaboration to Design a Quality Rating Improvement System

Teresa Byington

The collaborative process of bringing community partners together to design a Quality Rating Improvement System (QRIS) is described. Keys to success included strong leadership, diverse membership, and the development of a shared vision. Members of the collaboration were able to come to a consensus and develop criteria for a QRIS through effective communication, valuing diversity, and focusing on clear objectives.

Collaboration has been defined as “a process through which parties who see different aspects of a problem (or issue) can constructively explore their differences and search for solutions that go beyond their own limited vision of what is possible” (Gray, 1989, p. 5). The Extension Service has a rich history of developing partnerships and collaborations with community agencies and private organizations. This article will explore the defining factors and characteristics of a collaboration between the Extension Service, Office of Early Care and Education, a local university, child care licensing, and private and community child care centers to design a Quality Rating Improvement System (QRIS).

High quality early care and education programs produce positive child outcomes (Center on the Developing Child, 2007). QRIS is a “method to assess, improve, and communicate the level of quality in early care and education settings” (Mitchell, 2005, p. 4). The concept of a Quality Rating Improvement System began in the late 1990s in several states and has continued to spread across the United States. States have been encouraged to design their own Quality Rating Improvement System (QRIS) based on standards and accountability. A number of states have implemented systems to improve quality of early care and education programs. Child care programs participating in a QRIS are given a “star rating” similar to the star rating system used by hotels and restaurants. Some common goals shared by QRIS are: improving consumer (e.g., parent) awareness of quality, improving training and

compensation of early care and education providers, and establishing a consistent standards approach to quality assurance and program improvement (Mitchell, 2005).

Research shows that the members selected to participate in a collaborative effort are critical to its success (Carlton, Whiting, Bradford, Dyk, & Vail, 2009; Russell & Flynn, 2000). Many of those invited to participate in the QRIS collaboration were experienced in the collaborative process, having served on previous early childhood committees charged with designing Nevada's Pre-Kindergarten Standards and infant toddler guidelines. The collaborative also included broad representation from public, private, and non-profit sectors.

Successful collaborations have strong leadership, diverse membership, and shared vision (Wolff, 2001). Collaborations are more successful when members develop interpersonal respect for one another and are willing to work for the "greater good" (Carlton et al., 2009). Mizrahi and Rosenthal (2001) also found that key elements of successful collaboration included commitment to issues and competent leadership. Other commonalities of effective collaborations included willingness to listen to other partners, mutual respect, flexibility, and consensus building (Russell & Flynn, 2000). The Early Care and Education Development Specialist from the Nevada Office of Early Care and Education led the QRIS collaborative and facilitated the process of bringing members together and developing positive working relationships.

Objective

This objective of this article is to describe the collaborative process of bringing community partners together to design a Quality Rating Improvement System (QRIS) for the State of Nevada. A description of the key components utilized in creating a successful collaboration will also be shared.

Methods

A Quality Rating Improvement System collaborative was organized for the purpose of developing criteria and implementing strategies for a QRIS in Nevada. Over 50 key players were identified and invited to participate. Forty joined the collaborative representing the Office of Early Care and Education; University of Nevada Cooperative Extension; State of Nevada child care licensing; University of Nevada, Las Vegas; and private and community child care centers. Members brought individual and organizational strengths to the collaborative process. The Early Care and Education Specialist from Extension focused on education and the need for research-based assessments. Representatives from child care licensing brought strong views on health and safety issues. Members from the local university special education department

promoted inclusive practices (e.g., including children with disabilities in regular child care programs). Child care providers from community and private child care centers were concerned about how a QRIS would impact their program funding and clientele. All perspectives were respected, but focus was needed to bring the members of the group together.

Shared Vision

According to Carlton et al. (2009), a successful collaboration needs to develop a vision which links members to a common cause. The vision must be specific enough to ensure goals are met and yet broad enough to encourage futuristic thinking. Members discussed the current status of early childhood in Nevada and a vision for the future. A shared vision developed to improve the quality of child care in Nevada by implementing QRIS standards of quality and accountability and having all licensed early care and education programs participate in the QRIS. Specific goals were to (1) enhance the overall quality of child care services, (2) educate consumers on choosing quality care for their children, and (3) educate consumers and others on the importance of quality early childhood experiences.

The collaborative met monthly until a QRIS model was designed, and periodically during the pilot-project phase (beginning June 2009 and continuing to July 2011). Meetings were time-limited with short, specific agendas. Video conferencing was provided to locations across the state and supplementary materials were e-mailed prior to each meeting. During the first few meetings information was shared on types of Quality Rating Improvement Systems currently operating in other states. Three models emerged. These models were reviewed by members and also shared with 11 local child care directors who ranked each model and provided feedback and concerns. The group also reviewed the QRIS Resource Guide (National Child Care Information Center, n.d). Members of the group were asked to consider quality assessment methods, types of financial incentives, and the main categories and criteria of quality standards to include in the pilot project.

A contest was held to select a name for the project and “Silver State Stars” was chosen. A small writing group of eight members, including the Early Childhood Education Extension Specialist, was organized to draft Nevada’s QRIS model. Drafts were sent to all members for review and suggestions from members were incorporated. A final draft was adopted in May of 2009.

Effective Communication & Valuing Diversity

Foster-Fishman, Berkowitz, Lounsbury, Jacobsen, & Allen (2001) identified effective communication, the importance of valuing diversity, and clearly focused objectives as critical issues in building collaborative capacity.

The QRIS collaboration agreed to use open and respectful communication within the group. However, as members reviewed QRIS criteria from other states, the collaborative experienced some conflicts among members due to differing views on which items or areas should be included.

The group was divided on whether National Association for the Education of Young Children (NAEYC) accreditation should be part of the criteria. Views also differed on how many star levels to offer and whether to use the Environmental Rating Scales (Harms, Clifford, & Cryer, 1998; Harms, Cryer, & Clifford, 2006). Occasionally one or more members would monopolize the conversation, focusing only on their point of view. The leader reminded members to have a spirit of compromise and flexibility. Although it was not easy to come to a consensus, members agreed to disagree and focus on the overall vision of the group. Differences were set aside and members valued the diversity of various perspectives and focused on specific criteria that met the needs of the majority.

Slowly a design began to emerge. The collaborative created a five-star system, with NAEYC accreditation, a criterion for the highest, five-star level (Figure 1). Levels were based on a combination of criteria including scores from the Environmental Rating Scales (Harms et al., 1998; Harms et al., 2006), director qualifications, child-adult ratios, professional development of staff, and quality indicators in four main areas. The four quality indicators were (1) Policies and Procedures, (2) Administration and Staff Development, (3) Health and Safety, and (4) Family and Community Partners (Figures 2-4). Four categories of quality indicators evolved.

To facilitate program improvements, 24 child care centers were randomly selected to participate in the Silver State Stars pilot phase. To help these centers increase their quality “star” rating, each center received six months of technical assistance (e.g., training and mentoring) and the University of Nevada Cooperative Extension was selected to provide support. Each center also received a program improvement grant of \$4,000 to \$8,500 (based on licensing capacity). The project was funded by an American Recovery and Reinvestment Act grant.

