

V(A). Planned Program (Summary)

Program # 10

1. Name of the Planned Program

A Healthy, Well-Nourished Population

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
701	Nutrient Composition of Food	20%			
703	Nutrition Education and Behavior	60%			
724	Healthy Lifestyle	20%			
	Total	100%			

V(C). Planned Program (Inputs)

1. Actual amount of FTE/SYs expended this Program

Year: 2012	Extension		Research	
	1862	1890	1862	1890
Plan	2.7	0.0	0.0	0.0
Actual Paid Professional	2.7	0.0	0.0	0.0
Actual Volunteer	0.5	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
60000	0	0	0
1862 Matching	1890 Matching	1862 Matching	1890 Matching
80000	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

- Developed culturally sensitive nutrition and health education products and resources to be made available to professionals, students, and the public. The following are examples of the products and resources to be developed and made available for distribution:

- a beverage poster, brochure and/or flyer that lists the sugar and calorie content of commonly consumed beverages in the territory;

- a fruit and vegetable nutrient composition poster, brochure and/or flyer that highlights the nutritional value of local fruits and vegetables and will include the vitamin, mineral, and fiber content of local fruits and vegetables;

- a poster, brochure, and/or flyer detailing the sodium, fat, cholesterol, carbohydrate, and fiber content of commonly consumed local foods;

- a diabetes exchange list booklet that include local foods and beverages; and

- a culturally sensitive cookbook using local and familiar produce.

- Conducted disease specific workshops, short courses, seminars, and other educational activities focusing on nutrition education and behavior change modification.

- Recruited and trained staff and volunteers to deliver nutrition, diet, and health relevant information to the community.

- Developed and/or obtained culturally sensitive nutrition/health curriculum appropriate for school age children at all grade levels.

- Developed and maintained relationships with partners including government agencies, clinics, places of worship, public and private schools, senior citizen centers, and day care centers.

- Developed a web page that relays information on issues relating to the program.

2. Brief description of the target audience

This program was directed at all U.S. Virgin Island residents. However, special attention was given to high risk groups such as residents diagnosed with diseases such as diabetes, hypercholesterolemia, hypertension, and obesity; senior citizens; and school age children.

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
Actual	1120	4995	1250	5050

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
Actual	0	0	0

V(F). State Defined Outputs

Output Target

Output #1

Output Measure

- a. Number of workshops, classes, and demonstrations facilitated or conducted.

Year	Actual
2012	290

Output #2

Output Measure

- b. Number of volunteers recruited and trained to deliver nutrition education program.

Year	Actual
2012	3

Output #3

Output Measure

- c. Number of fair-type settings in which nutrition/health information will be presented.

Year	Actual
2012	6

Output #4

Output Measure

- d. Number of web sites developed and maintained.

Year	Actual
2012	0

Output #5

Output Measure

- e. Number of nutrition and health education materials developed and made available to professionals, students, and the public.

Year	Actual
2012	2

Output #6

Output Measure

- e. Number of partnerships with agencies and organizations that will assist in improving the health practices of U.S. Virgin Islanders.

Year	Actual
2012	12

V(G). State Defined Outcomes

V. State Defined Outcomes Table of Content

O. No.	OUTCOME NAME
1	Number of individuals who have indicated benefits from developed educational materials.
2	Percentage of adults adopting and maintaining at least one healthy lifestyle practice
3	Number of school age children learning basic nutrition information.
4	Percentage of children adopting and maintaining at least one healthy lifestyle practice.
5	Increase awareness among the general public of the relationship between food intake, physical fitness, stress management and disease prevention.
6	Number of individuals who report improvement in health status (e.g., lower blood sugar, hemoglobin A1c, and/or cholesterol level).

Outcome #1

1. Outcome Measures

Number of individuals who have indicated benefits from developed educational materials.

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Knowledge Outcome Measure

3b. Quantitative Outcome

Year	Actual
2012	260

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

The Virgin Islands continues to have high incidence and morbidity rates of cancer, diabetes and heart disease. Efforts are targeted at increasing the community's access to culturally relevant nutrition education materials to help reduce the morbidity and mortality rates in the Virgin Islands.

What has been done

Several efforts were undertaken to enhance the community's knowledge of healthy nutrition options. A tropical fruit poster continues to be widely requested. This poster contains nutrition information and copies of MyPyramid are also given to all clients/participants.

Results

During fiscal year 2011-2012 over 1025 copies of MyPyramid were distributed to various individuals and organizations.

4. Associated Knowledge Areas

KA Code	Knowledge Area
703	Nutrition Education and Behavior

Outcome #2

1. Outcome Measures

Percentage of adults adopting and maintaining at least one healthy lifestyle practice

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Actual
2012	150

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

In order to decrease the high mortality and morbidity rates from heart diseases, cardiovascular diseases, cancer and diabetes in the U.S.V.I. It is critical for Virgin Islands to adopt and maintain healthy lifestyle practices.

