

COLLEGE OF HEALTH AND HUMAN SCIENCES

Sharon Johnson

Extension Family and Community Development
Asst. Professor/Faculty
Oregon State University
College of Health and Human Sciences
Department of Human Development and Family Sciences
Southern Oregon Research and Extension Center
569 Hanley Road
Central Point, Oregon 97502
(541) 776-7371 x 210
Email: s.johnson@oregonstate.edu

A. EDUCATION AND PROFESSIONAL EXPERIENCE

1. Education

<u>Years</u>	<u>University</u>	<u>Degree</u>	<u>Major</u>
1981	Cornell University Bush Foundation Leadership Fellowship	Certificate	Management
1973	Minnesota State University	M.S.	Rehabilitation Counseling
1967	University of Minnesota	B.A.	Sociology

2. Professional Experience

2000-2005 Oregon State University Extension, Central Point, OR
Assistant Professor/Extension Faculty Extension Family and Community
Development, Jackson and Josephine Counties

Responsibility for designing, implementing and evaluating educational programs and collaborating with local, regional and statewide organizations to expand resources and supports for older adults and the community at large

1993-1999 Public Health, Seattle/King County Washington, Seattle, WA
Deputy Director/Interim Director

Management responsibility for city-county public health programs; administrative responsibility for four community health clinics and population-based services including environmental health and epidemiology

1995-1998 University of Washington, Seattle, WA

Instructor, Lecturer (part-time), School of Nursing, Department of Psychosocial Nursing; School of Social Work

Instructional responsibility for designing and teaching master's level mental health policy class (1996-1998) and provision of periodic lectures on mental health, management

1988-1993 WA State Department of Social and Health Services, Olympia, WA

Director, Division of Mental Health

Management responsibility for statewide mental health programs and two state psychiatric hospitals. Launched statewide regional support network system; implemented legislation to de-centralize mental health programs

1984-1988 Washington State Department of Social and Health Services, Olympia, WA

Director; Deputy Director, Division of Vocational Rehabilitation and Independent Living

Management responsibility for statewide vocational rehabilitation services and oversight of seven independent living programs; recipient of Presidential Award for Supported Employment Development (1984); recipient of Governor's Distinguished Management Leadership Award (1988)

1982-1982 McKnight Foundation System Change Project, St. Paul, MN

Program Coordinator, Minnesota Association of Residences for Developmentally Disabled Persons

Coordination responsibility for statewide programs focused on developmental disabilities, with specific attention to cross-county networking on disability issues

1982-1984 Control Data Corporation, Business Advisors Inc., Minneapolis, MN

Consultant/Talent Pool contractor (part-time)

Development and training role in the implementation of employee attitude surveys and health promotion/wellness programs

1975-1981 City of St. Paul, St. Paul, MN

Manager, Work Equity, Program Coordinator, Division of Manpower Development

Management responsibility for national welfare demonstration program, *Work Equity*; coordinator for city's workforce development/employment and training programs

1968-1975 Minnesota Department of Public Welfare, Faribault and Mankato, MN
Social Worker Watawon County Welfare Department; **Rehabilitation Counselor**, State Services for the Blind and Visually Handicapped

Caseload management responsibility within county welfare department; regional caseload management responsibility for blind and visually impaired clients

1967-1968 International Social Services, **Social Worker**, Koza, Okinawa

Assessment, planning and caseload responsibility for prospective adoptive families

B. TEACHING, ADVISING AND OTHER ASSIGNMENTS

My teaching and program development at Oregon State University Extension Service is focused on two themes:

- Healthy Aging
- Community Nutrition and Food Safety

In southern Oregon (Jackson and Josephine counties) local data indicates fifty percent of the population will be over age sixty-five by 2012. Jackson and Josephine Counties currently exceed the state in percentage of older adults. Jackson is one of six counties in the state that accounts for 60% of people over age 65. Josephine is one of three counties with more than 20% of its population currently over age 65.

In-migration of retirees, largely from California and Washington, continues to be the primary explanation for significant population growth in southern Oregon. Older adults age 60 to 75 are increasing dramatically, but the fastest growing population group continues to be individuals over age 85. Chronic disease and disability are significant issues. Age-related challenges define the future of southern Oregon.

Food insecurity and poor nutrition are present across all age groups. One in seven individuals is on food stamps. Data (2004) indicates that an overall average of 49.7 % of students in area elementary schools receive subsidized meals. Obesity and often-accompanying diabetes have been identified as the most significant health challenges. Food safety and foodborne illness, particularly in the increasingly larger and more vulnerable older adult populations, remain an on-going threat. Opportunities for shaping behaviors and promoting health across the lifespan are numerous.

Using demographic and health status data to assist me in identifying specific challenges, I have developed programs that respond to visible community priorities and are affirmed through key informant interviewing. This document is organized around my identified themes.

1. Instructional Summary of Extension Educational Outreach Involving Healthy Aging

a. Healthy Aging: Medication Management for the Older Adult (2001-2005)

Research (Centers for Disease Control) indicates that eighty per cent of people over age sixty-five have at least one chronic disease. Twenty per cent have four or more. To treat these chronic health conditions, older adults use prescription and over-the-counter medications, nutritional supplements and herbal remedies.

Educating aging adults and their family caregivers about medication risks and instructing them in appropriate medication management was identified as an Extension agenda at the National Extension-Pharmacy Partnership meetings launched in 2000. Development of a pilot program, with the potential for national replication, was encouraged.

