

DISSERTATION

INFLUENCE OF THE EXPANDED FOOD AND NUTRITION EDUCATION PROGRAM ON
THE QUALITY OF LIFE OF ITS PROGRAM PARTICIPANTS AND EDUCATORS

Submitted by

Natalia Infante Caylor

School of Education

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Doctoral Committee:

Advisor: Gene W. Gloeckner

Co-Advisor: Vincent G. Basile

Susan S. Baker

Garry W. Auld

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ABSTRACT

INFLUENCE OF THE EXPANDED FOOD AND NUTRITION EDUCATION PROGRAM ON THE QUALITY OF LIFE OF PROGRAM PARTICIPANTS AND EDUCATORS

The Expanded Food and Nutrition Education Program (EFNEP) funds are distributed to land grant universities in all states, US territories and the District of Columbia (USDA, 2013). It was established by the Smith-Lever Act of 1969 to help low income families, particularly those with children under 18, by teaching families how to stretch their dollars and plan healthy and inexpensive meals (Brink, 2000; Dollahite, Kenkel, & Thompson, 2008; Greer & Poling, 2001). EFNEP also provides ongoing empowerment through continuous training, staff development and improving job performance. Multiple studies have shown that EFNEP has a positive impact on the life of program participants. Some of the program impacts reported are related to physical activity, food safety practices and menu planning (Hibbs & Sandman, 2011; Rajgopal, Cox, Lambur, & Lewis, 2002).

This multi-state research is the continuation of an exploratory quantitative study that assessed the use of the Quality of Life profile for adults from the Centre for Health Promotion of the University of Toronto. The methodology of the study conducted by Bauer (2009) consisted of pre, post and delayed questionnaire completed with EFNEP's paraprofessional educators and participants at three different times. The research was part of a Master's thesis (Bauer, 2009) and a manuscript was written by Auld, Baker, Bauer, Koszewski, Procter, & Steger (2013). Results helped in developing the themes and shaping the questions to be asked for the telephone interviews about the influence of EFNEP on the Quality of Life (QoL) of its educators (Phase I), and the focus groups with EFNEP participants (Phase II), discussed in detail in this dissertation.

Phase I results were published in fall 2016 in the Journal of Nutrition Education and Behavior (Auld, Baker, Infante, Inglis-Widrick, Procter, Steger, and Yerxa, 2016). Phase II, a qualitative study, examined the influence EFNEP has on its program participants' Quality of Life (QoL) from four different populations: Blacks, Whites, Spanish-proficient Latin@ and English-proficient Latin@.

The research into quality of life for Phase I consisted of multistate individual qualitative telephone interviews conducted with 28 EFNEP educators, 15 EFNEP supervisors and 15 agency representatives. Data collected from the telephone interviews were transcribed and analyzed using template analysis. Interviewees' transcripts were also analyzed inductively to determine the influence of EFNEP on the lives of its educators.

Furthermore, the research into quality of life for Phase II consisted of focus groups, some in English and some in Spanish with EFNEP participants from different states and ethnic backgrounds. Data collected from the focus groups were transcribed, translated when needed and analyzed using template analysis. Transcripts from Phase II were also analyzed inductively to determine the influence of EFNEP on the quality of life of its program participants. A QoL construct from the University of Toronto (UoT) served as *a priori* starting point to review interviews about educators for Phase I, and focus groups with participants for Phase II.

EFNEP influenced educators' QoL by helping them make positive changes in their lives, increasing their motivation or drive for improvement, increasing self-esteem, increasing self-confidence, positively impacting educators' families, and increasing educators' community status. In addition, EFNEP also influenced the QoL of its program participants by helping participants have healthier eating patterns, learn about food safety, be more physically active, be motivated to improve, be a good role model for their children and learn about and try new things.

Results from this study support the view that EFNEP influences the QoL of its educators and program participants in many ways.

Keyword: EFNEP, Quality of Life, nutrition educators, educators, participants, low income, nutrition, paraprofessional educators.

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I would like to thank my mother for encouraging me to take this big step of starting the Ph.D. program years ago. Also, for constantly reminding me of the value of education and that it is something that no one can take away from me. Thank you also to my husband Paul for his unconditional support, for making sure I had everything I needed to write my dissertation almost every evening after work, and on weekends during the writing phases of my dissertation program, including uninterrupted times whenever I needed. I am also eternally thankful to my advisor Dr. Gene Gloeckner for calling and leaving me a message the morning of October 6, 2016 to check on me and insisting that we meet and talk about my dissertation program, after I have already decided not to finish the dissertation program. Even though it took me almost two months to come up with “an excuse” to not finish the program and return the call, he insisted in meeting and encouraged me to not give up. Thank you Dr. Gloeckner for all your encouragement always! I am also grateful for the committee members I have been blessed with, for their patience, for their support throughout these years, sharing their expertise and for being great professional role models for me. Thank you to Ruth Inglis-Widrick for helping me with countless hours of data entry for these two projects. Thank you to the staff members of the EFNEP office at Colorado State University for all their help and support from the very beginning, especially to Kathryn McGirr and Dwayne Watson. Thank you to the NC-2169 group of experts, the EFNEP educators, supervisors, community agency representatives, EFNEP participants, transcribers and others who made the interviews possible. Thank you also to numerous people all these years who have encouraged me to finish my degree. Last, but not least

thank you to my kids; Ademar, Carolina, Lorena, and Alexander for their unconditional love and support to finish this dissertation.

DEDICATION

I dedicate this dissertation to my kids Ademar, Carolina, Lorena, and Alexander. May your future be brighter and better. You have always been my motivation to further my education with the hope of providing a much better future for each of you.

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CHAPTER ONE: INTRODUCTION

This qualitative study examines the impact of the Expanded Food and Nutrition Education Program (EFNEP) on the program participants' quality of life (QoL) as it relates to three ethnic groups. It also examines the impact of EFNEP on educators' quality of life. The Expanded Food and Nutrition Education Program was created in 1969 as a pilot program in Alabama. It was originally administered by 1862 land grant universities and in 2006 included 1890 land grant universities (USDA, 2017a).

EFNEP was created to help diverse low-income families, adults and youth (Brink, 2000; Koszewski, Sehi, Behrends, & Tuttle, 2011) to improve their nutritional wellbeing (Greer & Poling, 2001). Additionally, EFNEP was created to help participants manage food resources (USDA, 2013), including shopping and planning menus with low-cost ingredients. The limited access to adequate nutritious and safe food is an increasing concern in the U.S. (Strings, Ranchod, Laraia, & Nuru-Jeter, 2016).

EFNEP classes are taught by paraprofessional educators indigenous to the population (Hibbs & Sandman, 2011); educators deliver a series of lessons addressing nutrition, food safety, food resource management and physical activity consistent with the Dietary Guideline for Americans (Dollahite & Scott-Pierce, 2003). Participants learn how to stretch their food dollars, observe food safety practices, and read food labels (Hibbs & Sandman, 2011; Rajgopal et al., 2002).

Adult participants are impacted by EFNEP in several ways; many retain their learned skills six months after graduation (Koszewski et al., 2011). The Koszewski study explored if QoL measures were also positively retained months after graduating from the program. For the

purpose of this study, a QoL construct for adults from the University of Toronto (Centre for Health Promotion, n.d.) was used as a framework to determine EFNEP's impact on QoL of participants and educators.

EFNEP Participants

According to the National Institute of Food and Agriculture (USDA, 2016), 74% of EFNEP's program participants are low-income minorities, with over 80% of EFNEP families living at or below the 100 percent poverty level. For that time period, this level meant that a family of four earned less than \$24,250 (USDA, 2016). The next year's report stated that 84% of EFNEP participants who reported income lived at or below the poverty level, earning \$24,300 a year or less with a household of four (USDA, 2017a). Between October 2015 to September 2016, 44% of EFNEP adult population lived below the 50% poverty level (USDA, 2017b). In addition, EFNEP participants also have a limited amount of resources and educational background (USDA, 2016). EFNEP adult participants live in both rural and urban areas (Brink, 2000) and typically are primarily responsible for planning and preparing family meals for young children, pregnant teens and youth (USDA, 2013).

EFNEP Educators

EFNEP paraprofessionals are indigenous to the community where they work (Brink, 2000; Hibbs & Sandman, 2011). They also share similar ethnic, socio-economic and life experiences as EFNEP participants, and thus are able to better impact the lives of their participants (USDA, 2013).

Quality of Life

From the Benthamite tradition, QoL meant contentment for the maximum amount of people (Graham, 2011). However, the history of QoL and its relationship with the medical field

and public health really took off in the 1940s, particularly during World War II. Social scientists involved in the events of World War II became concerned about the psychological and social issues behind health and well-being (Stouffer, 1949). Later, during the 1960s and 1970s, humanism and social welfare created a strong foundation to learn about people's perception of their own quality of life and ways to improve it (Keyes, Fredrickson, & Park, 2012). During the 1990s, the World Health Organization (WHO) developed a tool to assess quality of life cross-culturally. In addition, there has been an increased focus on the measurement of health beside mortality and morbidity before the 1990s (World Health Organization, 1997).

Purpose of the Study

Anecdotal studies have shown that EFNEP has an influence on the quality of life of its educators and participants. The studies mentioned in detail in this dissertation are a continuation of a quantitative study conducted by Bauer (2009), which evaluated the use of the Quality of Life Profile for adults developed by the Centre for Health Promotion from the University of Toronto as a potential tool to measure the quality of life of EFNEP educators and participants. Results from the study were published in the Journal of Nutrition Education and Behavior and authored by Auld, Baker, Bauer, Koszewski, Procter, & Steger, in 2013. Phase I and II, will be described in detail in this dissertation. The purpose of Phase I and II was to qualitatively determine the influence of EFNEP on the quality of life of its educators (Phase I), and of program participants (Phase II) based on the Quality of Life instrument for adults from the University of Toronto. In addition, Phase II will also look at the influence EFNEP has on the quality of life of its program participants based on their ethnicity. Results from Phase I were published on the Journal of Nutrition Education and Behavior in fall 2016 (Auld et al., 2016). The WHO (1996), defines quality of life as "individuals' perception of their position in life in the context or the culture and

value systems in which they live and in relation to their goals, expectations, standards and concerns” (p. 1). Results from Phase II could help in guiding and modifying teaching materials in order to better reach specific populations based on their ethnicity, thus increasing the positive role of EFNEP on participants’ quality of life.

Researcher’s Perspective

I have enjoyed learning so much about this project and what the data shows. I enjoy working with qualitative data because it seems to give more information and is more flexible. However, it can also be more challenging when it comes to eliciting answers.

The population studied in this research fascinates me, in part because I can relate to much of their experiences. I am originally from Paraguay, South America and I learned English nine years after moving to the U.S. while attending college close to my 30s. At one point in my life, I could have fit into the Spanish-speaking Latino group of this study population. At another point, I could have fit in the English-proficient Latino group after some acculturation. Looking back at my life, I can also see how acculturation has greatly impacted my life since I moved to the U.S. in 1992. Acculturation negatively impacted my life in a number of ways, particularly regarding food and nutrition, which is similar to many of the Latin@ studied in this research. I grew up in a household where my sister and I would drink fresh carrot juice with parsley or fresh tomato juice every single morning before going to school. By “fresh” I mean freshly blended and not processed in any form. Every time my mom cooked beans to make bean salads, we would drink the “juice” the beans were cooked in because my mom considered it “healthy for our brains.”

Unfortunately, my eating habits changed pretty much overnight once I moved to the U.S. I stopped eating a lot of fresh fruits and vegetables and replaced them for the most part with sugary cereals, fast food, hamburgers and pizza. My physical activity levels also suffered as I

started driving everywhere, whereas before in Paraguay I relied mainly on public transportation and outdoor activities. Food safety is another reminder of acculturation and another difference between Paraguay and the U.S. Paraguay is a sub-tropical country where average temperature in the summer can be close to 95 degrees Fahrenheit and it is common for most people to leave food out for hours. I learned right away in the U.S. that people do get sick from food poisoning. I asked my mother one time why she left food out so often and her response was that it was the way she was raised and her mother and grandmother did the same. Again, it is fascinating to me how much influence culture has in our lives, regardless of what culture means to each of us. While volunteering at a local non-profit clinic in town as a bilingual translator, and from talking with patients while waiting to see the doctor, I see and hear also how acculturation has definitely impacted the lives of the patients as well. I can see some of the health issues “Latin@” are more prone to than Whites.

As I learn more about how EFNEP impacted each of the four populations in this study, I cannot help but to stop and think about how acculturation has impacted my life as well. In some ways I do not fit in the groups described in this study for a Latina, but I can clearly see how life changes as people become more accustomed to U.S. culture. I can identify in other ways with the data found from the focus groups, like how people who work two or three jobs, as I used to do, usually do not have time to exercise or have leisure time. I cannot speak for the Black groups, but after reading so much about these four groups my question continues to be: why is the Latin@ group usually the last one on the list as far as achieving something as a population, in this case health related? Why are we the ones with the highest incidence of diabetes and the ones with the lowest levels of physical activities compared to Blacks and Whites? Also, I wonder

what we need to do to close that gap, which is made particularly frightening by the fact that Latin@ are expected to be the majority among U.S. minorities in the coming decades.

As previously stated, I can relate to some of the situations experienced by EFNEP program participants and some educators. In 2006, I went through a nasty divorce, and as a consequence I was left to raise my four children alone. For a period of time after, my family and I relied on government assistance while I went to school and worked two part-time jobs to make ends meet, as many EFNEP program participants discussed. Although I was frugal, I still wish I could have had the opportunity to attend an EFNEP class and learn how to stretch my food stamp dollars and feed my family in a healthier way. I can also identify with acculturation issues many of the participants discussed, as well as overcoming a domestic violence situation mentioned by an educator during a telephone interview. I know how it is to work multiple part-time jobs and not have time or money for leisure, as is the case of the majority of EFNEP program participants.

Before my divorce, my ex-husband constantly told me that I would never make it on my own with four kids, so I shouldn't even try because I was not born in this country, knew little English, did not have a college education and was "just a stay home" mom. When I left my ex-husband in 2006, I had just received an acceptance letter from CSU to start a master's degree program in English. I knew I wanted a better future for my four kids and wanted to be a role model for each of them, I also knew how much I enjoyed working in the higher education field. A couple of years later I was working as an hourly employee for someone who is now one of my committee members, someone I admired for her strength, independence and leadership skills. I applied to the Ph.D. program at CSU in 2009 and got accepted.

I am driven to graduate from this program and say I FINALLY DID IT!!! Like many other students, I had to overcome some barriers but I did it. I feel that as EFNEP represents a

sense of accomplishment for many participants and educators, this program and the support and trust from my committee members also represents a huge sense of accomplishment for me.

Research Questions

1. What role does EFNEP play on the quality of life of its program participants across the U.S., two to four months post-graduation?
2. What quality of life aspects did EFNEP program participants identify as most impactful in their lives?
3. How did EFNEP influence its program participants' lives differently after graduation based on ethnicity?
4. What was the influence of EFNEP on the quality of life of its educators?

Significance of the Study

Quality of Life is an important measurement tool in the medical, psychological and economic fields, providing stakeholders and researchers with a more comprehensive view of program outcomes. Much QoL literature focuses on medical and social points of view, such as how did cancer affect individuals psychologically (Power, 2003). A quick look on Academic Search Premier from 1901 to 2017 for the term “Quality of Life” resulted in over 134,000 titles. The top three categories from this search were related to treatments (e.g. radiation and quality of life), therapeutic uses (e.g. drugs and quality of life), and psychological aspects (e.g. depression and quality of life). Most of the studies conducted about EFNEP have focused on participants' knowledge of nutrition and/or aspects of their behavior toward nutritional change. However, very little information about the effect of EFNEP on the paraprofessionals is available (Hibbs & Sandmann, 2011). Furthermore, a multistate, quantitative study conducted with EFNEP educators and program participants, concluded that the University of Toronto QoL profile has the

potential to expand the way EFNEP programs are assessed as well as its impacts (Auld et al., 2013). Results from a qualitative multistate study, conducted by graduate student with 58 participants from three different groups, indicated that the impact of EFNEP goes beyond those shown by program participants, and also positively affects the quality of life of its educators (Auld et al., 2016).

Therefore, this study fills a gap between the importance and prevalence of QoL research and the lack of a more rigorous approach relating to QoL and EFNEP. Previous research has expressed a need for this information and how it could positively impact EFNEP as well as educators and participants. This study is more significant to Nutrition Education, as well as the fields of Adult Education, because it will help create an instrument that measures QoL of adult program participants and educators. It can also help by refining an instrument that can be used to measure outcomes in similar programs. Positive outcomes from this study could be used to justify continued and/or increased funding for EFNEP. This study would add to a fuller understanding of EFNEP's impact and its cost effectiveness. The QoL of participants will increase and as a consequence participants will have a healthier life for their families by having more programs like these if they are shown to be effective. Furthermore, results from Phase I might help with the recruiting, training and retention of educators by sharing some of the quality of life benefits of working with EFNEP with current and potential educators.

Limitations and Assumptions

Factors that may limit the study were:

1. Participants were assumed to be telling the truth about their experiences with EFNEP and the way it affected their lives. Researcher did not have control over accuracy of information.

2. Data could have been subjected to a different interpretation when assigning codes to the transcribed focus group interviews, thus assigning inappropriate coding was possible. In order to avoid possible miscoding, two people independently coded information and then met to establish one specific code for a sentence or paragraph before entering it into the software analysis program NVivo (version 10.0, QSR International Pty, Ltd, Docaster, Victoria, Australia, 2010).
3. Interview questions seemed abstract during pilot focus group making it difficult to elicit quality of life responses from participants. The questionnaire needed slight modification to add more probing questions and better elicit quality of life responses.
4. Multiple moderators were used for focus groups and the researcher had little or no control over their actions and how they operated. However, we did have webinars and training to partially mitigate this limitation.
5. EFNEP educators invited participants to be part of each focus group based on EFNEP classes previously attended by participants.
6. Attending focus groups could be difficult for participants due to lack of transportation.
7. Studies related to quality of life with respect to EFNEP and life in general were limited. The majority of quality of life studies were based on health and social issues, such as cancer, stroke, eating disorders, depression, and other health and mental issues.
8. Transcribers might have had issues understanding and transcribing different dialects of the Spanish language.

Parameters

1. Only participants who took EFNEP classes and no other types of nutritional classes were invited to participate in the focus groups.

2. Participants needed to be free living in order to participate, meaning not taking classes while in jail or a homeless shelter, as they needed to be able to freely implement the learned changes.
3. This research study was specific to adult program participants and EFNEP educators regardless of gender.
4. Although EFNEP teaches nutritional classes to children and young adults, for the purpose of this project, only adults were interviewed.
5. Focus groups participants were expected to be at two to four months post-graduation at time of focus groups.
6. Participants' groups were from eight different states and telephone interviewees were from eight states and one U.S. territory.
7. Different people from different states helping with telephone interviews and focus groups.
8. Agency partners for telephone interviews needed to be a partner for at least three years and had a good understanding of EFNEP's objectives for the program. EFNEP educators needed to be employed for at least three years to participate.

