FCH Plan of Work

2013-2017

The 2013-2017 FCH Plan of Work is divided into four distinct but interrelated areas of work. These areas of work represent four levels of a socio-ecological framework that undergirds work in both public health and the human sciences. While many past Extension interventions have focused on helping individuals gain the knowledge, attitudes, skills, and aspirations requisite for behavior change, a socio-ecological framework acknowledges that other factors outside of the individual’s control play a very important role in determining whether behavior change actually occurs. Specifically, individuals live within a complex ecosystem that includes families, peers, schools, workplaces, and communities. Producing lasting behavioral change involves working at these various layers of the ecosystem. The program work areas identified by the FCH program are as follows.

1. Healthy People and Behaviors
2. Healthy Families and Homes
3. Healthy Schools and Worksites
4. Healthy Communities

Development of the 2013-2017 FCH Plan of Work was a collaborative effort among FCH faculty:

- **Healthy People and Behaviors:** Anne Hoisington (Chair), Jeanne Brandt, Robin Maille, Deborah John, Debra Driscoll, Lauren Fein, Sharon Johnson, Nancy Kershaw
- **Healthy Families and Homes:** Jeanne Brandt (Chair), Debra Driscoll, Denise Rennekamp, Sharon Johnson, and Deborah John.
- **Healthy Schools and Worksites:** Tonya Johnson (Chair), Lauren Fein, Tina Dodge-Vera, Stephanie Polizzi, Patty Case, and Mandy Hatfield
- **Healthy Communities:** Lena Etuk (Chair), Anne Hoisington, Robin Maille, Sharon Johnson, and Deborah John

Stakeholder input into the development of the program work areas was obtained through a statewide conference call through which FCH faculty and staff shared information gathered from Extension clients and organizational partners. That information, when analyzed through the various lenses of organizational capacity, current theory and research, and expectations of funders produced a state-supported portfolio of programs that address local needs.
PWA 1
Healthy People and Behaviors

Rationale

A. Healthy Eating and Activity
Between 1995 and 2007 the prevalence of obesity among Oregon adults jumped from 15.4% to 25.9%. In 2007, an additional 36% of adult Oregonians surveyed were overweight. Approximately 1,400 Oregonians die each year due to obesity making obesity the second leading cause of preventable death (Oregon Health Authority 2012). Currently, about 60% of adult Oregonians are overweight or obese and over 25% of all eighth graders. Poor nutrition and lack of physical activity are two important factors contributing to the increase in overweight and obesity, and for chronic diseases such as type 2 diabetes, hypertension, cardiovascular disease, and cancer.

Oregon’s high rate of household food insecurity exacerbates the problem of poor diet and physical activity: food insecurity is linked to increased risk of chronic disease among adults (Seligman 2007; Nelson 2001; Seligman 2009), and children in food insecure households may have fewer opportunities for adequate physical activity (Gordon-Larsen 2006; Sallis 2009). Oregonians living at or below poverty level report significantly fewer servings of fruits and vegetables and are less likely to meet the minimum physical activity recommendation than average- or high-income Oregonians (Ngo 2007).

The Supplemental Nutrition Assistance Program-Education (SNAP-Ed) and Expanded Food and Nutrition Education Program (EFNEP) comprise the Family and Community Health Nutrition Education Programs (NEP), bringing nutrition and physical activity education to limited resource Oregonians in 36 counties and 3 tribal lands. Because evidence-based obesity prevention programs include attention to changes in not just the individual but to the environments where Oregonians live, work, play and learn, FCH NEP will have an increasing focus on multi-level interventions to help shape individual choices as well as environmental influences (Story 2008).


B. Food Safety/Food Preservation

A critical part of healthy eating is keeping foods safe. Young children are particularly susceptible to foodborne illnesses (CDC, 2009). Furthermore, pregnant women and infants are among the groups at highest risk of complications from foodborne illnesses (Gerba 1996; Smith 1999). Individuals in their own homes can reduce contaminants and keep food safe to eat by following safe food handling practices (2010 USDA Dietary Guidelines). One of the Healthy People 2020 objectives focuses on increasing the proportion of consumers who follow these key food safety practices: clean, separate, cook, chill (Healthy People 2020).

