

# Extension Program Work Area 2008

## Family & Community Development

### PWA1: Healthy Eating and Activity

#### Rationale

Poor nutrition and physical inactivity are linked to chronic illnesses such as obesity and diabetes. In 2006, 61% of adult Oregonians were obese or overweight; 64 percent of Oregonians living at a household income of less than \$15,000 per year were obese or overweight in 2006; 25% of 8th graders were overweight or at risk of overweight (Ngo & Leman, 2007). Forty-four percent of Oregon adults didn't meet minimum physical activity recommendations; for Oregon households at <\$15,000 year, that figure jumps to 54%. Only 26 percent of Oregonians reported eating five or more servings of fruits and vegetables per day in 2005; that number drops to less than 23 per cent for Oregonians living at incomes of less than \$15,000 per year (Ngo & Leman, 2007). "Healthy, Active Oregon," a statewide public health nutrition and physical activity plan, promotes healthy eating combined with daily physical activity to improve health and reduce risk of chronic diseases ([www.healthoregon.org/hpcdp/physicalactivityandnutrition/](http://www.healthoregon.org/hpcdp/physicalactivityandnutrition/)).

Along with other programs, this Program Work Area includes the Oregon Family Nutrition Program (OFNP) and the Expanded Food & Nutrition Education Program (EFNEP). Together, these comprise Oregon's Nutrition Education Program (NEP), which brings nutrition and physical activity education to limited resource Oregonians. Oregon's high rate of hunger and food insecurity necessitates the availability of emergency and other food assistance programs for low-income families. Oregon hunger rates are significantly higher than the national average for three categories that aren't usually at risk: double income households, households without unemployed people, and two parent households with children (Edwards & Weber, 2003).

Aspects of NEP that are related to food safety are also included in this Program Work Area. (Other food safety programs are included in Program Work Area 2.) The expense of foodborne illness is a particular concern for low income families who may not have health insurance. Pregnant women, young children and older adults are vulnerable populations that are represented among NEP clientele.

#### References:

Edwards, M. and Weber, B. (2003). Food Insecurity and Hunger in Oregon: A New Look. Working Paper 03-104. Rural Studies Program/Agricultural and Resource Economics Department. Oregon State University.

Ngo, D & Leman, R. (2007). Oregon overweight, obesity, physical activity, and nutrition facts. Physical Activity and Nutrition Program, Oregon Dept. of Human Services. Available at: [http://oregon.gov/DHS/ph/pan/docs/Oregon\\_PANfacts\\_06.pdf](http://oregon.gov/DHS/ph/pan/docs/Oregon_PANfacts_06.pdf)

## **Stake Holder Input**

- ? We receive continuing input from state and local agency partners, including the Oregon Dept. of Human Services, the Oregon Food Bank, and the Oregon Dept. of Education. We have collaborated with these and other partners on the identification of program needs for low income and other Oregonians.
- ? Family and Community Education (FCE) planning groups continue to identify topics related to health, especially involving foods and nutrition.
- ? Information was received from the Portland Metro Health and Food Systems Task Force in 2006.
- ? In many counties, we obtain input from health care provider organizations, community-based organizations, food pantries, area dietitians, and other health professionals on a variety of topics.
- ? Ongoing communications with grant project funders.

## **How Stake Holder Input was used to create this PWA**

- ? Development of statewide program priorities
- ? Determination of the focus and direction of county FCD programs
- ? Planning content of statewide FCD in-service conferences and other professional development opportunities
- ? Determination of priorities for seeking extramural funding

## **Long Term Outcome**

- ? Decreased chronic illness and reduced health care costs through improved consumer choices related to food and physical activity

## **Indicators of Successful Achievement of this Outcome**

- ? Knowledge and behavior regarding dietary recommendations and physical activity
- ? Adoption of diet and physical activity practices that promote good health
- ? Use of MyPyramid recommendations to plan and prepare family meals
- ? Patterns of consumption of fruits and vegetables, whole grain foods, and calcium-rich foods
- ? Breakfast consumption
- ? How often parents let children choose how much to eat
- ? Extent of daily physical activity and inactivity (such as TV viewing)
- ? Use of food labeling ("Nutrition Facts") and MyPyramid for meal planning
- ? Quality and quantity of food choices by youth
- ? Changes in food resource management by food insecure program participants
- ? Use by program participants of food assistance programs that promote household food security
- ? Utilization (and reduced waste) of emergency foods
- ? Food safety knowledge and food handling practices
- ? Dietary management by people with diabetes or at risk for diabetes
- ? Identification of new institutional and individual partners who become actively involved in community collaborations
- ? Utilization of relevant OSU programs and products by agencies, professionals, target populations and individuals