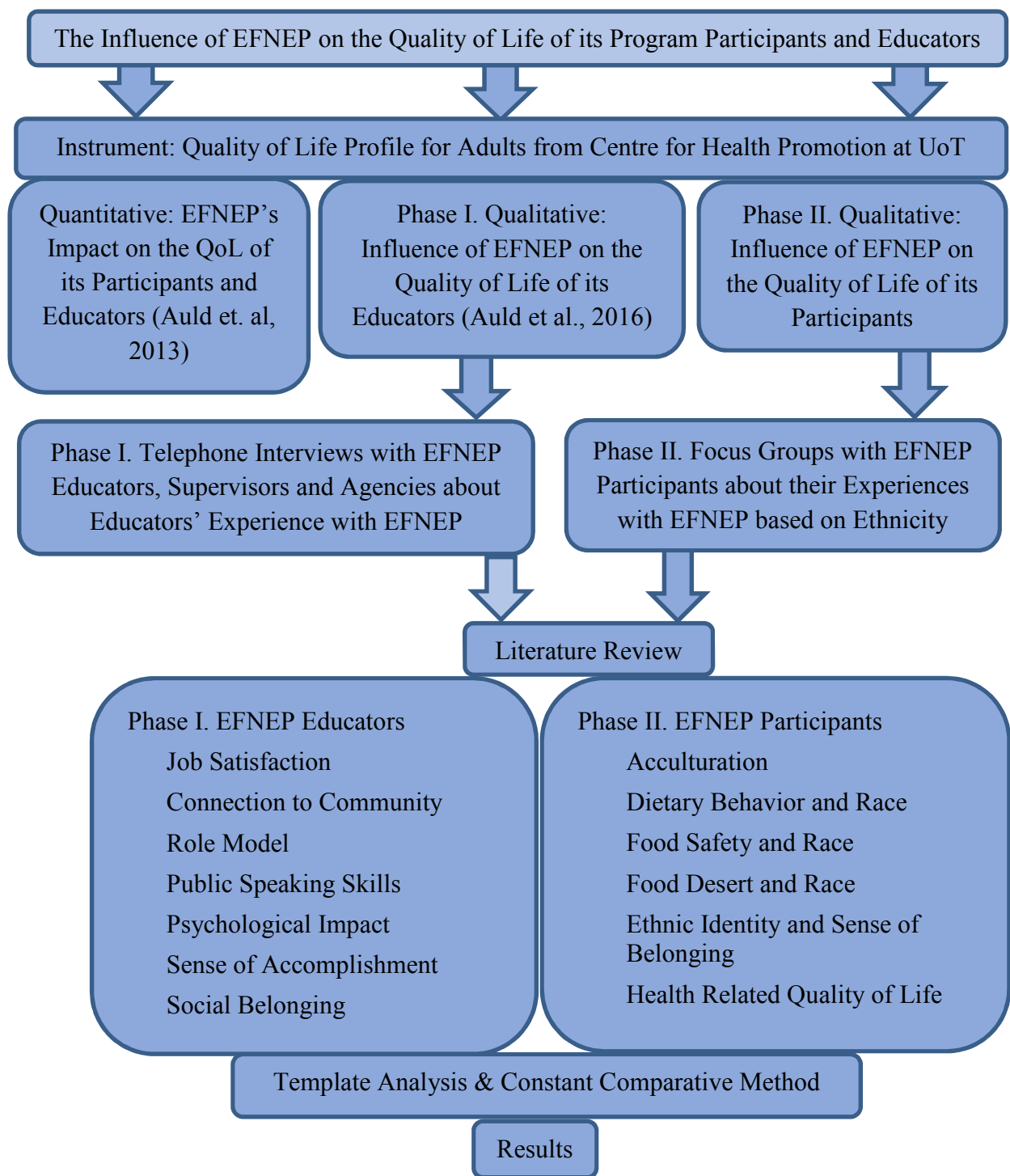


Figure 1.1. Distribution map of different Phases for research design. Organization of Phases I and II including literature review findings and methodology.

CHAPTER TWO: REVIEW OF LITERATURE

The term “quality of life” is mostly used in the literature to refer to its impact in relation to health, but not to satisfaction with life or psychological impact on people. This chapter provides an overview of QoL definitions and a brief historical overview of the Expanded Food and Nutrition Education Program (EFNEP). It also provides definitions for ethnic groups represented in the current research study and covers major themes associated with this research and their relationship with specific ethnic groups.

This chapter will also focus on EFNEP educators to better understand the impact of EFNEP in addition to the impact of EFNEP on participants. While the goal was to gather data from males and females from four different groups, only females responded to the invitation to participate. The literature review for program participants will look at body image, dietary behaviors and physical activity of Blacks, Whites, Spanish-proficient Latin@ and English-proficient Latin@, when available with the purpose of finding any disparities. It will also look at EFNEP program educators and nutrition education program educators, also known as paraprofessionals or promotoras in some articles.

History of EFNEP

The Expanded Food and Nutrition Education program of the US Department of Agriculture, Cooperative State Research, Education, and Extension Service (Nittoli & Giloth, 1997) began as a five-year pilot program in 1965 in the state of Alabama as the U.S. government tried to help the population suffering from poverty and hunger (USDA, 2017a), which was also called the federal War on Poverty program (Nittoli & Giloth, 1997). Moreover, in 1968 President Lyndon B. Johnson authorized \$10 million for EFNEP programs, and a year later the fund was

increased to \$30 million for the Expanded Food and Nutrition Education Program under the Smith-Lever Act, title 3(d) fund (Brink, 2000). Initially, EFNEP program was administered by 1862 land grant universities, currently it is administered by 1862 and 1890 land grant universities.

The mission of EFNEP is “to assist limited resource audiences in acquiring the knowledge, skills, attitudes, and changed behavior necessary for nutritionally sound diets, and to contribute to their personal development and the improvement of the total family diet and nutritional well-being” (USDA, 2015, pg. 3). Today EFNEP works with a total of 76 higher education institutions that administer the program (USDA, 2017a), through 1862 and 1890 land grant universities (USDA, 2013), in every state of the U.S. including the following territories: American Samoa, Guam, Micronesia, Northern Marianas, Puerto Rico, and Virgin Islands, and the District of Columbia (USDA, 2017a).

According to Koszweski et al. (2011), the majority of the nutrition education programs in the 1960s were not easily accessible to lower income populations due to work schedules of participants, lack of transportation and lack of childcare. In 1969, this pilot program became the national EFNEP program (USDA, 2017c) created by the United States Department of Agriculture's (USDA) Cooperative Extension Service.

Latest Facts about EFNEP

A recent USDA report indicated that a total of 33 million participants have benefited from EFNEP programs since its beginning, and approximately 1,600 EFNEP educators receive training every year (USDA, 2017c). Moreover, for every dollar spent on EFNEP programs, Americans benefit \$9.52 in return (USDA, 2017c). In 2016, EFNEP employed 1,908 educators

who were members of the communities they serve, these educators worked with 118,976 adults (USDA, 2017a).

EFNEP Participants

Low-income populations and minorities are disproportionately affected by lack of physical activity, unsafe food practices, food insecurity and poor dietary behaviors, thus exponentially increasing their health risks (USDA, 2017a). At least 74% of EFNEP participants are from minority ethnicities.

In addition, approximately 84% of EFNEP participants, who reported their income, live at or below the 100 percent poverty level. Their household is typically comprised of four people on average, and they typically earn \$11 to \$12 an hour (USDA, 2017a). The average number of lessons each participant received in 2016 was 8.2 (USDA, 2017b). In addition, reports from 2016 show that 86 percent of participants were female and 14 percent were male (USDA, 2017b).

EFNEP was created with the purpose of helping diverse, low-income families (Brink, 2000; Koszewski et al., 2011) in rural areas and poor parts of the cities, youth and adults, especially families with children 18 and under (Greer & Poling, 2001). Also, the goal was to employ educators/paraprofessionals (Brink, 2000) and help participants stretch their food dollars by planning inexpensive menus (Dollahite et al., 2008; Greer & Poling, 2001).

EFNEP Educators

EFNEP educators are indigenous to the community in which they work (Brink, 2000; Hibbs & Sandman, 2011; USDA, 2012b). They share similar ethnic, socio-economic and life experiences to EFNEP participants (Dollahite & Scott-Pierce, 2003) and thus are able to better impact the lives of their participants and build rapport more easily (USDA, 2013). They are also able to better facilitate the recruitment and retention of program participants as it is easier for

participants to identify with the educators (Mayes, Silvers, & Prendergast, 2010). They also recruit low-income participants and help them develop the necessary skills to improve their family's nutrition (Dickin, Dollahite, & Habicht, 2010).

Educators teach research-based, high quality information (Brink, 2000; USDA, 2012b) on how to stretch food dollars, practice food safety, and read food labels (Hibbs & Sandman, 2011). They are trained to prepare food, use role plays to simulate common life situations, learn basic cooking skills and do job shadowing to learn important job skills (Byington & Baker, 2012). Additionally, they are supervised by professionals, trained by local universities and expert professionals in the field (Brink, 2000; USDA, 2013). EFNEP educators teach individual classes at participants' homes and group classes, depending on participants' needs (USDA, 2013) but mostly group classes.

Furthermore, EFNEP educators are required to have a GED or high school diploma, however any additional education obtained does not increase the possibilities of getting hired (USDA, 2013). In addition, hiring potential is increased by the expressed desire to learn new skills related to EFNEP (Brink, 2000).

In addition, a longitudinal, multi-state study was published in 2009 based on data collected from twenty newly hired EFNEP educators and a total of 108 EFNEP participants from different states at 3 time points. Results from this quantitative study indicate that EFNEP positively impacts the Quality of Life (QoL) of its educators and participants (Auld et al., 2013).

EFNEP Impact on Educators

This section explains some of the common categories found in the literature that impacted EFNEP educators such as being a role model as a consequence of working with EFNEP or gaining public speaking skills.

Job Satisfaction and Connection to the Community

A recent study indicates that EFNEP paraprofessionals acquire a new set of skills due to extensive training, improve their status within the community and increase empathy (Hibbs & Sandmann, 2011). A qualitative study interviewed and analyzed 27 women who had low educational attainment or a high school equivalent (GED) diploma (Guerrero & Singh, 2013). The study suggested that people value their jobs not only because it brings power to them and helps them survive, but also because they feel socially connected by helping others, and have more opportunities to learn (Guerrero & Singh, 2013). EFNEP paraprofessionals also love being a role model, love their job flexibility and consider working for EFNEP a blessing (Hibbs & Sandmann, 2011).

Public Speaking Skills

EFNEP paraprofessionals also improved their public speaking abilities compared to before the job (Hibbs & Sandman, 2011). Furthermore, people with higher self-esteem tend to have a happier, more productive and enjoyable life (Heatherton & Wyland, 2003), which helps overcome the fear of public speaking (Jung & McCroskey, 2004).

Connections

Among the qualities gained by working for EFNEP, educators developed a variety of practical skills. They improved their status within the community, improved their relationships with their families and the community in general, expressed caring about others more so than before, they viewed and treat others differently, and most importantly their self-esteem improved (Hibbs & Sandmann, 2011).

Psychological Impact

A study conducted with twenty paraprofessionals from the University of Georgia Extension program reported significant psychosocial changes in paraprofessionals as a result of working for EFNEP and the training involved (Hibbs & Sandmann, 2011). Studies indicate that EFNEP paraprofessionals love helping participants, they transfer this passion to their work, and feel a sense of accomplishment from the type of work they do, which makes them feel good about it (Hibbs & Sandman, 2011). Putnam's (2001) study showed that people who altruistically help others feel more connected to their communities, and as a consequence increase their level of happiness.

Social Belonging

Social belonging represents the relationships with people in our lives and those around us as well as groups we are part of and those we identify with as part of our cultural environment. A study to assess the use of a quality of life profile with EFNEP educators and participants found that EFNEP had a positive impact on the social belonging area of educators (Auld et al., 2013). In addition, social belonging has positive effects on one's health by decreasing the physiological and psychological stress by increased support and resources (Mock, Fraser, Knutson, & Prier, 2010).

Professional Growth

A multi-state, qualitative telephone interview study conducted with 28 educators, 15 EFNEP supervisors and 15 agencies familiar with EFNEP, reported a positive impact of EFNEP on the professional growth of its educators. The study indicated that some EFNEP educators enrolled in college classes or earned a degree. While others joined different organizations as board members such as the Hispanic community committee, Head Start advisory board and food bank coalitions, as well as city councils. In addition, the study also reports that some educators

improved their computer skills, learned to better manage their time and overcame fears of public speaking (Auld et al., 2016).

Personal Growth

Furthermore, a study conducted with twenty EFNEP educators from different states that compared the impact of EFNEP on educators versus participants found that educators felt more in control of achieving their personal goals than participants (Auld et al., 2013). Self-confidence and community involvement were personal growth results reported about educators in a multi-state study conducted with EFNEP paraprofessionals, supervisors and community agencies (Auld et al., 2016).

EFNEP Impact on Participants

Some of the program impacts reported by participants are related to physical activity, food safety practices and menu planning (USDA, 2015). Studies with EFNEP participants found that after taking EFNEP classes, participants improved in their management of nutrition resources, compared prices and applied their recently acquired food-purchasing techniques (Brink & Sobal, 1994; Burney & Haughton, 2002; Koszewski et al., 2011; Wardlaw & Baker, 2012).

Participants also reported a decrease in the frequency of running out of food compared to before taking EFNEP classes (Brink & Sobal, 1994; Koszewski et al., 2011). This is important to note, especially since minorities suffer the most from food desert areas (USDA, 2012b). More than 95% of program participants reported diet improvement by consuming more fruits and vegetable every day (USDA, 2017c).

Past studies showed that a number of skills were retained by EFNEP participants after completion. Some of these skills included: menu planning (Rajgopal et al., 2002), the ability to

make healthful food choices, reading food labels, having their children eat breakfast, consuming less soda, comparing prices when shopping and preparing a food budget (Hlavacek, 2010), not running out of food by the end of the month, as well as properly storing and thawing food (Koszewski et al., 2011). Participants also indicated that their involvement in their own communities increased after taking EFNEP courses, e.g., volunteering in churches, food pantries, their children's schools and scouting activities (Arnold & Sobal, 2000; Brink & Sobal, 1994).

Qualitative and quantitative longitudinal data from Wardlaw and Baker (2012) reported that EFNEP participants retained their nutritional behaviors one to four years after graduation. Some of the health benefits included portion control and increased fruit and vegetable consumption in households. In addition, EFNEP participants learned important decision making skills by saving money and comparing prices. They learned budgeting skills and goal setting, gained confidence by learning how to cook, hosting dinners and getting more involved in their communities. The study also reported that participants felt better as parents by being better role models, and they were more willing to try new things due to graduating from a successful program such as EFNEP. Participants felt empowered by what they learned and had increased self-esteem after taking the class (Wardlaw & Baker, 2012). Besides learning facts about nutrition, EFNEP participants also learned valuable organizational skills by preparing menus before going shopping.

A research study in Nebraska with 1,100 EFNEP and Supplemental Nutrition Assistance Program-Education (SNAP-Ed) participants showed positive behaviors six months post-graduation. Moreover, participants maintained or improved their nutrition education behavior, planned their meals, created a budget, read nutrition facts labels, practiced food safety

techniques, made healthy food choices and were physically active at least thirty minutes a day for a minimum of four days/week (Koszewski et al., 2011).

A longitudinal study conducted in Wyoming with 114 participants who graduated from a 20-lesson nutrition education series showed that EFNEP participants retained nutrition knowledge fifteen to forty months after EFNEP graduation. Participants primarily improved their daily intake of dairy and fruits and vegetables post-graduation. Thirty-four percent of participants post-graduation reported an annual income of \$8,000 or less; from this group 8.7 percent of EFNEP families reported a monthly food saving amount of \$100 or less (Barbe, 1991).

Another study with 59 EFNEP participants in New York found that 41% of participants had not graduated from high school, making EFNEP the first educational program from which they graduated (Arnold & Sobal, 2000). The achievement of graduation from EFNEP is an accomplishment that may have helped increase participants' self-confidence by empowering these individuals to return to the workplace. By participating in EFNEP, adult participants experience empowerment, self-improvement and volunteer more in the community (Brink, 2000; Brink & Sobal, 1994).

A mixed-method research with Wyoming Cent\$ible Nutrition program, found that EFNEP participants maintained their positive changes after finishing the course by incorporating nutritional and non-nutritional knowledge into their daily lives (Wardlaw & Baker, 2012). Participants improved their food safety skills when preparing food, increased intake of fruits and vegetables (Brink & Sobal, 1994; Koszewski et al., 2011; Wardlaw & Baker, 2012), and were able to make better choices for their families (Wardlaw & Baker, 2012).

EFNEP graduates improved their diet and nutrition behaviors by 89% compared to behaviors prior to participating (USDA, 2016). Multiple studies have reported that EFNEP participants also showed improvement in their ability to cook from scratch instead of eating prepared food (Arnold & Sobal, 2000; Weatherspoon et al., 2015). A study by (Luccia, Kunkel, & Cason, 2003) showed that iron intake increased by 13%, calcium by 16%, vitamin A by 32%, vitamin C by 20%, and vitamin B₆ by 21 % among EFNEP graduates.

Another study with 59 females in New York suggested that EFNEP also has a non-nutritional impact on the lives of its participants in areas such as education, improved employment skills, health, community involvement, food savings and physical activity (USDA, 2016). Other studies have anecdotally captured these themes without tying it directly to the term QoL. A report about the 2015 impacts of EFNEP indicated that EFNEP graduates reported a total savings costs on food of \$1,364,013.05 (USDA, 2016). The following sections explore these impacts more specifically.

Acculturation

Culture and ethnic identities have an influence on eating behaviors and body image (Shuttlesworth & Zotter, 2011). A review of literature found that most articles examined indicated that the more assimilated Latinos were to mainstream U.S. culture, the more it adversely affected their dietary behaviors and physical activity, i.e. the more they assimilated, the higher the tendency toward obesity (August & Sorkin, 2011; Lara, Gamboa, Kahramanian, Morales, & Bautista, 2005).

Dietary Behavior

August and Sorkin's (2011) study with 33,189 adults in California found a difference between non-Hispanic Whites and other racial minorities relating to dietary behaviors and

exercise. Specifically, middle-aged English-proficient Latinos had worse dietary behaviors than non-Hispanic Whites (August & Sorkin, 2011). English-proficient Latinos and African-American/Blacks were less likely to eat the recommended daily intake of fruits and vegetables compared to non-Hispanic Whites (August & Sorkin, 2011). This is an interesting finding when most articles suggest that acculturation has a negative impact on dietary behaviors (August & Sorkin, 2011; Lara et al., 2005).

Food Safety

Poor food safety practices are a common and preventable, yet adverse outcomes can be expensive for families and the public in general (Centers for Disease Control and Prevention, 2017). Every year in the US, 48 million or 1 in 6 people get sick for lack of food safety; 128,000 end up in the hospital and 3,000 people die as a consequence of lack of food safety precautions (Centers for Disease Control and Prevention, 2016).

A review of literature related to food safety and food borne illnesses indicate that more research is needed in order to determine whether foodborne illnesses are caused by certain types of elements due to cultural food safety practices or due to lack of socioeconomic resources such as refrigeration and poor sanitation (Quinlan, 2013). Furthermore, the literature review also found that foodborne illnesses (e.g. *Campylobacter*) are found more frequently among Hispanics and Asians compared to African-Americans and much less frequently among Caucasians (Quinlan, 2013).

Food Desert and Race

The USDA identified 6,529 food desert sections including a lack of supermarkets, large grocery stores and supercenters based on 1999 and 2000 Census data and 2006 supermarket data (USDA, 2012a). The same report showed that minority-dominated geographical areas were more

likely to be a food desert area, except for high-population density areas. The report did not specify what falls under the definition of minority nor did it mention any relationship to race or ethnicity (USDA, 2012).

Ethnic Identity and Sense of Belonging

Results from a study with 182 female Caucasians and 119 female African-American university students showed that African-American women with low levels of a sense of belonging to their ethnic or cultural group showed a higher risk of developing eating disorders (Shuttlesworth & Zotter, 2011). Contrary to this, the same study reported that a high level of sense of belonging to their ethnic or cultural group represented higher health related risk factors for Caucasian females. In other words, a high level of ethnic identity equals higher levels of binge eating for Caucasian populations but not African-American populations.

Health Related QoL

The definition of QoL is a synonym of life satisfaction. The majority of literature found was associated with health related QoL (such as its relationship with breast cancer, diabetes and sleep disorders), and not QoL in relationship to life in general like the current research explores. This section focused on QoL related to health since studies show that EFNEP has a positive influence on the health of program participants. For example, when comparing Whites and Black males and females in self-reported health related QoL data sets ($n = 22,500$), one study showed that females in general have a slightly lower tendency to report any health related QoL issues (Cherepanov, Palta, Fryback, & Robert, 2010). Contrary to the previous study by Cherepanow et al. (2010), a study conducted in China with more than 40,000 participants indicated that females tend to consistently report mental health issues more frequently than males. The study also attributed the disparity in reporting anxiety and depression to the fact that females tend to be

more emotional than males and also to the fact that males are seen as the strong one (Graham, Zhou, & Zhang, 2017).

Obesity

Obesity plays a crucial role in the well-being of the U.S. population, as more than one-third of adults in the U.S. are obese (Ogden, Carroll, Fryar, & Flegal, 2015). In 2009, the prevalence of obesity in adults increased across races (Ogden et al., 2015). Unfortunately, obesity levels tend to be higher among low-income, less educated minorities who typically live in inner cities. This inequality is due in part to a lack of appropriate health and community resources available in more rural areas (Glickman & National Academies Press, 2012). According to a research data set from the National Health and Nutrition Examination Survey from 2011-2014, adult women are in general more obese than men. However, when compared to different races, Caucasians have a lower prevalence of obesity than Hispanics and African-Americans (Ogden et al., 2015).

