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Extension Agent Knowledge and Programming Behaviors Regarding Healthy Lifestyles Education in Georgia

Abstract

Healthy lifestyles education (HLE) is defined as nutrition and physical activity education aimed at controlling or preventing serious health issues. The purpose of the study reported here was to determine knowledge and behaviors of Extension Family and Consumer Sciences (FACS) and 4-H agents concerning HLE. Eighty-five and 86% of FACS and 4-H agents, respectively, were likely to address HLE if high-quality curriculum/materials were available. Barriers related to implementing HLE were: communicating with parents; parents' lack of interest; and lack of curriculum resources. All agents, regardless of programming responsibility, should model healthy lifestyles behaviors to be effective change agents.

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Introduction/Literature Review

Healthy lifestyles education is more important today than ever before. When discussing healthy lifestyles education in this article, the authors limit their definition to nutrition and physical activity education related to controlling or preventing serious health issues. Scholarly literature and the popular press alike suggest that the target for much of this education should be children and their parents. Some authors have suggested that we are living in a country where the current generation of young people may not outlive their parents due to unhealthy lifestyles, which increases the risk of becoming overweight/obese, and that if a child is obese, they are more likely to be an obese adult (DeMattia & Denney, 2008).

One solution to addressing obesity and lacking physical activity is to provide targeted education to children and adults at the local level. Providing locally relevant research-based information, Extension is one organization with the ability to promote local change through education. However, little is known about Extension agents and their current and future behaviors in the area of healthy lifestyles

education. Measuring the current and future behaviors of Extension agents regarding healthy lifestyles education is one way to gauge the competencies of Extension agents while helping the public gain life-saving information.

Barriers for Extension Agents in Conducting Healthy Lifestyles Education and Self-Efficacy in Providing Strategies for Behavior Change

Little research exists on barriers experienced by Extension agents when conducting healthy lifestyles education. Lack of skills and limited resources have been mentioned as barriers by Family educators on the West Coast, where curriculum and parent training materials were needed to enhance their ability to program in this area (Lanigan & Power, 2008). Educators generally know how to teach nutrition to parents, but feel inadequate (low self-efficacy) in providing parents with effective strategies to help their children change their eating habits (Lanigan & Power, 2008). Bandura (1977) purports that self-efficacy refers to personal beliefs about one's capabilities to perform actions, such as teaching, at specific levels. According to Tschannen-Moran, Woolfolk-Hoy, and Hoy (1998), self-efficacy is important because efficacious teachers are more willing to try new things (Smylie, 1988), and are prone to less stress (Parkay, Greenwood, Olejnik, & Proller, 1988).

Extension agent efficacy also pertains to how Extension agents communicate the value of healthy lifestyles education programs to decision-makers. DeBord (2005) described methods for communicating this value and found that prevention education programs are effective in preventing the likelihood that clients will require more costly intervention later. However, before specific recommendations for improving Extension agent self-efficacy to market healthy eating and physical activity programs can be made in Georgia, additional work is needed to understand their current knowledge and programming behaviors in this area.

Extension Agents' Knowledge of Nutrition

Extension agents believe in the need for nutrition and physical activity programming and are knowledgeable in this area (Helfrich, Fetsch, & Benavente, 2011). In fact, nutrition knowledge, along with parenting training, is believed to help parents better set limits that will assist with establishing healthy eating habits among youth. However, nutrition educators are sometimes unprepared to assist parents in guiding their children to establish healthy eating habits (Ontai, Williams, Lamp, & Smith, 2007). To assist in building even stronger knowledge of healthy lifestyles among Extension educators, Robinson (2004) recommends modeling healthy eating habits, guiding children to self-select healthy foods, and promoting physical activity in Extension programs.

Extension Agent Access to Resources on Healthy Lifestyles Education

Healthy lifestyles education is becoming increasingly popular among Extension organizations nationally. In New Mexico, a program called Just Be It! Healthy and Fit was used to reduce the risk factors for childhood obesity for fifth graders using hands-on field trips, in-class lessons, and parent

outreach efforts. The program significantly increased the fruits and vegetables consumed by participants, their physical activity, and the nutrition knowledge of parents (DelCampo, Baca, Jimenez, Sanchez, & DelCampo, 2011). In New Jersey, teenagers were trained as Food and Fitness Ambassadors as part of Get Moving—Get Healthy with New Jersey 4-H to promote healthy lifestyles habits to children. Children were more responsive to someone nearer their age teaching them about healthy lifestyles, and the teens benefitted from the experience by improving their leadership and public speaking skills (Ripberger, Devitt, & Gore, 2009).