## **PWA2: Reducing Foodborne Illness**

## **Rationale**

Oregon is one of 10 states participating in CDC's Foodborne Diseases Active Surveillance Network (FoodNet). From 1996 to 2006, national FoodNet data showed a decreased incidence of infection from several pathogens including *Listeria* and *Campylobacter* (Centers for Disease Control, 2007). The incidence of *Vibrio* increased over this period.

The incidence of foodborne illness in Oregon remains a concern (Oregon Department of Human Services, 2007). *Campylobacter* continues to cause the most cases of reportable foodborne illness (CDC, 2007). The incidence of *Campylobacteriosis* was higher in Oregon than the FoodNet average in 2006. Oregon is not meeting national health objectives for the incidence of *Campylobacter* and *Salmonella*.

Regionally-grown alfalfa sprouts have caused foodborne illness cases in Oregon in recent years. There were six cases of the national spinach-associated outbreak of *E.coli* O157:H7. Foodborne illness outbreaks were also associated with consumption of raw oysters. The incidence of Norovirus has been high, which underscores the need for education about hand washing.

Pregnant women, young children, older adults and other people with compromised immune systems are especially at risk for foodborne illness. Racial and ethnic patterns exist. A 1997 outbreak of listeriosis among Hispanics in the state of Washington was traced to Mexican-style cheese made from raw milk (Clark et al. 2004). Listeriosis has one of the highest fatality rates. In a pregnant woman, miscarriage or fetal death can occur. In 2006, there were 13 cases of listeriosis in Oregon. One cluster of cases was associated with pasteurized artisan sheep cheese.

These and other examples serve to illustrate the pressing need for high quality Extension programming pertaining to the area of food safety in Oregon.

### References:

Centers for Disease Control. Preliminary FoodNet data on the incidence of infection with pathogens transmitted commonly through food in 10 states, 2006. *MMWR Weekly Report* 55(14): 39-355, April 13, 2007. Available at:  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5614a4.htm>.

Clark et al. Improving the safety of queso fresco through intervention. *Food Protection Trends* 24(7):419-22, 2004.

Oregon Department of Human Services. An overview of outbreak investigations, 2006. *CD Summary* 56(3), February 6, 2007.

## **Stake Holder Input**

? We receive input from state and local agency partners, including the Oregon Dept. of Human Services, the Oregon Dept. of Agriculture, and the Interagency Food Safety Team.

? Input from consumers is received through requests for food safety/preservation resource information (such as through the Food Safety/Preservation Hotline).

? Input from Family Food Education volunteers contributes to needs assessment.

### **How Stake Holder Input was used to create this PWA**

? Development of statewide program priorities

? Determination of the focus and direction of county FCD programs

? Planning content of statewide FCD in-service conferences and other professional development opportunities

? Determination of priorities for seeking extramural funding

### **Long Term Outcome**

? Reduced health care costs and increased productivity through reduced incidence of foodborne illness

### **Indicators of Successful Achievement of this Outcome**

? Knowledge about food safety and food preservation among consumers, hotline users, and Family Community Education participants

? Behavior change in target audiences relating to the handling, preparation, and preservation of food

? Identification of new institutional and individual partners who become actively involved in community collaborations

? Utilization of relevant OSU programs and products by agencies, professionals, target populations and individuals

## **PWA3: Healthy Aging**

### **Rationale**

The number of people in the United States over age 65 is forecast to more than double in the next quarter century, growing from 35 million to 72 million - or 20.7 percent of the U.S. population. In Oregon, the projections are even higher, as older adults may comprise more than 25% of the population by 2050. Some of Oregon's more rural counties are already characterized by 20-25% of their populations being over 65 (Source: Center for Healthy Aging Research, OSU). Yet few institutions in the state are planning for ways to deal with an aging population.