Physical Activity

The literature supports that physical activity lowers health risks. For example, according to the Office of Disease Prevention and Health Promotion (2017), adults who are physically inactive are more likely to suffer from chronic diseases and be less healthy than adults who are active, regardless of gender or ethnic background. A telephone survey with 11,211 male and female participants reported that Caucasians were more active during their free time than African Americans and Hispanics (Marshall et al., 2007) and Asian/Pacific islanders (August & Sorkin, 2011). Additionally, among Caucasian, Hispanic and African-American groups, Hispanic women had the most inactivity (Marshall et al., 2007). Another study with 651 female African-American college students found that African-American women do not consider exercise to be a

priority in their lives and usually disregard the value of being physically fit (Sanderson, Lupinski, & Moch, 2013). Furthermore, a study in Canada conducted in 2003 with 6,336 adults over 40 years old who suffered from rheumatoid arthritis, reported that adults who engage in a leisure physical activity such as walking, showed a higher level of mental and physical health (Mock et al., 2010).

Health Status and QoL

African-Americans have a higher death rate from heart disease, cancer, stroke, diabetes and hypertension than Caucasians (Kung, Hoyert, Xu, & Murphy, 2008). Additionally, even though income levels can easily predict health outcomes of African-American and Caucasian populations, African-Americans generally reported worse health status than Caucasians (Williams & Collins, 2001). A 2012 study conducted in China with 45,188 adults reported that adults with higher incomes tend to report mental health issues with less frequency compared to lower income participants, regardless of whether they live in the city or in more rural areas (Graham et al., 2017). Consequently, another study with 3,578 self-reported Blacks and White females found that Blacks have a lower health related QoL than White females, thus reporting more common issues with chronic conditions (Pereira, Palta, Mullahy, & Fryback, 2011).

Self-Esteem

A vast majority of articles written about self-esteem and its relationship to ethnic groups refer to adolescents. However, a longitudinal study (n = 7,100) conducted with individuals ages 14-30 found that by age thirty, Blacks and Hispanics had a higher level of self-esteem than Whites (Erol & Orth, 2011). A meta-analysis examined by Twenge and Croker (2002), reported that Blacks and Hispanics with higher socioeconomic status had higher self-esteem, and especially in non-academic related areas. When asked about how EFNEP helped participants and

their families, one of the most common answers was “EFNEP helped me gain confidence in myself” (Barbe, 1991).

Satisfaction with Life

Minority groups who feel rejected and discriminated against tend to show a lower level of life satisfaction, thus developing a stronger connection to their own ethnic groups (Verkuyten, 2008). A recent study published in 2016 based on 258 elderly Chinese couples aged 60 to 97 years old found that females were more involved in social events, had closer connections with people and participated in community events more frequently than males, suggesting this might be a way to increase levels of life satisfaction (Zhang, Yu, Zhang, & Zhou, 2016).

Definition of Quality of Life

Much has been written about QoL and the definition of the term in general, mainly from medical and social points of views. QoL is approached by experts in various fields differently and measured by a variety of instruments (Power, 2003), while most tools to measure QoL come from the psychology field (Eckermann, 2012).

The definition of QoL varies across the board depending on the socialization of gender and sex, race, ethnicity and geographical area (Cummins, Eckersley, Pallant, Van Vugt, & Misajon, 2002), as well as the social, cultural and environmental surroundings of a person (World Health Organization, 1997). QoL is not just a synonym of a lifestyle, mental health, satisfaction with life or a level of health, it is a multidimensional (Eckermann, 2012) concept that blends these concepts plus other concepts based on each individual’s own perceptions and their life experiences (World Health Organization, 1997).

The majority of experts divide QoL into objective categories representing physical abilities, and subjective categories representing emotional abilities defined in relation to the

assessment of health related issues (Power, 2003). The subjective way of measuring QoL started in the field of psychology and psychologists generally agree that QoL is a multi-dimensional topic, however they do not seem to agree on which of all the domains is truly the center of the subjective well-being of humans (Eckermann, 2012).

Life satisfaction relates to what people consider their most important needs, their goals and wishes, and how these are met according to their outlook on life; happier people tend to live longer (Sirgy, 2012). Furthermore, when assessing QoL in adults, it is important to keep in mind the conditions shared by adults such as biological, psychological, geographical, historical, cultural, religious, social, political and economic circumstances create different QoL circumstances (Eckermann, 2012).

Three broad views related to the definition of QoL exist (Brock, 1993). The first views it as an attribute of a pleasant existence based on religious and philosophical goals, such as helping those in need. The second view is based on satisfaction with what people want and like, within their own limitations; that is, how easily individuals may access the goods that they want, based on their limitations and desires. The third view of QoL relates to the perception of people's life experiences. In other words, if people perceive their lives as good and joyful, the chances are greater that their lives are characterized by happiness, life satisfaction and gratification (Brock, 1993).

In the Benthamite tradition, QoL means increased happiness for the vast majority of people. In contrast, the Aristotelian tradition holds that QoL means having a prosperous life, and being able to have more control over individual prosperity and abundance, thus the ability to control one's own fate (Graham, 2011).

On the other hand, according to Frisch (1998), QoL can be explicitly or implicitly explained based on the quantity of life in terms of years of life, which could be unfavorable or enjoyable. It could also refer more commonly to all the good things in life that make life worth living such as having a meaningful job or self-fulfillment due to use of talents and having a good life (Frisch, 1998).

Other QoL experts categorize it in different but similar domains, such as health, self-esteem, goals and values, money, work, play, learning, creativity, helping, love, friends, children, relatives, home, neighborhood, and community (Frisch, 1998). Another expert captured life satisfaction in seven main domains: material well-being, health, productivity, intimacy, safety, community role, and emotional well-being (Cummins, 1997; Cummins, McCabe, Romeo, & Gullone, 1994).

In the early 1990s, the World Health Organization (WHO) worked with fifteen entities from around the world to create a way to measure QoL. From this collaboration, two ways of measuring QoL were created, the long version was called WHOQOL-100, and the shorter version was called WHOQOL BREF (World Health Organization, 1997). The WHO (World Health Organization, 1997), defined QoL as:

Individuals' perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. (p. 5)

In addition, the term QoL refers to both social and personal wellbeing, the absence of defects and the ability to enjoy life (Veenhoven, 2012). QoL is a mix of different “doings and beings,” as the capability to achieve meaningful accomplishments, such as being appropriately fed, enjoying good health, respecting oneself and feeling part of a society (Sen, 1992).

Consequently, experts in QoL group this term with similar themes based on the same concept. For instance, one researcher captured QoL in 16 elements: (1) health, (2) self-esteem, (3) goals and values, (4) money, (5) work, (6) play, (7) learning, (8) creativity, (9) helping, (10) love, (11) friends, (12) children, (13) relatives, (14) home, (15) neighborhood, and (16) community (Frisch, 1993). Another researcher grouped QoL into seven domains: (1) material well-being, (2) health, (3) productivity, (4) intimacy, (5) safety, (6) community role, and (7) emotional well-being (Cummins et al., 1994).

Data for this research was coded based on the QoL construct for adults from the University of Toronto (UoT) Centre for Health Promotion (Centre for Health Promotion, n.d.). The original QoL construct from the University of Toronto was based on creating a profile that would broaden the quality of life definition to also include social well-being and health of adults. The population for the study consisted of 219 gay males from Ontario, with half of them diagnosed with HIV. The original profile consisted of 54-items to measure quality of life. The profile had three domains: Being, Belonging and Becoming. It also had nine subdomains, each with six items associated to each subdomain. Participants provided responses twice based on a 5-point scale for importance and then satisfaction (Raphael, Waalen, & Karabanow, 2001). *Being* focuses on who the individual is; *Belonging* focuses on one's connection with one's environment and with others; *Becoming*, focuses on an individual's movement towards personal goals and aspirations (Centre for Health Promotion, n.d.). The first domain, *Being*, has three categories: Physical Being (health and nutrition), Psychological Being, and Spiritual Being. The second domain, *Belonging*, is characterized by three categories: Physical Belonging (home and community), Social Belonging and Community Belonging. The third and last domain, *Becoming*,

also has three categories: Practical Becoming, Leisure Becoming and Growth Becoming. These categories are further spelled out in Table 2.1.

Table 2.1

University of Toronto Quality of Life Instrument for Adults

Being: Who you are as a person	
Physical Being	Includes physical health, nutrition, personal hygiene and overall appearance, being physically active and one's sex life.
Psychological Being	Represents mental health and the quality of life related to oneself: self-acceptance, satisfaction with self, freedom from stress and thinking and acting independently.
Spiritual Being	Represents one's personal values and spiritual beliefs; hope and purpose, altruistic behavior and celebration of special moments that add meaning to one's life.
Belonging: How you fit in with people	
Physical Belonging	How you fit in with physical aspect your environment; where you live, material possessions, your privacy, how safe you feel, and the neighborhood and country you live.
Social Belonging	How we fit in with people in our life and around us: relationship with spouse or significant other, with family members, friends and other people known casually. Also social groups we belong to and cultural or interested groups with identify with.
Community Belonging	Connection between us and the resources available to most people in our community; access to education, employment, social and medical services, financial resources and access to community places and events.
Becoming: Things you do in life that defines you	
Practical Becoming	Refers to chores at home, paid work, and school, helping people do things, looking after our own ideals, volunteering, taking care of people or pets, and reaching out to valuable services for us.

Leisure Becoming	Things you do to have fun and enjoy life. Refers to games, chatting with friends, watching TV, a hobby, movie theater or theater, sports, holiday or vacation experience.
Growth Becoming	Refers to adjustment to life changes and personal improvement such as problem solving abilities, trying out different activities and ideas, adjusting to changes in life, improvement or maintenance of physical abilities.

Results from a quantitative, multi-state study conducted with 108 EFNEP participants and 20 newly hired EFNEP educators from six states, provided an overview of the QoL categories that impacted participants and educators who were assessed at first class, last class and three months post-graduation from EFNEP program (Auld et al., 2013). When compared data from time 1 to time 2, a significant improvement was observed in five of the nine QoL areas: *physical being*, *psychological being*, *spiritual being*, *social belonging*, and *growth becoming*.

However, the only category that had a significant change was *Being* and there was not an overall significant increase of QoL from time 1 to time 2 for participants. Compared to educators, participants' results were different in the *Becoming* category only in *opportunities*. In addition, EFNEP had a positive impact on 6 of de 9 *a priori* categories: *physical being*, *psychological being*, *social belonging*, *community belonging*, *practical becoming*, and *growth becoming*. However, the methodological approach adopted in the present study, provides a qualitative perspective of the impact of EFNEP on the quality of life of its EFNEP educators and its participants.

Summary

Low-income minorities suffer the most from health issues. Additionally, different ethnic groups have different perceptions and expectations of health, as well as experience certain

diseases at different rates. EFNEP affects health understanding and actions positively for participants. Moreover, program educators make an impact on the lives of program participants and make a positive impact on QoL for program participants.

The research literature found multiple studies related to the positive impacts that EFNEP has on its program participants. However, the research literature was limited in showing the impact of EFNEP on the QoL of its program participants and educators. The literature also showed a significant number of studies related to QoL and health and psychosocial issues, but not many about QoL from a non-health point of view. Numerous studies showed that educators, paraprofessionals or promotoras do benefit from teaching classes and it improves their lives as well. However, very few studies noted that EFNEP educators were impacted by EFNEP, particularly related to QoL. This leads to the question this study seeks to answer: What are the impacts of EFNEP on the quality of life of its educators and participants?

The literature review suggested that EFNEP impacts the lives of its program participants, primarily impacting their health and lifestyles. It did not answer an additional question this study seeks to answer: Does EFNEP impact the lives of its program participants differently based on race?

CHAPTER THREE: METHODOLOGY

The purpose of this study was to look at the influence of the Expanded Food and Nutrition Education Program (EFNEP) on the quality of life of EFNEP educators' (Phase I-telephone interviews), and also on program participants' quality of life two to four months post-graduation (Phase II-focus groups). Three categories were observed: Being (physical, psychological and spiritual), Belonging (physical, social and community) and Becoming (practical, leisure and growth).

This chapter describes the research methodology and design of the study; which was conducted within the framework of template analysis (King, 1998) as part of a multi-state, cross sectional project. *A priori* work at the University of Toronto led to a template analysis approach, while new information was also sought. This study's approach was to develop a framework to determine the influence of EFNEP on participants and educators' quality of life.

Theoretical Perspective: Grounded Theory Approach

A Grounded Theory develops from using qualitative research to inductively study a phenomenon and develop themes in relation to that phenomenon (Strauss & Corbin, 1990). According to Patton (2002), grounded theory "focuses on the process of generating theory rather than a particular theoretical content" (p. 125). The uniqueness of the Grounded Theory approach is that it either generates a theory or it confirms previous theoretical concepts based on the themes generated from data collected. Thus, a theory is "grounded" by confirming ideas based on what is shown by data and then comparing this to previous findings. Grounded Theory is based on three major types of coding; open coding, axial coding and selective coding.

This research is based on the Grounded Theory approach, particularly Constant Comparative data analysis, with the purpose of achieving data saturation. This dissertation combines information from two qualitative studies, Phase I was based on transcripts from telephone interviews with EFNEP educators, and Phase II was based on focus groups with EFNEP participants. The goal was to use four guiding research questions to create themes and develop theory around the topic by analyzing data. The theory developed in this study is then compared to other related studies. The literature review reported plenty of articles about quality of life. However, only a few were found related to the quality of life of EFNEP participants, and particularly on quality of life for EFNEP educators. Therefore, this study is unique while also fitting within grounded theory and related research.

Design of the Study

This larger multi-state study (Phase I and II) was based on results from an explorative quantitative study which assessed the use of the Quality of Life profile for adults from the University of Toronto. The goal was to quantitatively measure EFNEP's impact on its participants and educators. The methodology consisted of a pre and post questionnaire completed by EFNEP paraprofessionals and participants at three different times (Auld et al., 2013). Results from the quantitative study helped in identifying any issues and in developing a tool to measure quality of life related to EFNEP. Results also helped in selecting the themes and determining which questions should be asked for the telephone interviews (Phase I) and for the focus groups (Phase II).

The current doctoral student, in collaboration with Dr. Baker and Dr. Auld from Colorado State University, conducted Phase I and II of the study, explained in detail in this dissertation.

For this reason, this dissertation will focus on Phases I and II, which were conducted for the most part by doctoral student using qualitative methods. Phase I was conducted through telephone interviews with EFNEP educators, EFNEP supervisors and agency representatives in the community who were familiar with EFNEP. They were asked about their perception of EFNEP impacts on its educators. A manuscript from this Phase I research was published in fall 2016 in the Journal of Nutrition Education and Behavior.

Phase II was conducted in English and Spanish through multi-state focus groups with EFNEP participants two to four months post-graduation. Phase I and Phase II of the study were based on the same quality of life framework from the University of Toronto and were both also analyzed using the Constant Comparative method.

Qualitative Approach

A qualitative approach was selected for this study due to its ability to examine and show results from different relationships within the experiences lived by EFNEP participants and educators. The qualitative approach offers several ways to interpret reality that can change over time (Merriam, 2002). In addition, a Constant Comparative method and template analysis were used as a means to analyze collected data. The Constant Comparative method is the process of continually comparing one section of the data collected with another in order to develop a theme or themes (Glaser & Strauss, 1967; Merriam, 2002; Strauss & Corbin, 1990).

Analytic induction was also used, which is a qualitative method of creating a set of ideas from examining different small cases (Bernard, Wutich, & Ryan, 2017; Merriam, 2002). Analytic induction started in the 1940s but was popularized in 1987 when Charles Ragin published *The Comparative Method: Moving Forward beyond Qualitative and Quantitative Strategies* (Bernard et al., 2017). Induction, is the act of creating rules or themes based on

observations to develop a theory by describing what is already known, letting the researcher draw conclusions related to the raw data. On the other hand, deduction goes from a more general framework to a more specific framework, or reasoning from bigger concepts (Bernard et al., 2017). The *a priori* themes come from prior knowledge of the issues previously collected at the University of Toronto, further basic themes also came from the literature review (Bernard et al., 2017). Open coding was also used, which is the act of creating themes related to the phenomena (Bernard et al., 2017).

A QoL model for adults, from the University of Toronto Centre for Health Promotion, served as a starting point to determine a priori codes for reviewing the telephone interviews and focus groups. As transcripts were read separately, the coders decided whether to fit the meaning units into already established sub-categories or to add additional sub-categories to better capture a theme, open coding. Open coding is the process of breaking down raw data into parts, closely looking at them, checking for similarities and differences, asking questions and obtaining new emergent themes from the materials being studied. Transcripts were read line by line with the objective of generating categories (Strauss & Corbin, 1990). In addition, these parts were then grouped into categories in order to reduce the amount of prevalent words. Through open coding, new categories and subcategories were discovered.

The researchers then reviewed this work to make sure earlier transcripts matched the newer coding if needed. Any disagreements in coding were discussed with an experienced qualitative methodologist until consensus was reached. Codes were categorized and examined to determine similar or differing themes developed depending on interviewee groups. The software used for this research was NVivo (Version 10.0, QSR International Pty Ltd, Doncaster, Victoria, Australia, 2010).

Assessment of Quality of Life Profile

Researchers from different universities requested funds from their Agricultural Experiment Stations (AES) for this research, which was led by two professors from Colorado State University in collaboration with other researchers from land-grant universities in different states. The multi-state project consisted of a quantitative study that served as the basis for Phases I and II conducted mainly by doctoral student and will be covered in detail in this dissertation.

The assessment of the quality of life profile consisted of a longitudinal, multi-state, pre and post questionnaire to determine whether the Quality of Life profile for adults developed by the Centre for Health Promotion could be used to quantitatively measure the impact of EFNEP on the QoL of its program participants and educators. The instrument consisted of three domains *Being, Becoming and Belonging*, each with three quality of life categories, and each category with six items related to EFNEP. Research participants for Phase I consisted of 135 EFNEP class participants and 23 newly hired EFNEP educators, questionnaires were completed at times 1, 2 and 3. EFNEP participants' results showed improvements on *physical being, psychological being, spiritual being, overall being* and *social belonging*. Conversely, results from educators showed a significant improvement at year 1 in *physical belonging, social belonging* and *community belonging* (Auld et al., 2013). Furthermore, results from this study helped select themes and determine questions to ask participants in Phases I and II about their quality of life and EFNEP.

Phase I: Telephone Interviews: Influence of EFNEP on Educators

The purpose of Phase I was to determine the influence of EFNEP on educators based on the point of view of EFNEP supervisors/professionals, community agencies representatives familiar with EFNEP and EFNEP educators. Three different set of questions were used in this

Phase, one for EFNEP educators, another for EFNEP supervisors, and another for community agencies representatives.

Community agencies questionnaire. The questionnaire for community agencies consisted of six open-ended questions and several probing questions (appendix A). The questionnaire was designed to focus the first three questions to relate to program participants. Questions such as: “What do you see as the benefits of EFNEP for your clients? Short term? Long term?” And also, “What if any benefits do you see beyond those from the classes themselves?” After this, probing questions were asked that allowed for understanding effects on EFNEP participants beyond the classroom such as to the community and families. Two of the six questions were specifically related to EFNEP educators. Questions such as: “Are there areas outside the workplace where paraprofessionals’ role in the community/family/etc. have changed since working in EFNEP?” And also, “Given what we have talked about and the description of Quality of Life, please discuss any changes in paraprofessional or client lives that might be attributed to EFNEP.” This was a challenging topic because most of the interviewees had a difficult time thinking about the benefits of EFNEP outside of the classroom and not related to nutrition.

EFNEP educator questionnaire. The questionnaire for EFNEP educators consisted of seven open-ended questions and several sub-questions for each (appendix B). The first six major questions were designed to get information about EFNEP’s educators and their experiences with EFNEP. The last question, briefly asked about EFNEP participants and their experiences with EFNEP.

EFNEP supervisor questionnaire. This questionnaire consisted of five open-ended questions (appendix C) and nine probing questions. The first question was designed more as an

introduction. However, two of the main questions made references to educators and two to program participants. When asked about the perceived short-term and long-term benefits of EFNEP to program participants, most interviewees mentioned things not related to quality of life, showing again that it was an abstract topic for most. Once probing questions were asked, non-nutritional related answers started showing.

