

FLORIDA EXTENSION INITIATIVE 5:
EMPOWERING INDIVIDUALS AND FAMILIES TO BUILD HEALTHY LIVES
AND ACHIEVE SOCIAL AND ECONOMIC SUCCESS

STATEWIDE EDUCATIONAL PROGRAMS IN **HEALTH AND WELLNESS**

SITUATION

Changing demographics, including an aging and increasingly ethnically diverse population, combined with a growing burden of debilitating and costly chronic diseases and difficult economic times, have created challenges for many Florida families. Identifying creative strategies to address these problems necessitates working with multidisciplinary and multimodal approaches, which will be the focus of the **Health and Wellness (H&W)** priority work group.

Florida's Aging and Ethnically Diverse Population

The growth in the number and proportion of older adults in recent years is unprecedented in the history of the US. Every day 10,000 baby boomers turn 65, and by 2030, all baby boomers will be over age 65, with one in five residents being of retirement age. Just five years later, in 2035, the population age 65 years and older will be approximately 78 million, greater than the population under age 18 (76.4 million) ([US Census Bureau](#)). The population age 85 years and older, who often require more care and contribute disproportionately to health care expenditures, is expected to increase from 6.4 million in 2016 to 14.6 million in 2040 ([ACL/AOA 2018](#)).

Florida is a bellwether state for issues related to aging – before aging-related changes occur in the rest of the country, they happen here. Almost one-fifth (19.4%) of Florida's population (3.9 million) is estimated to be age 65 years and over ([FLDOEA 2016](#)), compared with 15.6% for the US ([US Census Bureau](#)). Florida's over 60 population will reach 7.3 million in 2030 and 8.1 million in 2040 ([FLDOEA 2016](#)). The poverty rate for older adults in Florida is 10.4%, which is tenth highest in the country ([ACL/AoA 2018](#)).

The older adult population in the US is becoming more racially and ethnically diverse. Racial and ethnic minority populations increased from 17.5% to 21.2% of the older adult population between 2003 and 2013, and by 2030, 28.5% of older adults are expected to be racial and ethnic minorities ([ACL/AoA 2018](#)). Since ethnic minorities are at higher risk than whites for the major chronic diseases, and are less likely than non-Hispanic whites to report their health as very good/excellent, this demographic change will increase the burden of chronic diseases and conditions in the older population ([ACL 2018](#)). As the baby boomers begin to reach retirement age and our "old-old" residents reach the age of 85 years and older, many will face multiple financial, physical, and social challenges that will help to determine their ability to age in place and have a fulfilling life well into their eighth and ninth decades of life.

The Florida Department of Elder Affairs report, *Assessing the Needs of Older Floridians* ([FDOE 2016](#)), identified a number of challenges facing those surveyed, including requiring assistance with eating (9%), shopping (26%), preparing meals (23%), doing light housekeeping (32%), managing money (15%), and walking (19%), among others. Eight-two percent reported caring for another older adult age 60 or older, and 23% indicated that they needed help with caregiving responsibilities. Low-income (29%), minority (28%), and rural (30%) older adults were more likely to report challenges getting the medical care they need, compared with the total sample (23%). Among low-income older adults, 37% delayed getting prescription medications for more than three months. Thirty-one percent of older adults surveyed reported problems with upkeep and minor or major repairs in their homes; 16% had difficulty paying rent or the mortgage; and 18% were afraid of falling or had other mobility concerns in their homes. Sixty-one percent of those surveyed had concerns about being a victim of consumer fraud and 18% believed that they already had been a victim ([FDOE 2016](#)).

The burden of chronic disease morbidity and mortality is greater among older rather than younger adults, and the personal and economic impacts are staggering. Seven of ten older Americans die from a chronic disease, most of which are related to lifestyle choices. Risk for hypertension, heart disease, type 2 diabetes, and cancer all increase with age ([CDC 2017](#)). Patients with a chronic illness in the last two years of life account for almost one-third (32%) of

total Medicare spending ([Dartmouth Atlas of Healthcare](#)). Another concern among older adults is food borne illness. According to the US Department of Health and Human Services (USDHHS), older adults are among those who are at highest risk for food borne illnesses, particularly *Campylobacter*, *Salmonella*, *Listeria*, and *Cryptosporidium* infections. Of particular concern is that older adults are more likely than younger adults to be hospitalized or die when they become ill from contaminated food, up to 90% among those who fell ill from *Listeria* in 2013. This is especially a concern among older adults who reside in nursing homes, who are ten times more likely to die from bacterial gastroenteritis than the general population ([Foodsafety.gov](#)).