Healthy aging is the development and maintenance of optimal physical, mental and social well-being and function in older adults. It is most likely to be achieved when physical environments and communities are safe, and support individuals' adoption and maintenance of attitudes and behaviors known to promote health and well-being. For adults over age 65 in the U.S., 80% have at least one chronic condition and 50% have two or more chronic conditions. The prevalence of older adults with multiple chronic conditions increases with age. More than 30 million people in the U.S. are caring for older relatives and friends; 79% of these caregivers are age 50 and over. Caregiving responsibilities can be rewarding, but also stressful physically, emotionally, and financially.

The "graying" of Oregon implies that Oregon State University Extension Service needs to deliver high quality professional programs that reach older adults, family caregivers, and professionals in communities across Oregon. This Extension FCD work area has an important role as the outreach arm of the OSU Center for Healthy Aging Research on campus. New strategies and technologies will be

important for connecting older adults to their family members and service providers. Older adults and their families will need information that ranges from how to effectively communicate with health providers to the importance of nutrient-dense eating. Planning for health care, living situations, family relationships, and financial resources will require increased knowledge about aging processes to better inform healthy living.

### **Stake Holder Input**

? Family and Community Education (FCE) planning groups, largely composed of women in their seventies and eighties, continue to identify topics related to programs on aging.

? We have received input on the identification of program needs for older adults and family caregivers from our agency partners, including Oregon Senior and Disabled Services in the Dept. of Human Services (DHS); Foster Grandparents Program; Oregon Temporary Assistance for Needy Families (TANF) offices in DHS; the regional Area Agencies on Aging; and Oregon AARP.

? Individual county faculty are closely involved with the Area Agencies on Aging leadership, local Alzheimer's associations and county officials to design and implement programs that address area-specific needs of older adults and their families.

? We have collaborated on programming and curriculum development with a variety of funders including the Oregon Dept. of Human Services; Brookdale Foundation; Dept. of HHS; Bureau of Health Professions; national and Oregon AARP, and the Northwest Health Foundation.

? OSU Extension Service's Metro area breakfast meetings with decision makers in 2005-2006

? We track the information and purchase requests from consumers and professionals for our Extension FCD Pacific Northwest Publications. These purchase requests reflect one indicator of the areas of high programmatic need, as perceived by those audiences.

? Local input on senior issues is regularly obtained from local caregiving coalitions and other advisory groups, such as the Senior and Disability Services of Rogue Valley Council of Governments.

? Ongoing communications with grant project funders.

### **How Stake Holder Input was used to create this PWA**

? Development of statewide program priorities

? Determination of the focus and direction of county FCD programs

? Planning content of statewide FCD in-service conferences and other professional development opportunities

? Determination of priorities for seeking extramural funding

### **Long Term Outcome**

? Increased independence and well-being of older individuals and their family caregivers.

? Improved economic and health situations among families with aging adults through informed decision making on the part of families.

? Improved management of chronic diseases.

? Increased community access to programs and educational tools related to healthy aging.

? Increased balance and strength as a result of physical activity programs for older adults.

### **Indicators of Successful Achievement of this Outcome**

? Improvements in decision making, specific health-relevant behaviors, self-efficacy, and lifestyle

- choices about age-related issues by individuals and families in the target population
- ? Behavior change and increased skill mastery as a result of FCD interventions
- ? Increase in physical stamina, flexibility, and strength
- ? Improvements in families' (individuals and caregivers) health and financial factors
- ? Reports from health providers regarding improvements in health status of target population clientele
- ? Identification of new institutional and individual partners who become actively involved in community collaborations
- ? Utilization of relevant OSU programs and products by agencies, professionals, target populations and individuals

## **PWA4: Financial Literacy**

### **Rationale**

For many Oregon families, their level of economic security often hinges on their day-to-day decisions regarding spending, saving, and credit use. In 2002, there were 20,043 consumer bankruptcies filed in Oregon, and rates continue to stay high. Low wages and high housing costs have caused many of Oregon's working families to be in precarious financial conditions. In this situation, each financial decision can have immediate positive or negative impacts on the family's bottom line. Interactive programming to teach basic skills such as analyzing personal values, developing achievable goals, tracking spending, budgeting, using credit wisely, and repairing credit problems continues to be needed in all Oregon communities.