Table 3.1

Phase I. Telephone Interview Questions Related to Impact of EFNEP on Quality of Life of Educators

<p>Educators' Sample Question</p> <p>How has working for EFNEP affected your life?</p> <ol style="list-style-type: none"> 1. What benefits did you see after working for EFNEP the first year? What have been the longer term benefits? 2. Please describe any personal or professional successes that you have had that might be associated with EFNEP? <ul style="list-style-type: none"> • Please discuss any areas outside the workplace where your roles in the community/family/etc. have changed since you started working in EFNEP?
<p>Supervisors' Sample Question</p> <ol style="list-style-type: none"> 1. How do you see EFNEP benefiting the paraprofessional (educator)? 2. What do you see as short-term benefits for your staff? Long term benefits? 3. Please describe any personal or work-related successes with the PP (educator) staff? 4. How might paraprofessional's (educator) roles outside the workplace in the community/family/etc. changed since working in EFNEP?
<p>Agency Partner's Sample Question</p> <ol style="list-style-type: none"> 1. If you are in a position to judge, I would like to ask a few questions about EFNEP paraprofessional educator. <ul style="list-style-type: none"> • Have you witnessed personal or professional success with the paraprofessional staff? • Are there areas outside the workplace where paraprofessional's roles in the community/family/etc. have changed since working in EFNEP? • Any changes in education or employment status?

Demographics

Collecting demographic information can be problematic in social research. This study also suffered challenges around demographics as well. For example, the Assessment of Quality of Life Profile study collected demographic information of participants using the EFNEP's Entry Form (appendix D). This form provides for only binary gender identification; thus, no specific box was available for transgender or non-binary individuals to select. Although it was not the intention, participants almost exclusively identified as females in all Phases of the study.

Additionally, to protect anonymity, the researchers did not go back to look through participants' entry forms to record their race and ethnic identity. Identifying race and ethnicity is problematic enough on its own based on using the US Census Bureau's definitions. For example, the US Census Bureau operationalized the term "Hispanic" in the 1970s (Emis, Rios-Vargas, & Albert, 2011) to categorize a collective of people, including individuals from Spain and the many countries colonized by the Spanish into one race despite the diversity within this group.

The problems compounded when the bureau only later changed "Hispanic" into an ethnicity rather than a race (US Census Bureau, 2017), forcing individuals to select a second race (Basile & Lopez, 2015). Conversely, individuals who identify with more than one race are unable to easily do so using the Census Bureau format. Despite these limitations, three quarters of EFNEP participants in the Assessment of Quality of Life Profile study identified as being a member of a minoritized race or ethnicity.

The Assessment of Quality of Life Profile did not specifically collect race and ethnicity information from focus group participants, but educators recruited participants for EFNEP classes based on race/ethnicity.

Selection Process for Focus Groups

Participants signed up for different EFNEP classes based on their comfort of language. EFNEP educators reached out to participants who graduated in the last few months via telephone calls, with the purpose of having participants 2-4 months post-graduation at time of interview, in order to find participants for the focus groups. A total of 16 focus groups were planned with the goal of having four groups for each Black, White, Spanish-proficient Latin@ and English-proficient Latin@ group.

Since a high percentage of EFNEP participants spoke Spanish as a primary language, conducting some focus groups in Spanish was anticipated. As such, participants were not grouped by any particular affinity, but they were grouped by language preference out of a function of necessity due to a limited number of Spanish-speaking interviewers.

Phase I: Participants

At a national EFNEP meeting, EFNEP state coordinators were informed about the research project as well as time commitment needed to participate. Volunteering states were then randomly selected. Later, EFNEP state coordinators chosen provided a list of EFNEP supervisors to contact. Furthermore, EFNEP supervisors then provided a list of EFNEP educators and community agency representatives to contact for interviewing purposes. The following states and one U.S. territory had volunteers who participated in the interviews: Guam, Idaho, Indiana, Kentucky, Louisiana, Maine, New Hampshire, New Mexico, Utah and West Virginia. EFNEP supervisors provided contact information of exemplary educators, although the word “exemplary” was not formally defined, each supervisor selected educators according to their own interpretation of exemplary. EFNEP supervisors also provided contact information for community agencies that were familiar with EFNEP. Among the community agencies

participating was a community outreach ministry offering prenatal services to new parents, a Women, Infants, and Children (WIC) agency, a local health department agency, a Migrant Headstart and an adult basic education agency. Participants were from eight geographically diverse states and one US territory. There was a total of 28 EFNEP educators, 15 EFNEP supervisors and 15 community agency representatives.

At the time of telephone interviews, educators already had experience teaching EFNEP classes in individual and group settings. Some educators taught classes in English and Spanish, while others only in English.

About ninety percent of educators contacted (28 out of 31) were willing to participate. Interviewees did not receive any type of compensation for their telephone participation. The educators' years of experience varied from working for EFNEP for a year to more than twenty years of employment.

All interviews were conducted via telephone. Educators were in their home state or territory. Most educators were in an office setting at work during normal business hours of the interviewee's local time.

Phase I: Telephone Interviews

Data Collection

In the spring of 2010, telephone interviews were conducted in eight randomly selected states and one US territory. The telephone interviews consisted of semi-structured open-ended questions, they were tape-recorded and each interview lasted approximately thirty minutes (ranged 13-70). The questions varied slightly depending on whether the interviewee was an educator, EFNEP professional, or an agency representative. The shorter interviews were with

agency representatives and the longest interviews were typically with educators. Colorado State University Institutional Review Board approved this study.

All interviews were scheduled ahead of time and convenient to both interviewee and interviewer. Two experienced interviewers who had received additional training on quality of life constructs conducted interviews. Initial interviews were reviewed in order to make sure that appropriate procedures were followed. For the purpose of this study, the goal was to interview one or two EFNEP supervisors, three to four educators and two or three community agency representatives per state.

Participants were contacted first via email, and then a telephone call was conducted for the interview once an appointment was scheduled. In the email, participants were informed that the phone call would be related to their experiences with EFNEP and they were also told of the approximate time of the telephone call (appendix E). Educators seemed eager to participate, and those that did not participate were due to time constraints.

The questions varied for each group, however they were all open-ended questions and consisted of five to seven questions related to their experiences with EFNEP, demographics, and EFNEP's potential impact on clients and paraprofessionals.

Interviews took place between March 2010 and November 2011. The most challenging interview to schedule was with Guam, mainly because Guam was 16 hours ahead of the interviewer's time, so most calls took place late at night.

Data Analysis

To find major themes, the qualitative data collected from the phone interviews were later transcribed into a separate Microsoft Word document and then organized using NVivo software. Constructs from a quality of life instrument for adults, taken from the University of Toronto

study discussed in Phase I, served as a starting point to review and determine major themes and was later modified for the purpose of this project (appendix F).

To ensure accurate coding, two experienced coders read and coded the interviews separately. Once coding was completed separately on paper for each interview, the coders compared coding and reached an agreement as to which specific code to use for each relevant answer if there was a discrepancy.

Once coders reached an agreement, interviews were coded in NVivo. At the end of the coding, all interviews were further analyzed to look for themes.

Phase II: Focus Groups

The interview protocol was pilot tested and refined prior to the study (Table 3.2). After the first pilot focus group in Colorado, it was clear that program participants did not clearly understand the concept of “quality of life.” For this reason, questions needed editing to better capture the quality of life concept. Colorado State University Institutional Review Board approved this Phase of the study as well.

Focus groups across the U.S. were used as the basis to determine the impact that EFNEP had on participants. Focus groups are useful in obtaining the thoughts of participants in a relaxed group situation, creating more honesty among participants (Krueger, 1988). According to Taylor and Bogdan (1998), the best way to start research is to “get your feet wet” (p. 27), learn from it and make modifications as needed.

Focus groups consisted of participants from different ethnic backgrounds such as Blacks, Whites, English-proficient Latin@ or Spanish-proficient Latin@. All focus groups were conducted on the last day of group lessons in each classroom. Once the results from the phone interviews were completed, and the impact of EFNEP on educators was clear from Phase I, the

Phase II focus groups were conducted. Each participant received a \$25 gift card for their voluntary participation in the focus groups at the end of the interviews. The doctoral student was trained previously to conduct effective focus groups as well as transcribe them. Doctoral student conducted the focus groups in Colorado.

Table 3.2

Phase II-Focus Group Sample Interview Questions for Program Participants

Focus Group Sample Questions
1. Let's step back and <u>take a minute to think about what your life was like 3-8 months ago before</u> you took EFNEP classes. How was life different from now?
2. In other words, how did the whole experience of EFNEP make a difference in your lives?
3. What about your families? How did your participation in EFNEP affect the lives of family members?

Participating States

At a NC-2169 meeting and to ensure better geographic representation, participating states were randomly selected and a list of contacts from these states were used for the study. Each participating state recruited participants for focus groups according to the demographics in their area. The following states were selected and agreed to participate: Arkansas, Colorado, Florida, Kansas, Michigan, Ohio, South Carolina, and Virginia.

Arkansas, Ohio, South Carolina and Virginia provided one focus group each with Black participants. While Arkansas, Michigan, Kansas, and Florida conducted a focus group with Whites. Colorado and Ohio provided one Spanish-proficient Latin@ group each and South

Carolina was able to recruit two groups. For the English-proficient Latin@ groups, Colorado interviewed two groups and Kansas had one. See Table 3.3 for the distribution and participants of these focus groups.

Table 3.3

Phase II-Distribution of Focus Groups Based on Race and States

Groups	States	Number of Participants
Blacks	Arkansas	6
	Ohio	8
	South Carolina	8
	Virginia	6
English-proficient Latin@	Colorado	5
	Colorado	6
	Kansas	11
Spanish-speaking Latin@	Colorado	9
	Ohio	6
	South Carolina	6
	South Carolina	7
Whites	Arkansas	10
	Florida	9
	Kansas	10
	Michigan	4
Total number of participants		111

EFNEP Participants and Sites for Phase II Program Participants

Participants were invited to the focus groups by EFNEP educators, who classified them for each of the groups. Participants were part of one of the following groups: Blacks, Whites, Spanish-proficient or English-proficient Latin@. Participants were adults who graduated from EFNEP program two to four months prior to the focus groups. Male and female participants were invited to participate, however the majority of those who participated were female.

Recruitment and procedures for program participants. Each participating state agreed to pay for expenses related to each of their focus groups, which included paying for an experienced moderator, note taker, transcriber, snacks and gift cards. A pilot focus group test was conducted in Colorado by this researcher and showed that focus group questions seemed too abstract for participants. As a consequence, experienced researchers modified the focus group questionnaire and added more probing questions in order to elicit more specific quality of life responses. In addition, a training DVD was developed at Colorado State University for the purpose of this focus group showing a mock focus group to show moderators the right way to conduct the focus groups and probing questions for such an abstract topic as quality of life (Appendix G).

A recruitment script was provided to each EFNEP educator in order to call each participant and invite him/her to participate (Appendix H). Once locations and times were confirmed, EFNEP educators reached out to participants via phone and invited them to participate in a discussion about how EFNEP classes have affected them and their families. Educators also mentioned the estimated length of the interview (an hour), a \$25 gift card to a local grocery store for taking part of the discussion and asked if the participant was interested in attending the focus group.

Participants received another phone call from their educators two days before the focus group to remind them of the event. Educators tried to over recruit by inviting twenty people to the focus groups to help mitigate for no-shows, with the idea that only half would attend. Each focus group was scheduled for an hour but the actual time varied depending on group size and how involved participants were on the topic.

The smallest focus group consisted of four participants and the biggest one of eleven participants. Twenty-eight participants were part of four Black focus group. Thirty-three participants were part of the four Whites focus groups. In addition, the Spanish-proficient Latin@ group consisted of twenty-eight participants divided in four groups and the English-proficient Latin@ consisted of twenty-two participants divided in three focus groups.

Some of the participants who showed up for the focus groups expressed that they graduated six to eight months before the focus groups instead of the ideal two to four months for the purpose of this study. For this reason, facilitators needed to be reminded to double check approximate graduation date with each participant before starting focus groups. In the event participants graduated more than four months prior, they were given a gift card for coming, thanked for their willingness to help and were sent home before interviews started. This was particularly the case in Colorado, as the researcher had more direct control over the focus groups.

Focus group sites and procedures for groups. The ideal research setting is where participants feel at home and researchers have easy access to the location (Taylor & Bogdan, 1998). In order to provide a centrally-located environment, most focus groups took place at the same location EFNEP classes were held. Daycare was also provided in some of the places for participants to be able to attend the focus groups.

Once participants arrived, the EFNEP educator for that particular group of participants welcomed them and asked them to take a seat. The educator then introduced the moderator and note taker to participants. Moderators then made an initial introduction and explained the purpose of the study, read the consent form and asked participants if they had any questions. Note takers were trained to sit in the back of the room during the focus groups in order to be an unobtrusive member of the interview process. Participants were given a copy of the consent form

in English or Spanish according to the group, to read and sign before focus groups started.

Consent forms explained who the investigators were, who was doing the study, what they would be asked to do, confidentiality of their responses, and compensation (Appendix I). Refreshments were also provided for participants.

Notes were taken after face-to-face and phone interviews as it could be considered valuable later (Taylor & Bogdan, 1998). Different note takers per focus group took notes of each interview. Note takers were trained to develop a seating diagram before starting focus groups and use first names while taking notes. Note takers wrote the first two to three words each participant mentioned, in order to keep more accurate notes and be able to better match responses with the correct participants once the transcription process started.

Focus group discussion questionnaires consisted of ten open-ended questions with a few probing questions (Appendix J). Participants were invited to share their thoughts even if they were different from what others have said and were reminded that there were no right or wrong answers. They were also asked not to talk while someone else was talking, and told the reason for tape recording the conversation.

At the end of the focus group, participants signed and dated a Gift Certificate Receipt to acknowledge the receipt of the \$25 gift certificate to a local grocery store (Appendix K). Each state created its own Gift Certificate Receipt with the appropriate amount.

Phase II: Analysis for Educator and Program Participant Studies

All focus groups were tape recorded and transcribed verbatim into a Microsoft® Word document before being uploaded into the software analysis program NVivo® (Version 10.0, QSR International Pty Ltd, Doncaster, Victoria, Australia, 2010). Prior to researcher and coder meeting, each transcript was read separately by the researcher and another experienced coder. As

coders read each sentence, they underlined or highlighted key phrases that represented recurrences or themes related to quality of life on the transcripts. Coders then compared notes to form themes and reach an agreement.

Using axial coding, once coders found several recurrences of a theme, for instance, under the category of Employment they created sub-themes, such as Career Advancement and Employment Changes for educators. Axial coding is a set of techniques following open coding where data is put back together to form subcategories (Strauss & Corbin, 1990). Axial coding is related to the categories forming a paradigm model or relationships. Data was then tested for intercoder reliability or interrater reliability, which is when two other coders are able to see the same patterns when they evaluate and code the materials (Bernard et al., 2017).

The *a priori* coding template categories were Practical, Leisure (fun, enjoyment), Growth, Physical, Psychological, Social, Community and Spiritual from the University of Toronto model (Table 2.1). An average of nine sub-categories for each of the main categories was induced from the focus groups to analyze the transcripts. For instance, the *Psychological* category had twenty themes such as Self-esteem/worth, Appreciation or gratitude, Serving a purpose and Self-confidence/self-reliance.

Table 3.4

Sample Open Coding and Axial Coding for a paragraph from Focus Group transcript

Interview with EFNEP participant	Axial Coding Example
Yes, it definitely makes you more open ¹ to meeting new people ² , like I feel that in group discussions it's easier for me to speak, so instead of a little bit more reserved.	E-Psychological: ¹ E-6. More open-minded/less judgmental ² E-9. Self-confidence/self-reliance
... but now because of the program I am more aware ¹ of not eating so much sugar ² , so much salt ³ and to check labels ⁴ .	¹ C-Growth: C-8. Awareness ² D-Physical: D-4. Healthier eating patterns ³ C-Growth: C-7. Making changes. ⁴ C-Growth: C-10. Developing new habits.
This has been an opportunity ¹ to meet ² people. I have never thought that this was available ³ for Hispanics.	¹ E-Psychological: E-11. Appreciation or gratitude ² F-Social: F-11. Social, networking ³ C-Growth: C-8. Awareness
I feel more self-confident ¹ now, I feel like I value ² myself even more now.	E-Psychological: ¹ E-9. Self-confidence/self-reliance ² E-1. Self-esteem/worth
I learned about portion control, ¹ to eat healthier ² and make changes ³ when eating bread, milk...	D-Physical: ¹ D-8. Sense of accomplishment ² D-4. Healthier eating patterns ³ C-Growth: C-7. Making changes

Table 3.5

Sample Modified Quality of Life Instrument for Coding Purposes Assessment of Quality of Life Profile study, three of nine categories.

Category	Themes
A-Practical	1-House/homework 2a-Employment (paid) 2b-Employment changes 2c- Former EFENP client 2d- Career Advancement 3-Education 4-On-Job training 5-Vocational skills 6-Caring for others 7-Budgeting/saving money 8-Cooking (self/family; incl. “hands on”) 9- Menu planning 10- Organizational Skills 11- Grocery shopping (not about \$) 12- Other benefits 13- Saving time 99-Other
B-Leisure (fun, enjoyment)	1-Hobby (cooking for fun) 2-Holiday/vacation 99-Other
C-Growth	1-Learning about or trying new things 2-Improved physical skills 3-Self-improvement 4-Public speaking abilities 5-Better parenting skills 6-Professional growth/skills Adaptability/status w/in work 7-Making changes 8-Awareness 9-Improved conversational skills

Coders assigned major themes based on a QoL profile for adults from the University of Toronto’s Centre for Health Promotion. The two coders met to compare themes and resolve any discrepancies until both coders were in agreement. Coders also met often with an experienced qualitative methodologist to talk about any potential questions. Additional themes were added

when necessary to better represent themes and capture the interviewee's intent. The coders reviewed earlier transcripts to see whether there was a need to add the newer themes or sub-themes, i.e., they followed a constant comparative analysis protocol.

Trustworthiness and Rigor

In order to address the issues of trustworthiness and rigor (also referred as validity and reliability), I used strategies established by Merriam and Tisdell (2016) in *Qualitative research: A guide to design and implementation*. Trustworthiness must meet three specific but related elements (Patton, 1990):

- What were the techniques and methods used to ensure the integrity, validity and accuracy of the results?
- What qualifications did the researcher have, experiences and viewpoints?
- What orientation model and rules support the study?

For Polit and Hungler (1991), trustworthiness represents the core of the research and is based on how well the data and process of analysis report the core of the research. In the case of this dissertation, both Phase I and Phase II had participants from different backgrounds and levels of experiences. For instance, Phase I telephone interviews, had EFNEP educators, EFNEP supervisors and community agency representatives as interviewees from different states and with different perspectives. For Phase II focus groups, participants were also from different states and from different ethnic groups.

The researcher has previous experience and training conducting focus groups in English and Spanish and also in transcribing and translating each interview accurately, while working as a research assistant for other projects. Furthermore, the researcher did not have any previous

connections to interviewees, but had an idea of the experiences lived by the Latin@ participants during focus group interviews, based on her ethnic experience.

Another important part of credibility of a study is agreement among researchers, participants and experts (Polit & Hungler, 1991). Although agreement was not sought from participants for different Phases, researchers did talk among each other about themes until agreement was reached and interpretations were also double checked. Where any doubt arose, guidance from other experienced researcher was sought. Patton (1980) describes rigor as continually examining whether the constructs, groups and analyses make sense or not and if they really represent the phenomena being considered.

Merriam and Tisdell (2016) define rigor by exploring internal validity through six elements: triangulation, member checking, long-term observation, peer examination, participatory or collaborative modes of research and by also clarifying researcher's biases. Furthermore, they also identify adequate engagement with data and reflexivity as part of rigor.

Triangulation

Triangulation is another important piece of a trustworthy study. Merriam and Tisdell (2016) stated, "Triangulation [uses] multiple sources of data means comparing and cross-checking data collected through observations at different times or in different places, or interview data collected from people with different perspectives or from follow-up interviews with the same people" (p. 245). For Patton (1990), it means having two or more people working independently and analyzing the same data, then later comparing their findings, also called triangulation through multiple analysts. According to Denzin (2009), triangulation represents the use of several external techniques to collect and analyze data.