The QRIS collaboration which began in July 2009 will continue through June 2011. The collaborative receives regular updates on the progress of the Silver State Stars QRIS pilot project and an evaluation is being conducted. Recommendations and next steps will be developed once the pilot is completed in 2011.

Findings

A QRIS Planning and Implementation Survey was conducted to gather specific information on priority areas. Results from the survey indicated that enhancing overall quality of child care in Nevada was top priority, followed by

educating consumers and others on the importance of quality early childhood education. Respondents recommended proceeding with a pilot project and using the data collected, along with the model, to acquire additional funding and support for QRIS in the future. The group planned on applying for an Early Learning Challenge Fund grant.

As a member of the QRIS collaboration and writing committee, the Extension Area Specialist was instrumental in guiding the group's efforts to create a model that included research-based assessments such as the Environmental Rating Scales (Harms et al., 1998; Harms et al., 2006) and NAEYC Accreditation. The Extension Specialist helped the group keep expectations realistic for Nevada's child care center directors and teachers, and design a model that honored the achievements of all centers and promoted quality improvement.

The University of Nevada Cooperative Extension is currently providing technical assistance to child care centers in the pilot project. Training on topics such as Personal Care Routines, Interactions, Environment, Activities, and Inclusion is given to staff at the centers. In addition, mentors go into each classroom and work directly with teachers on improving the quality of care through changing room environments and implementing developmentally appropriate practices. The mentors help teachers introduce new materials to the classroom and model best practices. Directors are assisted in increasing the child care center's overall star level and developing a portfolio documenting quality indicators met.

Key Components of Successful Collaboration

The following key components contributed to the success of Nevada's QRIS collaborative:

- A shared vision was developed at the beginning of the collaboration.
- Roles were clarified to help members understand what they needed to do.
- Strong leadership kept the group focused on working towards a shared vision.
- Members were willing to be flexible and modify the plan as needed.
- Members were committed to developing a plan for the "greater good."
- Setting and achieving goals helped members feel optimistic and provided additional momentum for the project to move forward.

Summary

The Quality Rating Improvement System collaboration was successful due to strong leadership, diverse membership, and the development of a shared vision. Leadership helped the group remain focused. Diversity of

members in the collaborative brought multiple perspectives on the same issue and helped other members have a broader understanding of the ramifications of different ideas. Members of the collaborative developed effective communication, focused on clear objectives, and valued the perspectives of each member of the group. Through mutual respect, commitment, and teamwork, members were able to come to a consensus and develop criteria for Nevada's QRIS pilot project.

Implications for Extension

Extension has an opportunity to become an important part of the QRIS movement nationwide through a strong background in bringing community agencies together in collaborative efforts. Extension professionals can offer research-based education and assessment tools to support quality early care and education within their state. Family and Consumer Sciences educators have expertise in providing education and technical assistance to child care providers. Extension can expand its reach through involvement in developing and improving QRIS in each state.

Extension is well suited to help organizations understand different aspects of any issue and create collaborative solutions that positively impact communities. Therefore Extension should continue to seek opportunities to participate in collaborative partnerships and extend the reach of Family and Consumer Sciences within their communities and states.


Teresa Byington, M.S.
Area Extension Specialist and Assistant Professor
Early Care and Education
University of Nevada Cooperative Extension
8050 Paradise Road, Suite 100
Las Vegas, NV 89123
Phone: (702) 940-5421
Fax: (702) 222-3100
Email: byingtont@unce.unr.edu

References

Carlton, E. L., Whiting, J. B., Bradford, K., Dyk, P. H., & Vail, A. (2009). Defining factors of successful university-community collaborations: An exploration of one healthy marriage project. *Family Relations*, 58, 28-40. doi:10.1111/j.1741-3729.2008.00532.x

- Center on the Developing Child at Harvard University. (2007). *A science-based framework for early childhood policy: Using evidence to improve outcomes in learning, behavior, and health for vulnerable children*. Retrieved from http://developingchild.harvard.edu/library/reports_and_working_papers/policy_framework/
- Foster-Fishman, P., Berkowitz, S. L., Lounsbury, D. W., Jacobson, S., & Allen, N. A. (2001). Building collaborative capacity in community coalitions: A review and integrative framework. *American Journal of Community Psychology, 29*, 241-261. Retrieved from <http://ezproxy.library.unlv.edu/login?url=http://search.ebscohost.com.ezproxy.library.unlv.edu/login.aspx?direct=true&db=aph&AN=5933334&site=ehost-live>
- Gray, B. (1989). *Collaborating: Finding common ground for multiparty problems*. San Francisco, CA: Jossey-Bass.
- Harms, T., Clifford, R. M., & Cryer, D., (1998). *Early childhood environment rating scale* (Revised Ed.). New York: Teachers College Press.
- Harms, T., Cryer, D., & Clifford, R. M. (2006). *Infant/Toddler environment rating scale* (Revised Ed.). New York: Teachers College Press.
- Mitchell, A. W. (2005). *Stair steps to quality: A guide for state and communities developing Quality Rating Systems for early care and education*. Retrieved from http://www.earlychildhoodfinance.org/ArticlesPublications/StairStepstoQualityGuidebook_FINAL.pdf
- Mizrachi, T., & Rosenthal, B. B. (2001). Complexities of coalition building: Leaders' successes, strategies, struggles, and solutions. *Social Work, 46*, 63-78. Retrieved from <http://ezproxy.library.unlv.edu/login?url=http://search.ebscohost.com.ezproxy.library.unlv.edu/login.aspx?direct=true&db=aph&AN=4036077&site=ehost-live>
- National Child Care Information Center. (n.d). *QRIS Resource Guide*. Retrieved from <http://nccic.acf.hhs.gov/qrisresourceguide/index.cfm?do=resourceguide>
- Russell, J. F., & Flynn, R. B. (2000). Commonalities across effective collaboratives. *Peabody Journal of Education, 75*, 196-204. Retrieved from <http://ezproxy.library.unlv.edu/login?url=http://search.ebscohost.com.ezproxy.library.unlv.edu/login.aspx?direct=true&db=aph&AN=4736613&site=ehost-live>
- Wolff, T. (2001). A practitioner's guide to successful coalitions. *American Journal of Community Psychology, 29*, 173-191. Retrieved from <http://ezproxy.library.unlv.edu/login?url=http://search.ebscohost.com.ezproxy.library.unlv.edu/login.aspx?direct=true&db=aph&AN=5933328&site=ehost-live>