Safe and healthy food preparation, storage and preservation remain of widespread interest throughout the state of Oregon. Food insecurity, seasonal food production, interest in eating locally and increasing control over food eaten and offered to family members fuels this demand. OSU Extension Service is seen as a reliable, unbiased source of information addressing safe food handling and preserving. There are a growing number of opportunities for partnerships with other organizations to reach community members to address the topic of food safety and preservation.


C. Volunteer Programs

Volunteerism strengthens individuals, families and communities, and extends program capacity and diversity. Volunteers may experience a number of benefits, such as gaining research-based information
and resources, becoming a member of a working team & developing a new social circle, providing a valuable service to the community, enhanced leadership skills, and career exploration/skills development (Schrock 2000b). Volunteering may help improve the physical and psychological well-being of older adults by maintaining self-esteem, life satisfaction, access to support systems, and activity level (Musick 1999; Van Willigan 2000).

**Family Food Education – Nutrition and Food Preservation** volunteers are trained and certified through this program in basic nutrition, food safety, safe food preservation practices, and food resource management. Once criteria for certification are met, volunteers spend time teaching youth and adult audiences about healthy eating, safe food handling, food preservation and stretching food dollars in a variety of sites.

**Family and Community Education** volunteers are groups of mostly women in their 70’s and 80’s who identify educational topics of interest related to healthy aging. Group leaders are trained to lead workshops with group members.


**D. Health Management for Older Adults**

Between 2005 and 2025, the number of Oregonians 65+ will almost double, from 12% of the population to 19%, almost 900,000 (Oregon Public Health Division 2008). The prevalence of many chronic diseases, such as arthritis, cancer, heart disease and stroke increases with age. More than 80% of older adults live with at least one chronic condition and 50% have at least two (CDC 2011). These chronic conditions contribute to health care costs, functional limitations, and the need for long-term care. Prevention and reducing associated complications is a critical strategy for keeping older adults healthy and independent. In fact, the primary goal for older adults in Healthy People 2020 is to “improve the health, function and quality of life” (Healthy People 2020). Strategies utilized in this program work area include:

**Nutrition Education:** For older adults, a diet consistent with current guidelines, including relatively high amounts of vegetables, fruits, whole grains, poultry, fish, and low-fat dairy products may be associated with superior nutritional status, quality of life, and survival (Anderson 2011).

**Physical Activity/Strengthening Programs:** Habitual physical activity and exercise are essential in the prevention and treatment of functional decline and frailty. Health benefits include minimizing changes
that accompany advancing age, preventing and decreasing risk of chronic and degenerative diseases, and improved energy and nutrient intake (Rivlin 2007; Evans 1997). Physical activity also can counteract some of the effects of pharmacotherapy common in older adults, such as depression, alterations in gastrointestinal functioning, and anorexia (Bernstein 2010).


Bernstein MA, Luggen AS. *Nutrition for Older Adults.* Sudbury, MA: Jones and Bartlett; 2010.

**Long Term Outcomes**

A. **Healthy Eating and Activity: NEP (SNAP-Ed and EFNEP)**
   Decreased chronic illness and reduced health care costs through improved consumer choices related to food and physical activity.
   Increased food security for households through improved food resource management skills.

B. **Food Safety/Food Preservation**
   Reduced health care costs and increased productivity through reduced incidence of foodborne illness.
   Increased food security for households through improved food resource management skills.

C. **Volunteer Programs**
   Related FCH Program Work Areas’ long term outcomes are more likely to be met through increased program capacity.
   Volunteers’ increased well-being through social contact (particularly with older adults) and leadership skills.
   Increased community access to programs and educational tools related to healthy aging.
D. Health Management for Older Adults
Reduced health care costs through better management of chronic conditions.
Increased balance and strength as a result of physical activity programs for older adults.
Increased community access to programs and educational tools related to healthy aging.
Increased percentage of older Oregonians living independently and with fewer functional limitations.

**Indicators of Successful Achievement of these Outcomes**

A. Healthy Eating and Activity: NEP (SNAP-Ed and EFNEP):
Knowledge and behavior regarding dietary recommendations and physical activity.
Adoption of diet and physical activity practices that promote good health.
Use of MyPlate 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 MyPlate 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.

B. Food Safety/Food Preservation
Knowledge about food safety and food preservation among consumers.
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.

C. Volunteer Programs
Knowledge about nutrition, food resource management, food safety and food preservation among volunteers.
Social contact, feelings of accomplishment, and other positive benefits to volunteers.
Utilization of relevant OSU programs and products by agencies, professionals, target populations and individuals.