In Phase I telephone interviews, EFNEP participants, EFNEP supervisors and Community agency representatives were questioned about their perception of the influence of EFNEP on the quality of life of educators. In the Phase II focus groups, data were collected and analyzed from Black, White, and Latin@ groups who were asked the same questions for each group about their perception of EFNEP on their quality of life. Furthermore, the Latin@ group consisted of two separate groups: one Spanish-proficient Latin@ and another English-proficient Latin@. Results from Phases I and II concurred with results obtained from the quantitative study about Assessment of Quality of Life Profile (Auld et al., 2013), which previously indicated the positive influence of EFNEP on the quality of life of educators and participants.

Adequate Engagement of Data Collection

Guidelines for engaging in collecting sufficient data were followed. The researcher spent an hour or two at each of the focus groups conducted in Colorado. The fact that the researcher is a female and native speaker of Spanish allowed the opportunity to establish rapport with focus group participants in Colorado. In addition, by conducting the first focus group of the study, the researcher was able to learn what worked better or needed to be modified for future focus groups. In doing so, it was learned that Quality of Life related questions seemed difficult for participants to understand, thus the questionnaire needed to be slightly modified. Later on, by reading different transcripts and based on previous experience from conducting phone interviews and focus groups, the researcher realized that most Latin@ participants were more inclined to talk more than non- Latin@ participants and use more descriptive words.

The same researcher conducted the majority of the phone calls in Phase I and interviewed three of the fifteen focus groups in Phase II. In addition, the same researcher translated all Spanish focus groups from Colorado and other states and coded each of the phone interviews and

focus group transcripts. This researcher met with another experienced coder each week during data collection to compare notes and codes and to start creating the subcategories and modifying them as needed.

Researcher's Position or Reflexivity

One of the misconceptions I had before the research was that as a Latin@, we tend to gain a lot of weight because of our acculturation to mainstream culture once we move to the US. However, in talking with focus group participants and reading the transcripts other moderators have sent, I realized that the majority of Latin@ were still relying on original cooking ingredients from their home country that were not necessarily healthy, such as cooking with lard instead of vegetable oil.

In the focus group Phase, I saw myself reflected in some of the answers compared to when I had just arrived to the US in the early 1990s. I also saw how my Latin@ cultural background, mixed with the American culture, has shaped who I am today and how it influences my decisions on how to take care of myself and family. In addition, I could also identify with some participants when they mentioned the lack of food safety knowledge then and now, and how our family members in our home countries might still continue to repeat those unsafe food handling techniques.

Therefore, as a Latina, I bring a rich level of understanding and analysis to the study because I have had some similar experiences to the participants. I also immigrated to the US, and learned a new culture in addition to a language, and the need to assimilate to a culture while keeping my own identity, as in the case of Latin@ participants. I wanted to provide the best for my children, not realizing how some of that acculturation was slowly hurting my family when it

came to nutrition by incorporating more fast food and staying away from fresh fruits and vegetables. This was also the case for many of the participants before EFNEP.

Peer Review/Examination

The researcher worked closely with another experienced coder in Phases I and II to look for themes in the transcripts and assign codes. The researchers met and agreed on a code for each of the sentences as needed. Furthermore, these researchers met regularly with an even more experienced researcher to discuss emerging findings in order to reach a consensus with potential data interpretations.

Audit Trail

Merriam and Tisdell (2016) described an audit trail as “a detailed account of how the study was conducted and how the data were analyzed” (p. 253). During the telephone interviews, side notes were kept for each of the interviews, recording what the researcher heard and thought. The information was also double checked with interviewees before the call was ended. During focus groups the researcher conducted, careful notes were taken about the process and what themes were heard, which varied for groups. For instance, some participants in the focus group in Pueblo County expressed concerns about violence and addictions, while some participants in focus groups in Boulder County expressed excitement for saving money to buy their first home.

Rich, Thick Descriptions

Rich, thick descriptions “refers to a description of the setting and participants of the study, as well as a detailed description of the findings with adequate evidence presented in the form of quotes from participant interviews, field notes, and documents” (Merriam & Tisdell, 2016, p. 257).

Phases I and II, both qualitative, were the result of collaboration of experts from different states as well as from Colorado State University. Phases I and II were also built on the results obtained from the Bauer quantitative study. After pilot testing the questions in Phase II, it was realized that participants were stuck on EFNEP's nutritional impacts but not on non-nutritional or Quality of Life themes. Therefore, Quality of Life concepts seemed too abstract for participants, and as a result, the questionnaire was slightly modified in order to make it easier to understand and elicit better answers. We also created a DVD to train moderators in how to ask questions related to Quality of Life, in addition to the training they had already received moderating focus groups.

Different states transcribed their own focus groups and then sent them to the researcher to translate them from Spanish into English. The researcher contacted transcribers from different states if a question regarding their transcripts arose. Notes were also kept related to each interview relating to possible difficult questions for participants in telephone interviews and focus groups.

For the telephone interviews, notes were recorded for the start and end time of each interview, the date of the interview, and the state of the participant. Additional notes were kept of the cassette tape number the interview was recorded on, along with folder names for each interview for instance: Folder A, Indiana interview, EFNEP supervisor, April 28th, 2012.

Maximum Variation

This category is based on the variation or diversity of participants to allow for a stronger pool of findings (Merriam & Tisdell, 2016). For Phase II phone interviews, the variation of participants included 15 EFNEP supervisors, 15 agency representatives and 28 EFNEP

educators. The Phase II focus groups had four different groups of participants with perhaps different racial, ethnic, and language backgrounds and experiences.

CHAPTER FOUR: RESULTS

This chapter will describe the results found for Phase I-Telephone Interviews and Phase-II-Focus Groups. This chapter will also provide examples of quotes from EFNEP educators and EFNEP supervisors about the influence of EFNEP on educators related to Phase II-Phone Interviews. Furthermore, it will also provide examples of quotes from EFNEP participants from focus groups across the US and from different ethnic groups.

Phase I: Telephone Interviews

A participant's views of the world is only one of many ways of looking at the world based on lived experiences (Taylor & Bogdan, 1998). Therefore, as much diversity of experience around a phenomenon as possible strengthens a study. The participants in Phase I do represent diverse experience with EFNEP; however, the group is almost entirely female. All agency partner interviewees were female, as were all 28 EFNEP educators interviewed. One of the fifteen EFNEP supervisors, however, was a male. Agency representatives had partnered with EFNEP between 6 to 25 years at the time of interviewing. Educators worked for EFNEP between one and 27 years at the time of interviewing, with an average of 10 years of service.

Results from Phase I indicated that EFNEP had a positive impact in six of the nine *a priori* categories based on the Quality of Life instrument described in previous chapters. The positively-impacted categories were: Physical Being, Psychological Being, Social Belonging, Community Belonging, Practical Becoming and Growth Becoming. Each of these categories will be discussed in more detail for the remainder of the section, organized by the three domains of Being, Becoming, and Belonging. Very few themes were attributed to Spiritual Being, Physical Belonging and the Leisure Becoming categories.

Domain: *Being*

Being is one of the three domains of the University of Toronto Quality of Life instrument for Adults and it represents who we are as a person. Being is comprised of three categories: Physical Being, Psychological Being and Spiritual Being. The following paragraphs are going to describe more about the categories with more themes for the Being domain: Physical Being and Psychological Being and provide examples of a few quotes for each category.

Category: Physical being. The Physical Being refers to physical health, nutrition, personal hygiene and overall appearance of a person, as well as being physically active and one's sex life. Interviewees indicated that educators have developed healthier eating patterns by increasing the amount of fruits and vegetables they consume because of EFNEP. A community agency partner mentioned that educators feel better about their food choices and how it is impacting their families' lives.

Theme: *Healthier eating patterns.* Slightly over half of educators and almost half of EFNEP supervisors attributed EFNEP to have a positive impact on the educators by helping them develop healthier eating habits for their families and themselves. For example, an EFNEP educator from Indiana said:

I changed my eating habits, I changed the eating habits for my whole family so for my kids it is now easier...I have two kids one is 12 and the other one is 5, and my little girl that's 5, she knows what is right and what is wrong...and sometimes it is fun to see her like, "hey mom I'm not going to eat a lot of cookies because it is not good for me or I have to eat this," so she knows what to do.

An agency representative from Utah said:

I noticed that the teacher also is eating better, but she is also making little changes, she also said like I used to this and now I am doing this. So, I think she's putting in practice what she is saying or what she is teaching, like you exercise more, or eating better, healthier choices, portions things like that.

Also, a supervisor from Guam said:

One change I noticed is that before they started, and this is something that we have stressed in the interviews, is that they weren't exactly into nutrition, and what EFNEP is about, and in terms of overall health, but I noticed that a lot of them now are very cautious about what they eat, and what type of food they buy. Like in the beginning, a lot of them were into fast food and bringing in sodas, but I noticed that the education that they've delivered has made an impact in their lives.

Category: Psychological being. This category represents mental health and the quality of life related to oneself, self-acceptance, and satisfaction with self, freedom from stress and thinking and acting independently. This category was one of the most mentioned categories of the nine, with five themes showing impact. Over three quarters of supervisors and educators interviewed mentioned that educators have more self-confidence, are more satisfied with their lives and/or jobs, feel a sense of accomplishment, and are serving a purpose in life. The five themes are explored in further detail below.

Theme: Life/job satisfaction. One of the most discussed sub-categories of Psychological Being was Life/Job Satisfaction, where more than half of EFNEP supervisors and educators interviewed indicated that EFNEP had a positive impact. Examples of what educators felt were positive impacts included providing a flexible job, being good in their professions, making a positive impact in their own lives, and being able to provide for their families.

Examples from interviews include an EFNEP educator from New Mexico, who said, "I feel very blessed and honored that God has connected me, and through EFNEP I have been able to teach and feel very successful." While another educator from Utah said:

I think it's been very positive, it helped me too, to get out of myself more. I'm not afraid of approaching people; I enjoy the fact that my job is flexible time wise, where I can schedule my clients around my time. I really like that part of my job, and that it helps me become a better teacher; a lot of pluses.

A different educator from Utah said:

When I go to work I get a lot of satisfaction from people. I'm serving people every day, help them, working one on one with people, when I just started I thought I was getting paid to do a hobby.

Theme: Self-confidence. The second most mentioned theme was Self-Confidence, where more than three quarters of educators and more than half of supervisors expressed that EFNEP helped boost self-confidence of educators. Several examples included improving at work, becoming more assertive, and feeling more appreciated. One educator from Utah said:

When I go to work, I get a lot of satisfaction from people. I'm serving people every day, help them, working one on one with people. When I just started, I thought I was getting paid to do a hobby. It is so rewarding to me, some people have to do that in addition to work. I connect them with different resources. Help them get WIC, or food from the Food Bank, I get that satisfaction from work because I'm helping people every day.

An agency representative from West Virginia said:

When I met her [the educator] years ago, she ... did her work in the background and never really ... came forward. ... through this position she had gained ... leadership skills. She's the president of the local Family Resource Network and ... serves in the Chamber of Commerce. She's taking classes, really tries to self-educate herself on what's best for the community she serves. She's made a lot of personal progress in this job.

While a Kentucky educator said this:

Well, before I came back to work here, I was a stay-at-home mom for about 15 years, so the only people, basically that I talked to, those 15 years were kids. And so, when I came back to work, it was very nice to know that I could go into a room of adults and professional adults and go in and talk with them and feel like I was a peer to them. And not "she just came in and she didn't know what she was doing or talking about." So that's one of the... I think that's one of the biggest ones for me, just raising my self-esteem to the point where I can go home and be more confident with my kids as far even helping do their homework, or talking with their teachers dealing with some of the problems they were having. All of those things increased my abilities to do all those things, simply because my self-esteem came back.

An EFNEP supervisor from Idaho said:

They gained more confidence, certainly to participate in some of these things, they become more assertive, and more curious about what has gone on in their communities. Things that they might have not paid more attention and they know now to speak up. I think also to talk with some of their elected officials, they have more confidence in making more ideas known.

Theme: Drive for improvement. Another constantly mentioned theme was Drive for Improvement. More than half of supervisors mentioned seeing more educators having a desire to improve and take advantage of opportunities to do so, such as taking classes at community colleges, or learning something new, and applying new information to their own lives and attending workshops. For example, a supervisor from Guam said, “I know one of them is looking into filling out the financial aid form to see if she could start taking classes, at the same time continuing her employment here.” The Guam supervisor added, “Most of them are interested in early childhood, education or consumer family science, which deals with community members.”

Other examples include a Kentucky educator, who said, “I’ve gone back to school, I’m going to get my degree in Social Work, but I may end up and... stay with the University of Kentucky as a family and consumer sciences agent.” Or, a supervisor from Indiana said:

Many many of my staff do work for us, and then either attend community college or some type of undergraduate degree while they’re employed with us. So I think that comes, my personal opinion is, that comes from the fact that they see how valuable education is because we’re connected to the extension service and that helps them to do that.

Theme: Sense of accomplishment. Sense of Accomplishment was also a theme with numerous coding references. About half of educators and nearly half of EFNEP supervisors mentioned educators felt a sense of accomplishment from their work. This came from being satisfied with their work, making a difference in their communities, and feeling a positive impact in their own families, in addition to not having to depend on government assistance. Some

educators mentioned feeling proud of working for EFNEP and being part of a large, well known university. For example, the supervisor in Indiana said, “They are proud of the fact that they are not on assistance anymore and that they are able to work independently and you know work.”

An educator from Indiana described a time of feeling a sense of accomplishment from EFNEP:

Catholic Charities submitted ... our work for a contest. They submitted the work I have been doing. I was called one evening and told that because of the work that I have done there with them, they won the \$25,000 first prize to benefit their local Catholic Charities. Because [EFNEP] was making such a dynamic impact on the lives of people that were coming to that program.

A supervisor in Guam described how educators are also helping the families of clients, saying:

They also educate the caretakers; like here in Guam, we have a lot of daycares not necessarily daycares but treatment centers, where the staff takes care of individuals with mental disabilities. They are responsible for feeding them and helping them to have better skills in terms of life skills. So, that’s another program that they have been helping, where they are helping the caretakers of those individuals. So a lot of them, the caretakers are in public assistance programs, so at the same time, they’re not only helping them to help with their clients, but they’re also helping them to help with their family needs as well.

Theme: Serving a purpose. More than half of educators interviewed mentioned feeling like they were serving a purpose by working for EFNEP. Some educators mentioned how rewarding it was to work for EFNEP, how helping participants improved their own lives and also interacting with local agencies was a rewarding experience for them. About a quarter of EFNEP supervisors also attributed EFNEP with the fact that educators felt like they were serving a purpose. For example, one educator from Utah mentioned how she felt EFNEP empowered educators to help others in the community:

It is so rewarding to me, some people have to do that in addition to work, I connect them with different resources. Help them get WIC, or food from the Food Bank, I get that satisfaction from work because I'm helping people every day.

A different educator from Utah said simply, "This job helped me feel more fulfilled, helped my self-worth."

Domain: Belonging

Belonging is the second of three domains from the University of Toronto Quality of Life instrument for Adults. Belonging represents how we fit in with people. Belonging is represented by three categories: Physical Belonging, Social Belonging and Community Belonging. The following paragraphs describe in more details the categories more themes for the Belonging domain from Social Belonging and Community Belonging.

Category: Social Belonging. Social Belonging represents how we fit in with people in our life and around us. This may be the relationship with our spouse or significant other, with family members, friends and other people we know casually. It also represents the social groups we belong to and cultural or interest groups with which we identify. The three most common themes from this category were Family, Networking, and Connected to the Community.

Theme: Family. This theme was one of the most popular of all the themes. More than three quarters of educators and nearly three quarters of EFNEP supervisors interviewed mentioned how working for EFNEP had impacted educators' families in a positive way. Examples included eating more fruits and vegetables, losing weight, and spending more quality time with their families. An educator from Guam said, "It has helped me make better food choices also, and you know especially with my house a lot of positive outcome." A different educator from Guam said, "Definitely making better food choices making me aware of giving

more responsibilities as far as taking change of my own food and health and knowing that I can take this material and apply it to my family.”

A supervisor from Guam echoed the same thoughts, “They share how their kids are doing, and their husbands are starting to see how their jobs under EFNEP is reflecting the positive attitudes, especially when it comes to feeding the family healthier meals at home.”

An Indiana educator also said similar things, stating:

My family, spending more time with them, or trying to do more things with them. My extended family, and trying to make sure that we enjoy the time we have. I know that I feel better about myself and more accomplished that I have the job.

Theme: Networking. Approximately half of educators and a quarter of EFNEP supervisors attributed educators learning about what is available in their communities, meeting new people, and the ability to work and collaborate with other agencies to their association with EFNEP as a positive impact. For example, one Utah educator said, “Rubbing shoulders with wonderful people, lots of friends through clients and people I work with.” While a supervisor from Utah added, “I know they go to conferences, trainings and seminars when they have the opportunity.”

Theme: Connected to the community. More than three quarter of educators and a little over half of EFNEP supervisors interviewed mentioned how educators are more connected to the community. Some educators volunteer more in the community by serving a local Chamber of Commerce, becoming board members at local non-profits, submitting grants for non-profits, reviewing foster care cases, or becoming a domestic violence advocate. An educator from Guam said, “I absolutely love working for the community. I get to meet a lot of people whom I’d probably wouldn’t ever met, different people from different economic status ... and a lot of

community members.” Or, an agency representative from West Virginia discussed an educator’s involvement:

Well she actually is very active in the community and well respected. She attends various meetings in the community and helps work on having a food coalition here, and she’s actually helped strengthen that coalition here in the community.

An educator from Indiana said:

Well it really feels good when you make changes in people’s life. When you get involved with the community and benefit the people, when you can help all the people. So, being involved in the community and help them impacts my life because I feel like I can help other people so I feel worthy in my community, it helps getting involved in my community in anything they need.

Category: Community belonging. The Category Community Belonging refers to the connection between individuals and the resources available to most people in a given community, such as access to education, employment, social and medical services, financial resources and access to community places and events. The two most common themes in this category were Volunteering and Status within Community.

Theme: Volunteer. More than half of educators and EFNEP supervisors interviewed attributed increased volunteering activities of educators in the community to working for EFNEP. Educators have volunteered more at their children’s schools, as board members of different non-profits, and have also volunteered their time to collect items to distribute to those in need. One Kentucky educator said, “And then when I’m involved in the schools and doing things I get to be in my children’s classroom...”

Another Kentucky educator said:

I’m in all these task forces like the Domestic Violence task force or our drug court task force. I recently became a foster care reviewer on the foster care board, and so yes, lots of things. I do a lot of work with our domestic violence shelter, if they have things going on in the community, I’ll go volunteer, and different agencies I’ll do the same thing.

A supervisor from Idaho said:

Well my paraprofessionals, most of them sit on other boards of directors or communities, coalitions representing the EFNEP, so they have a role in the community as a representative from the University of Idaho. I can think of one hospital board in Elmore County where one of the representatives sits, another one sits on Mujeres Unidas which is Young Women United and it's a Spanish speaking group, another sits on Food Bank coalition. So, those kinds of things allow them to be representatives and participate in their communities.

Theme: Status within the community. More than a quarter of educators and EFNEP supervisors attributed the fact that educators have a positive status within their own communities due to their work with EFNEP. Some educators were recognized by non-profits for their contribution to the community, others have become city council members and have been invited to become board members. One supervisor in Utah said, "Well, I know some of them joined boards, are involved in foster care, are networking more, so they became more resourceful in that sense, they are in a huge confidence building position." A Kentucky supervisor said:

[EFNEP] is a resource for...participants, they know they can come to their EFNEP assistants about...where they can get help, whether it is food related or home related or they just have some diet issue. Because they [educators] know where to direct them to. ...they start as a great resource for their clients.

A supervisor from Maine said something similar:

[Educators] start to be viewed as the expert by their family, community and friends. They [educators] are looked on very favorably, as they are the ones who have the answers.

A supervisor from Louisiana echoed that educators become a type of expert in the community, "When it comes to nutrition education, the local newspaper ... the television stations are ... trying to contact her for nutrition related activities or ... articles." A West Virginia educator said, "In the community I'm well known, and people know that they can call me and get referrals and get the help that they need. So, I think confidence, it helped my confidence."

An educator from Kentucky said:

Well I've been offered a lot more of opportunities. They've approached me with things like, "I'd like for you to be on my board" or I've been approached like "you will be really good on the Foster Care Review Board," or "do you want to take this training and sit with us?" So, just knowing, being exposed to different people, different agencies and then getting to know me has opened up lots of those kinds of opportunities for me.

