

V(A). Planned Program (Summary)**Program # 14****1. Name of the Planned Program**

Healthy Aging

V(B). Program Knowledge Area(s)**1. Program Knowledge Areas and Percentage**

KA Code	Knowledge Area	%1862 Extension	%1890 Extension	%1862 Research	%1890 Research
724	Healthy Lifestyle	50%			
802	Human Development and Family Well-Being	50%			
	Total	100%			

V(C). Planned Program (Inputs)**1. Actual amount of professional FTE/SYs expended this Program**

Year: 2009	Extension		Research	
	1862	1890	1862	1890
Plan	3.7	0.0	0.0	0.0
Actual	3.2	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
49922	0	0	0
1862 Matching	1890 Matching	1862 Matching	1890 Matching
49922	0	0	0
1862 All Other	1890 All Other	1862 All Other	1890 All Other
148666	0	0	0

V(D). Planned Program (Activity)**1. Brief description of the Activity**

Stakeholder input will be acquired from agency partners including Oregon Senior and Disabled Services in the Dept. of Human Services, the regional Area Agencies on Aging, Oregon AARP, and others. Programs will be delivered based on the identification of critical audiences at local levels, working organizational partnerships, and input from OSU researchers. Target audiences will be identified and the most effective programming options will be identified and implemented. Extension activities will be coordinated with the recently established Center for Healthy Aging Research on the OSU campus.

2. Brief description of the target audience

The target audience will consist of older adults living in Oregon (particularly those at some risk with regard to their health and well-being), family caregivers, and professionals.

V(E). Planned Program (Outputs)**1. Standard output measures**

2009	Direct Contacts Adults	Indirect Contacts Adults	Direct Contacts Youth	Indirect Contacts Youth
Plan	1250	0	0	0
Actual	1351	0	0	0

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

Patent Applications Submitted

Year: 2009
 Plan: 0
 Actual: 0

Patents listed

3. Publications (Standard General Output Measure)

Number of Peer Reviewed Publications

2009	Extension	Research	Total
Plan	0	0	
Actual	1	0	0

V(F). State Defined Outputs

Output Target

Output #1

Output Measure

- Educational Events, Workshops, and Demonstrations to be Conducted

Year	Target	Actual
2009	60	61

Output #2

Output Measure

- Public Service Announcements to be Delivered

Year	Target	Actual
2009	5	9

Output #3

Output Measure

- Newsletters to be Published

Year	Target	Actual
2009	12	13

Output #4

Output Measure

- TV and Media Programs to be Delivered

Year	Target	Actual
2009	3	4

Output #5

Output Measure

- Web Sites to be Developed and Maintained

Year	Target	Actual
2009	1	4

V(G). State Defined Outcomes**V. State Defined Outcomes Table of Content**

O. No.	OUTCOME NAME
1	Percentage of participants that indicate increased knowledge about healthy aging practices including diet, activity, medication management, health monitoring, and family relationships.
2	Percentage of participating family health care providers that report informed decision-making related to older adults in their care.
3	Percentage of participants reporting improvement in their overall (age-adjusted) health status as a result of the program.

Outcome #1**1. Outcome Measures**

Percentage of participants that indicate increased knowledge about healthy aging practices including diet, activity, medication management, health monitoring, and family relationships.

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Knowledge Outcome Measure

3b. Quantitative Outcome

Year	Quantitative Target	Actual
2009	60	67

3c. Qualitative Outcome or Impact Statement**Issue (Who cares and Why)**

Chronic conditions like diabetes, fibromyalgia, arthritis and high blood pressure require medical attention for the life of the patient. Studies have found that teaching self care management to those with chronic conditions helps them stay healthier longer and reduces health care costs over their lifetimes.

What has been done

The 6-week Chronic Disease Self-Management Program teaches individuals with diseases such as diabetes, arthritis, osteoporosis, asthma, cardiac difficulties and cancer how to more effectively manage their disease conditions. The approaches taught include:

*techniques to deal with frustration, fatigue, pain and isolation

*exercises for maintaining and improving strength, flexibility and endurance

*medication management

*nutrition information

*approaches for improving communication with family, friends and health care professionals.

Results

Evaluation studies demonstrated that participants in the chronic disease self-management training program developed the following:

*improved self-efficacy

*improved health status (by their own assessment as well as the assessment of their health providers)

*reduced emergency room use/doctor visits.