Table 1: SILVER STATE STARS QRIS REQUIRED CRITERIA

★	★ ★	★ ★ ★	★ ★ ★ ★	★ ★ ★ ★ ★
<ul style="list-style-type: none"> Center has current license with no pending or formal corrective action plan within the past year 	<ul style="list-style-type: none"> Center has current license with no pending or formal corrective action plan within the past year All administrators and teaching staff members have written Nevada Registry professional development plans All administrators have 2 clock hours on the topic of “inclusion of young children with disabilities” received in the past two years 	<ul style="list-style-type: none"> Center has current license with no pending or formal corrective action plan within the past year All administrators and teaching staff members have written Nevada Registry professional development plans All administrators and teaching staff have 2 clock hours on the topic of “inclusion of young children with disabilities” received in the past two years Center has no classroom ERS (Environmental Rating Scale) score under 3.5 Director has a minimum placement on the Early Care and Education (ECE) career ladder of 3.1 	<ul style="list-style-type: none"> Center has current license with no pending or formal corrective action plan within the past year All administrators and teaching staff members have written Nevada Registry professional development plans All administrators and teaching staff have 2 clock hours on the topic of “inclusion of young children with disabilities” received in the past two years Center has a minimum average ERS score of 4.5, with no classroom score under 3.5 Director has a minimum placement on the ECE career ladder of 4.2 Center meets NAEYC standards for group sizes and ratios 	<ul style="list-style-type: none"> Center has current license with no pending or formal corrective action plan within the past year All administrators and teaching staff members have written Nevada Registry professional development plans All administrators and teaching staff have 2 clock hours on the topic of “inclusion of young children with disabilities” received in the past two years All administrators and teaching staff have 2 clock hours on the topic “cultural competencies” received in the past two years Center has a minimum average ERS score of 5, with no classroom score under 4 Director has a minimum placement on the ECE career ladder of 5.2 Center meets NAEYC standards for group sizes and ratios
	Centers must meet a minimum of four (4) Quality Indicators* from each of the four categories	Centers must meet a minimum of eight (8) Quality Indicators from each of the four categories	Centers must meet a minimum of twelve (12) Quality Indicators from each of the four categories	Centers must be NAEYC Accredited

*Quality Indicator categories include: Policies and Procedures, Administration and Staff Development, Health and Safety, Family and Community Partners

Table 2: QUALITY INDICATORS

1. Policies & Procedures				
<input type="checkbox"/> Center has a documentation system in place to support collaboration with specialist working with identified children	<input type="checkbox"/> Each classroom maintains a classroom portfolio documenting program activities and lesson plans	<input type="checkbox"/> Center has a written statement on curriculum	<input type="checkbox"/> Center has a written statement on child evaluation and referral process	<input type="checkbox"/> Center has a written statement for the purpose of on-going child assessment
<input type="checkbox"/> Center has a written statement on the inclusion of children with special needs; obtains (with parental consent) an IFSP/IEP for each child with a diagnosed disability enrolled who has such a plan	<input type="checkbox"/> Center has a documented procedure to receive staff feedback on program quality and feedback is used to develop a written plan for program improvement	<input type="checkbox"/> Documentation of modifications and reasonable accommodations made for children with special needs	<input type="checkbox"/> Center has a compensation plan that provides for merit increases in addition to annual salary increases	<input type="checkbox"/> Center meets ADA accessibility requirements. Accessibility includes access to buildings, toilets, sinks, drinking fountains, outdoor play space, and all classrooms
<input type="checkbox"/> Each classroom has a documented improvement plan based on their ERS score	<input type="checkbox"/> Center documents collaboration with outside agency and family before administrative withdrawal of any child with medical/behavioral issues	<input type="checkbox"/> Center has a written policy for procedures on reporting child abuse & neglect	<input type="checkbox"/> Center has a written employee handbook that all employees have access to and have reviewed	<input type="checkbox"/> On-going child assessment includes a variety of methods such as observations, checklist, rating scales, portfolios, teacher anecdotal records, or screening/assessment tools

2. Administration & Staff Development				
<ul style="list-style-type: none"> <input type="checkbox"/> Minimum placement on the career ladder is 2.1 for 75% of staff OR <input type="checkbox"/> Minimum placement on the career ladder is 4.1 for 50% of staff 	<ul style="list-style-type: none"> <input type="checkbox"/> Teachers receive an additional 5 hours of annual training 	<ul style="list-style-type: none"> <input type="checkbox"/> All teaching staff receive an annual written evaluation 	<ul style="list-style-type: none"> <input type="checkbox"/> 50% of teaching staff are current members of a national early childhood professional organization 	<ul style="list-style-type: none"> <input type="checkbox"/> Teaching teams have time to meet and plan on a weekly basis built into their schedule
<ul style="list-style-type: none"> <input type="checkbox"/> Work environment for staff includes a place for adults to take a break from children, an adult-sized bathroom, a secure place for staff to secure their belongings, and an administrative area for planning that is separate from children's areas 	<ul style="list-style-type: none"> <input type="checkbox"/> Preschool lesson plans address Nevada's Pre-k Standards 	<ul style="list-style-type: none"> <input type="checkbox"/> Center provides age and individually appropriate classroom materials and activities to prepare children for transitions 	<ul style="list-style-type: none"> <input type="checkbox"/> Supervisor provides teaching staff with written feedback based on observation of teacher's performance at least three times a year 	<ul style="list-style-type: none"> <input type="checkbox"/> Director has completed an approved ERS training
<ul style="list-style-type: none"> <input type="checkbox"/> Center is accredited by an approved accrediting body 	<ul style="list-style-type: none"> <input type="checkbox"/> Director is a current member of a national early childhood professional organization 	<ul style="list-style-type: none"> <input type="checkbox"/> Director participates on an early childhood committee 	<ul style="list-style-type: none"> <input type="checkbox"/> Center is a T.E.A.C.H. Early Childhood Nevada site 	<ul style="list-style-type: none"> <input type="checkbox"/> Medical insurance is available to staff members
<ul style="list-style-type: none"> <input type="checkbox"/> Benefits (other than medical insurance) are provided to staff members 	<ul style="list-style-type: none"> <input type="checkbox"/> Center holds monthly staff meetings that include staff development activities 	<ul style="list-style-type: none"> <input type="checkbox"/> Director has taken PAS training and has a documented plan based on the PAS score 	<ul style="list-style-type: none"> <input type="checkbox"/> Center reimburses professional development expenses incurred by teaching staff 	<ul style="list-style-type: none"> <input type="checkbox"/> Director has a minimum of 21 credits in management or business related courses

3. Health & Safety				
<input type="checkbox"/> Health and Safety Assessment is completed by a child care health consultant	<input type="checkbox"/> Child Record Review is completed by a child care health consultant	<input type="checkbox"/> Playground Safety Assessment is completed by certified playground safety inspector	<input type="checkbox"/> Menus are evaluated by a nutritionist	<input type="checkbox"/> Center has documentation indicates that the building has been assessed for lead, radon, radiation, asbestos, fiberglass, or any other hazards from friable material
<input type="checkbox"/> Center provides care for sick children in a separate location, supervised by a nurse	<input type="checkbox"/> Center has an advanced plan for emergency preparedness addressing specific disasters and appropriate emergency preparedness kits	<input type="checkbox"/> Additional first-aid kits are located in each classroom, on the playground and in all vehicles used to transport children	<input type="checkbox"/> All administrators and teachers have advanced training for emergency medical response to threatening incidents for administrators and teachers <input type="checkbox"/>	<input type="checkbox"/> Center has individualized health plans for children with medical concerns
<input type="checkbox"/> All administrators and teaching staff have an additional 4 hours of training for administrators and teaching staff in health, safety, or nutrition received in the past two years	<input type="checkbox"/> Center has additional safety equipment for outside play i.e. helmets, protective gear	<input type="checkbox"/> Children with teeth, brush or are assisted in brushing, at least once during the day	<input type="checkbox"/> Infant's teeth and gums are wiped with a disposable tissue after each feeding	<input type="checkbox"/> All classrooms have a cleaning and sanitation schedule posted