Domain: Becoming

Becoming is third of the three domains of the University of Toronto Quality of Life instrument for Adults and it represents things we do in life that defines us. Becoming is represented by three categories: Practical Becoming, Leisure Becoming and Growth Becoming. The following paragraphs are going to describe in more detail the categories with more themes for the Becoming domain such as Practical Becoming and Growth Becoming.

Category: Practical becoming. The Practical Becoming category is one of the nine *a priori* categories for the Quality of Life instrument, it refers to things like doing chores at home, finding paid work, and going to school. It also refers to helping people do things, volunteering, taking care of people or pets, and reaching out to valuable services. Practical Becoming had several themes, but the two themes with the most codes were On the Job Training and Caring for Others.

Theme: *On the job training.* More than half of educators and all of the EFNEP supervisors interviewed expressed how EFNEP has helped educators take advantage of on the job training provided by EFNEP. These trainings have helped educators improve skills in various areas like communication, computer skills, or how to manage their time more efficiently. For example, a Utah educator said, "The opportunity to get continual nutritional update, we have staff meetings twice a month, we get to meet new people, learned a lot from people." While another educator from Kentucky said, "I love it, I take advantage of any educational opportunity.

I've joined a task force to get to know more about our community. I jump at every opportunity I get."

Theme: *Caring for others.* Three quarters of educators interviewed attributed their work with EFNEP to how much they care for others. On the other hand, a little less than half of EFNEP supervisors attributed the same quality to EFNEP as a whole. Examples of educators caring for others included organizing a drive to collect items for needy families, others volunteered at the Salvation Army or food banks, others started volunteering more at church or becoming board members at different non-profits in the community. An educator from Indiana said, "I do donations for those in need, and ask my friends and families for items they don't want anymore. I pick them up and take it to some of the parents or the families that I work with." Meanwhile, a supervisor from Indiana said:

They get extreme satisfaction out of the fact that they are able to help people. On the other hand, they feel frustrated when they see that folks need help but they move or they drop out of the program.

Category: *Growth becoming.* Growth Becoming refers to adjustment to life changes and personal improvement such as problem solving abilities, trying out different activities and ideas, adjusting to changes in life, and improvement or maintenance of physical abilities. Growth Becoming had several themes, but five were mentioned the most. Themes related to this category were: professional growth, learning about or trying new things, self-improvement, making changes and improved public speaking skills.

Theme: *Professional growth.* More than three quarters of educators and more than half of EFNEP supervisors mentioned how EFNEP contributed to the professional growth of its educators. Some educators were going back to school to get a bachelor's or master's degree, and

others were taking advantage of any paid training offered at the university. For example, a West Virginia educator said, “I took... a class, it referred to child development and it was a two year thing. I received a certificate a couple of years ago, and it’s for children birth to eight. I took it at the community college.” An educator from Guam said, “Now that I worked for a year and got some more experience, I actually registered for the university here so I’m taking more nutrition classes and hope to get a degree in nutrition.”

A supervisor from Indiana added:

Oh yeah, I have two that are working on college degrees now. One is a master’s, she’s trying to get in, there’s a new Physician Assistant program that IU School of Medicine will be offering in the Fall, and so I have just recently written her letter of recommendation because she wants to become a Physician’s Assistant. She already has a college degree and now she wants to get into that. And then I have another one, actually I have three of them right now that are working on....two are working on master’s and one is working on an undergrad.

Theme: Public speaking abilities. Almost half of educators and a little over a quarter of EFNEP supervisors mentioned that educators have gained or improved their public speaking skills and credited this to EFNEP, which is also a self-esteem booster. For example, one educator from Guam said, “Benefits ... confidence in public speaking, making presentations, just being confident to go to the community and focus on the program it has really helped to break out of my shell.” Another educator from Kentucky said:

Oh definitely, I started out as not having done any public speaking. And probably before I got this job at least ten years, the only public speaking I have done is since I got out of high school was the PTA. And now, it doesn’t bother me to go before a group at church or a hundred.

Theme: Learning new things. Three quarters of educators and almost half of EFNEP supervisors have mentioned that EFNEP has helped educators learn new things, such as acquiring healthier eating patterns, time management skills and new computer skills. An educator from West Virginia shared:

When I started 26 years ago, we didn't have computers and the technology that we have now, and we have a lot of in-service training, so we're up to date with all these technical things. And also, the knowledge that I have learned about health and fitness and healthy choices for myself and my family. I have used many of the recipes that we use the EFNEP recipes in feeding my family.

Theme: Making changes. More than half of educators and about half of EFNEP supervisors attributed making positive changes in their lives related to their association with EFNEP. They have made some changes to their nutritional behaviors as well as to their lives. For example, an educator from Indiana shared:

We were drinking vitamin D whole milk, and so I had to find a store that had the same color cap of 2%. I switched them on over and then I told them a couple of weeks later that I've changed it and we have gotten in to 2% milk. And, I kind of slowly cut the meat portion down and we're eating like too much protein, so we do a lot less fat in our diet now.

A different educator from Indiana said:

Well I was diagnosed with diabetes 3 months ago, so it was hard at the beginning because I'm here teaching nutrition and I'm like oh my God. So I just changed my eating habits but a good part was that with the help of EFNEP, especially because I changed my eating habits. It was not so difficult to follow the diet that the nutritionist gave me to follow.

An educator from Guam said:

Making better food choices ... taking charge of my own food and health. Gave me a chance to ... expand my knowledge. I'm taking more nutrition classes and hope to get a degree in nutrition. I ... applied the pyramid choices ... I've lost seven pounds.

Theme: Self-improvement. More than half of educators and slightly over a quarter of EFNEP supervisors interviewed reported that EFNEP has contributed to the Self-Improvement of its educators, by trying new things, making changes in their lives, exposing them to different resources to improve their lives, such as through training. Examples include the educator from Indiana, who said:

I went and tried to go back to school, I didn't really like to speak a lot in public, but with EFNEP I had to do it, so it gave me the confidence to do it now. I would like to be a Social Worker.

An educator from Guam also said, "What I've done is to go online and register, I've taken classes like from the Kaplan University online, so I've taken Nutrition classes before and also medical assisting and just to give me a little more foundation."

Phase II: Focus Groups

The population for Phase II consisted of four groups of Black participants, four groups of White participants, three groups of Spanish-proficient Latin@ and four groups of English-proficient Latin@, with a total of 111 participants. Results from the focus group study indicate that EFNEP benefits go beyond improved nutrition and budgeting skills, potentially impacting participants' QoL. In addition, results also indicated that EFNEP impacted the QoL of its participants in five of the nine *a priori* categories: Physical Being, Psychological Being, Social Belonging, Practical Becoming and Growth Becoming. The following pages will describe in more details results obtained for each of the five categories and major themes for each. In addition, it will explain in which of the four groups EFNEP had the most influence on their quality of life.

Domain: *Being*

The first domain of the Quality of Life instrument for Adults from the University of Toronto is Being. This domain represents who we are as a person and consists of three categories: Physical Being, Psychological Being and Spiritual Being.

Category: Physical. The Physical Being category refers to our physical health, our nutrition and personal hygiene, as well as to our overall appearance, being physically active and

our sex life. Healthier Eating Patterns and Nutrition Education were the most common themes across all four groups. Some of the skills learned by participants were how to prepare and cook healthier meals, how to improve their eating patterns and how to engage in more physical activities, thus improving their overall health.

Among Latin@ groups, results indicated that EFNEP had a slightly higher influence on Spanish-proficient Latin@ compared to English-proficient Latin@. Blacks had the highest number of theme recurrence in the Physical Being category, followed by Spanish-proficient Latin@ and English-proficient Latin@ respectively.

Examples of this category from focus group participants include a Spanish-proficient Latin@ participant from South Carolina, who said:

For example, my daughter used to watch TV for hours and I used to tell her, “You are watching too much TV and you are going to gain weight,” and she got mad at me. But after the program, when she started coming to class with me, and we talked about physical activity, my daughter was the one to do Zumba in the Wii. Before, the Wii was only to watch movies and now it is to do Zumba. Before that, I didn’t want to do it, but now we are doing it every day. It is something totally different. It is good that the educator encouraged us to go for a walk or a run. The change is not too big, but it helped my daughter not to get mad at me. She didn’t understand when I told her that it wasn’t good for her, that she needed to do more physical activity. But the program helped both of us. Now she understands why I told her what I did and she stopped fighting with me.

A Spanish-proficient Latin@ participant from Colorado said:

I don’t prepare the carrots like that; I use the bags because that’s one thing they showed us. The supermarkets sell all veggies together and they are expensive, one can also substitute them by buying them separately, and that’s what I give my kids, with Ranch.

A Black participant from Ohio said:

Yeah, I said the same thing as far as the portions like she had said about the serving size. We never open a can of pop and it’s 2 servings, so like she was saying, split it with a friend. She would look at a pop-tart and say, “that’s 2 servings” and normally when you

open up that pop-tart, you gonna eat both. The other day, you know, when my little cousin was over I gave her a pop-tart and I thought about this, so she took one and I took one, you know. And what I do with the pop, I try to cut down on the pop but if I do have a can of pop then I do try to take a cup of it and pass it, give it to someone else to cut down on the sugar, whatever it is that I'm drinking.

Category: Psychological being. The Psychological Being category refers to mental health and quality of life, it also includes self-acceptance, satisfaction with self, freedom from stress and the ability to think and act independently. Most participants in the psychological category indicated a motivation for improvement (except for Spanish-proficient Latin@ group), an increased willingness to try new things such as whole wheat bread into their diets, incorporating oatmeal into recipes and learning to cook without meat, as well as an overall satisfaction with life as a result of EFNEP.

Spanish-proficient Latin@ had more recurrence of themes and codes in the psychological category than the other groups. Some of the major themes for Spanish-proficient Latin@ were sense of empowerment, appreciation, positive effect on their spouse, improved cooking skills and their willingness to try new things. Both groups had Willingness to Try New Things as a common theme.

When comparing all four groups, Blacks had the highest amount of codes in the psychological category, followed by Spanish-proficient Latin@ and Whites, respectively. More Positive Outlook and Satisfaction with Life, Job, etc., were two themes that had the most codes for Blacks but were found less for the other three groups. One Black participant from Virginia said:

She makes some stuff using yogurt that I eat, and I've given to the kids because I didn't want to cook nothing to save time, and it was quick and it was good. So, she allowed us to try this because I wasn't the type of person to try this stuff, but now it put me out there on a limb where I can jump off a little bit and say I'll try this or I've done this.

A Black participant from South Carolina said:

Uhh, I do too cause there was a time that I couldn't live by myself but I do now. I can live by myself, I'm happy. I can do things that I didn't think I could do and I trust me more than I used to. I know that I can do pretty much the things the things that I didn't think I could do and places that I could go alone by myself without being scared thinking this gone happen and that gone happen, I always put that out of my mind now and I'm positive that I can do it. I can be what I want to be, I can have these things and just go forward, say it and do it. And I just feel happy being in my house, don't clean it up every day and I'm happy that I don't clean it up every day, if I don't want to clean I just leave it there until the next time and then go back and get it and do it. Whatever I do, I'm happy about it, I feel good about it.

A White participant from Florida said:

I started growing a garden... I never thought I would do that but, you know, looking at the different fruits and stuff...I decided, well hey, I might try growing my own fruit. Since I like picking out which fruits and vegetables that I actually really like and what can grow here and stuff, so I decided I was gonna start a garden and so that's something new.

A Black participant from West Virginia said:

Some of the foods that we had I wouldn't normally eat, I don't do eggs anyway and I don't usually eat dishes without meat, but some of the stuff she gave us tasted really good and it just kind of opened my mind to try new things.

A Spanish-proficient Latin@ participant from Colorado said, "Well I think with more optimism, more energy, now we are more willing to walk, to exercise, to take our kids to a park and that's something we haven't done before." While an English-proficient Latin@ from Colorado added that this class has made her want to take other classes, "Anything that can learn, parenting classes." And another Spanish-proficient Latin@ from South Carolina said:

It helps us to be more social, to go out into the community, to take more courses. We want to know when a course similar to this is going to be offered. We are open to more changes, to new recipes and more things.

Domain: Belonging

The Belonging domain is the second of three domains from the Quality of Life instrument, it consists of Physical Belonging, Social Belonging and Community Belonging. Belonging represents how we fit in with other people.

Category: Social belonging. Social belonging refers to fitting in with people around us. It also refers to relationships with spouses or significant others, family members, friends and other people known casually. This includes social groups and cultural or interested groups that an individual identifies with.

Results showed that EFNEP had a much higher influence on the quality of life of Spanish-proficient Latin@ compared to English-proficient Latin@. The main codes to support this theme for Spanish-proficient Latin@ were how they felt they were getting more social support and opportunities to network, in addition to having a positive influence on their spouses.

All four groups expressed that they feel they are a role model to their children and saw EFNEP as a positive effect within their household. The groups that had the next highest number of codes related to social belonging after Spanish-proficient Latin@ were Whites and Blacks, respectively. Here are some examples from participants. One Spanish-proficient Latin@ participant from Ohio said:

For my husband it was much easier to go and buy us something, and now he is helping out a little more with the children by helping them get their meals ready. He doesn't do it all the time but he is changing and I feel really good about it.

A different Spanish-proficient Latin@ participant from Ohio said:

We weren't very distant, but now we participate more together. We do things together. We go to the park together and ride bikes. My daughter is 8 years and she has had her

bike for a while. We would always say let's take her to ride bikes and then we wouldn't. But now we all ride our bikes together.

A White participant from Arkansas said:

Me and my kids we go walking after school, where I live there is an old railroad track right beside it and we go walking down the railroad track and they enjoy that because they think it's fun to go walking on the railroad track. We'll walk about an hour, hour and a half a day.

An English-proficient Latin@ participant in Michigan said:

Oh, and not leaving chicken out. My mom was bad for that. She would take the chicken and put it on the counter to thaw it out. I'm like, "You're not supposed to do that."

[laughter] So she did learn; I told her not to do it.

Domain: Becoming

Becoming is the third of three domains from the Quality of Life instrument for adults, it represents things we do in life that defines us. Becoming is characterized by three categories: Practical Becoming, Leisure Becoming and Growth Becoming. The following paragraphs will describe the categories with the most themes.

Category: Practical becoming. Practical becoming refers to chores at home, paid work, and school, how individuals help people do things, look after their own ideals, volunteering, how they take care of people or pets, and how they seek valuable services. Practical becoming had themes such as Menu Planning, Grocery Shopping, Saving Time, Caring for Others and Cooking (self/family).

English-proficient Latin@ indicated that they learned how to budget more efficiently, increased their organization skills including when they go grocery shopping and cooking for their families and self. Spanish-proficient Latin@ did not show a significant amount of codes related to practical becoming.

Some focus group participants mentioned several themes related to Practical Becoming such as learning organizational skills, how to plan menus and grocery shopping every time they go grocery shopping and how to cook for themselves and their families. Results indicated that EFNEP had the most influence on the quality of life of English-proficient Latin@ followed by Whites. Although, no major codes were reported for Spanish-proficient Latin@ and Blacks in this category, examples from this category are included here. A Spanish-proficient Latin@ participant from Colorado said:

...For example I used to eat differently, I didn't organize my week. I would just go and buy things randomly from the supermarket and now I prepare a list before I go grocery shopping and pay attention to the prices and labels.

A Black participant from Ohio said something similar, "It got me to write grocery lists when I go to the grocery store because I used to go the grocery store and just pick up things, now I read the nutritional values."

Category: Growth becoming. This category refers to how people adjust to life changes and personal improvement by trying different activities and ideas. It also refers to how they adjust to changes in life as well as any improvement or maintenance of physical activities.

EFNEP had more influence on the quality of life of Spanish-proficient Latin@ in the Growth Becoming category compared to English-proficient Latin@. All four groups indicated that they made changes in their lives, learned or tried new things and established new habits as a consequence of attending EFNEP classes. Spanish-proficient Latin@ and Blacks discussed the themes more extensively than Whites and English-proficient Latin@. A Spanish-proficient Latin@ participant from Colorado said, "I've started experimenting with recipes, and things... I guess making more food from scratch versus buying it." A different Spanish-proficient Latin@

participant from Colorado said, “The program helped with nutrition for my diabetes, before I have never eaten any vegetables, never like them, and now I eat them because I know that they are good for me.”

A Spanish-proficient Latin@ participant from South Carolina said:

Well, I am still organizing myself even more, I attend the events at the Center more often and I am also helping as a volunteer. Last week they had a sale, and I came for three days to help. But before that, since I have 3 girls, my excuse has been the 3 girls, and they took all my time. And now, I know that by organizing my time and by going to other places I am also helping them as well.

Other categories. None of the codes for these interviews included comments associated with Leisure or Spiritual Becoming categories, and Physical or Community Belonging. Leisure Becoming refers to things people do to have fun and enjoy life, like games, chatting with friends and watching TV. It also refers to hobbies, like going to the movies or theater, watching sports, or taking a holiday or vacation experience. Lack of leisure could be due to the nature of participants’ lives; many of them probably worked more than one job and did not have the time or resources for leisure, as found in a research study from North Carolina (Benavente, Jayaratne, & Jones, 2009). However, quantitative results from a study with 135 EFNEP participants did find some impact of EFNEP on Spiritual Being (Auld et al., 2013).

Results from this Phase II study suggested that EFNEP impacted the QoL of participants in the *Being*, *Belonging* and *Becoming* domains.

CHAPTER FIVE: SUMMARY, DISCUSSION AND CONCLUSION

This chapter describes the findings of Phase I and Phase II studies as well as the interpretation of data, implications and recommendations.

Summary of Study

The purpose of this study was to assess the quality of life of EFNEP's program participants and educators based on the quality of life instrument for adults from the University of Toronto. There are two phases related to the study, phase I-telephone interviews about influence of EFNEP on educators, and Phase II-focus groups about influence of EFNEP on participants.

Phase I

Phase I was developed as part of a multi-state qualitative study to assess the influence of EFNEP on the quality of life of its educators based on telephone interviews with EFNEP supervisors, EFNEP educators and community agency representatives familiar with EFNEP. The instrument used was also based on the *a priori* quality of life profile for adults from the University of Toronto. Instrument was modified for the purpose of this study and included the Being (physical, psychological and spiritual), Belonging (physical, social and community) and Becoming (practical, leisure and growth). The research methodology for this study was conducted within the template analysis framework and was part of a multi-state, cross sectional project.

The research question asked for this phase was: What was the influence of the EFNEP on the quality of life of its educators? This question refers to EFNEP's educators only and not to participants. According to this study, EFNEP has a positive influence on the quality of life of its

educators in the following categories: Physical being, Psychological being, Social belonging, Community belonging, Practical becoming and Growth becoming.

Some of the themes mentioned in the Physical Being category were positive impact on their health by establishing healthier eating patterns. EFNEP educators mentioned feeling more self-confident and an increased self-esteem and satisfaction with their lives and jobs because of their work at EFNEP. Psychological Being was one of the most mentioned categories, included themes such as satisfaction with life/job, self-confidence, drive for improvement, sense of accomplishment and serving a purpose. For Social Belonging, educators mentioned being a better role model to their children and having a positive impact on their spouses as some of the most common codes. Many EFNEP educators volunteer more and are also more involved in their communities, thus improving their status within their community, they also mentioned being aware of different community resources because of EFNEP. According to Putnam (2001), people who unselfishly help others feel more connected to their communities, thus increasing their level of happiness.

Results for Community Belonging are in agreement with Hibbs and Sandmann (2011), such as learning new skills, increased positive status within the community, the ways they view others changed, increased self-esteem and caring for others more. Other common codes for Practical Becoming and Growth Becoming were the opportunities for on the job training, caring for others, professional growth, public speaking skills, learning new things, making changes as well as self-improvement.

Phase II

Phase II-focus groups, was developed as part of a qualitative multi-state study with the purpose of assessing the influence of EFNEP on program participants two to four months post-

graduation. Participants were from four groups including three ethnic groups; Blacks, Whites, Spanish-proficient Latin@ and English-proficient Latin@. The instrument used was based on a *priori* QoL instrument for adults from the University of Toronto. As with Phase I, the instrument included the following categories; Being (physical, psychological and spiritual), Belonging (physical, social and community) and Becoming (practical, leisure and growth). The template analysis framework was based on the University of Toronto constructs. There were three research questions asked for this phase.

Research Question 1 asked: What role does EFNEP play on the quality of life of its program participants across the U.S., two to four months post-graduation?