Promoting physical fitness and habitual behavior change are other aspects of healthy lifestyles education that are growing with Extension organizations nationally. In Idaho, an Extension educator decided to introduce the Nintendo Wii as a way to increase physical activity in an after school program on "exergaming" (Wittman, 2010). Youth indicated that exergaming was an engaging and effective method for increasing physical activity (Wittman, 2010). For older adults, conversation maps are becoming increasingly popular in Extension as an emerging tool to engage people in healthcare topics such as diabetes self-care, healthy eating, and physical activity (Grenci, 2010). With the growing national need to address nutrition and physical fitness with youth and families, additional information is needed on the proficiencies of 4-H and Family and Consumer Sciences Extension agents organization-wide to teach these topics.

Changing healthy lifestyles behaviors through Extension can also involve promoting culinary skills. The results of the combination are healthy eating behaviors because of culinary confidence and nutrition awareness (Condrasky & Hegler, 2010). An evaluation of the Cooking with a Chef program showed that participants increased awareness and improved their self-efficacy in food preparation techniques, meal planning, and cooking skills (Condrasky, Griffin, Catalano, & Clark, 2010). Although healthy lifestyles education is promoted among Extension organizations nationally, little is known about the knowledge and programming behaviors of the agents who facilitate these programs locally.

Purpose of the Study

The purpose of the study reported here was to determine the knowledge and behaviors of University of Georgia Cooperative Extension Family and Consumer Sciences (FACS) and 4-H Extension agents concerning healthy lifestyles education. Although Georgia has placed significant programming emphasis in this area, little is known about the knowledge and programming behaviors of Extension staff in Georgia regarding nutrition and physical activity education. These two groups of Extension professionals are more likely to address healthy lifestyles-related content in Georgia than Agriculture and Natural Resources agents, and data was needed to inform future professional development trainings for FACS and 4-H agents.

Research Objectives

The study was guided by the following research objectives:

1. Identify the demographics of the FACS and 4-H Extension agents employed through Georgia Cooperative Extension.

2. Compare FACS and 4-H Extension agents in Georgia on their likelihood of addressing Healthy

Lifestyles issues if conditions for addressing them were ideal.

3. Compare FACS and 4-H Extension agents in Georgia on the priority they place on Healthy Lifestyles Education.

4. Compare FACS and 4-H Extension agents in Georgia on the amount of time they devote to Healthy Lifestyles Education.

5. Compare FACS and 4-H Extension agents in Georgia on the barriers they experience in working with Healthy Lifestyles Education.

Methods

Data Collection

The census study collected data from all FACS and 4-H Extension agents in Georgia regarding their knowledge and programming behaviors in healthy lifestyles education. The total accessible population was 136 Extension agents.

The reason for selecting FACS and 4-H Extension agents was due to their position responsibilities. One of the areas that FACS Extension agents work in is food and nutrition education, and many FACS Extension agents have FACS-related degrees, including coursework in nutrition. In Georgia, 4-H Extension agents have included healthy lifestyles education in 4-H Club Meetings and 4-H Project Achievement, and it continues to be a relevant programming area.

The researchers slightly modified an instrument originally developed by Lanigan and Power (2008) to enhance the potential response rate and reduce data collection costs, which included converting the instrument to be administered online. Dillman's Tailored Design Method was used to sample the Extension agents using a Web-based survey (Dillman, Smyth, & Christian, 2009). The researchers followed a four-step process for contacting Extension agents, including a pre-notice email, an initial email and embedded survey link, and two follow-up emails. The study was approved by the University of Georgia Institutional Review Board (IRB) with participant consent gained through review of an online introductory page that conveyed the respondents' rights to participating in the study. If they agreed to participate, they selected "proceed," taking them to the first page of items. Other than providing information that would inform the professional development trainings of FACS and 4-H agents in Georgia and beyond, no incentives were provided for participation.

Social exchange theory was considered when adapting the instrument for online use (Dillman et al., 2009). The University of Georgia logo was used to build trust with respondents, while clear, conversational instructions were included to guide respondents through the questionnaire. A panel of experts, including faculty with expertise in questionnaire development, leadership, and Family and Consumer Sciences, reviewed the questionnaire to reduce potential measurement error and for content validity prior to data collection.