4. Family & Community Partners				
<input type="checkbox"/> Parent Teacher Conferences are scheduled on a regular basis and as needed	<input type="checkbox"/> Center is registered with the subsidy program	<input type="checkbox"/> Center has a written plan for parent involvement	<input type="checkbox"/> Materials from community agencies are available for families at the center	<input type="checkbox"/> Center has a documented procedure to receive family feedback on program quality and feedback is used to develop a written plan for program improvement
<input type="checkbox"/> Center has documentation of a partnership with a community agency	<input type="checkbox"/> Staff members participate in cultural events designed for children and their families to better understand the cultural backgrounds of children, families, and the community	<input type="checkbox"/> A written procedure is in place to help families transition to the next classroom, other programs, or schools	<input type="checkbox"/> Center has an advisory or governing board which includes family members	<input type="checkbox"/> Program provides families with newsletter (at least four times per year)
<input type="checkbox"/> Center offers quarterly parenting classes or training opportunities (minimum one per year by outside agency)	<input type="checkbox"/> Center offers family involvement activities (minimum two per year)	<input type="checkbox"/> Center compiles and provides written program information to families in a language that the families can understand	<input type="checkbox"/> Center has a communication form families can use to communicate with teachers	<input type="checkbox"/> Center displays samples of children's work at child level to include: writing sample, process art, photos of child and family activity.

Partnering with Rural Communities to Expand the Reach of Extension in Family and Consumer Sciences

Barbara Petty, Lyle Hansen, Katie Hoffman, Grace Wittman, Kristy Falen, Chad Cheyney, Missy Cummins, and Joel Packman

Extension systems continue to face decreases in resources affecting Family and Consumer Sciences (FCS) programming. To expand the reach of Extension, FCS Educators built partnerships with communities to meet clientele demands, increase impact of FCS programming, and further reach underserved diverse clientele. Using an interdisciplinary approach, FCS Educators delivered a community development program called "Horizons" to 15 rural Idaho communities. Partnerships developed within Extension and the communities have increased educator skills, extended resources, and increased sustainability of the FCS Educator.

While the demand for Family and Consumer Sciences (FCS) programming increases, Land Grant University Extension Systems face decreasing financial resources and personnel. University Extension budget reductions have affected Family and Consumer Sciences more than other Extension fields, a pattern also seen at the University of Idaho (Torppa & Travnichek, 2007). In response to these issues, University of Idaho Extension faculty explored new avenues to expand their reach and meet the needs of clientele. Partnerships among disciplines within Extension and collaborations with community partners can help Extension address the needs of communities, while meeting challenges facing the Extension system.

Objective

Idaho's overall population increased by 19.5% from 2000 to 2009 (Idaho QuickFacts, 2010), but rural Idaho communities continue to face declining populations, deteriorating economy, and a deficiency of job opportunities fueling apathy for the future. Too few people view themselves as leaders with the skills necessary to serve on boards, committees, and city government, and many

elected positions go uncontested. Communities do not capitalize on their assets because they are hesitant to develop partnerships with urban organizations and agencies.

Community members choose to live in rural communities even though small communities are limited in resources and opportunities (Muhammad, 2007). Every member of a rural community is affected by poverty created under these conditions. To assist communities address challenges resulting from the impact of poverty, the University of Idaho Extension partnered with the Northwest Area Foundation to deliver the Horizons III program. Horizons is a leadership development program aimed at reducing poverty in rural communities in a seven-state region including Iowa, Minnesota, North Dakota, South Dakota, Montana, Idaho, and Washington. Over 300 communities have participated in Horizons since it began in 2003.

Methods

Fifteen rural Idaho communities qualified for the 18-month Horizons program by having a population of less than 5,000 and a poverty rate of at least 10%. After completing an application and being accepted into the program, communities were assigned a community coach. County Extension Educators took on the role of community coach for participating community(ies) in the county they served, as part of their Extension responsibilities. Traditionally Extension Educators have supplied answers or solutions in response to the needs of their clientele. With Horizons, educators in the role of coach were no longer the source of answers but, instead, led participants to a new perspective or view of the situation (Luther & Emery, 2003).

Steering committees were formed during the initial phase of developing new partnerships within the communities. Extension Educator coaches assisted communities with recruiting individuals and groups representing the demographics of their community. Recruitment was conducted across community population groups, and youth and adults alike were encouraged to participate with an equal voice. Coaches did not rely solely on previously served Extension groups, but made cold calls to recruit new and diverse audiences. During recruitment, personal conversations and presentations were given by coaches to civic organizations, religious groups, business owners, and community leaders emphasizing how their service would benefit their own community (Farris, McKinley, Ayres, Peters, & Brady, 2009).

The second phase of the Horizons III program involved a minimum of 30 people from each community participating in community conversations, also known as Study Circles. The purpose of Study Circles was to raise awareness of poverty specific to the community, as well as the many facets of poverty. Payne (2005) defined poverty as “the extent to which an individual does without

resources,” including deficits of emotional, mental, spiritual, physical support systems and relationship resources (p.7). This definition guided participants.

Coaches trained at least six people from each community (125 total) to serve as facilitators for the small groups that met for a total of 10 hours each. New interpersonal relationships were developed and existing relationships were strengthened as community members became motivated to take action around poverty issues.

During the third phase of the Horizons III program, a minimum of 20 members of each community participated in the 30-hour leadership development program, LeadershipPlenty®, a program to expand local leadership. By participating in the program, individuals gained an understanding of leadership structure and how they could work with groups and partners to help create civic change. Three members from each community attended a three-day training session to learn how to deliver the program in their community.

After completing the leadership training, a minimum of 15% of community members participated in a self-evaluation process to identify their community’s strengths and weaknesses. During a community-wide meeting, using a nominal approach, individuals rated their community as either strong or weak in ten attributes of successful communities, adapted from Luther and Wall’s (1998) *Clues to Rural Community Survival*. With this information as a backdrop, the communities then crafted a vision statement. Action teams were formed to work on different parts of the vision statement and to create plans for reducing poverty. These action teams worked on communication, entrepreneurship, education, beautification, youth development, and many other community issues.

During the action phase, partnerships were developed within communities, between communities, and with state agencies to assist with meeting goals set by each community. The University of Idaho Extension hosted a youth leadership retreat and provided regional trainings on small business development, marketing, grant-writing, working with diversity, and establishing a non-profit. A partnership summit with state agencies was also held to facilitate connections and partnership development.

Findings

Findings indicated that a strong partnership model between University of Idaho Extension and communities facilitated an increased knowledge of poverty and development of leadership skills in addressing local community issues. During the Study Circle process, pre- and post-survey evaluation data from 744 participants indicated that 81% increased their knowledge of poverty and 65.9% began to take action to reduce poverty. Post-survey evaluation data from 439 LeadershipPlenty® participants revealed that 85.3% learned skills to assist

them in working more effectively with others, and 79.1% developed skills to work more effectively in their community.