The majority of the 111 EFNEP participants interviewed expressed that EFNEP had a positive influence in their lives. Answers were similar across the different ethnic groups and different states of the participants. Results showed that participants retained nutrition related information from EFNEP classes two to four months after graduation such as saving money at the grocery store, food planning, and healthier eating patterns such as portion control. These results fit with what was expected based on Brink & Sobal (1994), Burney & Haughton (2002), Hlavacek (2010), Koszewski et al., (2011), Rajgopal et al., (2002) and Wardlaw & Baker (2012). Furthermore, participants also attributed non-nutritional related benefits to EFNEP after finishing the program such as the importance of increased physical activity. This result matches what is found in Wardlaw & Baker (2012). Participants indicated that the benefits were not just for participants but that it also positively impacted participants' children and spouses.

The second research question asked: What quality of life aspects did EFNEP program participants identify as most impactful in their lives?

Results from this study shows that EFNEP plays an important role on the quality of life of its program participants across the U.S., two to four months post-graduation. The EFNEP program positively influenced the quality of life of participants in 5 of 9 *a priori* categories: Growth Becoming, Psychological Being, Physical Becoming, Social Belonging and Practical Becoming. Results related to EFNEP's influence in Growth Becoming of participants are in agreement with what is found in Auld et al. (2013), where participants continued to show most improvement three months after graduation. Furthermore, EFNEP positively influences the lives of its participants based on ethnicity; Blacks, Whites, Spanish-proficient Latin@ and English-proficient Latin@.

The third question asked: How did EFNEP influence its program participants' lives differently after graduation based on ethnicity?

Eating behavior and body image are influenced by culture and ethnicity according to Shuttlesworth and Zotter (2011). Results showed that EFNEP positively influences Spanish-proficient Hispanics more than English-proficient. By EFNEP positively affecting Spanish-proficient Latin@ more, and being able to positively influence their lives and change their behaviors, it is actually helping participants avoid future health issues. These results are in agreement with several past studies which showed that the more assimilated Latinos were to mainstream U.S. culture, the more it negatively affected their dietary behavior and health (August & Sorking, 2011; Lara et al., 2005). When comparing all four groups, results indicate that EFNEP positively influences the quality of life of all participants in nutritional and non-nutritional ways.

In the Physical Being category of this study, Blacks mentioned the most codes associated with the physical category, followed by Spanish-proficient Latin@. These results countered what

was found in Marshall et al. (2017) which indicated that Whites are more physically active than Blacks (Sanderson et al., 2013), and Hispanics. Some of the most common themes found in this category were increased physical activity, healthier eating patterns and improved health.

A study by Verkuyten (2008) found that minority groups tend to have a lower level of satisfaction with life due to feelings of rejection and discrimination. Satisfaction with life/job is one of the themes under Psychological Being, and it was one of the most popular themes among Blacks which contradicts with Verkuyten (2008) findings. In the Psychological Being category, Blacks mentioned the most codes followed by Spanish-proficient Latin@ and Whites for this category. Some of the most common codes were their willingness to try new things, an increased satisfaction with life and increased motivation or drive for improvement.

The Social Belonging category had the most codes from Spanish-proficient Latin@, followed by Whites and Blacks. Some of the most common themes were EFNEP's positive effect on their households, the ability to be a positive role model to their children and their family in general.

For the Growth Becoming category, Spanish-proficient Latin@ and Blacks mentioned the most codes associated with themes in this category followed by Whites. Some of the most mentioned themes were making changes and learning new habits thus improving their dietary behaviors and improving their health.

Lessons Learned Related to Ethnicity

About 75% of participants in Phase II (focus group) are brown or black and they share similar experiences through the cultures of poverty. EFNEP classes are offered in English and Spanish and participants selected whether they wanted to attend the class in English or in

Spanish. Based on this selection, participants were later invited by educators to participate in either English or Spanish focus groups. The entry form completed by participants at the beginning of the EFNEP class did not mention primary language, thus we cannot say that is how we selected which participant would be part of the English or Spanish focus group (Appendix D). Participants checked their ethnicity and race but not primary language.

Although this is not a certainty, I made the assumption for the Focus Groups, that Spanish-proficient Latin@ were first of a generation of peoples coming from central or northern Latin America and spoke Spanish as a primary language. These discrepancies may be explained by the fact that most participants have not completely assimilated in mainstream American culture in language or food. For this reason, they still rely on the Spanish language as a primary mean of communication. I can relate to it as a Latina woman who moved to the U.S. more than twenty years ago with a very limited English knowledge. Later on, if given the choice, as I learned and practiced more English, there were times where I still preferred to join a Spanish-proficient group just to make sure I was not missing any relevant information or to increase the likelihood of being among people with similar cultural food practices. For this reason, I think that some Spanish-proficient Latin@ might have done the same thing when given the choice to attend EFNEP classes in English or Spanish.

Interpretation of the Data

Results from Phase I and II show that EFNEP has a positive influence not only on participants but also on participants' spouses and children. In addition, results also show that EFNEP has an impact on the nutritional aspects of program participants and educators, and also on the non-nutritional aspects of their lives such as their quality of life; the way they see life, an increased self-esteem, their ability to make changes and increased physical activity levels, and

others. Phase I and II studies did not find changes in Spiritual Being, Physical and Leisure Becoming among EFNEP participants and EFNEP educators (Table 5.1).

However, for the Community Belonging category which refers to resources available to most people in the community, changes for educators were found but not for program participants. Some of the most common themes mentioned by educators were increased volunteering activities and increased positive status within the community. Some educators and supervisors interviewed have mentioned that educators volunteer at children's schools, become city council members, organize drives to benefit others and also are board members at local non-profits, thus improving their status in the community. Improved positive status within the community is in agreement with Hibbs and Sandmann (2011). Results about educators are not surprising since most educators interviewed indicated enjoying being socially connected to their communities by being part of different activities.

Community Belonging represents connection to community resources, access to education and employment, as well as social, medical, financial and employment resources available in the community to most people. This was a surprising result, since EFNEP sessions include access to community resources as part of participants' classes. Perhaps results from Community Belonging might help restructure how educators share community services with participants to help them understand what resources are available to them.

In addition, for Practical Becoming in Phase II, only two ethnic groups Whites and Spanish-proficient Latin@ mentioned any themes related to this category. The University of Toronto Quality of Life instrument for adults describes Spiritual Being as personal and spiritual values, altruistic behavior, one's hopes and values and the meaning of life to the individual. It is hard to determine how EFNEP might influence the Spiritual Being of participants and educators

in this area, unless it has something to do with hopes and values. Participants and educators did not mention themes related to Leisure Becoming either, which is represented by things individuals do to have fun and enjoy life such as playing games, watching TV, going to the movie theater or a holiday and vacation experience. The results for this category were somewhat expected, according to USDA (2015), the majority of EFNEP participants who reported income live at or below 100% of poverty, earning \$24,250 a year or less for a household of four. Unfortunately, living in a low-income household might limit opportunities to enjoy a vacation experience or even having the resources to pay for entertainment due to lacking financial resources and perhaps time, if needing to work multiple jobs.

Physical Belonging refers to where an individual lives, the material possessions, how safe he or she feels and also includes the surrounding neighborhood and/or country. This category could perhaps be expanded and used by other organizations to study how to improve quality of life or increase physical activities of residents according to certain geographical areas, including questions of what means to feel safe in a neighborhood.

Table 5.1

EFNEP's Influence on the Quality of Life of its Educators and Participants

Quality of Life Category	Participants	Educators
Being (who we are a person)		
Physical Being	Yes	Yes
Psychological Being	Yes	Yes
Spiritual Being	No	No
Belonging (how we fit in with people)		
Physical Belonging	No	No
Social Belonging	Yes	Yes
Community Belonging	No	Yes
Becoming (thing we do in life that defines us)		
Practical Becoming	Yes	Yes
Leisure Becoming	No	No
Growth Becoming	Yes	Yes

Conclusions

The results from this multistate project with EFNEP educators and participants add to the limited pool of studies related to the impact of EFNEP on QoL. Results from Phase I-Telephone interviews about educators also add to the limited pool of information related to EFNEP and its educators (Hibbs & Sandmann, 2011). In addition, results from the telephone interviews and focus groups help to better define what QoL means with respect to EFNEP. Furthermore, the results could help in measuring the quality of life and efficacy or impact of other federal programs in order to determine the efficiency of the funds spent on the programs. This study was designed to analyze qualitative data about the influence of EFNEP on the quality of life of its educators and program participants, consisting of Phase I and Phase II studies. Furthermore, this study found a consistent association between EFNEP and the positive impact on the QoL of its participants and educators. These results support those of previous researchers (Auld et al., 2016; Hibbs & Sandman, 2011).

EFNEP Participants

The results reinforce the efficacy and impact of EFNEP not only on participants but also on their family members, and society in general. The results also could help secure future funding related to EFNEP due to its proven life changing impact on participants' and educators' quality of life. In addition, results from this study could also help educators in understanding how low-income audiences learn best and the tools needed to help with their success, such as the non-nutritional skills learned because of EFNEP. The results can also help educators learn how to better motivate participants to succeed, especially since many of them never received a diploma for successfully completing a program or high school. Along these lines, it can serve as an adult education model for a successful student-centered education approach where students

learn better in small environments using hands on activities and educational materials written in an easy to read and understand format where students do not feel intimidated but are eager to participate. The results from Phase II showed which of the four groups mentioned the most themes, which might help in designing programs to target the groups with the lowest number of themes and/or improve the current groups as well. Other similar projects also showed that EFNEP participants keep planning their menus, read food labels, eat healthier food (Brink & Sobal, 1994; Burney & Haughton, 2002, Koszewski et al., 2011; Wardlaw & Baker, 2012), have an increased self-confidence, increase their physical activity, have a more positive outlook in life, are better role models to their children, are willing to try new things (Arnold & Sobal, 2000; Brink & Sobal, 1994) and practice safe food handling techniques (Koszewski et al., 2011).

For the purpose of this study, the sample population of EFNEP participants were from three different ethnic backgrounds, results from this study could help improve or modify lesson materials in order to continue positively affecting participants' lives. It could also help in designing a QoL tool specifically designed for EFNEP participants to continually assess the impact of EFNEP on participants.

EFNEP Educators

Results can also help recruit and retain talented educators due to the many benefits of working for EFNEP that goes beyond learning about nutrition related teaching techniques. In addition, it could be used to culturally design or modify educational programs in order to better help diverse populations.

Personal Observations

I started this study from an academic perspective to focus on EFNEP educators, and then due to its positive influence and potential availability of participants it expanded into Phase II of

the study, which focuses on EFNEP participants. Through these studies, I learned a lot about people and also about myself. I learned to see what a big difference EFNEP makes not only in individuals but also in their communities. Furthermore, by listening to the participants and educators and how they were making changes in their lives, I started appreciating the changes that these families will hopefully experience in generations to come, with something as simple as changing their diets and teaching their children the same thing.

I also learned how being passionate about what we do for a living can impact not only our household but also the community in which we live. For instance, I heard about the positive changes the educators are making in their own community, and some of them mentioned feeling blessed about working for EFNEP and that it does not feel like working, it is more like a passion. Hearing the level of excitement about working for EFNEP from educators got me excited too about looking forward to the next telephone interview. On the other hand, from the focus groups with participants, I learned how access to different resources in a community can affect participants' priorities differently. For instance, in Pueblo County, a relatively poor county in southeast Colorado, some participants expressed feeling concerned about how alcohol and drugs were affecting their families. On the other hand, in Boulder County, a college town on the northeast side of Colorado, some participants mentioned saving money to achieve the American dream of owning a home.

Why are These Studies Important?

There are several reasons why these two studies are important to the families, to the workplace, and to taxpayers, each of them positively affecting society. I will explain all three reasons in the next paragraphs.

First, by positively influencing the quality of life of its participants and educators, EFNEP is also causing a ripple effect on their families and their communities. For instance, some educators and participants mentioned that they volunteer more in the community and at their children's school. This is important because the more the parents are involved in their children's education, the higher the chances of students succeeding in school and graduating from high school.

Second, by having a labor force who is eating healthier, sleeping better and more satisfied with life, employees miss fewer days at work, request fewer sick days and consequently do not have a major negative effect on their work group health insurance. If the employee does not have work insurance but instead receives health insurance through government assistance, it costs taxpayers less money to support programs like EFNEP. When participants improve their eating patterns and increase their physical activities, they decrease their risk of developing many diseases and also their visits to the emergency rooms, helping decrease taxpayers' contribution to the health system.

Third, according to the Centers for Disease Control in a report from 2011-2014 about childhood obesity, Hispanics are at a higher risk of obesity at 21.9% compared to non-Hispanic Blacks at 19.5%, followed by non-Hispanic Whites at 14.7%. Even though there is a decline in obesity in preschool aged children, it is still too high among children in general. When comparing these results to the current studies and how EFNEP influences the quality of life of its participants and educators, we can see a positive effect on children as well. For instance, some interviewees mentioned during the telephone interviews and focus groups that their children were also adopting healthier eating habits and increasing their physical activity. This is important because results from current study showed that in the Physical Being category

Blacks and Spanish-proficient Latin@ mentioned the most themes related to this category followed by English-proficient Latin@. In other words, by educating the parents or gatekeepers as is the case with EFNEP participants and educators, we are educating the children as well, thus helping decrease the obesity rate in the U.S., particularly among minority groups.

In conclusion, results from these studies should be important to us as taxpayers and as a society. EFNEP has a ripple effect in generations to come, by having a healthier workforce, educating the parents who are the ones shopping and cooking for their children, helping decrease the incidence of childhood obesity among minority groups and decreasing the visits to emergency rooms of participants every year.

Recommendations for Further Research

This study contributes to the knowledge base by confirming the impact of EFNEP beyond nutritional benefits, thus influencing the quality of life of its program participants and educators. There are three main recommendations based on what was observed from Phase I- Telephone Interviews with EFNEP supervisors, community agency representatives and EFNEP educators, and Phase II-Focus groups with EFNEP participants.

First, this study could be replicated and used in different settings such as perhaps how an educational program for adults influence the quality of life of its educators, such in the case of educators working with cancer patients, or educators working with low income families at the school district level. Numerous research studies have indicated that EFNEP positively affects the quality of life of its educators (Auld et al. 2013; Auld et al. 2016). In addition, there are several other studies not related to EFNEP that also indicate how being an educator can negatively affect the quality of life of educators. According to Araújo, Graça and Araújo (2003), a challenging job is characterized by having little control over difficult situations.

Consequently, these situations can have some detrimental effects on the employees' psychological and physical stress based on results from two studies realized in Bahia, Brazil. Another study by Fernandes & Da Rocha (2009) indicated that educators who had active and demanding jobs had more negative impact of quality of life on their social and psychological life. Current study shows that EFNEP has a positive effect on the quality of life of its educators in Physical Being, Psychological Being, Social Belonging, Community Belonging, Practical Becoming and Growth Becoming. Further studies could focus on whether or not work could have a positive effect on the quality of life of its educators from other fields such as K-12 or health, and based on that develop a specific model to help national and international organizations.

Second, it could also help explore how to have a positive quality of life in the workplace. For instance, a big organization could explore the Practical Becoming category specifically to see how volunteering could positively affect the quality of life of its employees, with the purpose of keeping employees happy and avoiding burnout and high turnover forcing the company to spend more money recruiting and training new employees. Such is the case with EFNEP educators who expressed how satisfied they were with their jobs and the community they were part of by volunteering as board members and at local schools. They felt that they were contributing to their communities, loved what they do and most importantly loved their jobs. Results from a study by Ramos, Güntert, Brauchli, Bauer, Wehner, & Hämmig (2016) reported that employees who volunteered in their communities and have the support of their employers, showed an increased work engagement and decreased rates of mental health issues and burnout.

Lastly, results from focus groups with EFNEP participants (phase II), indicated that Blacks mentioned the most categories related to the positive impact of EFNEP on the

Psychological Being of all participants followed by Spanish-proficient Latin@. Examples of themes related to Psychological Being are willingness to try new things, an increased satisfaction with life, drive for improvement and motivation to improve one's life. However, a study conducted by Verkuyten (2008), indicated that minority groups tend to show signs of lower self-esteem and lower satisfaction with life due to feeling rejected and discriminated, which was not the case with EFNEP's participants minority groups. Further studies could focus on interviewing Blacks and Spanish-proficient Latin@ to see what are the teaching methods employed by EFNEP curriculum that make these two minority groups feel positive impacts on their Psychological being contrary to what some literature review shows.

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APPENDIX

**APPENDIX A: INTERVIEW PROTOCOL-COMMUNITY PARTNERS/AGENCIES
PHONE INTERVIEW SCRIPT**

Interview Protocol – EFNEP Community Partners/Agencies

Participant number: _____

Start time of interview: _____

Date: _____

End time of interview: _____

Interviewer: Natalia

Questions:

1. Please describe your agency/organization (type and number of clients, services provided)

2. Please describe your involvement with EFNEP.

- How long have you been involved with EFNEP? In what ways?
What percentage of your clients do you refer to EFNEP? This represents approximately how many a year?

3. What do you see as the benefits of EFNEP for you clients?

- Short-term? Long-term?
- What do you expect to see from your referral?
- What if any benefits do you see beyond those from the classes themselves? (in the community, families, etc.?)

4. If you are in a position to judge, I would like to ask a few questions about EFNEP paraprofessional educator.

- Have you witnessed personal or professional success with the paraprofessional staff?
 - Are there areas outside the workplace where paraprofessional's roles in the community/family/etc. have changed since working in EFNEP?
 - Any changes in education or employment status?
-

-
5. Anecdotal reports about EFNEP imply that there are benefits beyond employment and improved nutrition and budgeting skills. Some researchers group these types of benefits under the term Quality of Life. It includes such things as a sense of accomplishment, self-worth, being a role model, becoming more connected in the community, taking advantage of education or work opportunities.

Given what we've talked about and the description of Quality of Life, please discuss any changes in paraprofessional or client lives that might be attributed to EFNEP?

6. We are just about done here. Based on this conversation are there any other things you want to say about EFNEP?

END OF REPORT

APPENDIX B: INTERVIEW PROTOCOL-EDUCATOR PHONE INTERVIEW SCRIPT

Participant number: _____ Start time of interview:

Date: _____ End time of interview:

Interviewer: Natalia Infante

PARAPROFESSIONALS

Questions:

3. Please describe your involvement or experiences with EFNEP.
 - How long have you worked with EFNEP?
 - What types of classes do you teach?
 - How would you characterize the community/neighborhood in which you work?
 - What other agencies do you work with?
-

4. How has working for EFNEP affected your life?
(Prompt: increased confidence in your abilities; willingness to try new things; becoming more involved in your community; taking advantage of other educational opportunities)

5. What benefits did you see after working for EFNEP the first year? What have been the longer term benefits?
-

6. Please describe any personal or professional successes that you have had that might be associated with EFNEP?
 - Please discuss any areas outside the workplace where your roles in the community/family/etc. have changed since you started working in EFNEP?
-

7. A number of reports about EFNEP imply that there are benefits beyond employment and improved nutrition and budgeting skills. Some researchers group these types of benefits under the term Quality of Life. It includes such things as a sense of accomplishment, self-

worth, being a role model, becoming more connected in the community, or having a sense of satisfaction with one's life.

Given what we've talked about and the description of Quality of Life, describe any changes in your life that you feel may be attributed to EFNEP?

8. Based on this conversation what else do you want to say about EFNEP?
-

9. We're just about done here. We'd like to talk briefly about EFNEP clients. How do you see EFNEP benefiting them?

- What changes have you seen or they told you about in their lives in addition to the nutrition behaviors?
- What benefits beyond nutrition and budgeting skills might exist, e.g., Quality of Life?

Conclusion:

APPENDIX C: INTERVIEW PROTOCOL-EFNEP SUPERVISORS/PROFESSIONALS

Participant number: _____ Start time of interview:

Date: _____ End time of interview:

Interviewer: Natalia Infante

Questions:

1. Please describe your involvement or experiences with EFNEP.

- What geographic area are you responsible for?
- What are the general characteristics of this area or community?
- What other agencies do you work with relative to EFNEP?

We want to talk a little about both EFNEP paraprofessionals and EFNEP participants.

We'll start very broadly with the paraprofessionals.