Data Analysis

Descriptive statistics, including frequencies, percentages, means, and standard deviations, were used to summarize the item-level and demographic data. Inferential statistical tests were not conducted on the data. Domain analysis was used to summarize overarching, reoccurring themes in the qualitative responses (Spradley, 1980). This involved two of the researchers reviewing the raw quotes individually and placing responses into themes using color coding. Then, the two researchers compared their selection of raw quotes into common themes to ensure consistency in interpretation. Finally, reoccurring themes were listed by their frequency of occurrence in the raw data.

Findings

Objective 1: Identify the Demographics of the FACS and 4-H Extension Agents Employed Through Georgia Cooperative Extension.

Of the 136 agents who were part of the accessible population, 104 responded to the online questionnaire (76% response rate). FACS and 4-H Extension agents were similar in their racial diversity with the majority being white and a greater percentage of FACS agents (15.6%) being non-white when compared to 4-H agents (2.9%). The average years of service were nearly seven years higher for FACS agents than for 4-H agents and FACS agents were, on average, 10 years older than 4-H agents. While more FACS agents held master's degrees than bachelor's or doctoral degrees, more 4-H agents held bachelor's degrees than master's or doctoral degrees (Table 1).

Table 1.

Demographics of the FACS and 4-H Extension Agents Employed Through Georgia Cooperative Extension

Agent Characteristic	FACS agents	4-H agents
Race	***f* (%) (n = 32)**	***f* (%) (n = 68)**
White	27 (84.4)	66 (95.7)
Black	4 (12.5)	2 (2.9)
Hispanic	1 (3.1)	0
Age	**(n = 27)**	**(n = 67)**
Average (SD) in Years	50.0 (9.44)	40.0 (10.47)
Mode in Years	42	34
Minimum	33	23
Maximum	70	69
Years of Service	**(n = 32)**	**(n = 67)**
Average (SD) in Years	16.92 (8.91)	9.34 (7.86)

Mode in Years	5	6
Minimum	4	1
Maximum	35	30
Education	***f* (%) (n = 34)**	***f* (%) (n = 66)**
Bachelor's Degree	16 (47.1)	34 (51.5)
Master's Degree	17 (50.0)	31 (47.0)
Doctoral Degree	1 (2.9)	1 (1.5)

Objective 2: Compare FACS and 4-H Extension Agents in Georgia on Their Likelihood of Addressing Healthy Lifestyles Issues if Conditions for Addressing Them Were Ideal.

The majority of FACS (85.3%) and 4-H (86.9%) agents were very similar in their likelihood to address healthy lifestyles education if high-quality, easy-to-use, fun curriculum/materials were available. In fact, some FACS (14.7%) and 4-H (13%) agents were similar in being undecided or unlikely to address healthy lifestyles issues even with access to high-quality, easy-to-use, fun curriculum/materials. The majority of FACS (88.3%) and 4-H (89.9%) agents in Georgia were similar in their likelihood to do more to encourage children to be physically active if they had access to high-quality, easy-to-use, fun curricula. However, FACS (11.8%) and 4-H (10.1%) agents were also similar in being unlikely or undecided to do more to encourage children to be physically active if given access to such curricula. While all of the FACS agents in the study were likely to talk to parents about healthy activity, nutrition, and media use if they had access to educational materials, only 60.9 % of the 4-H agents were likely to talk with parents. Specifically, 31.9% of the 4-H agents were unlikely or very unlikely to talk with parents, even when given relevant educational materials. FACS agents in the study were older and had more years of experience, which may explain their greater likelihood to talk with parents about these issues (Table 2).

Table 2.

Likelihood of Addressing Healthy Lifestyles Issues if Conditions for Addressing Them Were Ideal

(n=69)	**Response Scale**	**FACS agents (n = 34)**	**4-H agents**
		***f*(%)**	***f*(%)**
Likelihood to address Healthy Lifestyles issues if they had access to high quality, easy to use, fun curriculum.	Very likely	15 (44.1)	33 (47.8)
	Likely	14 (41.2)	27 (39.1)
	Unlikely	4 (11.8)	3 (4.3)

	Very unlikely	0	2 (2.9)
Likelihood to do more to encourage children to be physically active if given access to high quality, easy to use, fun curriculum/materials.	Very likely	14 (41.2)	30 (43.5)
	Likely	16 (47.1)	32 (46.4)
	Unlikely	2 (5.9)	2 (2.9)
	Very unlikely	0	1 (1.4)
	Undecided	2 (5.9)	4 (5.8)
Likelihood to talk to parents about healthy activity, nutrition, and media use if given access to educational materials.	Very likely	18 (52.9)	14 (20.3)
	Likely	16 (47.1)	28 (40.6)
	Unlikely	0	16 (23.2)
	Very unlikely	0	6 (8.7)
	Undecided	0	5 (7.2)

Objective 3: Compare FACS and 4-H Extension Agents in Georgia on the Priority They Place on Healthy Lifestyles Education.