One year after University of Idaho Extension began working with Horizons communities, 55 community action teams had been formed and members could identify a problem or a need, create a plan of work, and implement solutions utilizing partnerships they had established. Train-the-trainer programs empowered community members to implement programming themselves within their communities. Through these trainings, University of Idaho Extension Educators built a pool of 125 community conversation facilitators, 50 leadership facilitators, and 38 grant writers to continue and expand the impact of Extension. Fifteen steering committees from Horizons III are now in place to assist with marketing of Extension programming and advocating for the significance of the role of FCS Educators.

Communities also acquired the technical knowledge and confidence to approach potential new partners and form productive collaborations on their own. New leaders were empowered through this process and were stepping up into leadership roles. Underserved individuals and groups experienced the pride of having a voice and being part of bigger accomplishments for their community. Extension Educators as coaches increased individual and community sustainability in addressing critical community needs.

Implications for Extension

Extension Educators serving as community coaches played a positive role in all aspects of the Horizons program and served as a link between communities and resources needed to accomplish target goals. Despite decreasing Extension resources, new partnerships allowed Extension Educators to expand their reach into outlying communities.

Through a community development model, Extension became a partner by working side-by-side with community members to strengthen communities and form partnerships with non-profits, community leaders, religious, private, and/or state organizations. These partnerships facilitated an understanding of what each organization had to offer, allowed for new collaborations, and increased communication within communities. This open communication between individuals, groups, and communities reduced duplication of programs and increased overall accomplishments. Communities achieved success and felt empowered to continue the process with a proactive approach.

An interdisciplinary approach with Extension Educator coaches representing FCS, Agriculture, and 4-H also brought more depth and breadth to Extension programs. By working collaboratively, educators gained new knowledge about programs available in other disciplines. This work provided opportunities for relationship and trust-building across disciplines, resulting in FCS programs being requested by Agriculture and 4-H Educators.

Educators found that developing strong collaborative partners within Extension and with communities strengthened the role of Extension Educators within counties.

- Educators increased their presence in outlying communities and improved awareness of programs and services available.
- A University of Idaho presence was extended in more isolated communities through FCS programming, which allowed educators to include new individuals on advisory boards who had not previously been involved with Extension.
- Through Horizons community partnerships, educators gained new skills in participant recruitment, implementation of promotional tools, and train-the-trainer models.
- Educators were also able to acquire skills to work with diverse populations previously left out of Extension programming.

New educators have also benefited from participation in the Horizons program by building community connections and increasing their presence and credibility in the community working side-by-side with community leaders.

Barbara Petty, Ph.D.
Associate Professor
Family and Consumer Sciences Extension Educator
Bonneville County, University of Idaho
2925 Rollandet
Idaho Falls, Idaho 83402
Phone: (208) 529-1390
Fax: (208) 529-1391
Email: bpetty@uidaho.edu

References

- Farris, E., McKinley, S., Ayres, J., Peters, J., & Brady, C. (2009). County-level extension leadership: Understanding volunteer board member motivation. *Journal of Extension* [Online], 47(5). Retrieved from <http://www.joe.org/joe/2009october/rb3.php>
- Idaho QuickFacts from the U.S. Census Bureau. (2010). Retrieved from <http://quickfacts.census.gov/qfd/states/16000.html>
- Luther, V., & Emery, M. (2003). *Your field guide to community building*. Lincoln, NE: Heartland Center for Leadership Development.

- Luther, V., & Wall, M. (1998). *Clues to Rural Community Survival*. Lincoln, NE: Heartland Center for Leadership Development.
- Payne, R. (2005). *A framework for understanding poverty* (4th ed.). Highland, TX: aha! Process, Inc.
- Torppa, C., & Travnichek, R. (2007). Family and consumer sciences: From agrarian and industrial economies to a knowledge economy. *Journal of National Extension Association of Family and Consumer Sciences*, 2, 19-21.

School Health Collaboration Promotes School Wellness

Linnette Mizer Goard

A Coordinated School Health Coalition was formed in Lorain County, Ohio to address risk factors associated with childhood overweight. The specific objectives of the partnership were to improve students' behavior and environment related to physical activity, nutrition, and tobacco use. This paper describes the partnerships formed and the programming created for educators, including findings from a six-month follow-up survey documenting the partnership activities.

Childhood overweight is a serious health issue in the United States. Like childhood obesity, childhood overweight is determined using both weight and body composition based on the U.S. Centers for Disease Control and Prevention (2005) growth charts from 2000. Children between the 85th and 94th percentiles were considered to be overweight, while those at the 95th percentile were considered to be obese. Over the last 30 years, the number of overweight children in the U.S. has increased from 4.0% to 18.8% (U.S. Centers, 2005). Childhood overweight poses a number of potential health problems for children including heart disease, cancer, and diabetes (Ogden, Carroll, Curtin, Lamb, & Flegal, 2010). Many risk factors for these diseases (e.g., unhealthy eating habits, physical inactivity, being obese or overweight, and using tobacco) are preventable. Recent data suggest that more than one-quarter of healthcare costs amounting to billions of dollars are related to overweight and obesity (Finkelstein, Fiebelkorn, & Wang, 2003).

Many professionals have endeavored to institute new programs that would help prevent overweight and obesity in children. Some solutions to combat unhealthy behaviors included increasing the number of programs that communities offered to make nutritious foods more affordable and accessible and providing safer environments where children may increase their physical activity. Specifically for schools, recommendations were to provide healthy foods, support physical activities at school, and encourage children to watch less television and spend less time with computers and video games (Bogden & Vega-Matos, 2000).

Objective

This paper describes the partnership formed and the programming created for educators in Lorain County, Ohio to reduce childhood overweight. Findings from a six-month follow-up survey documenting the partnership's activities will also be presented.

Methods

The issue of childhood overweight has been in the national spotlight for over a decade (U.S. Centers, 2008). To address risk factors of childhood overweight in Lorain County, a Coordinated School Health Coalition was formed in 2001. The county coalition used the School Health Index developed by the U.S. Centers for Disease Control and Prevention (2006) to focus planning meetings and workshops on the ultimate objective of improving students' behavior and environment related to increased physical activity, improved nutrition, and avoidance of tobacco use.

The School Health Index is one strategy for addressing the problem of childhood overweight, suggested in the School Health Index (U.S. Centers, 2006). This standard is used by many School Health Teams as a self-assessment and planning guide. The School Health Index was developed "in partnership with school administrators and staff, school health experts, parents and national nongovernmental health and education agencies for the purpose of (1) enabling schools to identify strengths and weaknesses of health and safety policies and programs, (2) enabling schools to develop an action plan for improving student health, which can be incorporated into the School Improvement Plan, and (3) engaging teachers, parents, students, and the community in promoting health-enhancing behaviors and better health" (U.S. Centers, 2006, p. 1).

