

V(A). Planned Program (Summary)**Program # 11****1. Name of the Planned Program**

Healthy: No matter what my size or income

V(B). Program Knowledge Area(s)**1. Program Knowledge Areas and Percentage**

KA Code	Knowledge Area	%1862 Extension	%1890 Extension	%1862 Research	%1890 Research
703	Nutrition Education and Behavior	80%			
704	Nutrition and Hunger in the Population	20%			
	Total	100%			

V(C). Planned Program (Inputs)**1. Actual amount of professional FTE/SYs expended this Program**

Year: 2009	Extension		Research	
	1862	1890	1862	1890
Plan	14.4	0.0	0.0	0.0
Actual	10.6	0.0	0.0	0.0

2. Actual dollars expended in this Program (includes Carryover Funds from previous years)

Extension		Research	
Smith-Lever 3b & 3c	1890 Extension	Hatch	Evans-Allen
375239	0	0	0
1862 Matching	1890 Matching	1862 Matching	1890 Matching
187619	0	0	0
1862 All Other	1890 All Other	1862 All Other	1890 All Other
0	0	0	0

V(D). Planned Program (Activity)**1. Brief description of the Activity**

On August 31, 2009, we received approval of the proposal *Using Community Based Participatory to Improve Health in Children* (1RO1HL091826-01). This project, which consists of a two-year pilot study, started on September 1, 2009.

With this pilot study we expect to establish a solid basis to extend the program to all the municipalities of the Caguas Region and eventually to all of Puerto Rico. This larger study should help us evaluate the most effective intervention methodology to improve health in children, and help identify methods of implementation and evaluation of the program that are more effective than those currently used.

This report is based on what was accomplished before the proposal was accepted. The accomplishments of the pilot study will be reported in next reporting cycle.

2. Brief description of the target audience

Extension professionals; parents; the person that plans/buys/prepares food for the family; low income families with small children or no children; personnel/students in schools; community leaders

V(E). Planned Program (Outputs)

1. Standard output measures

2009	Direct Contacts Adults	Indirect Contacts Adults	Direct Contacts Youth	Indirect Contacts Youth
Plan	8000	4000	4000	900
Actual	10918	3729	2271	44

2. Number of Patent Applications Submitted (Standard Research Output)

Patent Applications Submitted

Year: 2009

Plan: 0

Actual: 0

Patents listed

3. Publications (Standard General Output Measure)

Number of Peer Reviewed Publications

2009	Extension	Research	Total
Plan	0	0	
Actual	0	0	0

V(F). State Defined Outputs

Output Target

Output #1

Output Measure

- Number of nutrition classes that integrated one or more of the following components: nutrition, healthy weight, food preparation, and/or food security.

Year	Target	Actual
2009	100	207

Output #2

Output Measure

- Number of people who completed a nutrition class that integrated one or more of the following components: nutrition, healthy weight, food preparation, and/or food security.

Year	Target	Actual
2009	1500	3660

Output #3

Output Measure

- Number of people taught in Farmers' Markets.

Year	Target	Actual
2009	500	3415

V(G). State Defined Outcomes**V. State Defined Outcomes Table of Content**

O. No.	OUTCOME NAME
1	Number of people who are confident that they can they can prepare meals for their family that are inexpensive and of high nutritional value and adopted one or more of the recommended practices for healthy food preparation.
2	Number of people that have adopted one or more of the recommended practices to improve the nutritional value of their diet.
3	Number of people understand and have adopted one or more of the tenants of the Health at Every Size paradigm.
4	Number of people who adopted one or more practices to improve their food security.

Outcome #1**1. Outcome Measures**

Number of people who are confident that they can they can prepare meals for their family that are inexpensive and of high nutritional value and adopted one or more of the recommended practices for healthy food preparation.

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Quantitative Target	Actual
2009	300	1559

3c. Qualitative Outcome or Impact Statement**Issue (Who cares and Why)**

People eat meals and snacks, not individual food items. The number of people who eat meals away from home has been constantly rising until the recent economic downturn. In order to reverse this trend people must feel that they have the time to prepare meals and are competent that they can prepare nutritious meals that their families will enjoy.

What has been done

Two thousand two hundred and fifty-one (2,251) adult participants in nutrition courses that offered lessons on food preparation. During 2009 the PRAES home economists were asked to supply recipes developed by their program participants for inclusion in a recipe book: Tasty and Healthy Recipes of the Extension Service. Criteria were established for the Food Guide Pyramid foods groups, as well as sugars, fats, and salt included in a recipe. All recipes had to include two or more foods cultivated or potentially cultivatable in Puerto Rico. A competition held by Milagros Santiago de Santana, home economist of the Municipality of Peñuelas, with 18 people participating and 8 recipes included in the cookbook. The competition held by Jean Hernández, of the Municipality Ceiba, with the collaboration of eight volunteer leaders generated so much interest that they plan to hold another competition next year.

Results

Increased meal preparation at home means improved nutritional value of family meals, more enjoyment of home prepared foods and potentially less cost for feeding an individual or a family. The home economists reported that 1,559 people adopted one or more recommended practices related to food preparation. Of these, 865 people recognized that they can prepare a meal for their family or for themselves, 1,054 are preparing family meals more frequently, 794 prepare one dish meals, 950 use less fat in food preparation, 441 plan their meals based on rice with beans or starchy vegetables served with 1 or 2 ounces of meat.;309 people invented their own recipe, 720 increased the use of herbs and spices in their food preparation, and 454 decreased their use of salt. One thousand one hundred and fifty-eight (1,158) people can prepare foods that look appetizing and have an agreeable taste and 899 use less pre-prepared ingredients.