The growing national problem of financial fraud and identity theft lends another dimension of urgency to this topic. For example, in 2004, there were 7,912 fraud and identity theft complaints lodged by Oregon consumers. Of those, 3,530 reported specific amounts of monetary loss, with a total loss of \$2,793,274. Many more incidents of this type go unreported. This statistic speaks to the need for educational programs that focus on skills involving purchasing, personal financial management and consumer rights.

### **Stake Holder Input**

? We have received input on the identification of program needs in this work area from our agency partners, including CASA of Oregon, DHS Self Sufficiency program, Head Start, Habitat for Humanity, and local housing authorities who sponsor Individual Development Account programs. FCD works closely with managers and staff of these programs to incorporate the needed elements and to meet the objectives of their programs as well as ours.

? In addition to direct input, we also have indirect input based on these agencies' requests for Extension programming for short-term and comprehensive financial literacy courses, both in English and Spanish.

? We have received input from Family and Community Education planning groups regarding the identification of high-priority financial topics.

? We have conducted focus groups of Extension Homemakers, older adults, mature Extension volunteers and agency representatives serving older adults to develop the Senior Retirement series.

? We have conducted focus groups of former participants of the Women's Retirement series to make agenda adjustments within that program.

? We have met with representative clientele and staff from the Second Chance Renters Rehabilitation program to formulate the components of the class titled "Managing Your Money Before Your Debt

Manages You."

? Local input is obtained from agencies and coalitions related to financial management, such as county-level consumer credit counseling bureaus.

### **How Stake Holder Input was used to create this PWA**

? Development of statewide program priorities

? Determination of the focus and direction of county FCD programs

? Planning content of statewide FCD in-service conferences and other professional development opportunities

? Determination of priorities for seeking extramural funding

### **Long Term Outcome**

? Increased use of effective financial planning methods and tools by individuals and families

? Ultimately, a reduction of debt and an increase in savings among participating individuals and families.

### **Indicators of Successful Achievement of this Outcome**

? Levels of debt and savings, and changes in these factors over time, as reported by program participants

? Knowledge, intentions, attitudes, and skills related to financial planning and management, family budgeting, and financial literacy

? Participants' behaviors relevant to financial planning and management

? Identification of new institutional and individual partners who become actively involved in community collaborations

? Utilization of relevant OSU programs and products by agencies, professionals, target populations and individuals

## **PWA5: Healthy Communities**

### **Rationale**

The stability of a community is dependent on the ability of families and individuals to thrive and function successfully within it. Adverse conditions with respect to family, housing, other socioeconomic conditions, and limited community capacity can gradually deteriorate a community's livability. This issue can be addressed by delivering programs that promote healthy community systems, healthy families, and healthy homes.

Healthy Community Systems:

Social issues such as poverty, housing, migration, aging, racial and ethnic composition, and socioeconomic status are facing communities across Oregon. Many Oregonians do not know about the nature of these changes or their implications. There is a need for local programs that support community groups, service providers, local organizations, and community leaders in building sustainable communities. For example, parenting education programs in small communities across the state need to build their capacities to deliver programs and sustain their efforts. With respect to food systems, Oregon communities are working to ensure that people have access to safe, nutritious, affordable, and culturally appropriate food from non-emergency food sources.

### Healthy Families:

Parents and other caregivers of children play a crucial role in shaping child development, but they face many challenges in their childrearing due to factors such as economic insecurity, geographic and social isolation, and limited access to services. Providing access to education, support, and resources can strengthen communities as well as the relationships among parents, caregivers, and children.

### Healthy Homes:

Indoor air quality and mold are linked to respiratory, neurological, and immunological system dysfunction (Curtis et al., 2004) The U.S. Environmental Protection Agency (1995) reported that indoor air can be more polluted than outdoor air and poses a serious threat to health. Homes across Oregon are susceptible to compromised indoor air quality from mold, which can be prevented by controlling indoor moisture levels, housing construction and maintenance, and water drainage. Oregon has a strong need for education and outreach regarding the prevention, assessment and resolution of mold-related problems. In addition, indoor air quality is related to important financial issues as well. The presence of mold can prevent a home from selling, often causes expensive damage to drywall and insulation, and can result in high secondary costs due to missed work days and healthcare. Currently, there is an insufficient level of high-quality programming for Oregonians that addresses these topics.

