

Dining With Diabetes

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V(A). Planned Program (Summary)

1. Name of the Planned Program

Dining With Diabetes

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%		
702	Requirements and Function of Nutrients and Other Food Components		20%		
703	Nutrition Education and Behavior		20%		
712	Protect Food from Contamination by Pathogenic Microorganisms, Parasites, and Naturally Occurring Toxins		20%		
724	Healthy Lifestyle		20%		
	Total		100%		

V(C). Planned Program (Inputs)

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

Year: 2007	Extension		Research	
	1862	1890	1862	1890
Plan	0.0	1.0	0.0	0.0
Actual	0.0	0.7	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
0	32451	0	0
1862 Matching	1890 Matching	1862 Matching	1890 Matching
0	19640	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

WVSU Extension conducted one Diabetic cooking school per year.

2. Brief description of the target audience

The target audience for this program is anyone with Diabetes and their family members.

V(E). Planned Program (Outputs)

1. Standard output measures

Target for the number of persons (contacts) reached through direct and indirect contact methods

	Direct Contacts Adults	Indirect Contacts Adults	Direct Contacts Youth	Indirect Contacts Youth
Year	Target	Target	Target	Target
Plan	25	0	0	0
2007	18	50	0	0

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

Patent Applications Submitted

Year Target

Plan:

2007: 0

Patents listed

3. Publications (Standard General Output Measure)

Number of Peer Reviewed Publications

	Extension	Research	Total
Plan			
2007	0	0	0

V(F). State Defined Outputs

Output Target

Output #1

Output Measure

Each participant will fill out a packet of pre-program information and questionnaires.

Year	Target	Actual
2007	{No Data Entered}	18

Output #2

Output Measure

Two Extension agents will be needed to prepare and serve food.

Year	Target	Actual
2007	{No Data Entered}	2

Output #3

Output Measure

The Diabetes Cooking School will require multiple sessions to educate participants on all information.

Year	Target	Actual
2007	{No Data Entered}	3

V(G). State Defined Outcomes

O No.	Outcome Name
1	50% of participants will reduce the number of days they will eat fried foods.
2	50% of participants will increase the numbers of fruits and vegetables that they consume.
3	50% of participants will increase their consumption of non-fat or low-fat dairy products.
4	50% of participants will show improved blood pressure and HBA1C levels.
5	50% of participants will use less sodium, unhealthy fats, and added sugars in their food preparation.

Outcome #1

1. Outcome Measures

Not reporting on this Outcome for this Annual Report

2. Associated Institution Types

3a. Outcome Type:

3b. Quantitative Outcome

Year	Quantitative Target	Actual
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3c. Qualitative Outcome or Impact Statement

Issue (Who cares and Why)

What has been done

Results

4. Associated Knowledge Areas

KA Code	Knowledge Area
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V(H). Planned Program (External Factors)

External factors which affected outcomes

Economy

Other (morbidity and mortality)

Brief Explanation

Our follow-up session consisted of only six people. Many of the participants were ill and could not attend. The participants who attended the cooking school were all residents of a low-income assisted living high-rise. Therefore, economic issues affected the majority of the people's food choices.

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

1. Evaluation Studies Planned

Before-After (before and after program)

Other (Three-month follow-up)

Evaluation Results

Results were limited due to low turn out for follow-up. However, those who were surveyed did improve HbA1c levels due to increased knowledge of nutrition and meal/nutrient timing. Approximately 10 percent of those who attended the follow-up session reported that they felt more empowered to control their disease, six percent decreased salt usage at the table, and two percent increased their daily intake of fruits and vegetables. Please note, an increase in consumption of fruits and vegetables was observed, but did not meet the recommended five servings a day.

Key Items of Evaluation

It is important to note that there may be a link between the low percentage of improvement and the age of the participants. These individuals have lived their entire lives eating a specific way, which cannot be easily modified due to cultural beliefs and also economic issues.