Where older adults live can affect their physical and mental health. Home design and neighborhood and community design can positively or negatively affect our aging population. Several studies have shown that more open space, walkable neighborhoods, healing and community gardens, and opportunities to enjoy the outdoors lead to better mental and physical health in senior citizens ([National Physical Activity Plan 2017](#)).

The *Aging Well in Florida* area of focus within the H&W priority work group addresses these multifactorial issues and needs of Florida's aging population.

Chronic Diseases and Conditions Affect Quality of Life

The CDC indicates that about half of all adults in the US have one or more chronic health conditions and one in four have two or more chronic health conditions ([CDC 2018](#)). About half of all US adults have at least one risk factor for heart disease or stroke, such as uncontrolled high blood pressure, uncontrolled high LDL cholesterol, or cigarette smoking, and more than half of adults ([52%](#)) do not meet recommendations for aerobic physical activity, increasing their risk for obesity, diabetes, cardiovascular disease, and some cancers ([CDC 2017](#)). Cancer deaths have been dropping mainly due to decreases in smoking since the early 1990s, as well as improvements in early detection and treatment ([ACS 2018](#)). Still, cancer remains the second most common cause of death in the US and accounts for almost [22%](#) of total deaths. In 2018, an estimated 609,640 Americans are expected to die of cancer. In Florida, the estimated number of new cancer cases for 2018 is 135,170 and estimated number of deaths is 45,030 for all sites. The leading causes of cancer deaths in Florida are lung (26%), colon and rectum (8%), pancreas (7%), and breast (female) (7%) ([ACS 2018](#)). Direct (medical) and indirect (productivity, etc.) costs of cardiovascular disease and stroke are estimated to be more than \$330 billion annually ([AHA 2018](#)), and cancer health care expenditures for 2015, were \$80.2 billion ([ACS 2018](#)).

The prevalence of obesity in the US was 39.8% among adults and 18.5% in youth ages 12-19 during 2015-16. Among adults ages 40 to 59, prevalence was higher in women (44.7%) than in men (42.8%) and in minorities (Hispanic, 47%; non-Hispanic black, 46.8%) compared with non-Hispanic whites (37.9%) ([CDC 2018](#)). The Healthy People 2020 goal for obesity prevalence among adults is 30.5%, and the trend is not going in the right direction for this goal to be met ([CDC 2015](#)). In Florida, the current adult obesity rate is 27.4%, up from 26.8% in 2016. Obesity rates in Florida are higher among blacks (35.4%) than both Hispanics (28.1%) and whites (26.2%). Among high school students in Florida, obesity rates are 10.9% ([State of Obesity in Florida](#)). Concerns about high rates of obesity are related to the increased risk for diabetes, cardiovascular disease, and some forms of cancer among those who are obese. These diseases contribute to the high cost of health care in the US, as well as the physical, emotional, and social burden to individuals and families of living with a chronic disease.

In the US, 29.1 million adults have diabetes, and 86 million (more than a third of the population) have prediabetes, placing them at high risk of getting diabetes within five years if they take no action to prevent it ([CDC 2016](#)). In Florida, 11.8% of the adult population has been told that they have diabetes ([Florida CHARTS](#)). Critically, one in four adults with diabetes and nine in ten adults with prediabetes *are unaware of their condition* ([CDC 2018](#)). Poorly controlled diabetes is the leading cause of kidney failure, non-traumatic lower limb amputation, and new cases of blindness in adults. Increasing the number of people who are aware that they have prediabetes or diabetes can greatly reduce the health complications and costs associated with this disease. The estimated medical cost of diabetes in 2017 was \$327 billion in the US ([ADA 2018](#)) and \$19.3 billion in Florida ([ADA Supplementary Data 2017](#)).

Arthritis is the most common cause of [work-related](#) disability among adults in the US, causing challenges in activities of daily living for an estimated 54.4 million Americans ([CDC 2018](#)). Osteoporosis or osteopenia affect an estimated 54 million adults age 50 and over, mainly among women. Osteoporosis causes an estimated two million broken bones each year and can result in immobility, pain, placement in a nursing home, isolation, and other challenges. Projected numbers of cases of osteoporosis and osteopenia in 2030 are 13.6 million and 57.8 million, respectively ([JBMR 2014](#)).