4. Associated Knowledge Areas

KA Code	Knowledge Area
724	Healthy Lifestyle

802 Human Development and Family Well-Being

Outcome #2**1. Outcome Measures**

Percentage of participating family health care providers that report informed decision-making related to older adults in their care.

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Action Outcome Measure

3b. Quantitative Outcome

Year	Quantitative Target	Actual
2009	50	73

3c. Qualitative Outcome or Impact Statement**Issue (Who cares and Why)**

The Lifespan concept recognizes all caregivers need occasional breaks, whether caring for a child with a disability or a spouse with dementia. Caring for someone who requires intensive or round the clock care can leave a caregiver stressed out and exhausted. Even with an infrastructure of respite care providers and a referral system in place, many families cannot afford the cost of respite care.

What has been done

Family Care Connection, part of OSU Extension Service in Lincoln County, serves as the central point of contact for respite care services for the county:

*Providing respite-related information to the community

*Recruiting and training paid and volunteer respite providers,

*Connecting individuals and/or families with respite care providers and,

*Linking individuals and/or families with respite care payment resources.

Results

The primary purpose of respite care is to give relief to families and caregivers from the extraordinary demands of providing ongoing care. Respite is a wellness concept. Program outcomes evaluations show that respite strengthens the ability of families and primary caregivers to continue to provide care in the home. Occasional relief supports family stability and well-being. The health and wellness benefits for both caregiver and care recipient, plus the financial savings due to a family's increased ability to continue to provide care in the home, are proven in the impact studies conducted. The stability of community based Family Community Connection program provides both economic and social benefits for Lincoln County.

4. Associated Knowledge Areas

KA Code	Knowledge Area
724	Healthy Lifestyle

802 Human Development and Family Well-Being

Outcome #3**1. Outcome Measures**

Percentage of participants reporting improvement in their overall (age-adjusted) health status as a result of the program.

2. Associated Institution Types

- 1862 Extension

3a. Outcome Type:

Change in Condition Outcome Measure

3b. Quantitative Outcome

Year	Quantitative Target	Actual
2009	40	80

3c. Qualitative Outcome or Impact Statement**Issue (Who cares and Why)**

Chronic disease conditions are inevitable companions to the aging process. A "silver tsunami" is the term often used to portray the increasing presence of aging adults in Oregon and the nation.

What has been done

A collaboration of individuals and organizations in southern Oregon, (public and private, university and community) has developed a system of disease self-management instruction using the evidence-based Stanford University approaches, "Living a Healthy Life with Chronic Conditions." This project provided the 6-class instruction to nearly 1,000 adults and trained 69 program leaders to deliver the classes on an on-going basis in a five county region.

Results

Participants in the 6-week series of workshops documented improvements in self-efficacy (3.7 to 4.3 on a five point scale) and a pre-post test indicated changes in health-related self-management behaviors (E.g. increased use of pain management approaches, increased physical activity/exercise). Periodic 6 month follow-ups of a random sample of participants indicate over 80% are continuing to use the approaches they learned in class.

4. Associated Knowledge Areas

KA Code	Knowledge Area
724	Healthy Lifestyle
802	Human Development and Family Well-Being

V(H). Planned Program (External Factors)**External factors which affected outcomes**

- Economy
- Appropriations changes
- Public Policy changes
- Government Regulations
- Competing Public priorities
- Competing Programmatic Challenges
- Populations changes (immigration, new cultural groupings, etc.)

Brief Explanation

{No Data Entered}

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

1. Evaluation Studies Planned

- Retrospective (post program)
- Before-After (before and after program)

Evaluation Results

Senior participants in the 6-week series of "Living Well" workshops documented improvements in self-efficacy (3.7 to 4.3 on a five point scale) and a pre-post test indicated changes in health-related self-management behaviors (E.g. increased use of pain management approaches, increased physical activity/exercise).

Evaluation studies demonstrated that participants in the disease self-management training program developed improved self-efficacy, improved health status (by their own assessment as well as the assessment of their health providers), and reduced emergency room use/doctor visits.

Program outcome evaluations show that respite strengthens the ability of families and primary caregivers to continue to provide care in the home, supporting family stability and well-being. The health and wellness benefits for both caregiver and care recipient, plus the financial savings due to a family's increased ability to continue to provide care in the home, speak to both the economic and social benefits of the community based respite program.

Key Items of Evaluation

Periodic 6 month follow-ups of a random sample of "Living Well" participants indicate over 80% are continuing to use the approaches they learned in class and are living a more healthy life with chronic conditions.