In Lorain County, the School Health Coalition's membership included a Lorain County Health Department educator, American Cancer Society educator, Education Service Center curriculum director, high school Health and Physical Education teacher, School Health nurse, health educator from a local community college, and an Extension Family and Consumer Sciences Educator. This group formed around the issue of childhood overweight and focused its mission on how community agencies and schools could work together to improve student health. The county coalition chose to focus on three specific preventable behaviors as identified in the School Health Index: nutrition, physical activity, and tobacco use. Behaviors that were not addressed were social and psychological issues of low self-esteem, bullying, and depression. The county coalition is planning to address these issues in subsequent years.

Before the coalition was organized, there were too many community agencies vying for the school's time with students in an uncoordinated effort. For example, prior to establishing the School Health Coalition, the county Health Department and the Tobacco Education Task Force were both going into schools offering tobacco education programs—a duplication of services. By using the coordinated school health model (U.S. Centers, 2006), the coalition worked with schools to create collaborative and productive school policies and practices that made effective use of all available community agencies.

Another valuable resource to the coalition was, "Fit, Healthy, Ready to Learn," a school health policy guide developed by the National Association of State Boards of Education in partnership with the U.S. Centers for Disease Control and Prevention (Bogden & Vega-Matos, 2000). As a result of monthly meetings and a great deal of planning, the coalition began to offer a series of workshops titled, "Healthy, Physically Active Children Learn Better," held three times each school year for school nurses, food service managers, and kindergarten through twelfth grade teachers. Flyers were also sent to all county schools targeting principals, food service directors, and health and physical education teachers. Workshops focused on improving student health by addressing school activities related to nutrition, physical activity, tobacco use, and student wellness. Special speakers were brought in to discuss school successes from schools outside the county. One example was an elementary school principal who discussed how in his school, giving all students breakfast and holding recess prior to lunch helped increase academic scores.

During the 2005-06 school year, more than 40 teachers, school nurses, health and physical education teachers, and food service directors attended workshops. At the end of each workshop, participants were asked to set personal goals to improve student health in their classroom or their school. Participants were given an envelope and asked to address it to themselves and then place the goal sheet in the envelope. School Health Coalition members developed a survey, with assistance from the county Extension Educator, a Program Development and Evaluation Extension Specialist. The primary focus of the survey was to identify changes in participants' behaviors. Six months after the last workshop, the goal sheet and a follow-up survey were mailed to all workshop participants who attended workshops held during the 2005-06 school year.

Findings

Six months after participating in the "Healthy, Physically Active Children Learn Better" workshops, participants received a follow-up survey to measure their progress achieving the goals they set. Respondents were asked to indicate if they had accomplished personal goals to make changes in their school environment as a result of what they had learned. Forty surveys were

mailed and 12 surveys were returned, representing a response-rate of 30%. As demonstrated in Table 1, five participants reported accomplishing their goals, six participants were still working towards accomplishing their goals, and one participant reported being unable to accomplish their goals at this time. At the six-month point, no respondents requested assistance to accomplish their goals.

Table 1
Follow-up Survey of Goals Accomplished (n=12)

Accomplished	Working towards	Needs assistance	Unable at this time
5	6	0	1

To learn more about the specific ways that workshop participants implemented the lessons taught and accomplished the goals they set for themselves, participants were asked to describe some of their successes. Several examples showed that participants were able to make major impacts in their school communities by creating school health teams involving health and physical education teachers, the school nurse, the school principal, and community partners. The county Extension Educator actually served as a community partner on two school health teams. In some instances, the food services director and maintenance staff members were also crucial to their success.

One elementary teacher set a goal to raise \$8,000 to provide pedometers for all staff and students to increase the level of physical activity in her school. She accomplished her goal through writing grants, soliciting professional athletic team support, and parent donations. The pedometers are now being used (1) in math class where students are converting steps to miles, (2) in social studies class as students walk the Oregon Trail and keep track of steps, and (3) in physical education class to motivate students participating in the President’s Fitness Challenge.

In another school, the school lunch program began providing salads for middle school students, where in the past, salads were only provided for high school level students. A third participant received assistance from School Health Coalition members to establish a school health team, complete the School Health Index, and write school wellness policies. County coalition members are now working together to coordinate providing resources in schools, and the Tobacco Education Task Force and the county Health Department are cooperating to establish school policies and offer out-of-school mediation for students caught using tobacco products in school.

This collaborative has also conducted follow-up interviews with those who have established school health teams in their schools as part of their goals. Findings from those interviews are being used in Lorain County schools to help improve the school health environment by offering school health workshops each year, and working individually with schools on projects related to nutrition, physical activity, and tobacco use. The county Extension Educator has provided resources and speakers on team-building for individual school's health workshops and has assisted in evaluation efforts to document changes being made.

Implications for Extension

Extension educators across the country have a history of working with coalitions to affect change in communities where they live and work. Family and Consumer Sciences Educators who work within the Cooperative Extension System can help to make changes in school wellness policies—specifically nutrition, physical activity, and tobacco use policies—in their local schools by providing:

- individual expertise and programming in focus areas,
- training in team-building activities,
- assistance in formation and training of local school health teams,
- assistance in gathering data and conducting evaluations to improve programs, and by providing
- speakers with expertise in focus areas to assist with training at local workshops.

As part of the land grant mission of Extension, it is integral to our role and mission to become collaborative partners within the communities we serve. Cooperative Extension has expertise and access to the data needed to improve communities nationwide.

Linnette Mizer Goard, M.S., C.F.C.S.
Assistant Professor/Extension Educator
Family & Consumer Sciences
Ohio State University Extension
42110 Russia Road, Elyria, Ohio 44035
Phone: (440) 326-5851
Fax: (440) 326-5878
Email: goard.1@osu.edu

References

- Bogden, F., & Vega-Matos, C. A. (2000). *Fit, healthy, ready to learn: A school health policy guide*. Alexandria, VA: National Association of State Boards of Education.
- U.S. Centers for Disease Control and Prevention (2005). *National health and nutrition examination survey (NHANES)*. Retrieved from http://www.cdc.gov/nchs/nhanes/nhanes_questionnaires.htm
- U.S. Centers for Disease Control and Prevention. (2006). *School health index for physical activity and healthy eating: A self-assessment and planning guide* [Elementary School Version]. Retrieved from <http://www.cdc.gov/HealthyYouth/SHI/introduction.htm>
- U.S. Centers for Disease Control and Prevention. (2008). *Overweight prevalence*. Retrieved from <http://www.cdc.gov/nccdphp/dnpa/obesity/childhood/prevalenc.htm>
- U.S. Centers for Disease Control and Prevention (2009). *U.S. obesity trends 1985-2008*. Retrieved from www.CDC.gov/obesity/data/trends.html#state
- Finkelstein, E. A., Fiebelkorn, I. C., & Wang, G. (2003). National medical spending attributable to overweight and obesity: How much, and who's paying? *Health Affairs*, 3, 219-226.
- Ogden, C. L., Carroll, M. D., Curtin, L., Lamb, M. M., & Flegal, K. N. (2010). Prevalence of high body mass index in U.S. children and adolescents, 2007-2008. *The Journal of the American Medical Association*, 303(3), 242-249.