After careful screening of the Food and Nutrition Specialist, Dr. Ann Macpherson, more than 170 recipes were included. Fifty-two (52) home economists had participants that supplied recipes for the cookbook.

4. Associated Knowledge Areas

KA Code	Knowledge Area
703	Nutrition Education and Behavior

Outcome #2**1. Outcome Measures**

Number of people that have adopted one or more of the recommended practices to improve the nutritional value of their diet.

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Quantitative Target	Actual
2009	400	3187

3c. Qualitative Outcome or Impact Statement**Issue (Who cares and Why)**

To be healthy we must assure that what we eat provides adequate nutrition. If not, the quality of life of an individual can be adversely affected.

What has been done

The PRAES home economists taught 207 courses in foods and nutrition, with a total of 2,251 adult participants. They had contact with 5,638 additional people who participated in educational activities that were not part of a course. In addition, 1,409 youth and children completed non formal education courses in nutrition.

Results

The home economists reported that 2,053 (91%) people adopted one or more practices to improve the nutritional value of what they eat; 927 can identify whole grains, and 702 increased their consumption of whole grains. In addition 1,222 people increased their fruit intake, 1,210 their vegetable intake, and 598 limited their meat intake to 1-2 ounces per person served, and 1,048 now serve milk as part of their meals. Substitution of oils for fats was accomplished by 890 people, and 1,026 decreased their consumption of beverages based on sugar and water. Also, 1,134 (80%) children and youth reported having improved their nutritional habits; 699 increased fruit and vegetable consumption; 520 increased whole grain consumption; 545 decreased their soda beverages consumption.

4. Associated Knowledge Areas

KA Code	Knowledge Area
703	Nutrition Education and Behavior

Outcome #3**1. Outcome Measures**

Number of people understand and have adopted one or more of the tenants of the Health at Every Size paradigm.

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Quantitative Target	Actual
2009	300	999

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

Obesity has been identified as a major health concern. However, finding an effective method to deal with it remains a challenge, as there is little evidence that weight control is the answer. According to most people have regained whatever weight they lost within five years. A 2007 review of the literature showed that one-third to two-thirds regain more weight than they lost on their diets (Mann, et.al. 2007) Medicare's search for effective obesity treatments: diets are not the answer.

What has been done

In 2007 a curriculum was introduced to the PRAES home economists based on the Health at Every Size Paradigm. The proposal "Using Community Based Participatory Research to Improve Health in Children" (1RO1HL091826-01) was accepted by NIH. It focuses on improving health of all children, whether they be thin, average or fat. It is based on the community members adopting improved attitudes, norms and self efficacy in three areas: stigmatization of fat people, moving more, and eating more fruits and vegetables.

Results

People who are more content with their appearance and how they define themselves are more likely to adopt new practices than those who are unsatisfied with their appearance and how they define themselves. The PRAES home economists reported that 999 people adopted one or more recommendations of this curriculum; of these, 609 report that they recognize that they are attractive whatever their weight or size, 371 that they can compliment another person without reference to their weight or size, 936 increased their physical activity, and 653 began doing regular physical activity.

4. Associated Knowledge Areas

KA Code	Knowledge Area
703	Nutrition Education and Behavior

Outcome #4

1. Outcome Measures

Number of people who adopted one or more practices to improve their food security.

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Quantitative Target	Actual
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2009

225

942

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

It is said that when the mainland gets a cold, Puerto Rico has pneumonia. The economic situation in Puerto Rico is very challenging, with a number of people having lost their jobs and more job losses are anticipated for 2010. People attempt to lower their cost of living to adapt to their new economic reality by reducing their everyday expenses, such as food.

What has been done

During 2009 PRAES home economists taught 207 courses in food and nutrition and had contact with 5,638 additional people who participated in educational activities that were not part of a course.

Results

PRAES home economists reported that 942 people adopted one or more recommended practices to assure food security, and 467 people feel proud that they can prepare delicious meals with limited income. Practices adopted include: selection of alternatives of equal or better nutritive value (790), limiting meat intake to 1-2 ounces per person served, in compliance with the Food Pyramid for Puerto Rico, 2005 (598), planting fruits and vegetables in a garden or more limited space (847), use of fruit from trees already planted in their backyard (923), making a shopping list (893), and using supermarket specials (669). These practices resulted in 414 people who now report that they have sufficient food in their homes to feed their family during the entire month.

4. Associated Knowledge Areas

KA Code	Knowledge Area
704	Nutrition and Hunger in the Population

V(H). Planned Program (External Factors)

External factors which affected outcomes

- Economy
- Appropriations changes
- Competing Programmatic Challenges
- Other (Focus Prog other Agencies)

Brief Explanation

The most important external factors in our program are the approval of the proposal "Using Community Based Participatory Research to Improve Health in Children" and the economic downturn. The latter has resulted in a hiring freeze, limited budget to attend audiences that are distant from the university campus, and a special justification to employ anyone. Due to the proposal these factors have had minimal impact on what we do. The biggest challenge is the prevalent idea that obesity is a major health problem and that the way to solve it is to have all who are "overweight", and especially "obese" lose weight. Since our program goes against this norm, some home economists are reluctant to teach the Health at Every Size paradigm. Hopefully we will have positive results from the proposal and can show that health can be improved even though there is no change in weight.

V(I). Planned Program (Evaluation Studies and Data Collection)

1. Evaluation Studies Planned

- Before-After (before and after program)
- During (during program)
- Comparison between locales where the program operates and sites without program intervention
- Other (Assessment of Interests & Needs)

Evaluation Results

Key Items of Evaluation