

V(A). Planned Program (Summary)

Program # 4

1. Name of the Planned Program

Childhood Obesity - Nutrition Education for Guam

V(B). Program Knowledge Area(s)

1. Program Knowledge Areas and Percentage

KA Code	Knowledge Area	%1862 Extension	%1890 Extension	%1862 Research	%1890 Research
701	Nutrient Composition of Food	15%			
702	Requirements and Function of Nutrients and Other Food Components	10%			
703	Nutrition Education and Behavior	20%			
704	Nutrition and Hunger in the Population	10%			
724	Healthy Lifestyle	25%			
802	Human Development and Family Well-Being	15%			
805	Community Institutions, Health, and Social Services	5%			
	Total	100%			

V(C). Planned Program (Inputs)

1. Actual amount of professional FTE/SYs expended this Program

Year: 2010	Extension		Research	
	1862	1890	1862	1890
Plan	1.4	0.0	0.0	0.0
Actual	2.9	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
82314	0	0	0
1862 Matching	1890 Matching	1862 Matching	1890 Matching
58284	0	0	0
1862 All Other	1890 All Other	1862 All Other	1890 All Other
23558	0	0	0

V(D). Planned Program (Activity)

1. Brief description of the Activity

The Childhood Obesity - Nutrition Education Program for Guam provided basic nutrition education classes on topics that relate to nutrition and food which; include: Food Safety (Kitchen & Safe Food Handling); Importance of Exercise; Fruits & Vegetables (Vitamins); Shopping Tips; Budgeting; Meal Planning; Reading food labels and promoting the use of herbs and spices to help reduce the intake of salts, fats and sugars. In addition, the following activities were conducted: nutrition workshops for target populations, developed curriculum for promoting physical activity; education to prevent obesity; localized general nutrition education materials (hand-outs/pamphlets); conducted food demonstrations on local dishes that incorporate healthful modifications; and conducted workshops promoting locally grown fruits and vegetables with healthful recipes.

The Guam Project for Healthy Aging, conducted this year, addressed access to health care and lack of services by providing information on healthy aging through nutrition and fitness to older adults. As well, the project built organizational capacity to integrate physical activity opportunities into projects and services for adults to increase interaction and leadership development among the elderly. Physical fitness and nutrition workshops were conducted at three Senior Citizen Centers geographically located to serve the island's major population areas (Northern, Central, and Southern).

2. Brief description of the target audience

The target audiences in the program include: School age children (elementary through high school level), Families in public assistance programs, Families with young children, general consumers, Military Families, Elderly, Health educators, School teachers, Local farmers, and Other audiences. The target audience consisted of selected Senior Citizens Center patrons aged 55 or older with one or more chronic disease conditions as well as those who wanted to gain knowledge about healthy eating and physical fitness as it relates to healthy aging.

V(E). Planned Program (Outputs)

1. Standard output measures

2010	Direct Contacts Adults	Indirect Contacts Adults	Direct Contacts Youth	Indirect Contacts Youth
Plan	160	625	2150	1000
Actual	105	1105	720	473

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

Patent Applications Submitted

Year: 2010

Plan: 0

Actual: 0

Patents listed

3. Publications (Standard General Output Measure)

Number of Peer Reviewed Publications

2010	Extension	Research	Total
Plan	0	0	
Actual	0	0	0

V(F). State Defined Outputs

Output Target

Output #1

Output Measure

- # of workshops

Year	Target	Actual
2010	50	32

Output #2

Output Measure

- # of brochures

Year	Target	Actual
2010	2	1

Output #3

Output Measure

- # of dissemination of research results and new technology and information

Year	Target	Actual
2010	200	159

Output #4

Output Measure

- # of one to one intervention

Year	Target	Actual
2010	50	105

Output #5

Output Measure

- # of focus group

Year	Target	Actual
2010	1	1

Output #6

Output Measure

- # of work with media

Year	Target	Actual
2010	1	3

Output #7

Output Measure

- # of articles in newsletter, magazines, and newspapers

Year	Target	Actual
2010	2	1

V(G). State Defined Outcomes

V. State Defined Outcomes Table of Content

O. No.	OUTCOME NAME
1	# of participants exposed to nutrition, exercise, and chronic disease prevention information
2	# of participants gaining an increase in nutrition knowledge and skills, especially for: MyPyramid, food labels, menu planning, smart shopping, healthy food preparation and food safety
3	# of participants gaining an increase in physical activity knowledge and skills, especially as it pertains to maintaining mental and physical well-being, prevention of chronic disease, and improving overall health
4	# of participants increasing knowledge and awareness of healthy aging through nutrition and exercise.