Not only are these chronic conditions and diseases common, serious, and costly, they are highly preventable through changes in lifestyle behaviors and the environments in which people live and work. Preventing chronic diseases in those who are at high risk and properly managing chronic conditions such as diabetes and high blood pressure once a person is diagnosed can have significant impacts on quality of life for individuals and families. Improving the health of individuals also can contribute to reduced health care costs and positive impacts on the communities in which people live and work.

The *Chronic Disease Prevention and Management* area of focus within the H&W priority work group addresses these issues and concerns.

Challenges Facing Florida Families

Florida's families are experiencing unprecedented levels of stress. Difficult economic times have led to substantial job loss and financial strain for families; approximately 21% of children in Florida are living in poverty, but a significantly higher percentage (47%) of children live in low-income households. This has been compounded by the increasing percent of Florida's children being raised in single parent families (40%), which leads to fewer financial and emotional resources available for children, and possible increases in emotional strain to both parents and children. Increases in natural (e.g., hurricanes) and manmade (e.g., the Deepwater Horizon oil spill) disasters have led to further economic strain and trauma for Florida's families. There is also greater incidence and recognition of developmental problems, such as Autism Spectrum Disorder (estimated 1 in 59 children) ([CDC 2018](#)), and the potential economic and emotional toll this can take on families, including a substantial increase in the risk of divorce for parents. Finally, economic pressures have required more parents to enter the workforce in order to meet family expenses, and in Florida around 67% of children under the age of six have both parents in the workforce ([Kids Count, 2016](#)). This shift has led to a dramatic increase in the need for affordable childcare and has highlighted the need to increase the quality of childcare provided in Florida.

The physical, emotional, and financial tolls of these stressors are overwhelming, and can lead to lasting negative impacts on Florida's children and our society at large. The physical tolls of long-term stress have been well researched, and can include increases in cardiovascular disease, early death, stroke, diabetes, insomnia, gastrointestinal problems, and problems with memory and thinking. The emotional toll may include increases in depression and anxiety, as well as efforts to manage these symptoms by self-medicating (i.e., increasing alcohol and substance use). Relationships suffer, including marital relationships, parent-child relationships, and work relationships. Rates of domestic violence, divorce, and poor parenting increase as a result. The prevalence of marital conflict and ineffective parenting within the home increases the likelihood of children having emotional, cognitive, and social problems throughout the lifespan. When these issues occur, hospitalizations and medical costs increase, deaths increase, incarcerations increase, and placement of children into protective custody increases, while long-term positive outcomes such as academic gains, graduation rates, health, emotional well-being, and economic success are reduced.

In order to support Florida's families, efforts must be made to prevent and buffer the effects of contemporary stressors. Not only can this lead to improved societal and workforce functioning, it can also lead to cost-savings to the state. For example, the Center for Florida's Children reports that it costs \$10,000 for one year of intensive child abuse therapy for one child, and \$40,000 to maintain a youth in a correctional facility, whereas prevention programs can be conducted for a fraction of the cost. Additionally, a recent cost-estimate (2008) suggests a nearly \$2 billion cost to Florida taxpayers due to the family fragmentation associated with divorce and unwed childbearing. Individual

and family support programs can save money by reducing the need for state costs, such as the health care, welfare, and criminal justice systems. Intervention during early childhood is particularly important given the recent research on early brain development, and its long-term impact on child outcome. Research shows that quality early childcare, particularly for low-income families, can have a critical impact on the long term academic, emotional, and social functioning of children, and for every \$1 spent on quality childcare for low-income families, there is a minimum long-term cost savings of \$8, as children are more likely to stay in school, stay in the workforce, and avoid societal costs such as substance abuse and incarceration.

The *Healthy Lifestyles* area of focus within the H&W priority work group addresses these issues and concerns.

TARGET AUDIENCES

Given the comprehensive and preventive nature of much of our programming, all citizens of Florida are part of our target audience, although we especially focus our efforts on those who are underserved or at-risk. Specific audiences we commonly target are individuals including young adults, aging baby boomers, the elderly and frail elderly, parents and caregivers, and couples; childcare, after-school, and elder care providers; individual and family service personnel; military families; minority and other underserved audiences; community agencies and organizations; policy makers; and UF/IFAS county and state faculty.