- How do you see EFNEP benefiting the paraprofessional?
 - What do you see as short-term benefits for your staff?
 - Long term benefits?
 - Please describe any personal or work-related successes with the PP staff?
N: have they shared any work related or professional success they had due to EFNEP?
-

- How might paraprofessional's roles outside the workplace in the community/family/etc. changed since working in EFNEP?
- Does your university provide for continuing education for paraprofessionals? If so, do they take advantage of it?

-
- Anecdotal reports about EFNEP imply that there are benefits beyond employment and improved nutrition and budgeting skills. Some researchers group these types of benefits under the term Quality of Life. It includes such things as a sense of accomplishment, self-worth, being a role model, becoming more connected in the community, or having a sense of satisfaction with one's life.

Given what we've talked about and the description of Quality of Life, please discuss any changes in paraprofessional's lives that you feel might be attributed to their involvement with EFNEP?

- We'd like to talk briefly about EFNEP participants. How do you see EFNEP benefiting them?
 - What have your PP reported to you as changes in their participant's lives?
- We are just about done here. Based on this conversation are there any other things you want to say about the potential benefits of EFNEP beyond the obvious program accomplishments in nutrition education?

END OF INTERVIEW

APPENDIX D: ENTRY FORM. EXPANDED FOOD AND NUTRITION EDUCATION PROGRAM

Entry



Name _____

Street _____

City _____

Zip _____

Phone (____) _____

Email _____

Age _____ Check one: ☐ Female ☐ Male

If female:

Pregnant? ☐ Yes ☐ No

Breastfeeding? ☐ Yes ☐ No

Where do you live? (Check one)

- Farm/Rural
- Towns under 10,000 and rural non-farm
- Towns & cities 10,000 to 50,000
- Suburbs of cities over 50,000
- Central cities over 50,000

Highest Grade Completed: _____

- Graduated High School or GED
- Some college
- Graduated 2 year college

- Graduated college
- Post Graduate

Monthly Household Cash Income \$ _____

Check the ethnicity you identify with:

- Hispanic/Latino ☐ Non-Hispanic/non-Latino

Check the race category you identify with: (you may check more than one)

- American Indian/Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

Household Members

List first names and ages of people who live with you:

First Name	Age
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____

Programs that you and your family participate in (check all that apply):

- Free or reduced school lunch or breakfast

- FDPIR (Food Distribution – Indian Reservations)
- SNAP (Food Stamps)
- Head Start
- TANF (Temporary Assistance for Needy Families)
- TEFAP (Commodities)
- WIC
- Other _____

For Educator's use only:

Educator Name: _____ Participant Entry Date: _____

Participant ID (provided by state office): _____ Comments: _____

Group _____ Name: _____

Subgroups: _____ Type of delivery site (choose from list): _____

This is not a test and there are no wrong answers. These are questions about ways you plan and fix food.

Circle the response that best describes how you usually do things.

1) How often do you plan meals ahead of time?	Never	Seldom	Sometimes	Most of the time	Almost always
2) How often do you compare prices before you buy food?	Never	Seldom	Sometimes	Most of the time	Almost always
3) How often do you run out of food before the end of the month?	Never	Seldom	Sometimes	Most of the time	Almost always
4) How often do you shop with a grocery list?	Never	Seldom	Sometimes	Most of the time	Almost always
5) This question is about meat and dairy foods. How often do you let these foods sit out for more than two hours?	Never	Seldom	Sometimes	Most of the time	Almost always
6) How often do you thaw frozen foods at room temperature?	Never	Seldom	Sometimes	Most of the time	Almost always

7) When deciding what to feed your family, how often do you think about healthy food choices?	Never	Seldom	Sometimes	Most of the time	Almost always
8) How often have you prepared foods without adding salt?	Never	Seldom	Sometimes	Most of the time	Almost always
9) How often do you use the “Nutrition Facts” on the food label to make food choices?	Never	Seldom	Sometimes	Most of the time	Almost always
10) How often do your children eat something in the morning within 2 hours of waking up?	Never	Seldom	Sometimes	Most of the time	Almost always

Circle the response that best describes how you usually do things.

11) Do you eat more than one kind of vegetable each day?	Never	Seldom	Sometimes	Most times	Always
12) Do you eat more than one kind of fruit each day?	Never	Seldom	Sometimes	Most times	Always
13) How often do you participate in at least 30 minutes of moderate physical activity every day?	Never	Seldom	Sometimes	Most times	Always
14) I wash my hands with soap and warm running water before preparing food.	Never	Seldom	Sometimes	Most times	Always
15) How often do you let your children choose how much to eat?	Never	Seldom	Sometimes	Most times	Always
16) Do you eat low-fat foods?	Never	Seldom	Sometimes	Most times	Always
17) When you have the option of getting a ‘supersized’ portion of food or beverage, how often do you order it?	Never	Seldom	Sometimes	Most times	Always

18) Do your meals consist of a variety of foods?	Never	Seldom	Sometimes	Most times	Always
19) How often do you use a meat thermometer to measure the doneness of meat?	Never	Seldom	Sometimes	Most times	Always

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Do you take nutritional supplements? (vitamins, herbs) ☐ Yes ☐ No

How much money did you spend on food last month (money plus Food Stamps)? \$_____

How much moderate physical activity do you get on an average day?

• **Less than 30 minutes ☐ 30 to 60 minutes ☐ More than 60 minutes**

What did you have to eat and drink in the last 24 hours? Give as much detail as possible, more detail is better.

Food or Drink Item and How Prepared		How Much?	Food or Drink Item and How Prepared	How Much?
Morning Meal				
Snack				
Midday meal				

Snack					
Evening meal					
Snack					

APPENDIX E: SCRIPT FOR EMAILS SENT TO EDUCATORS BEFORE INTERVIEW

Quality of Life Research Phone Interview

I'm a Ph.D. student at Colorado State University and I'm helping with the Quality of Life research program. I was given your name for a possible phone interview with the purpose of gathering insights about EFNEP or Family Nutrition Program from people most familiar with the program.

The phone call interview might take from 30-45 minutes. Could you please let me know when would be a good time to call you to set up a time or for an interview? Do you have any time to interview next week or the first week of April?

I look forward to hearing from you.

Natalia Infante

970-690-1784

APPENDIX F: MODIFIED QUALITY OF LIFE CODING

NVIVO/Quality of Life - Educators & Clients

<p>A-Practical</p> <p>1-House/homework 2a-Employment (paid) 2b-Employment changes 2c- Former EFENP client 2d- Career Advancement 3-Education (formal, job related) 4-On-Job training 5-Vocational skills 6-Caring for others 7-Budgeting/saving money 8-Cooking (self/family; incl. “hands on”) 9- Menu planning 10- Organizational Skills 11- Grocery shopping (not about \$) 12- Other benefits 13- Saving time 99-Other</p> <p>B-Leisure (fun, enjoyment)</p> <p>1-Hobby (cooking for fun) 2-Holiday/vacation 99-Other</p> <p>C-Growth</p> <p>1-Learning about or trying new things 2-Improved physical skills 3-Self-improvement 4-Public speaking abilities 5-Better parenting skills 6-Professional growth/skills Adaptability/status w/in work 7-Making changes 8-Awareness 9-Improved conversational skills 10-Developing new habits 99-Other</p>	<p>E-Psychological</p> <p>1- Self-esteem/worth 2- More positive outlook/hope 3- Satisfaction with life, job, etc. 4- Independence 5- Increased financial security 6- More open-minded; less judgmental 7- Self advocacy 8- Sense of accomplishment 9- Self-confidence/self-reliance 10- Motivation/Drive for improvement, self or others 11- Appreciation or gratitude 12- Empowerment 13- Enthusiasm, excitement 14- Serving a purpose 15- Recognition 16-Self-care 17-Emotional well-being 18-Willingness to try new things 19-Sense of responsibility 99-Other</p> <p>F-Social</p> <p>1-Spouse 2-Kids (e.g. role model) 3-Family 4-Friends 5-Social/interest groups 6-Ethnic/cultural groups 7-Cooking (social) 8-Impact on students/clients & Vice versa 9-Connection to community 10-Cultural cooking 11-Social support, networking 12-Ripple effect outside of family 13-Role model within household 99-Other</p>
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<p>D-Physical</p> <p>1-Health (incl losing weight)</p> <p>2-Nutrition / nutrients</p> <p>3-Food safety</p> <p>4-Healthier eating patterns</p> <p>(more</p> <p>+; less -) healthy food.</p> <p>5-Physical activity</p> <p>6-Cooking/Food Prep (healthy)</p> <p>7-Food Security</p> <p>8-Nutrition Educ. (reading</p> <p>labels)</p> <p>99-Other</p>	<p>G-Community (access to or involvement with)</p> <p>1-Volunteer & committees (church, schools, etc.)</p> <p>2-Status w/in community</p> <p>2a- Leadership</p> <p>3-Access to education</p> <p>(self/family)</p> <p>G-Community (continued)</p> <p>4-Access other community resources in general (including medical, social services, financial resources, community events,</p> <p>etc.)</p> <p>5-Community “improvement”</p> <p>99-Other</p>
<p>H-Spiritual</p>	

Prefix – P = Paraprofessional; C = client

APPENDIX G: DVD SCRIPT FOR FOCUS GROUPS

DVD SCRIPT FOR FOCUS GROUPS

Good afternoon. Thank you for joining our discussion today. My name is moderator and assisting me today is assistant moderator.

The purpose of the discussion today is for us to get a better idea of your experiences with EFNEP so that we can continue to improve the program. All of you have completed a series of nutrition classes with EFNEP so you are well qualified to talk about those experiences. In this type of discussion, there are no right or wrong answers. We expect to hear different points of view. Please feel free to share your thoughts even if they differ from what others have said. You should also feel free to express both positive and negative comments about EFNEP. Sometimes the negative comments are most helpful.

Before we begin, I just want to set a few ground rules. You'll notice that we are taping the discussion. That is so we don't miss any of your comments. But we will not tie any names to specific comments. Everything you say will be confidential. Because we are taping, we ask that we only have one person speaking at a time.

There are snacks on the side table and the rest rooms are down the hall on the right. Feel free to get up for either, just try to be quiet when doing so. The session today will likely last 60-90 minutes with no interruptions. We will start by going around the table beginning with

_____.
Please say your first name, tell us when you participated in EFNEP and one thing you liked about the classes.

Intro Moderator & assistant moderator

Purpose of discussion (NOT Quality of Life but discussion of EFNEP experiences)

Why they are here AND their similarities - all EFNEP grads

Permission to disagree and give negative comments

Ground rules

Round Robin Question (so all of them speak once - ice breaker)

APPENDIX H: RECRUITMENT SCRIPT FOR EFNEP EDUCATORS TO RECRUIT PARTICIPANTS

Recruitment Script

Hi, this is _____ from EFNEP. I am giving you a call because you took an EFNEP class with me a few weeks ago. I would like to invite you to participate in a discussion about how EFNEP classes have affected you and your family.

(If they say ok, continue; if they say no, reassure them that is fine and thank them for their time).
The discussion will be conducted with a small group of EFNEP program participants to find out how EFNEP has affected families. The discussion group will meet on (date) _____, at this location _____. We would like to start the discussion at (time)_____ and it will last about 1 hour.

It is very important that we have as many people as possible in the discussion group, so we can find out as much as possible about how EFNEP influences participants and their families. Since the discussion group will take some extra time from your schedule, you will be given a \$25 gift card to a local grocery store for taking part in this discussion. You will be given the gift card at the end of the discussion.

Are you interested in participating in the discussion group?

If they say yes:

Thank you for your willingness to participate in the discussion and help us improve EFNEP program. Your comments will be very valuable. I look forward to seeing you on _____ (day and date) at (location)_____.

If they say no:

Thank you for speaking with me on the phone. Is there any feedback about your experience with EFNEP that you would like to share with me today?

APPENDIX I: CONSENT TO PARTICIPATE IN STUDY

Consent to be in a Research Study

Colorado State University

TITLE OF STUDY: How has EFNEP affected your life?

PRINCIPAL INVESTIGATOR: Susan S. Baker, EdD. **Phone number:** 970-491-5798. **Email:** Susan.Baker@colostate.edu

CO-PRINCIPAL INVESTIGATORS: Garry Auld, PhD, RD. **Phone number:** 970-491-7429. **Email:** garry.auld@colostate.edu and Natalia Infante, PhD student. **Phone number:** 970-488-9047. **Email:** ninfante@rams.colostate.edu

WHY AM I BEING INVITED TO TAKE PART IN THIS RESEARCH? You are being asked to take part in a discussion about how EFNEP has affected you and your family. The discussion will be with other adults who have completed EFNEP series of lessons.

WHO IS DOING THE STUDY? The people doing this research are from Colorado State University.

WHAT IS THE PURPOSE OF THIS STUDY? The purpose of the study is to get feedback on how EFNEP has affected its participants.

WHERE IS THE STUDY GOING TO TAKE PLACE AND HOW LONG WILL IT LAST? The study will take place in the communities where EFNEP is taught. We plan for this discussion to take about 1 hour.

WHAT WILL I BE ASKED TO DO? During the discussions, we would like for you to answer questions openly about how your participation in EFNEP has affected your life. We also ask that you participate as much as possible and answer the questions as best as you can. These discussions will help us improve the program.

WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS?

- There are no known risks associated with taking part in this discussion.
- It is not possible to identify all potential risks in research procedures, but the researcher(s) have taken reasonable safeguards to minimize any known and potential, but unknown, risks.

ARE THERE ANY BENEFITS FROM TAKING PART IN THIS STUDY? There are no direct benefits for taking part in this study. However, we hope to use the information obtained from this discussion to improve the program.

DO I HAVE TO TAKE PART IN THE STUDY? Your participation in this research is voluntary. If you decide to participate, you may stop participating at any time without penalty or loss of benefits to which you are otherwise entitled.

WHO WILL SEE THE INFORMATION THAT I GIVE? Any information you provide will be kept private. Research reports from this information will talk about groups of people, they will never refer to you by name. The results of this study may be published or presented at professional meetings. The identities of all participants will be kept anonymous. We will make every effort to keep anyone who is not on the research team from knowing that you gave us information, or what that information is. Although researchers will keep information confidential, we cannot guarantee that other participants will.

Your identity/record of receiving compensation (NOT your responses to questions) may be made available to CSU officials for financial audits.

WILL I RECEIVE ANY COMPENSATION FOR TAKING PART IN THIS STUDY? You will receive a \$25 gift card from a local grocery store for taking part in this discussion.

WHAT IF I HAVE QUESTIONS?

Before you decide whether to accept this invitation to take part in the discussion, please ask any questions that might come to mind now. Later, if you have questions about the study, you can contact the investigator, Natalia Infante at 970-488-9047, or ninfante@rams.colostate.edu. If you have any questions about your rights as a volunteer in this research, contact Janell Barker,

Human Research Administrator at 970-491-1655. We will give you a copy of this consent form to take with you. [Insert date of approval].

WHAT ELSE DO I NEED TO KNOW? The discussion will be audiotaped. On the audiotape, you will be referred to by your first name only (or first name and first initial of your last name if there are two people with the same first name). The tape will only be used to make sure we got everyone's comments correct and will be erased when we are finished.

Your signature acknowledges that you have read the information stated and willingly sign this consent form. Your signature also acknowledges that you have received, on the date signed, a copy of this document containing 2 pages.

Signature of person agreeing to take part in the study

Date

Printed name of person agreeing to take part in the study

Name of person providing information to participant

Signature of Research Staff

Date

APPENDIX J: FOCUS GROUP QUESTIONNAIRE FOR PROGRAM PARTICIPANTS

Quality of Life Participants' Discussion

Good afternoon. Thank you for joining our discussion today. My name is _____ and assisting me today is _____. The purpose of today's discussion is for us to get a better idea of your experiences with EFNEP and how the program has helped you so that we can continue to improve the program. All of you have completed the series of lessons and graduated from EFNEP. So, you are ideal people to talk with us about EFNEP. In this type of discussion, there are no right or wrong answers. We expect to hear different points of view. Please feel free to share your thoughts even if they differ from what others have said. You should also feel free to express both positive and negative comments about EFNEP. Sometimes the negative comments are the most helpful. Before we begin, I just want to set a few ground rules. You'll notice that we are taping the discussion. That is so we don't miss any of your comments. But we will not tie any names to specific comments. Everything you say will be confidential. Because we are taping, we ask that only one person speak at a time and that you please turn your cell phones off or put them on silent.

There are snacks on the side table and the rest rooms are _____. Feel free to get up for either, just try to be quiet when doing so. The session today will last 60-90 minutes with no interruptions. We will start by going around the table beginning with _____ (warn her ahead of time that this is coming).

1. Please state your first name, tell us about how long ago you graduated from EFNEP and one or two things you liked about the classes. (Moderator, comment on any common themes they listed as to what they like, then...)

2. Let's talk a little more about some of those things you liked about EFNEP. (probe about cooking, physical activity, stretching food dollars and any other things that came up often, tell me more, etc.)

Pay attention to things that you might be able to tie back later to QoL (see probes below)

3a. Now, let's talk a little about life in general. What are some positive, good things happening in your life now?

(might probe about work, any schooling, health, church, friends, family life)

3b. What types of positive/good things are going on with your families?

(kids' school, sports, friends; husband/ significant other's; neighbors, parents)

Summarize the good things going on...

4a. Thanks for sharing; it's great to hear all the good things that are happening with you.

And on the flip side, we all typically have negative things happening in our lives as well.

Now, I'd like to ask you to share some of those negative things or challenges you are facing if you are comfortable doing that.

4b. What about negative things or challenges your family is facing now?

Summarize the negatives/ challenges and perhaps a general sense of how things are going for them

5. Let's step back and take a minute to think about what your life was like 3-8 months ago before you took EFNEP classes. How was life different from now?

(Both positive/good things and negatives or challenges...)

6. (if they talk about differences) What changes/differences in your life from before you took EFNEP classes to now might be related to what you learned or did in EFNEP?

In other words, how did the whole experience of EFNEP make a difference in your lives?

What do you feel made the biggest difference in your life?

(keep in mind for possible probing to **find out how “x” made a difference** – could be ...

... saving money at grocery store gave them more money/resources for?

or maybe didn't save money, but were able to buy more food and have food for the whole month or healthier food for family.

... cooking more meals at home might be healthier, save money, or lead to more family time

...reading labels led to confidence in food purchasing decisions

... being more physically active so more energy or weight loss or shared time with family & friends

7. What about your families? How did your participation in EFNEP affect the lives of family members?

(how you are as a parent; children or adults in the family eating better; helping in the kitchen? Change in physical activity? Eating more meals together? Less TV? Other?)

Summarize what you've heard...

Up to now, we've been talking about what's going on in your lives and the possible influence of EFNEP. A lot of what has been said directly relates to what was covered in EFNEP lessons – food safety, shopping, meal preparation, physical activity...

Now we would like to talk about possible changes that might be less obvious. (Try not to lead but you might need to give them some “cues.” For example...

8. How do you think EFNEP affected the way you look at life?

(more positive outlook, increased confidence, feeling more in control of your own life)

(social support, the people in your life that you can count on and that know they can count on you;

Might have made some friends because of the class; more involved with neighbors, people from church)

9. How has EFNEP affected your willingness to try new things?

More willing to get involved/volunteer at church, school?

Take other classes; join new community groups; try new physical activities?

Doing more cooking, trying new recipes or new foods?

Look for new job opportunities?

Researching information on the web about topics you want to learn more about?

10. How has your access to or use of community resources changed after taking EFNEP classes?

(e.g., library, community gardens, boys/girls club; social services, other educational opportunities)

11. * We realize that a lot is going in your lives that has nothing to do with EFNEP.**

We appreciate your trying to answer these tough questions. And this is the last one.

How do you feel about your life now? More satisfied, less satisfied... in what ways?

Conclusion: Thank you all for the informative discussion. I want to remind you that the purpose of the discussion was to get feedback from you on how EFNEP influenced your lives. Before we finish, I'd like to ask _____ (assistant moderator, who knows this is coming) to summarize the main points she heard and ask you to comment. Are the main points accurate? Anything else you'd like to add?

Closing:

Thank you all again for coming and participating in the discussion group. Also, just to remind everyone, everything you said today will be kept confidential and no one's name will be used in our reporting.

Again, thank you very much for your time and your participation. Please pick up your (incentive) on the way out.

APPENDIX K: GIFT CERTIFICATE RECEIPT

Gift Certificate Receipt for Quality of Life Focus Group

I, _____, received a gift certificate for \$25 for participating in the CSU focus group about EFNEP and Quality of Life.

Signature

Date