Outcome #1

1. Outcome Measures

of participants exposed to nutrition, exercise, and chronic disease prevention information

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Knowledge Outcome Measure

3b. Quantitative Outcome

Year	Quantitative Target	Actual
2010	1200	1239

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

The data from the Guam Department of Public Health and Social Services, Office of Vital Statistics continue to indicate that high numbers of chronic and preventable diseases such as type 2 diabetes, cardiovascular disease and certain types of cancer are the primary causes of death on Guam. We continue to see the need for preventive nutrition educational programs and services as they relate to the promotion of healthy diets and lifestyle habits for the whole community of Guam. Also, a recent needs assessment identified the need to expand the delivery of nutrition and health information for more intervention attempts through our programs.

What has been done

Nutrition education workshops for: 1) families with young children who are in public assistance programs; 2) families who may not receive public assistance but fall into the 'low income' category; 3) youths in Guam schools, including after-school programs and other youth related programs; 4) Nutrition, Fitness, and Fun Summer Camp; and 5) Nutrition education workshops for the elderly in our community. Additional educational efforts include: 1) static nutrition and health displays during island health fairs; 2) monthly (in-store) food demonstrations; and 3) distribution of nutrition education materials which provide information on how to stay healthy and prevent chronic diseases.

Results

A total of 1239 had an increase in nutrition and health knowledge.

4. Associated Knowledge Areas

KA Code	Knowledge Area
701	Nutrient Composition of Food

702	Requirements and Function of Nutrients and Other Food Components
703	Nutrition Education and Behavior
704	Nutrition and Hunger in the Population
724	Healthy Lifestyle
802	Human Development and Family Well-Being
805	Community Institutions, Health, and Social Services

Outcome #2

1. Outcome Measures

of participants gaining an increase in nutrition knowledge and skills, especially for: MyPyramid, food labels, menu planning, smart shopping, healthy food preparation and food safety

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Knowledge Outcome Measure

3b. Quantitative Outcome

Year	Quantitative Target	Actual
2010	50	105

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

The continuous rise in obesity prevalence and associated complications on Guam is linked to the lack of nutrition and health education. Obviously, there is a need for increased nutrition and health knowledge skills. through nutrition education, the people of Guam would be better informed of the many health benefits of proper nutritional intake of foods and the importance of regular exercise as it too links to good health. Another issue would be the increasing number of people with type 2 diabetes on Guam and the surrounding Pacific islands due to the increasing prevalence of obesity, poor diet, and sedentary lifestyle.

What has been done

Nutrition education workshops for: 1) families with young children who are in public assistance programs; 2) families who may not receive public assistance but fall into the 'low income' category; and 3) youths in Guam schools, including after-school programs and other youth related programs. Additional educational efforts include: 1) static nutrition and health displays during island health fairs; 2) monthly (in-store) food demonstrations; and 3) distribution of nutrition education materials which aid in increasing the percentages of nutrition skills gained through provided educational activities/workshops.

Results

Pre and post tests showed that 85% of participants increased in nutrition skills in one or more lessons.

4. Associated Knowledge Areas

KA Code	Knowledge Area
701	Nutrient Composition of Food
702	Requirements and Function of Nutrients and Other Food Components
703	Nutrition Education and Behavior
704	Nutrition and Hunger in the Population
724	Healthy Lifestyle
802	Human Development and Family Well-Being
805	Community Institutions, Health, and Social Services

Outcome #3

1. Outcome Measures

of participants gaining an increase in physical activity knowledge and skills, especially as it pertains to maintaining mental and physical well-being, prevention of chronic disease, and improving overall health

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Knowledge Outcome Measure

3b. Quantitative Outcome

Year	Quantitative Target	Actual
2010	50	132

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

A sedentary lifestyle and poor food choices are linked to the increased number of Guam residents who suffer from chronic and preventable diseases such as diabetes, cardiovascular diseases, cancer prevention and obesity. Obviously, there is a need for increased physical activity, nutrition and health knowledge and skills. By providing proper health and nutrition education that not only increases knowledge and awareness, but also improves skills associated with increased physical activity and improved lifestyle habits, the number of Guam residents affected by these preventable conditions may be decreased.