D. Health Management for Older Adults
Knowledge about the benefits of staying physically strong for health and independence.
Knowledge of food safety risks and preventive practices.
Knowledge of fall prevention practices.
Knowledge of nutrition, and dietary and physical activity recommendations for older adults.
Healthy eating and physical activity behaviors (selected indicators from Healthy Eating and Activity).
Self-reported feelings of well-being, self-esteem.
Self-reported health and energy status.
Self-reported sense of strength, balance and mobility.
Utilization of relevant OSU programs and products by agencies, professionals, target populations and individuals.
PWA 2
Healthy Families and Homes

Rationale

A. Parenting and Caregiving

Healthy children and families are the foundation of strong, prosperous communities. They are supported by efforts that take a holistic, life-span approach to promoting the healthy physical, cognitive, social, and emotional development of individuals and families within their diverse ecologies.

Parents and other caregivers of children play a crucial role in shaping successful child development. They face challenges in the effort to support and guide the growth of their child due to economic insecurity, geographic and social isolation, limited access to resources and lack of positive role models and appropriate information and guidance themselves. Providing access to education, support and resources can strengthen communities as well as the relationships among parents, caregivers and children.

Families have always stepped in to provide care for aging and ill family members. An increasing number of families find themselves in more intensive caregiving roles. Improved medical care and prevention efforts have contributed to dramatic increases in life expectancy in the United States over the past century. In Oregon, 14.3% of the population is over the age of 65. This exceeds the national average. Currently, about 80% of older Americans are living with at least one chronic condition. Medical practices, plus changes in Medicare reimbursement laws and private managed-care programs, see individuals being released from hospitals earlier and needing more care.

Family caregivers are providing higher levels of care and must navigate the health care system and become advocates for their loved ones. Sometimes families have difficulty managing caregiving responsibilities because families are smaller, separated by long distances and have work responsibilities, among other reasons.

B. Family Resource Management

Too many people experience financial crisis because of inadequate savings, too much debt, and poor planning. A 2010 report prepared for the Financial Crisis Inquiry Commission concludes, "Managing day-to-day finances has become not only more difficult, but getting it wrong poses greater risks today than in the past." This POW targets programs for youth, financially vulnerable populations, and consumers making financial decisions through their lifetimes.
C. Healthy Home Environment

The research group Children’s HealthWatch aptly states: “A safe, decent, affordable home is like a vaccine — it literally keeps children healthy.” Research, education, and programs that increase home health and safety improve family health, enhance independent living options for older or physically challenged residents, maintain the value of homes and build stronger communities.

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 from mold and toxins which can be controlled by managing the indoor air moisture, housing construction and maintenance and product use within the homes. These issues can have significant financial impacts on families when accidents occur resulting in increased healthcare costs, missed school and work days, and compromise of the integrity and value of the home. Oregon has a strong need for education and outreach regarding the prevention, assessment and resolution of indoor air quality problems.

References


**Long Term Outcomes**

A. Parenting and Caregiving

- Strong parent child- and child-caregiver relationships
- Improved child outcomes (academic, social, and psychological)
- Increased independence and well-being of older adults and their family caregivers
- Improved economic and health situations among families with aging adults through informed decision making on the part of families
- Increased community access to programs and educational tools related to healthy aging and caregiving

C. Family Resource Management

- Increased use of effective financial planning methods and tools by individuals and families
- A reduction of the debt and an increase in savings among participant individuals and families

Healthy Home Environment

- Reduction of mold and toxins in homes and buildings, leading to improvement in respiratory health of residents
- Improvements in the physical structure of local homes, leading to reduced costs for health care and home ownership

**Indicators of Successful Achievement of this Outcome**

- Utilization of relevant OSU Extension Service programs and materials by agencies, professionals, target populations and individuals
- Behavior change and increased skill mastery as a result of FCH interventions
- Improvement in families’ (individuals and caregivers) health and financial factors
- Strong child-parent and individual-caregiver relationships
- Improvement in decision making, health relevant behaviors and lifestyle of children and older adults and their family caregivers
- Knowledge, intentions, attitudes and skills related to financial planning and management, family budgeting and financial literacy
- Levels of debt and savings improve over time
- Identification of new institutional and individual partners who become actively engaged in community collaborations
- Changes in behaviors of program participants with respect to maintaining healthy indoor air
PWA 3
Healthy Schools and Worksites

Rationale

We are facing a health care crisis. Nearly half of all Oregonians have at least one chronic disease, and chronic disease contributes to over 60% of Oregon deaths. The nation spends 75% of the health care budget treating chronic disease, and in Oregon the cost of hospitalizations related to chronic disease is expected to be over $2.2 billion dollars per year. In addition to impacting our health and economy, chronic disease has a strong influence on our quality of life.