What has been done

Six to eight week nutrition education classes have been conducted in order to meet this goal with individuals from Head Start age through senior citizens.

Results

Eighty percent of the participants reported a positive change by adopting at least one healthy lifestyle practice. The practices included increased consumption of fruit, vegetables, grains and exercise.

4. Associated Knowledge Areas

KA Code	Knowledge Area
724	Healthy Lifestyle

Outcome #3

1. Outcome Measures

Number of school age children learning basic nutrition information.

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Knowledge Outcome Measure

3b. Quantitative Outcome

Year	Actual
2012	2002

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

In order to shape good eating habits at an early age ? emphasis was placed on school age children.

What has been done

Basic nutrition information was disseminated to children through a series of lessons over 6-8 weeks. Some of the series were conducted in the schools as part of a school enrichment program and others were conducted during summer programs.

Results

Youth participants received a pre/post measure to indicate changes in knowledge gained regarding basic nutrition information. Sixty-one percent (61%) of the participants were able to correctly answer the basic questions prior to the lessons, however by the end of the lessons; seventy-eight percent (78%) of the participants gave correct answers.

4. Associated Knowledge Areas

KA Code	Knowledge Area
703	Nutrition Education and Behavior
724	Healthy Lifestyle

Outcome #4

1. Outcome Measures

Percentage of children adopting and maintaining at least one healthy lifestyle practice.

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Knowledge Outcome Measure

3b. Quantitative Outcome

Year	Actual
2012	110

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

In light of the progressively worsening rate of childhood obesity, it is critical to inculcate youth with the information necessary for them to make healthy nutrition choices. Youth can also influence other family members creating a synergistic approach to healthy eating in family units.

What has been done

Youth received information healthy lifestyle practices information through targeted sessions in their respective schools and summer camp program.

Results

Youth reported at least one healthy lifestyle practice change as a result of the exposure to the information presented in the educational sessions.

4. Associated Knowledge Areas

KA Code	Knowledge Area
703	Nutrition Education and Behavior
724	Healthy Lifestyle

Outcome #5

1. Outcome Measures

Increase awareness among the general public of the relationship between food intake, physical fitness, stress management and disease prevention.

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Knowledge Outcome Measure

3b. Quantitative Outcome

Year	Actual
2012	14

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

It is paramount that the general public be informed regarding the relationship between food intake, stress management, physical fitness and disease prevention to offset the high incidence of preventable diseases in the Virgin Islands.

What has been done

Partnerships with the local Health Department and the Department of Human Services; as well as the university have created a collaborative efforts to enhance getting the healthy eating message out to the community.

Results

Educational session attendees indicated an increase in the awareness of the relationship of disease prevention, food intake and physical fitness.

4. Associated Knowledge Areas

KA Code	Knowledge Area
701	Nutrient Composition of Food
703	Nutrition Education and Behavior
724	Healthy Lifestyle

Outcome #6

1. Outcome Measures

Number of individuals who report improvement in health status (e.g., lower blood sugar, hemoglobin A1c, and/or cholesterol level).

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Condition Outcome Measure

3b. Quantitative Outcome

Year	Actual
2012	95

3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

Health outcomes relative to improvement of blood pressure, hemoglobin A1c and cholesterol levels are critical markers in the Virgin Islands to prevent many diseases.

What has been done

Provision of educational information sessions were delivered in collaboration with the local Health and Human Services Departments.

Results

Formalized evaluation has not been undertaken to-date; however anecdotal results are positive.

4. Associated Knowledge Areas

KA Code	Knowledge Area
703	Nutrition Education and Behavior

V(H). Planned Program (External Factors)

External factors which affected outcomes

- Natural Disasters (drought, weather extremes, etc.)
- Economy
- Other (Cultural Environment)

Brief Explanation

The U.S. Virgin Islands lies in a hurricane prone zone; therefore all areas of life can be altered by these natural disasters. The economy can also have an impact on residents' ability to implement certain healthy lifestyle practices due to limited discretionary income. The VI has a high unemployment rate which has been exacerbated by the closing of the oil refinery on St. Croix. Cultural elements of the territory may adversely affect residents' willingness to change their dietary customs which include high carbohydrate and high fat diets. These types of foods are deeply rooted in cultural traditions and readily available compared to healthier choices. Additionally, Virgin Islanders were physically active however that has been replaced with predominately sedentary lifestyles.

V(I). Planned Program (Evaluation Studies)

Evaluation Results

Evaluation data is incomplete at this time.

Key Items of Evaluation

Evaluation data is incomplete at this time.