

Improve Health and Wellness of the Residents of Washington

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V(A). Planned Program (Summary)

1. Name of the Planned Program

Improve Health and Wellness of the Residents of Washington

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	55%			
704	Nutrition and Hunger in the Population	10%			
712	Protect Food from Contamination by Pathogenic Microorganisms, Parasites, and Naturally Occurring Toxins	15%			
724	Healthy Lifestyle	20%			
	Total	100%			

V(C). Planned Program (Inputs)

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

Year: 2008	Extension		Research	
	1862	1890	1862	1890
Plan	25.0	0.0	0.0	0.0
Actual	51.1	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 724846	1890 Extension	Hatch	Evans-Allen
	0	0	0
1862 Matching 724846	1890 Matching	1862 Matching	1890 Matching
	0	0	0
1862 All Other 5916846	1890 All Other	1862 All Other	1890 All Other
	0	0	0

V(D). Planned Program (Activity)

1. Brief description of the Activity

Disease management programs will be delivered to individuals through workshops and series lessons, and also in partnership with health care providers and employers. Indirect methods will include newsletters, media, web-based information and social marketing efforts. While initial educational interventions in Washington have focused on diabetes, it is anticipated that over time our efforts will be expanded to address other chronic diseases.

WSU Extension will develop, evaluate and disseminate educational programs and curricula that increase health literacy and facilitate the adoption of health behaviors that lead to the prevention and effective management of chronic disease. The major components of our educational activities can be grouped into three areas: nutrition education, including dietary quality, healthy lifestyle promotion and food security issues; food safety, including safe food handling and preservation, and hand sanitation/hygiene; and chronic disease management, including self-management to reduce complications and prevention education to reduce future incidence.

Nutrition education activities are largely delivered in partnership with local institutions, including schools and social service agencies. Youth and adult participants are reached directly through workshops and lesson series, as well as indirectly through newsletters, media broadcasts and social marketing efforts. Innovative delivery methods such as public kiosks and web-based modules are also planned. Included in this work are activities focused on obesity prevention and intervention through changes in diet quality and physical activity levels.

Food safety activities include workshops/classes for consumers, commercial food safety training for food workers, phone hotlines, education booths at public venues, media features, and the Germ City: Clean Hands, Healthy People Program. Volunteers are engaged in food safety program delivery in some areas.

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2. Brief description of the target audience

Priority audiences are groups underserved by traditional health care systems because of low income, language barriers, geographic isolation or other challenges. Outreach to others serving these groups such as health care providers, employers, social service agency personnel, child care providers, school personnel and local decision-makers are an additional audience. Professionals in food service and processing industries are a specific audience for food safety efforts.

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	50000	100000	25000	0
2008	91460	73793	98634	36726

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

Patent Applications Submitted

Year	Target
Plan:	0
2008:	0

Patents listed

3. Publications (Standard General Output Measure)

Number of Peer Reviewed Publications

	Extension	Research	Total
Plan	2	0	
2008	3	4	7

V(F). State Defined Outputs

Output Target

Output #1

Output Measure

Percentage of culturally diverse participants in nutrition and chronic disease management programs.

Year	Target	Actual
2008	50	43

V(G). State Defined Outcomes

O No.	Outcome Name
1	Percentage of participants reporting improved nutritional quality of diet
2	Percentage of participants reporting improved hand washing practices

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

Natural Disasters (drought, weather extremes, etc.)

Economy

Appropriations changes

Public Policy changes

Government Regulations

Competing Public priorities

Competing Programmatic Challenges

Populations changes (immigration, new cultural groupings, etc.)

Brief Explanation

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

1. Evaluation Studies Planned

After Only (post program)

Retrospective (post program)

Before-After (before and after program)

During (during program)

Evaluation Results

* Sixty percent of Food Worker course participants completed exit surveys. Food handling practices they planned to change included: washing hands the right way and at the right time (46 percent); eliminating bare hand contact with ready-to-eat foods (45 percent); and not working with food when sick (45 percent).

* Follow-up evaluation documented that 60 percent of facilities improved hand washing procedures of food workers after training. Fifty-two percent also reported using gloves and utensils to prohibit bare hands from touching ready-to-eat foods post-training. An analysis of changes in inspection scores for facilities that sent staff to PIC training in 2006-2007 also documented that 45 percent of facilities reduced red violation scores (the most hazardous practices related to foodborne illness) by 50 percent or better.

Key Items of Evaluation

Program is creating significant reductions in behaviors that may lead to transmission of food-borne illnesses.