All of the FACS Extension agents sampled in this study reported that educating adults on nutrition and physical activity was a priority in their work. In fact, 80% viewed educating adults on nutrition and physical activity as a high priority. However, less than half (39%) of the 4-H Extension agents sampled felt that educating adults (whether parents or not) was a priority for their work and one-third reported that it was not a priority at all (Table 3).

Table 3.

Comparison of FACS and 4-H Extension Agents in Georgia on Priority Placed on Nutrition and Physical Activity Education for Adults

Response scale	**FACS agents (n = 35) *f* (%)**	**4-H agents (n = 69) *f* (%)**
High Priority	28 (80.0)	3 (4.3)
Somewhat high priority	3 (8.6)	13 (18.8)

Priority	4 (11.4)	11 (15.9)
Low Priority	0	19 (27.5)
This is not a priority	0	23 (33.3)

Over 97% of FACS agents felt that nutrition and physical activity education for children was a priority, with over two-thirds reporting it as a high priority. This was considerably higher than the proportion of 4-H agents who reported this as a high priority (39.1%) (Table 4).

Table 4.

Comparison of FACS and 4-H Extension Agents in Georgia on Priority Placed on Nutrition and Physical Activity Education for Children

Response scale	**FACS agents (n = 35) *f* (%)**	**4-H agents (n = 69) *f* (%)**
High Priority	23 (65.7)	27 (39.1)
Somewhat high priority	5 (14.3)	24 (34.8)
Priority	6 (17.1)	13 (18.8)
Low Priority	1 (2.9)	5 (7.2)
This is not a priority	0	0

Objective 4: Compare FACS and 4-H Extension Agents in Georgia on the Amount of Time They Devote to Healthy Lifestyles Education.

The data comparing the amount of time FACS and 4-H Extension agents in Georgia devote to promoting children's health varied tremendously. While 54.9% of FACS agents actively encouraged healthy eating by speaking directly to youth at least monthly, 73.9% of the 4-H agents in Georgia discussed health and nutrition with youth at least monthly. Over half of the FACS agents (51.5%) and 4-H agents (62.2%) devoted less than 50% of their time to promoting children's health. However, over 14% of 4-H agents studied did not educate youth on healthy eating at all (Table 5). The response "Other" indicates that respondent's answers did not fall in the other categories.

Table 5.

Comparison of FACS and 4-H Extension Agents in Georgia on How Often They Actively Encourage Children's Healthy Eating by Speaking Directly to Youth

Response scale	**FACS agents (n = 35) *f* (%)**	**4-H agents (n = 69) *f* (%)**
Daily	2 (5.9)	3 (4.3)
Weekly	5 (14.7)	14 (20.3)

Monthly	12 (34.3)	34 (49.3)
I don't educate youth on healthy eating	2 (5.9)	10 (14.5)
Other	13 (38.2)	8 (14.5)

Comparing FACS and 4-H Extension agents on how often they lead children in physical activities, 59.4% of 4-H agents reported doing this at least monthly. However, only 25.7% of FACS agents reported leading children in physical activities at least monthly. Nearly 50% of the FACS agents reported not leading children in physical activities at all, while just over 25% of the 4-H agents reported not doing so (Table 6).

Table 6.

Comparison of FACS and 4-H Extension Agents in Georgia on How Often They Lead Children in Physical Activities

Response scale	**FACS agents (n = 35) *f* (%)**	**4-H agents (n = 69) *f* (%)**
Daily	0	0
Weekly	2 (5.7)	6 (8.7)
Monthly	7 (20.0)	35 (50.7)
I don't lead children in physical activities through my programming	17 (48.6)	18 (26.1)
Other	9 (25.7)	10 (14.5)

Comparing data for FACS and 4-H Extension agents on how often they educate parents about the importance of physical activity for children shows a different trend. Over 65% of the FACS agents reported educating parents at least monthly about physical activity for their children, while 73.9% of 4-H agents reported, "I don't educate parents about their children's physical activity" (Table 7).