Overweight and obesity is a major contributor to chronic disease. According to the Oregon Health Authority, the prevalence of adult overweight in Oregon increased 11% between 1990 and 2009 (32.4% vs 37.1%), and the prevalence of adult obesity increased 121% during the same time period (10.9% vs 24.1%). This increasing trend is also present among Oregon youth. Between 2001-2009, there was a 53% increase in obesity among Oregon 8\textsuperscript{th} graders and a 55% increase in obesity among Oregon 11\textsuperscript{th} graders.

Overweight/obesity and many chronic diseases may be prevented through lifestyle behaviors, including avoiding tobacco, eating a healthy diet, and engaging in regular physical activity. Interventions that involve tobacco cessation, healthy eating, and physical activity, and creating environments to support these behaviors may help reduce the prevalence of obesity and chronic disease in our communities.

On average people spend at least one-third of their time at work or school. Creating healthy schools and healthy worksites is thus an essential component to healthy living, and is recommended by the Centers for Disease Control and Prevention, Oregon Health Improvement Plan, and Oregon Task Force for a Comprehensive Obesity Prevention Initiative. Worksite wellness initiatives have led to improved weight control and reduced smoking rates, and have saved companies an average of $3.48-$4.60 in health care costs for every $1 invested in wellness. Additionally, creating healthy environments in schools can help to establish healthy behaviors at an early age, which may help reduce the onset of chronic disease later in life.

This Program Work Area addresses obesity prevention and chronic disease prevention through working with schools and worksites to create environments that put healthy options within reach for all people. Strategies include – but are not limited to – creating worksite wellness initiatives, facilitating evidence-based curriculum at worksites, working with coalitions/committees to develop and implement policies that increase access to healthy food/beverage options, supporting schools in identifying ways to increase physical activity and healthy eating during the school day, implementing campaigns, and helping to facilitate breastfeeding friendly worksites.
References

Health Promotion and Chronic Disease Section, Oregon Health Authority. 2012. Oregon Overweight, Obesity, Physical Activity and Nutrition Facts. Available online at http://public.health.oregon.gov/PreventionWellness/PhysicalActivity/Pages/pubs.aspx


Long-term Outcomes

- Decreased prevalence of obesity and chronic disease in Oregon through implementing evidence-based policies and programs that put healthy options within reach for all people

Indicators of Successful Achievement of these Outcomes

- Adoption and implementation of evidence-based wellness policies
- Adoption of diet and physical activity patterns that promote good health
- Decreased absenteeism at work
- Decreased health insurance claims
- Decreased use of prescribed medications related to chronic disease
- Decreased falls and disability
- Increased access to worksite wellness programs
- Decreased offerings of sugar sweetened beverages at schools and worksites
- Increased access to fruit/vegetables at schools and worksites
- Increased access to drinking water at schools and worksites
- Increased number of healthier options in vending machines at schools and worksites
- Increased opportunities for physical activity at schools and worksites
- Increased number of staff role modeling healthier eating and physical activity
- Increased number of worksites with dedicated spaces for breastfeeding
- Increased collaboration
PWA 4
Healthy Communities

Rationale

The vision of Oregon State University’s College of Public Health & Human Sciences (PHHS) is to “ensure lifelong health and well-being for every person, every family, [and] every community” (http://health.oregonstate.edu/about/mission-vision-values). In addition, the mission of the US Department of Agriculture’s National Institute for Food and Agriculture (NIFA) “is to advance knowledge for agriculture, the environment, human health and well-being, and communities by supporting research, education, and extension programs in the Land-Grant University System and other partner organizations” (http://www.csrees.usda.gov/about/background.html). Operating under the umbrella of both of these institutions, the work of the OSU Family & Community Health program is guided by the visions of the College and NIFA. Reflected in both organizations’ missions is the importance of doing research and extension in the field of human as well as community health and wellbeing. From an organizational point of view, the need for FCH programming related to healthy communities is clear.

