

CYF NEWS

MAY 2007

MICHIGAN STATE UNIVERSITY EXTENSION

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QUOTE OF THE MONTH

"Real success is finding your lifework in the work that you love."

—*David McCullough*



DIABETES HEALTH – IT'S IN YOUR HANDS

According to the Michigan Diabetes Strategic State Plan there are not enough certified diabetes educators to meet the continuing educational needs of people with diabetes within the state. One of the recommendations of the strategic plan is that lay health workers be used to address the growing need for diabetes self-management. A recent integrative analysis of 24 studies showed that, despite varying roles and functions, evidence indicates that community health workers are effective in increasing access to health services, increasing knowledge, and promoting behavior change among ethnic minority women. Another reason for utilizing community health workers to address the increased need is cost effectiveness. An evaluation of the Community Health Workers Initiative (CHWI) cast favorable light on the costs and benefits of using community health workers (CHWs). Researchers compared health service utilization rates of clients served by CHWs to a comparison group of clients with similar socio-demographics who were not served by CHWs. Maryland Medicaid Claims data files were examined for emergency department use, hospitalizations, and Medicaid costs. It was found that each client served by a CHW cost an average of \$2700 less per year than a client in the comparison group. Assuming that each CHW carries an annual caseload of 30 clients, the researchers projected a saving of approximately \$50,000 per year for each CHW employed on the cost of program administration. Amidst the backdrop of this information, Family and Consumer Sciences/MSUE and the Department of Food Science and Human Nutrition implemented a program in several counties throughout Michigan called *Diabetes Health It's In Your Hands*.

This initiative utilized two evidence-based models for diabetes self-management, education, and positive behavior change. The models are the *Diabetes Health It's In Your Hands* self-management curriculum and the Stanford Chronic Disease group intervention model named *Personal Action Towards Health (PATH)* in this project. This project is funded by the Michigan Department of Community Health and contracted to Michigan State University Extension to deliver the programs in several counties throughout the state of Michigan. The participating counties are: Branch, Dickinson, Iron, Kent, Montmorency, Saginaw, Wayne and Wexford. Over the duration of this project the counties reported that 320 participants were initially screened, 179 completed pre-test, 154 completed post-test, 89 completed the program with follow-up at 6 months, and 15 were lost to follow-up.

The project's data analyst reported receiving responses from 344 participants. Seventy-five percent of the participants were female, 25 percent male. The average age of the participants was 56 years of age \pm a few years. The ethnic background of the participants was; Caucasian 49.8 percent, African American 42.3 percent, American Indian/Alaskan Native 2.2 percent, Hispanic 4.1 percent, and 1.6 percent responded to other. These percentages represent responses from 317 participants that answered the question out of the 344 participants. The participants were asked if they had participated in diabetes education classes prior to this intervention and 292 participants answered the question with 52.7 percent having not had prior diabetes education and 47.3 percent responded that they did. Participants were also asked about medication usage and 292 responded showing that 47.2 percent took oral medication, 14.6 percent took insulin, 34.7 percent took both oral medication and insulin and 2.1 percent used diet only with no medication. At the conclusion of the program the participants were asked how they would rate the program. The categories were poor, fair, good and excellent. This group was comprised of 70 participants and their responses were 68.6 percent for excellent, 31.4 percent for good, and the fair and poor categories received zero responses.

In the behavioral analysis section of the report it looks at responses to questions about what the participants thought about their current health habits using a stages of change model that measures 1) pre-contemplation, 2) contemplation, 3) preparation, 4) action, and 5) maintenance. The other measure used in the behavioral analysis section looks at responses to the "Where Am I Now" questionnaire that measures what the participants think about their current health behavior. This tool uses six categories which are; (1) I don't think about this or do it, (2) I think about this but I don't do it, (3) I feel ready to do this, (4) I do this sometimes, (5) I do this usually, and (6) I do this all the time. Both instruments measure changes in the participants' thoughts and actions about tobacco use, physical activity, fruit and vegetable intake, and fat intake. The "Where Am I Now" questionnaire also asks questions about medication use, sugar intake, and eating three meals a day. Both of these instruments showed positive progress when pre- and post measures were compared.