RATIONALE

Extension's role in addressing this problem:

Although there are agencies that may provide similar types of programs, in order to have significant impact it is critical that programming responds to local community needs and is based on research, provided by trained faculty, and widely available to state residents at low or no cost. Cooperative Extension is able to fulfill all of these critical needs in each of the areas of focus identified as issues for Florida's citizens and families. Furthermore, in many rural counties cooperative Extension may be the only available provider of programs that address these issues. Finally, we can serve an important role in preventing problems before they happen by providing primary prevention programming and education, which many direct service providers are unable to do because they are focused on treatment, rather than prevention.

PROGRAM OBJECTIVES

The following are overall objectives for the variety of educational programs that are included in the **Health and Wellness** initiative. Individual curricula include program-specific and measurable objectives.

Participants in **Health and Wellness** educational programs will do one or more of the following:

- adopt healthy lifestyle behaviors associated with improved health and fitness, reduced risk of chronic diseases, and/or successful management of chronic diseases;
 - successfully meet emotional challenges and adjustments throughout the lifecycle;
 - maintain positive and caring relationships throughout life;
 - prepare for retirement, long-term care, and end-of-life decisions;
 - make home and community adaptations that can accommodate Floridians of any age.
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EDUCATIONAL METHODS

Health and Wellness (H&W) programming will include in-depth educational programs designed to increase knowledge, change targeted behaviors, and improve health or other outcomes. We have and will continue to establish action teams to develop and pilot test curricula and educational materials that will address existing and

emerging issues. Action teams are established and disbanded over time as new programming needs arise and tasks are completed. This initiative will include existing UF/IFAS Extension programs, programs developed by H&W action teams, and programs reviewed and adapted for use in Florida Extension. In-depth educational programs are conducted at Extension offices, worksites, community centers, and via distance learning. Worksite wellness programs include behavior change interventions targeted to specific employee health concerns using UF/IFAS research-based programs, as well as approaches that support a safe and health-promoting work environment.

Examples of existing programs that are included in H&W:

Before You Tie the Knot (premarital preparation)
Build Your Bones! (available 2018) (bone health and fall prevention)
Elder Nutrition and Food Safety (improving nutritional status and health of older adults)
Florida Master Money Mentor (financial management counseling volunteer program)
Grandparents Raising Grandchildren
Home-flow (connections between healthy relationships and healthy dwellings)
Keeping the Pressure Down (high blood pressure prevention/management)
Positive Parenting (behavioral management skills)
Small Steps to Health and Wealth for Older Adults
Take Charge of Your Diabetes (diabetes self-management education for adults with type 2 diabetes)
Take Control to Reduce Your Cancer Risk (distance learning cancer prevention program)
The Art of Goodbye (helping individuals and families prepare for the end of life)
The Stressbuster Stress Management Program
UNITED-Marriage Enhancement Training (U-MET)
Women and Money

Programs reviewed and adapted for use in Florida Extension:

ELEVATE – Couple Relationship Enhancement
SMART Steps for Stepfamilies
Relationship Smarts Plus 3.0 (youth)
Who Gets Grandma’s Yellow Pie Plate? (positive approaches to fulfilling the last wishes of family members)

To broaden outreach beyond those who participate in educational programs, H&W will include informational and awareness-raising strategies such as exhibits, workshops, webinars, cooking demonstrations, EDIS publications, [Family and Consumer Solutions blogs](#), podcasts, videos, and websites such as smarcouples.org. Public policy strategies will include participation on task forces and committees, engaging in public forums, and other approaches to raise public awareness, encourage inter-agency collaboration and cooperation, and effect changes in communities that improve quality of life for our target audiences. We provide regular in-service training via face-to-face and distance methods on important topics, and to train county faculty on new curricula.