Expanding Public Awareness and Support for FCS Programming through a Collaborative School, Community, and Extension Partnership

Cynthia Torppa

A community collaborative was formed to design, implement, and evaluate an afterschool and family services program using Bandura's (1986, 2004) social cognitive theory. By using a theoretically based process to build the community partnership and create its outreach programs, multiple benefits for program participants, the community, and Extension were achieved.

There was a time when both public schools and Extension organizations were in the information dissemination business (Afterschool Alliance, 2007; Hamilton, 2008), but that is no longer the case. Public schools and Extension organizations are both feeling pressures to evolve into something new. For example, a report from the Time, Learning, and Afterschool Task Force of the Afterschool Alliance argued that public school education must be reinvented, and in the process, must address new objectives, methods, and scheduling. Thompson and Wheeler (2008) noted that schools are currently being asked to do much more than traditional teaching and must instead address the needs of the "whole child," and often the needs of their students' families as well.

Extension organizations are also being encouraged to rethink ways they serve their stakeholders (Hamilton, 2008). As budgets are reduced and community and social service organizations compete with Extension for survival, information and programming that were traditionally available only from Extension organizations have become more accessible from a whole new range of previously unimagined sources. As a result, Extension organizations are moving beyond merely disseminating information, to relationship building, transforming groups and communities, facilitating changes, and leading similar processes (Blewett, Kein, Leser, & Jones, 2008).

Together the changes schools, Extension organizations, and even community and social service organizations are facing have created a perfect storm of circumstances which can either undermine our successes or inspire us to build collaborative partnerships. By working together with community partners we can more easily produce impacts that serve our own and our

partners' clientele. While doing so, we can also increase stakeholders' awareness of Extension's role in resolving the complex difficulties our clientele face.

Objectives

The purpose of this paper is to describe a theoretically grounded methodology that was used to guide the design, implementation, and evaluation of a multi-partner community collaborative. The collaborative was formed to provide an afterschool and family services program for a local elementary school district. The benefits for the participants, the community, and Extension that resulted from the collaborative are described. The ways the collaborative extended the community's awareness of and support for Extension are also discussed.

Methods

Methodology

The community collaborative was formed to develop an afterschool and family services program that would help struggling students become more academically successful. A secondary goal was to write a grant that would support the school district as it implemented the program and built sustainability for it. The methodology we followed in the creation of the collaborative, and in writing a plan to create and evaluate the program, was inspired by internationally recognized psychologist Albert Bandura's (1986) writings in, *The social foundations of thought and action: A social cognitive theory* (also see Bandura, 2004 for an example of this model in a community setting).

Bandura (1986, 2004) argued that outreach programs must use research as the foundation for their efforts, and that by involving partners from multiple disciplines, organizations, and perspectives, more effective programming can be achieved. Hamilton (2008) summarized Bandura's model in a recent *Journal of Extension* article, explaining that Extension organizations must direct programming toward problems that research has shown are large enough and widespread enough to justify the efforts and resources required to address them. Extension organizations must understand the research that shows how those problems originated and/or the factors from which those problems arose. Consistent with the mission of Extension and Land Grant Universities, it is also critical that Extension organizations incorporate an understanding of the people involved into programs designed to address community problems. Extension organizations must also consult research findings on communication to discover the most effective methods of implementing the program. And, finally, Extension organizations must conduct evaluations to discover whether or not the program

is being delivered effectively, is moving its audience toward the expected outcomes, and ultimately, produces the impacts desired.

Procedures

Representatives of the school district were aware of a grant opportunity through the State Board of Education and invited the County FCS Educator to form a partnership with them to write the grant. The priorities of the grant required its recipients to serve limited income students and their families and to help students who were below standard achievement in reading and math. The grant also required the programming it would support to (1) address other aspects of child development including character development and avoidance of risky behaviors (such as tobacco, alcohol, and drug use), (2) provide programming to help build strong family relationships and home environments that foster academic achievement, and (3) support a culture of learning for the students at school by creating a safe and healthy learning environment, and at home by including opportunities for parents to participate in personal development classes (e.g., computer skills, GED preparation). In order to achieve these aims, the grant required the school district to partner with local organizations, businesses, and community members to provide a comprehensive educational program during afterschool hours for the targeted students in elementary grades, and their families.

From the beginning, the community collaborative held true to the methodology grounded in Bandura's (1986, 2004) social cognitive theory outlined above. The process began by engaging the audience the program would serve. Community meetings were held in which parents and guardians within the school district, faith-based and public services organizations in the county, businesses, and all other interested citizens were encouraged to attend and help create the program. At these meetings community members shared their views about the types of issues the afterschool program should address.

As required by the methodology, the County Extension Educator provided two types of research findings to help the group clarify their thinking and organize the plan around the clearest priorities and the most appropriate actions to address those priorities. The first type of research provided a focused summary of all the needs assessments that had been conducted in the county over the last five years including those conducted by the school district, the county hospital, a local training consortium, the county Job and Family Services office, and the local Extension organization. Although each organization's needs assessment emphasized topics that were central to its mission (e.g., the hospital surveyed citizens about health-related concerns), each organization also provided information about community needs and concerns related to successfully implementing an afterschool and family services program. Thus by reviewing a comprehensive set of existing needs assessments documents, it

was possible to identify issues that were wide-ranging, pervasive, and deserving of immediate attention. By avoiding the need to conduct yet another countywide needs assessment process, valuable time and resources were spared.

The second type of research provided was summaries of research studies from academic and applied scholars who had investigated the types of issues selected for inclusion in the program plan. These summaries helped the group select activities to be included in programming that addressed identified causes of targeted difficulties and focused the group's attention on curricula that reflected established best practices.

Also consistent with outreach methodology, communication was included as an important part of the program. Articles were included in the school's newsletter and the county's newspaper from the start of planning through the end of the grant and beyond. Residents of the school district were also updated about afterschool activities and successes at extracurricular activities and meetings, focus groups, question and answer sessions, and surveys where input from parents and community members was sought. The goal was to keep the community aware, informed, and involved with program successes, and to provide opportunities to make suggestions or express concerns, volunteer at the school, provide activities for afterschool programming, and help celebrate program successes.

Findings

Consistent with the methodology, the planning group designed a comprehensive program evaluation plan that included formative evaluations, process evaluations, and outcome evaluations. The five year grant that supported this afterschool program ended June 30, 2009 and a great deal of data analyses remain to be completed. However, formative analyses and preliminary outcomes analyses that were conducted periodically throughout the five grant years indicated that many of the program's major goals were achieved for the students and their families. In addition, basing the collaborative's processes in Bandura's (1986, 2004) social cognitive theory and its related methodology also provided important outcomes for the community and for the County Extension organization. Some of the outcomes that resulted from the collaborative are briefly described below.

