

**V(A). Planned Program (Summary)**

**Program # 9**

**1. Name of the Planned Program**

Childhood Obesity

Reporting on this Program

**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	50%		0%	
704	Nutrition and Hunger in the Population	10%		0%	
724	Healthy Lifestyle	40%		0%	
	<b>Total</b>	100%		0%	

**V(C). Planned Program (Inputs)**

1. Actual amount of FTE/SYs expended this Program

Year: 2012	Extension		Research	
	1862	1890	1862	1890
Plan	1.0	0.0	1.0	0.0
Actual Paid Professional	0.3	0.0	0.0	0.0
Actual Volunteer	0.8	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
5312	0	0	0
1862 Matching	1890 Matching	1862 Matching	1890 Matching
28646	0	0	0
1862 All Other	1890 All Other	1862 All Other	1890 All Other
3102	0	0	0

**V(D). Planned Program (Activity)**

1. Brief description of the Activity

Health and wellness have long been issues for Hawai'i's communities. The high cost of living in Hawai'i and the resulting need for multiple incomes in the household reduce time and energy available for food preparation, leading to greater consumption of fast food. In addition, cultural practices in Hawai'i place emphasis on food consumption as a part of virtually all social activities, and the local diet is high in starch (e.g., white rice, macaroni salad) and fat (e.g., processed meat products, fried items). Although traditional health and wellness programming in CTAHR has focused on adults, growing concern over childhood obesity is shifting the focus to youth. For example, the rate of obesity in children in Hawai'i ages 6 to 11 is twice the national average. CTAHR faculty participate in regional and national efforts to identify the factors contributing to weight gain in young children, particularly in low-income households in order to develop obesity prevention programs.

Young people who have been involved in the 4-H nutrition program are reporting more physical activity as a result of the Get Moving for Health program. The initial effort in 2012 has resulted in ongoing programs in 4-H clubs, Children, Youth and Family at Risk programs and in military 4-H. The youth in their second year of the Get Fueling for Health program report they are eating less fast foods and more nutritious foods on most occasions. More than 500 youth presented and then modified a typical week of meals for their family as a result of the Get Fueling for Health program. In follow up surveys with participants 77% reported that the family was now more closely following the recommendations from USDA "My Plate" than they had prior to the youth becoming engaged in the 4-H nutrition program.

On the island of Kauai, nineteen schools were provided with and adopted a Farm-to-Children ("Farm to Keiki") wellness policy which resulted in reducing the amount of unhealthy foods served and increasing the consumption of fresh fruits and vegetables through snack programs, taste tests, cooking activities, school gardening, school meals and/or farm field trips. All schools were able to implement the following section of the policy: eliminate sugar sweetened beverages or diet soda at school, provide drinking water throughout the school day and at all meal times, serve only low-fat or non-fat milk for children over the age of two and provide milk substitutes as needed, provide 60 minutes of physical activity per day and limit TV/screen time. Attempts were made to offer a variety of fresh fruits and vegetables for snacks/meals and at least one fruit or vegetable per day, institute a healthy party policy and inform all staff, parents and caregivers about the wellness policy and encourage all involved parties to follow it.. Statewide, the Farm to Keiki program was delivered to 550 preschool children, who participated in at least two monthly lessons on improved food choices for 12 months.

The Childrens' Healthy Living Program for Remote Underserved Minority Populations of the Pacific (CHL), supported by a five-year CAP grant from USDA, is a major effort to integrative research on diet and obesity promoting factors in native Pacific populations with prevention problems and culturally appropriate community-scale interventions in Hawaii, American Samoa, Northern Marianas, Guam, Micronesia and Alaska. A local advisory committee steers and supports program efforts in each location. Experimental design (such as selection criteria for intervention and control communities in each partner location) and data collection methods are both locally appropriate and standardized throughout the region, in order to allow region-wide analyses and assessment of success in meeting program goals. Community selections, pilot trials to standardize methodology, and initial collection of child health metrics and activity measurements were completed in the majority of locations in FY2012. The intervention techniques resulting from this community-guided program will be of great value in reducing obesity incidence in at-risk Pacific Islander populations.

## **2. Brief description of the target audience**

Target audiences are food producers and retailers, caregivers, and members of the public (particularly those from Pacific lineages at risk from diabetes) participating in community wellness programs and community development programs such as 4H. Current programs focus on children and families from at-risk native populations in communities in Hawaii, and across the Pacific region.

**3. How was eXtension used?**

eXtension was not used in this program

**V(E). Planned Program (Outputs)**

**1. Standard output measures**

2012	Direct Contacts Adults	Indirect Contacts Adults	Direct Contacts Youth	Indirect Contacts Youth
<b>Actual</b>	724	1298	608	1307

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

**Patent Applications Submitted**

Year: 2012

Actual: 0

**Patents listed**

**3. Publications (Standard General Output Measure)**

**Number of Peer Reviewed Publications**

2012	Extension	Research	Total
<b>Actual</b>	1	0	1

**V(F). State Defined Outputs**

**Output Target**

**Output #1**

**Output Measure**

- Number of workshops, filed days, or demonstrations conducted.