Table 7.

Comparison of FACS and 4-H Extension Agents in Georgia on How Often They Educate Parents About the Importance of Physical Activity for Children

Response scale	**FACS agents (n = 35) *f* (%)**	**4-H agents (n = 69) *f* (%)**
Daily	2 (5.7)	0
Weekly	4 (11.4)	0
Monthly	17 (48.6)	7 (10.1)
I don't educate parents about their children's physical activity	1 (2.9)	51 (73.9)

Other	11 (31.4)	11 (15.9)

Objective 5: Compare FACS and 4-H Extension Agents in Georgia on the Barriers They Experience in Working with Healthy Lifestyles Education.

FACS and 4-H Extension agents' barriers to working with healthy lifestyles education are compared in Table 8. The top four barriers are similar for both FACS and 4-H agents.

Table 8.

Comparison of FACS and 4-H Extension Agents in Georgia on Top Rated Barriers to Addressing Healthy Lifestyles Issues

Barriers	**FACS agents (n = 30) *f* (%)**	**Rank**	**4-H agents (n = 63) *f* (%)**	**Rank**
Challenges communicating with parents about these issues	7 (23.3)	1st	12 (19.0)	2nd
Lack of curriculum related to healthy eating	5 (16.7)	2nd	11 (17.5)	3rd
No means of purchasing foods for sampling/demonstration	5 (16.7)	2nd	8 (12.7)	4th
Lack of time to program in education on nutrition and physical activity	4 (13.3)	3rd	14 (22.2)	1st
No means of purchasing equipment and materials for programming in this area	3 (10.0)	4th	5 (7.9)	5th
Lack of curriculum related to physical education activities	2 (6.7)	5th	1 (1.6)	8th
Limited training/knowledge related to healthy nutrition for children	2 (6.7)	5th	1 (1.6)	8th
Parents not interested in nutrition	2 (6.7)	5th	4 (6.3)	6th
Limited training/knowledge related to physical activity for children	0 (0)	6th	0 (0)	9th
Not a professional priority for me	0(0)	6th	5 (7.9)	5th
No interest among youth in nutrition	0 (0)	6th	2 (3.2)	7th
I am not interested in nutrition	0 (0)	6th	0 (0)	9th

A summary of the qualitative responses on FACS and 4-H Extension agent barriers to implementing healthy lifestyles education in order of their frequency of occurrence is presented in Table 9. FACS and 4-H agents were similar in the effect of parents/families on healthy lifestyles education implementation.

Table 9.

Comparison of FACS and 4-H Extension Agents on Barriers to Implementing Healthy Lifestyles Education

Domain (theme)	**FACS agent responses**	**4-H agent responses**
Barriers because of Parents/Families	"One of the barriers is to help parents understand that children also need to watch their weight. In the Hispanic community parents usually consider that a "chubby" baby or child is healthy."	"Parents do not fix healthy meals at home, everything is packaged junk food. It is more expensive to buy healthy vegetables and fruit and it takes some effort to cook healthy meals. Parents do not limit electronic use and children spend all day in front of the T.V. playing video games and do not exercise."
Barriers because of Schools/Communities	"Soda machine by bus stop at the high school. Perception the children will grow out of their overweight. Hospitals who give new moms 3 oz. bottle of formula – for a newborn with a tummy the size of a quarter. Putting a bottle in the mouth of a baby at every fuss. Overfeeding toddlers."	"Teachers want us to cover topics that will help the children pass the CRCT, like English, Math, and Science, because we are taking time during the school day with our 4-H programs."
Barriers because of Extension/Agents	"I don't have the resources to replace old nutrition education materials that are outdated or worn. Today's audiences need creative exciting materials. Also having the funds for nutrition	"Limited funds and only 24 hours in a day."

	education and demonstrating foods would be extremely helpful, but it is hard to rely on local businesses and organizations due to a sagging economy. Also charging for programs is a barrier especially to low and middle income families due to the economy."	
Barriers because of Children	"Youth have strong opinions about what they like and dislike. Sometimes youth are unwilling to try new foods."	"One sentiment that was shared by many in the class was "If I went out and ordered a steak and baked potato and that was what they brought me then somebody would be giving me a refund!"
Barriers because of Media	"Children mimic what they see and honestly there are very few role models for them to look up to. Media is a barrier that is difficult to overcome. Fatty foods are being shoved down their throats along with super models that are a size 0. It is very distracting and confusing. So many are overweight and have no routine to eat healthy or exercise."	"This issue can be extremely painful for overweight youth (or youth with body dysmorphic challenges) who feel that they are struggling with their weight and do not fit into the social media's or society's expectation for healthy "looking" (aka, Hollywood Healthy).