In addition to the goals of the OSU College of PHHS and the USDA’s NIFA, population health statistics suggest the importance of addressing human health among Oregon communities with research and extension programming. According to the United Health Foundation’s “America’s Health Rankings” website (http://www.americashealthrankings.org) Oregon ranked 14 out of the 50 states with respect to overall health (1 being the best overall health). That rank indicates that though the health of Oregonians overall is higher than average for the nation, there is still work to be done in the state. The website goes on to clarify some of the challenges that negatively affect the state’s overall health ranking (http://www.americashealthrankings.org/OR). According to the United Health Foundation’s analysis of data from a variety of sources, in 2011 Oregon’s high rate of uninsured population (16.8%, data from US Census Bureau, Current Population Survey), low per capita public health funding ($13.6, data from Trust for America’s Health), and high percentage of children in poverty (21.2%, data from US Census Bureau, Current Population Survey) all pulled the state’s ranking down relative to the other state significantly. These statistics indicate the need for Extension programming in the area of human health and wellbeing.

With respect to community health and wellbeing, data from the US Census Bureau also indicate a need for programming to improve the socioeconomic condition of Oregon’s towns and cities. According to data from the 2000 decennial census and the 2006-2010 American Community
Survey harvested from the Oregon Rural Communities Explorer (http://oe.oregonexplorer.info/rural/CommunitiesReporter/), Oregon has seen increased poverty, increased unemployment, and low rates of housing affordability over the last decade. Oregon’s poverty rate increased from 12% in 2000 to 14% in 2006-2010, as its unemployment rate also went up from 6.5% in 2000 to 9.8% in 2006-2010, and a high proportion of households spent too much of their income (>30%) on housing costs on average between 2006 and 2010 (39.5%). All of these statistics, coupled with the rises in the prevalence of Latinos and older adults in Oregon communities, indicate that the socioeconomic conditions in communities need to be addressed in order to provide environments in which individuals can be healthy and productive.

To meet the need for improved human health and wellbeing, FCH faculty members have embraced a strategy of engaging in efforts to change communities via Extension programming. According to the social ecological model embraced by the Public Health field and sociological research on health outcomes, it is clear that the community context shapes health outcomes of individuals (Institute of Medicine, 2012; Robert, 1999; Frieden, 2010). In fact, according to work by Thomas Frieden (2010), interventions that are directed at changing the community context or socioeconomic factors are likely to yield the greatest health impacts at the population level. Communities are, therefore, an important setting in which to make changes in order to improve the health of Oregonians.

To positively affect human health and wellbeing at the community level as well as community health and wellbeing, FCH faculty take on two types of projects:

1. Health promotion programs that specifically make changes to the community context (e.g., built, virtual, or natural environment, community-wide policies or taxes, or social disparities) that directly support health
2. Community improvement programs that will tangentially improve the health context as a result of implementation (e.g. programs that reduce the prevalence of poverty, increase educational attainment, or reduce the prevalence of deprivation across populations)

Although FCH faculty may directly involve themselves with health promotion programs that make direct changes to the community context, it is more common for faculty who engage in community improvement programs to do so by working with local decision makers as opposed to making the changes themselves. Instead of making direct changes to communities in ways that may not be accepted by residents or appropriate to the unique context of the community, FCH faculty members provide community decision makers with the information they need to
make sound decisions to change aspects of their community for the greater good. Both strategies are aimed at improving the health of communities, be it the health outcomes of the population or the social/community determinants of health.

References


Long Term Outcomes

- Improvements to the built, natural, social, economic, civic, or political environment of communities
- Improvements to the health and wellbeing of individuals
- Improvements to the community, with respect to the conditions that affect health

Indicator of Successful Achievement of these Outcomes

*Improvements to the built, natural, social, economic, civic, or political environment of communities*
- Increased physical space designated for positive health behaviors
- Increased marketing space devoted to positive health messages
- Increased virtual (web-based) space designated to positive health or community development behaviors or messages
- Increased civic engagement, including volunteerism
- Increased grant-writing and grant receipt by community programs
- Improved resource accessibility
  - Increased usage of information resource programs

*Improvements to the health and wellbeing of individuals*
- Improved or maintained state health ranking
• Reductions to the prevalence or incidence of negative health outcomes targeted by programs

*Improvements to the community, with respect to the conditions that affect health*

• Increased community vitality
  • Improved aspects of vitality targeted by programs capitalizing on resources provided by Extension Service