Partners/collaborators:

We partner with a variety of agencies and organizations at the state and local levels, as well as with UF departments and colleges, to address the varied programs included in this initiative. At the state level, we have partnered with the Florida Department of Children and Families, Florida Department of Elder Affairs, Florida Department of Financial Services, and Florida Department of Health. At the local level our partners include local early learning coalitions, county school boards and health departments, children’s boards, child protective services, domestic violence shelters, local hospitals and substance abuse treatment centers, correctional institutions, Habitat for Humanity, and local television stations. At UF, our partners include the College of Public Health and Health Professions, College of Education, College of Nursing, College of Pharmacy, McKnight Brain Institute, and the Shimberg Center for Housing Studies. Other partners are Nemours Child Health System, and national programs such as the National Healthy Homes Partnership, National Healthy Marriage Initiative, National Extension Relationship and Marriage Education Network, Just in Time Parenting, and eXtension. As needed, we will establish new partnerships at the local and state levels to strengthen H&W programs.

Contract/grant funding to support these programs:

We have had financial support for our programming through grant funding from the Children, Youth and Families at Risk (CYFAR) program, National Institutes of Health, Florida Department of Health, National Institute of Food and Agriculture (NIFA/USDA) initiatives, eXtension, as well as internal funding. Grant writing is encouraged to seek extramural funding on an on-going basis to support H&W initiatives.

RESULTS

In-service training and distribution of educational curricula and materials will increase knowledge, skills, and confidence of Extension agents to address the issues facing our diverse clientele, their families, and communities. The H&W Priority Work Group provides two types of in-service trainings: (a) training focused on multiple issues, and (b) training focused on a specific program or subject matter.

Short-term and medium-term outcomes of programs for the target population include positive changes in:

- knowledge and attitudes related to lifestyle choices that affect physical, mental, and emotional health and well-being;
- eating behaviors, food handling practices, and physical activity;
- self-management of chronic conditions and diseases such as diabetes and hypertension;
- interpersonal relationships, parenting and caregiving skills, and stress management practices;
- management of financial resources, ability to evaluate long-term care options, retirement planning strategies, savings behavior, and debt management for the aging population;
- ways in which homes are built and retrofitted to accommodate special needs of elders and others with special needs;
- participation by elders in community life;
- utilization of existing community resources and programs;
- involvement of faculty in public policy education related to issues important for our various target groups

Long-term program impacts include positive changes in:

- wellness including nutritional well-being, physical fitness, and clinical markers such as blood pressure and blood glucose;
- health care costs for individuals, the private sector, and government;
- relationship satisfaction, life satisfaction, and stress levels;
- parenting and caregiver skills and coping;
- family communication around sensitive issues such as substance abuse and end of life care;
- ability to live independently while maintaining health and safety;
- physical mobility and safety within homes;
- design and development of open space, walkable neighborhoods, and/or healing and community gardens in local communities;
- availability of community services and programs for the aging population.

NEEDS

- The multi-disciplinary *Aging Well in Florida* area of focus within the H&W initiative lacks a full-time tenure-track gerontologist to contribute expertise in aging to the various program components, establish and strengthen statewide inter-agency collaborations, provide leadership for in-service training focused on issues in aging, and attract external grant funding for program initiatives. With our aging population and a commitment by county Extension faculty to provide multi- and cross-disciplinary programs to address issues facing our state in the coming decades, our credibility will increase by having a gerontologist with a primary Extension appointment to participate in the *Aging Well in Florida* component of H&W.

- A second need is for adequate funding to support development of educational materials and creative approaches to reaching the various target audiences for this program.
- Resources to develop and implement a statewide evaluation plan are needed.

Additional support for H&W will come from leveraging of external funding, which will be a major focus of state and county Extension faculty grant writing teams. Current and recently committed funding sources include the US Department of Health and Human Services, Administration for Children and Families to support the *Smart Couples Florida* project; Florida Department of Health, Bureau of Chronic Disease Prevention, for development of the online cancer prevention curriculum, *Take Control to Reduce Your Cancer Risk*; FYCS and IFAS for research contributing to the adaptation of the *Small Steps to Health and Wealth*[™] curriculum for the aging population; USDA for the *Home-flow* and *Community-flow* curricula; USDA/NIFA for the *Grandparents Raising Grandchildren* program; and the Jessie Ball DuPont Foundation for the *Florida Information Network*. Team members are exploring additional funding opportunities for other components of this initiative.

SUPER ISSUES

This Priority Work Group primarily relates to the super issues:

- Opportunity for Floridians to embrace healthy lifestyles
- Awareness and appreciation of our food systems and our environment.