

LOGIC MODEL

Name of Program: Health and Human Sciences

Situation:

INPUTS	OUTPUTS		OUTCOMES – IMPACT		
	Activities	Participation	Short	Medium	Longer term
<p>What we invest</p> <p>Collaborators: - Extension Educators in 92 counties</p> <p>- Extension Specialists and faculty located on campus</p> <p>-State and local agencies/ organizations</p> <p>Financial Resources: -Local, state and federal funding</p> <p>-Grant activity</p>	<p>What we do</p> <p>Food, family, money and health education programs</p>	<p>Who is reached</p> <p>Adults</p> <p>Children and Youth</p> <p>Caregivers</p> <p>Schools</p> <p>Parents</p> <p>Professionals</p>	<p>What do we think participants will know, feel, or be able to do after participating in the program?</p> <p>Individuals learn about family resource management</p> <ul style="list-style-type: none"> • # of individuals who learn about financial literacy (earning/income, spending, saving and investing, borrowing, and/or protecting) (FCS1.1) • # of individuals who learn about consumer decision-making (FCS1.2) • # of individuals who increased their awareness of how spending choices impact overall finances <p>Individuals gain knowledge in health & wellness</p> <ul style="list-style-type: none"> • # of individuals who learn about ways to improve their health and well-being • # of individuals that reported an intention to increase physical activity and/or reduce sedentary time in their daily lives (FCS3.1.b.) <p>Individuals gain knowledge in foods & nutrition</p> <ul style="list-style-type: none"> • # of adults that gained knowledge about eating more of healthy foods (CO1.4.a.) • # of adults that reported an intention to eat more of healthy foods (CO1.4.b.) • # of adults that gained knowledge about eating less of foods/food components which are commonly eaten in excess (CO1.5.a.) • # of adults that reported an intention about eating less of foods/foods/food components which are commonly eaten in excess (CO1.5.b.) • # of adults that gained knowledge on healthy eating patterns (CO1.6.a.) • # of adults that reported an intention to adopt healthy eating patterns (CO1.6.b.) • # of food handlers receiving food safety training and education in safe food handling practices (FS3.2) <p>Individuals gain knowledge in human development</p> <ul style="list-style-type: none"> • # of individuals who learn about healthy child and/or family development (FCS1.HCFD1.) • # of individuals who learn about expressing emotions, handling stress and/or positive communication 	<p>How do we think the participants will behave or act differently after participating in the program?</p> <p>Individuals adopt healthier eating behaviors</p> <ul style="list-style-type: none"> • # of youth that reported eating more of healthy foods (CO1.1.c.) • # of adults that reported eating more of healthy foods (CO1.4.c.) • # of adults that reported eating less of foods/food components which are commonly eaten in excess (CO1.5.c.) • # of adults that reported adopting healthy eating patterns (CO1.6.c.) 	<p>What kind of impact can result if the participants behave or act differently after participating in the program?</p>

Assumptions

1. Evidence of condition changes can be documented through published research and/or government agency services.

External Factors

1. Unforeseen changes in national and/or state political and for economic climate.