### Reference:

Curtis, L., Lieberman, A., Stark, M., Rea, W., & Vetter, M. (2004). Adverse health effects of indoor molds. *Journal of Nutritional & Environmental Medicine*, 14(3), 261-274.

### **Stake Holder Input**

? Meetings and discussions with community residents, OSU Extension Service, and Extension Family & Community Development faculty about their information needs.

? OSU Extension office help-lines, where inquiries about programming, information, resources, and direct requests for services can be made.

? Initiating and fostering collaboration with local agencies and partnering with local school districts, human service agencies, mental health services, early childhood programs, and the legal system.

? We solicit continuing input from state and local agency partners, including the Dept. of Human Services, Oregon Food Bank, and the Oregon Hunger Relief Task Force. We have collaborated with these and other partners on the identification of program needs for low income and other Oregonians.

? At the local level, we obtain advisory input from food policy councils, local food pantries, and other organizations and consortia.

? Metro area Breakfast Meetings with decision makers in 2005-2006

? Information received from the Portland Metro Health and Food Systems Task Force in 2006

? Parent focus groups

? Coalition meetings with FCD, Oregon Department of Human Services, and AARP Oregon staff to target community audiences for parenting and caregiver programming and resource exchange.

? Subcommittees for conference planning and evaluation strategies related to parent education in rural communities.

? Ongoing communications with grant project funders.

### **How Stake Holder Input was used to create this PWA**

- ? Development of statewide program priorities
- ? Determination of the focus and direction of county FCD programs
- ? Planning content of statewide FCD in-service conferences and other professional development opportunities
- ? Determination of priorities for seeking extramural funding

### **Long Term Outcome**

#### Healthy Community Systems:

- ? Increased knowledge of residents about social issues affecting their communities.
- ? Increased civic engagement and action around local issues.
- ? Increased partnership between the university and communities.
- ? Increased knowledge among service providers and community leaders about the social dynamics facing their communities.
- ? Enhanced parent-child relationships, reduced incidence of child abuse or maltreatment, and improved child outcomes (academic, social, and psychological), through the growth in parenting skills.
- ? Social action among Oregon citizens (e.g. volunteering, charitable giving) as a result of hunger awareness
- ? Reduction in rates of food insecurity and hunger in Oregon

#### Healthy Families:

- ? Strong child-parent and child-caregiver relationships
- ? Awareness of diversity among families in local communities
- ? Improved child outcomes (academic, social, and psychological)

#### Healthy Homes:

- ? Reduction of mold in homes and buildings, leading to improvements in the respiratory health of residents
- ? Improvements in the physical structure of local houses, leading to reduced costs for health care and homeownership

### **Indicators of Successful Achievement of this Outcome**

#### Healthy Community Systems:

- ? Changes in the knowledge of residents about community issues
- ? Changes in the knowledge of residents about how to analyze and understand complex social issues
- ? Use of community-level information by agencies and organizations (including OSU) to reach new populations and to develop or modify programming
- ? Expanded community partnerships and collaborations on projects that involve children, parents, and family systems.
- ? Increased community capacity to deliver quality programs for parents and children.
- ? Increased understanding of hunger in Oregon by university students, agencies, volunteers, the medical community, and other community members.
- ? Increased support from community members for community hunger alleviation efforts
- ? Behavior changes in program participants with respect to civic involvement

#### Healthy Families:

- ? Reports of less stress and frustration surrounding child-rearing from parents and kin-caregivers
- ? Decline in child-abuse cases and juvenile delinquency
- ? Behavior changes in program participants with respect to parenting

#### Healthy Homes:

- ? Reduction in spending by homeowners on repairs from mold and reduction in spending by residents (and state) on respiratory healthcare
- ? A decline in the number of homes demolished due to mold build-up weakening the structure
- ? Behavior changes in program participants with respect to maintaining healthy indoor air

#### All sub-areas:

- ? Identification of new institutional and individual partners who become actively involved in community collaborations
- ? Utilization of relevant OSU programs and products by agencies, professionals, target populations and individuals