Conclusions and Recommendations

Contradictory findings were noted when agents were asked about educating adults on healthy lifestyles. For example, 80% of FACS Extension agents indicated that they place high priority on nutrition and physical activity education for adults (over 37% of FACS Extension agents indicated spending over 50% of their time promoting children's health). However, over 33% of 4-H Extension agents indicated that educating adults on physical activity and nutrition was not a priority. The majority of these Extension agents (nearly 93%) did indicate placing priority on nutrition and physical

activity education for children, an important component of their job responsibilities. While 4-H Extension agents placed priority on nutrition and physical activity for youth, over 82% of 4-H Extension agents in the study indicated actually spending 50% or less of their programming time on promoting children's health in their overall county Extension program. However, research indicates it is important to work with adults to see positive results in healthy lifestyles for children. Increasing the overall health of children has been achieved through parent support (Helfrich, Fetsch, & Jefferson, 2011).

In the Lanigan and Power (2008) study, over 75% of their respondents reported that childhood obesity prevention was a high-priority topic, but only 8% of the respondents reported actually spending "a great deal of time" on these issues. The majority of respondents (61%) reported spending some time on health promotion and childhood obesity content, and 31% spent little or no time on these activities (Lanigan & Power, 2008). In our study, 97.1% of FACS agents and 92.7% of 4-H agents placed a priority on nutrition and physical activity education for children in their work. However, when asked about the amount of time FACS and 4-H agents devote to promoting children's health in their overall program, 51.5% of FACS Extension agents devoted less than 50% of their programming time and 62.2% of 4-H Extension agents devoted less than 50% of their time to this issue. Both our study and the Lanigan and Power (2008) study found high interest in doing healthy lifestyles education, but there were discrepancies related to the amount of time actually dedicated to programming in this area.

The results of the Lanigan and Power (2008) study and our study are similar in barriers experienced by agents who program on health promotion and obesity prevention. In the Lanigan and Power (2008) study, respondents indicated a lack of time, other curriculum demands, and a lack of materials and resources as key barriers. In our study, the number one barrier for 4-H Extension agents was lack of time, followed by challenges communicating with parents about these issues and lack of curricula related to healthy eating. For FACS Extension agents, the barriers were the same as the 4-H Extension agents but in a different order. The one barrier that was found in our study but not one of the top three barriers in the Lanigan and Power (2008) study was communicating with parents about these issues. However, other studies suggest this is a top barrier (Ontai et al., 2007).

Both 4-H and FACS agents have barriers to working with healthy lifestyles education. One barrier to consider is some of the agents' confidence level for being a healthy lifestyles role model. Additionally, FACS and 4-H Extension agents were concerned about a programming target audience—children. Specifically, this barrier related to children having negative attitudes toward healthy living, such as children's strong opinion about their likes and dislikes of new and different foods.

Finally, the media emerged as a barrier to healthy lifestyles education for both FACS and 4-H Extension agents. Extension agents mentioned a lack of positive role models for youth on how a healthy body should look and the prevalence of bias in the media toward a "super model" mentality. Research indicates that media exposure to unattainable physical perfection is detrimental to people and in particular to women (Haas, Pawlow, Pettibone, & Segrist, 2012).

Given the results of the study reported here, the following recommendations for research and practice can be made.

Recommendations for Research

1. Additional research should be conducted to determine if there is a link in demographic characteristics and likelihood to have healthy lifestyles improvements with clients—specifically with regards to working with parents.

2. Additional research should be conducted to compare Healthy Lifestyles Educational barriers experienced by agents in a regional delivery system to a county delivery system.

Recommendations for Practice

1. Develop training for FACS and 4-H Extension agents on how to work with parents on Healthy Lifestyles Education. This could be done by expanding the implementation of available healthy lifestyles curricula and by providing training on the use of these materials.

2. Implement available healthy lifestyles curricula such as Power of Choice or WIN the Rockies in Georgia that include hands-on activities.

3. All agents, regardless of programming responsibility, should model healthy lifestyles behaviors in order to be the change agents they are known to be.

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