What has been done

Nutrition education workshops for: 1) families with young children who are in public assistance programs; 2) families who may not receive public assistance but fall into the 'low income' category; 3) youths in Guam schools, including after-school programs and other youth related programs; 4) Nutrition, Fitness, and Fun Summer Camp; and 5) Nutrition education workshops for the elderly in our community. Additional educational efforts include: 1) static nutrition and health displays during island health fairs; 2) monthly (in-store) food demonstrations; and 3) distribution of nutrition education materials which provide information on how to stay healthy and prevent chronic diseases.

Results

Pre- and post test and follow-up surveys indicate that about 85% of participants in one or more education session have adopted skills and knowledge and are leading healthier lives.

4. Associated Knowledge Areas

KA Code	Knowledge Area
701	Nutrient Composition of Food
702	Requirements and Function of Nutrients and Other Food Components
703	Nutrition Education and Behavior
704	Nutrition and Hunger in the Population
724	Healthy Lifestyle
802	Human Development and Family Well-Being
805	Community Institutions, Health, and Social Services

Outcome #4

1. Outcome Measures

of participants increasing knowledge and awareness of healthy aging through nutrition and exercise.

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Knowledge Outcome Measure

3b. Quantitative Outcome

Year	Quantitative Target	Actual
2010	{No Data Entered}	37

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

The leading causes of death of Guam's elderly are heart disease (34%), cancer (16.2%), stroke (5.9%) and diabetes (3.9%)². Six out of ten leading causes of death on Guam are preventable by maintaining healthy lifestyle habits especially through diet and exercise (Guam Department of Public Health and Social Services). Despite these facts, the elderly on Guam have challenges adopting healthy lifestyle behaviors due to systemic barriers, lack of culturally appropriate health information, high levels of poverty, and increasing economic and social hardships.

What has been done

Physical fitness and nutrition workshops were conducted at three Senior Citizen Centers geographically located to serve the island's major population areas (Northern, Central, and Southern). Workshops were interspersed throughout a one year period. The target audience consisted of selected Senior Citizens Center patrons aged 55 or older with one or more chronic disease conditions as well as those who wanted to gain knowledge about healthy eating and physical fitness as it relates to healthy aging.

Results

The organizational capacity building component entailed the comprehensive inventorying of talents and skills from participants experiences and training from work, home, church, and community activities. A asset mapping component was conducted to assess center skills to increase engagement among members. A capacity inventory checklist was developed and completed via a combination of surveys and one-on-one interviews between participants and project staff. The information obtained through the mapping process was organized to establish an inventory bank of gifts, skills, and talents for each community center. The inventory bank is intended to create possibilities within the centers for personal connection by end users; as well as create a pool of talent to address issues, identify key leaders within the center and exploit opportunities that address the lack of service offerings at the senior centers, providing opportunities for educational growth.

4. Associated Knowledge Areas

KA Code	Knowledge Area
703	Nutrition Education and Behavior
724	Healthy Lifestyle
802	Human Development and Family Well-Being

V(H). Planned Program (External Factors)

External factors which affected outcomes

- Public Policy changes
- Government Regulations
- Competing Public priorities
- Competing Programmatic Challenges
- Populations changes (immigration, new cultural groupings, etc.)
- Other ()

Brief Explanation

- Public Policy changes

- Government Regulations
- Competing Public priorities
- Competing Programmatic Challenges
- Populations changes (immigration, new cultural groupings, etc.)

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

1. Evaluation Studies Planned

- Before-After (before and after program)
- During (during program)
- Time series (multiple points before and after program)
- Comparisons between program participants (individuals, group, organizations) and non-participants
- null

Evaluation Results

{No Data Entered}

Key Items of Evaluation

{No Data Entered}