Year	Actual
2012	45

**Output #2**

**Output Measure**

- Presentations at national and international meetings.

Year	Actual
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2012 0

**Output #3**

**Output Measure**

- Grant proposals submitted.

<b>Year</b>	<b>Actual</b>
2012	2

**V(G). State Defined Outcomes**

**V. State Defined Outcomes Table of Content**

O. No.	OUTCOME NAME
1	Number of stakeholders who increased knowledge in at least one issue.
2	Number of stakeholders completing non-formal education programs on childhood obesity issues.
3	Dollar value of grants and contracts obtained.

**Outcome #1**

**1. Outcome Measures**

Number of stakeholders who increased knowledge in at least one issue.

**2. Associated Institution Types**

- 1862 Extension

**3a. Outcome Type:**

Change in Knowledge Outcome Measure

**3b. Quantitative Outcome**

<b>Year</b>	<b>Actual</b>
2012	381

**3c. Qualitative Outcome or Impact Statement**

**Issue (Who cares and Why)**

Information is needed by children, parents and health professionals on best means of reducing childhood obesity in Hawaii and the Pacific Region.

**What has been done**

Stakeholders have received appropriate information on reducing childhood obesity through improved diet and increased exercise through workshops, demonstrations, extension publications and nutrition website. Partnerships have been established with other Pacific basin jurisdictions.

**Results**

Children in Hawaii have begun to change their behavior and are losing weight in a healthy manner. Infrastructure is being developed with collaborating jurisdictions to implement an effective childrens healthy living (CHL) program throughout the Pacific Region.

**4. Associated Knowledge Areas**

<b>KA Code</b>	<b>Knowledge Area</b>
703	Nutrition Education and Behavior
704	Nutrition and Hunger in the Population
724	Healthy Lifestyle

## **Outcome #2**

### **1. Outcome Measures**

Number of stakeholders completing non-formal education programs on childhood obesity issues.

### **2. Associated Institution Types**

- 1862 Extension
- 1862 Research

### **3a. Outcome Type:**

Change in Knowledge Outcome Measure

### **3b. Quantitative Outcome**

<b>Year</b>	<b>Actual</b>
2012	1209

### **3c. Qualitative Outcome or Impact Statement**

#### **Issue (Who cares and Why)**

Information is needed by children, parents and health professionals on best means of reducing childhood obesity in Hawaii and the Pacific Region.

#### **What has been done**

Stakeholders have received appropriate information on reducing childhood obesity through improved diet and increased exercise through workshops, demonstrations, extension publications and nutrition websites. Partnerships have been established with other Pacific basin jurisdictions.

#### **Results**

Children in Hawaii have begun to change their behavior and are losing weight in a healthy manner. Infrastructure is being developed with collaborating jurisdictions to implement an effective childrens healthy living (CHL) program throughout the Pacific Region.

### **4. Associated Knowledge Areas**

<b>KA Code</b>	<b>Knowledge Area</b>
703	Nutrition Education and Behavior
704	Nutrition and Hunger in the Population
724	Healthy Lifestyle

**Outcome #3**

**1. Outcome Measures**

Dollar value of grants and contracts obtained.

**2. Associated Institution Types**

- 1862 Extension
- 1862 Research

**3a. Outcome Type:**

Change in Action Outcome Measure

**3b. Quantitative Outcome**

<b>Year</b>	<b>Actual</b>
2012	69734

**3c. Qualitative Outcome or Impact Statement**

**Issue (Who cares and Why)**

Resources are needed to organize and implement healthy living and obesity prevention programs for children in Hawaii and the Pacific Basin.

**What has been done**

Resources were solicited to promote healthy living and develop and implement methods and tools to combat childhood obesity.

**Results**

Resources were obtained, including a NIFA CAP grant to promote healthy living and develop and implement methods and tools to combat childhood obesity.

**4. Associated Knowledge Areas**

<b>KA Code</b>	<b>Knowledge Area</b>
703	Nutrition Education and Behavior
704	Nutrition and Hunger in the Population
724	Healthy Lifestyle

#### **V(H). Planned Program (External Factors)**

##### **External factors which affected outcomes**

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

##### **Brief Explanation**

This is new program area for the college. State and federal regulations governing the inclusion of children in research can cause delays in program initiation and implementation.

#### **V(I). Planned Program (Evaluation Studies)**

##### **Evaluation Results**

All projects conducted under this program were peer-reviewed before initiation. Annual progress reports were collected and evaluated by the associate deans for research and extension. Funds are not released for those projects which did not show tangible progress.

##### **Key Items of Evaluation**

None.