Overall the project was a success. However there were challenges. As we debrief and evaluate what we learned from this project we are confident that the

challenges will prove valued lessons learned for the improvement of project service delivery and the design of new projects. Both of the models used for this project are great tools for diabetes education and self-management. We hope to find more ways to utilize these models beyond the duration of the grant because the need for programs like these is so great and they are proven effective. *Submitted by Marvin Cato.*

SAVE THE DATE
Statewide Hunger Conference
Blueprint to End Hunger in Michigan

Tuesday, May 22, 2007, Lansing Center
Lansing, Michigan

8:00 am to 3:00 pm

Workshops:

- Nutrition Programs for your Community
- Easy Nutrition Education for your Clients
- How to help people who need more than just food
- Advocacy 101
- USDA Civil Rights Training
- Stretching your Food Dollar
- The 2007 Farm Bill
- 10 Helpful Fundraising Ideas for your organization
- Collaborative Client Choice Models
- Maximizing Child Nutrition Programs
- How to be an Anti-hunger Ambassador in your Community

First Gentleman Dan Mulhern - Lunch Keynote on
Everyday Leadership

Legislative visits at the State Capitol

A block of rooms at a reduced rate is available through April 21st at the Radisson Inn, downtown Lansing for Monday, May 21.

Go to www.fbcmich.org for more information.
A brochure will be distributed by the end of March.
Call 800.552.4483 for more information.

Submitted by Becky Henne

NEERS/CRS5 EVALUATION AND REPORTING SYSTEM – FREQUENTLY ASKED QUESTIONS

- Q.** What is the relationship of NEERS5 to CRSS?
- A.** NEERS5 (Nutrition Education Evaluation Reporting System) is the umbrella reporting system for CRS5 (County Reporting System), STS5 (State Reporting System) and FRS5 (Federal Reporting System). The number 5 designates the original release timeframe of the software of 2005.
- Q.** How do I get updates for CRS5, the new evaluation software?
- A.** Follow instructions on the one-page handout “How to Update CRS5” given out at the NEERS5 CRS5 Training. Also review e-mails sent out January 23, 2007, Update to CRS5. Each time an update is made available, we will make counties aware of the change via e-mail.
- Q.** Do I need to use the Excel files “State Adult SubGroups” and “State Public Assistance Programs” if there is no EFNEP Program in the county?
- A.** Yes, the SubGroups and Assistance Programs are needed regardless of the program title, EFNEP or FSNE.
- Q.** If the CRS5 software has to be reinstalled, do we need to recreate a database to connect the FSNE or EFNEP database(s), Import the SubGroups and Behavioral Checklist again?
- A.** When reinstalling the NEERS/CRS5 software use the CD with the white label “**NEERS5**” Nutrition Education Evaluation Reporting System. Most often you don’t have to Import the SubGroups and Behavioral Checklist because you will reconnect to the database you were using or had created. **HOWEVER, you must download the CRS5 again.**
- Q.** When should counties submit the first report using NEERS5/CRS5 software?
- A.** The first report for the 2007 Program Year is due January 5, 2007. This will be a three-month, one-quarter report for FSNE and a four-month report for EFNEP. After the first submission, other reports are due quarterly, the 5th day after the quarter ends.

BLUE RIBBON Q&A

- Q.** We don’t count Cloverbud (Young Clover) years as years in 4-H. I’ve heard this is causing a problem when kids apply for 4-H scholarships because they’ve been in 4-H those extra years and had project exposure, but can’t count it. Should we include Cloverbud membership years in total years in 4-H? If yes, I’m assuming we can include the Cloverbud years in 4-H when applying for county or state awards?
- A.** Yes, total years in 4-H include participation by our 5- to 8-year-old Cloverbud members. Cloverbuds are “regular” 4-Hers. Cloverbud is simply the name we give to the 5- to 8-year-old component of our programming. There is no reason to start the years in 4-H all over again when youth turn nine and are switched from Cloverbud Members to Members in the Blue Ribbon system.



Deadline for Next Edition of “CYF NEWS”

June 4, 2007, is the deadline to submit articles for the June 8, 2007, edition of “CYF News.” Please submit articles to Gail Hebert at hebertg@msu.edu