Outcomes for Students and their Families

Over the five years of programming, grades indicated that students who participated in the afterschool program improved in both reading and math. In addition, using several previously published measures (e.g., Wentzel & Erdley, 1993; Parker & Seal, 1996), students' social skills (such as being able to get

along with others, resolve conflicts appropriately, manage their emotional responses) improved at a rate consistent with their peers who were not struggling in school or who were not from limited resources families (Torppa, Wilkins, & Parrott, 2006). Using Campbell's (2001) Inventory of Parental Influence, findings also suggested that parents of students who took part in the afterschool program remained more involved with their children's school work than parents of students who experienced fewer academic difficulties (Torppa, Wilkins, & Parrott, 2005). Using pre-activity, post-activity, and long-term follow-up surveys designed to assess the impact of specific programs, periodic examinations of family-based activities indicated that parents and their children who took part in retreats and similar programs developed stronger relationships and communicated more effectively (Torppa, 2007). Even more exciting, several new activities were initiated at the urging of parents including a "family meals" cooking class and a Father-Son Book Club. Finally, the school district was honored by being selected as an exemplar of school-community partnership success. And in 2009, the original grant writing team submitted a successful grant proposal to support the continuation of this programming for five more years.

Outcomes for Community

Building on the successes of this grant, additional partnerships were formed among community groups, businesses, and other school districts within the county that created new programming and grant writing opportunities. Three more grants that supported community programs and out-of-school time educational opportunities for students were awarded within the county, each of which also provided financial support for the community agencies and organizations involved.

Outcomes for Extension

Three kinds of benefits were realized by Extension from this project. First, financial support for the Extension office was earned by contracting to provide services to the school district to support the afterschool program. Second, this project provided opportunities for the Extension Educator to conduct research that advanced the state of knowledge about youth development programs and family involvement activities with children's academic success. Third, and perhaps the greatest benefit to the County Extension organization, there has been an increased awareness of Extension's contributions to community. This process provided Extension personnel the opportunity to demonstrate Extension's value to a much larger number of citizens, agencies, organizations, and businesses than was possible before. As a result, multiple new collaborations between Extension and other community

organizations were formed, several additional grants were co-written, and collaborative programming opportunities have been identified. While it is difficult to quantify the value of these partnerships and opportunities, an outcome that may be, at least in part, attributed to these successes occurred within the last few months. When recent budget cuts hit the state and trickled down to the county level, the local Extension office was required to put a levy on the ballot to generate financial support for their office. Happily, the levy passed on the first attempt and the local Extension office will be well supported for at least five additional years.

Summary

The purpose of this paper was to describe how a community collaborative was formed and how the collaborative designed, implemented, and evaluated an afterschool and family services program using Bandura's (1986, 2004) social cognitive theory and methodology for creating community based outreach programs. In this project, a community collaborative was established to design an afterschool and family services program around locally established needs and to write a grant to support the program while a sustainability plan could be developed and implemented. Following Bandura's model, a successful grant application was funded for five years. A comprehensive program was designed, implemented, and evaluated. Preliminary evaluations show that the grant's goals were achieved and multiple benefits for the students, the school district, the community, and Extension were realized.

Implications for Extension

Nearly everyone who works regularly with committees knows they sometimes rush to implement solutions before needs have been defined, or, conversely, they may become mired in continuous planning that prevents timely action. One way to avoid these pitfalls is by understanding and implementing a theoretically grounded methodology for developing community partnerships and partnership-based programs. As Hamilton (2008) recommended, theoretical and research-based outreach programs, as described by Bandura (2004), are more likely to be thorough, appropriate, and effective. As the outcomes described in this paper indicated, following a prescribed methodology produced powerfully comprehensive benefits for program participants, community partners, and Extension.

Yet another benefit that was reaped from this process should be noted. When faced with extremely limited resources and fearing potential reductions in programming or even in personnel, it is tempting for community organizations to compete against one another for all the resources available. However, the

experience described in this paper confirmed findings that conflict management studies have shown for decades: Collaboration produces long term benefits that competition cannot achieve (Wilmot & Hocker, 2005). Collaboration provided all partners with many more financial resources than they could have realized independently, particularly in a small, sparsely populated community where organizations must cope with drastically reduced budgets. Moreover, community recognition and support from the good-will generated by partnerships was priceless.

These benefits alone were substantial, but additional benefits were realized as well. The grant writing and program design process provided professional development and research opportunities for the Extension Educator involved. This, in turn, continued to expand opportunities for grant writing and generating financial support for the local program. Perhaps more importantly, however, collaborating with community partners enabled Extension to provide programming for local residents that was of the highest quality and greatest benefit to the community—and that is our, ultimately Extension's, mission.

Cynthia Torppa, Ph.D.
Extension Educator, Assistant Professor
The Ohio State University Extension
871 West Marion Road, Suite 102
Mount Gilead, Ohio 43338
Phone: (419) 947-1070
Fax: (419) 947-1071
Email: torppa.1@osu.edu

References

- Campbell, J. R. (2001). Inventory of Parental Influence. In J. Touliatos, B. F. Permuter, and M. A. Strauss (Eds.), *Handbook of family measurement techniques: Vol. 2* (pp. 154-155). Thousand Oaks: Sage.
- Afterschool Alliance. (2007) Expanding learning opportunities: It takes more than time. Retrieved October 9, 2009 from http://www.afterschoolalliance.org/issue_29_expand_learn.cfm
- Bandura, A. (1986). *The social foundations of thought and action: A social cognitive theory*. Englewood Cliffs, NJ: Prentice-Hall.
- Bandura, A. (2004). Health promotion by social cognitive means. *Health education and behavior*, 31(2), 143-164.

- Blewett, T. J., Keim, A., Leser, J., & Jones, L. (2008). Defining a transformational education model for the engaged university. *Journal of Extension, 46*(3). Available at <http://www.joe.org/joe/2008june/comm1.php>
- Hamilton, S. F. (2008). Research-based outreach: Albert Bandura's model. *Journal of Extension, 46*(1). Available at <http://www.joe.org/joe/2008february/a2.php>
- Parker, J. G., & Seal, J. (1996). Forming, losing, renewing, and replacing friendships: Applying temporal parameters to the assessment of children's friendship experiences. *Child Development, 67*, 2248-2268.
- Thompson, N. E., & Wheeler, J. P. (2008). Learning environment: Creating and implementing a safe, supportive learning environment. *Journal of Family Consumer Sciences Education, 26*, 33-43.
- Torppa, C. B. (2007, October). *Integrating parenting education with youth development: Teaching a mother-daughter overnight retreat*. Concurrent session presented at the meeting of National Extension Association of Family and Consumer Sciences Annual Session, St. Paul, Minnesota.
- Torppa, C. B., Wilkins, J. K., & Parrott, P. A. (2006, November). Parent's perceptions of afterschool program impact on social skill acquisition. Paper presented at the meeting of National Council on Family Relations Annual Conference, Minneapolis, Minnesota.
- Torppa, C. B., Wilkins, J. K., & Parrott, P. A. (2005, November). Programmatic integration of parenting education and youth development. Paper presented at the meeting of National Council on Family Relations Annual Conference, Phoenix, Arizona.
- Wentzel, K. R., & Erdley, C. A. (1993). Strategies for making friends: Relations to social behavior and peer acceptance in early adolescence. *Developmental Psychology, 29*, 819-826.
- Wilmot, W., & Hocker, J. (2005). *Interpersonal conflict* (7th ed.). Boston: McGraw-Hill.