My specific roles included:

- Participating in National Extension-Pharmacy Alliance meetings as one of the Dean-Director's designees (2001-2002)
- Designing instructional materials focused on medication management for the older adult (in active collaboration with the Oregon State University College of Pharmacy)
- Delivering "Medication Management/Medication Jeopardy" classes in the community (2001-2005)
- Developing materials into a peer-reviewed Family and Community Education (FCE) medication management curriculum for statewide dissemination; recording a 20-minute video as a companion to the curriculum (See C. page 34)
- Acquiring funding from Rogue Valley Council of Government's Senior and Disabled Services (Older American's Act resources) to support on-going provision of the medication classes; initial (2002) grant, appended annually through 2005
- Partnering with the College of Pharmacy to become their first non-pharmacy preceptor; supervising two 6-week in-residence clerkships involving 4th year pharmacy students (2003, 2004)
- Sharing materials and delivering classes statewide; mentoring other faculty interested in replication (Klamath, Washington and Clackamas)
- Supporting replication initiated by former pharmacy intern (Bass, S., Redding, CA)

- Initiating replication by former pharmacy intern (Lokeno, A., Southern Oregon Rehabilitation Centers and Clinics, White City, OR)
- Participating in GRAM-PC/Express Beta testing of a computer-based medication interaction tool through the National Society of Consulting Pharmacists
- Designing a course evaluation tool and assessing the impact of the training on the participants
- Responding to the State's Department of Human Services (DHS) request to design a placemat on medication management to be distributed to 10,200 seniors at Meals on Wheels meal sites as part of their Lunch and Learn Program (2004)
- Developing a peer- reviewed "Food as Medicine" curriculum and delivering it repeatedly for community audiences (2005)

1.) Evaluation of Impacts

Medication Jeopardy: Life Critical Information for Older Adults class is targeted at older adults and their family caregivers with the goal of reducing risky behaviors related to medication management. I designed and received IRB approval to administer a retrospective self-evaluation to participants in the medication management classes. I designed a similar IRB-approved evaluation tool to be used with the statewide Family and Community Education (FCE) study groups. FCE medication management trainings offered, statewide, in 2004 exceeded 317 individuals.

Participants in the classes are asked to explain their understanding of four subject-related areas at the end of each class, as well as recall the understanding that they had prior to the class. Their responses are rated on a five-point scale that ranged from "no" understanding to "very good" understanding. Respondents in all the classes the evaluation was administered indicated improved understanding in: 1) how age affects the actions of medications 2) common medication problems 3) signs of adverse reactions to medications and 4) how to support good medication management.

In addition, over 80 % of the individuals completing the class evaluations in 2003 and 2004 indicated specific and/or planned use of the information provided to them in the training. Participants were asked to respond to the open-ended question: *Will you take actions as a result of this class?* The narrative comments noted: 1) a willingness to ask their health provider more questions about newly prescribed medications, 2) new recognition of the role of the pharmacist (willingness to engage him/her) and 3) increased awareness of the need for personal vigilance regarding medication use.

Repeat requests for the training in other community settings, and requests for the development of a curriculum that is focused specifically on facility caregivers, demonstrates the continuing value of the instruction. A summary of the project and its

impacts was requested for inclusion on the Healthy People, Healthy Communities National Network for Health Practitioner Health Conference website (2004).

2.) Curriculum developed

Within the framework of an interactive instructional approach, I designed an 18-slide medication management PowerPoint presentation accompanied by extensive teaching notes and related instructional activities. The materials use the educational pamphlets developed at the Peter Lamy Center at the University of Maryland as teaching aides, in addition to the American Association of Retired Person (AARP) educational resources, specifically “Drug Smart.” The focus is: *Are You at Risk?* There is a quiz, related demonstration materials and a brown paper bag, with an accompanying list of questions to be asked of the participant’s health provider (and/or pharmacist) when any new medication is prescribed.

The curriculum was peer-reviewed by the College of Pharmacy (DeLander, G.) and further re-structured as part of its development as a statewide Family and Community Education (FCE) lesson (Bowman, S., Raab, C.).

3.) Non-credit courses or workshops

I have presented this class more than 40 times over the four years it has been in use. In 2003 it was presented to 269 older adults in five of Oregon’s 36 counties by me, pharmacy interns or other faculty. The instruction has been offered at senior centers, assisted living residents and with church groups. It has been presented to community organizations/clubs (Lions, PEO, garden clubs) and occasionally to health and human service professionals.

4.) Team or Collaborative Effort

This project is an on-going and active partnership with the College of Pharmacy at Oregon State University together with select community pharmacists in southern Oregon. It operates under a grant with the Rogue Valley Council of Government’s Senior and Disability Services (RVCOG/SDS). Partnerships are currently expanding to include pharmacists at the Veteran’s Administration Domiciliary in White City, Oregon. In 2006 the program will be offered to all assisted living facilities in the valley in video and CD form.

b. Healthy Aging: Age-Related Memory Loss (2001-2005)

Age-related memory changes become a significant issue for aging populations. Memory ability is tied to self-confidence and self-efficacy. Complicating the problem is fear of dementia/Alzheimer’s Disease, a fear that may increase with age, as does the likelihood of the diagnosis.

Memory problems occur in 50% percent of people over age fifty and 100% of people over age 65 (Neurology Archives, Harvard University). Research (Johns Hopkins University White Papers) has found lifestyle and age-related health behaviors impact our capacity to recall information. Measurable improvements are possible through altered lifestyle and changes in diet, rest and physical activity.

In early 2001, Providence Hospital's Community Education Coordinator (in Medford Oregon) requested an Extension presentation on age-related memory difficulties. I designed a one-hour class that was well-received. I then developed it into a two hour workshop, with accompanying memory enhancement information and activities. It continues to be offered by Providence Hospitals' patient Education Program and in a variety of other venues.

My specific roles include:

- Designing a 26–slide memory management presentation with an accompanying Memory Road Map
- Designing a seven-item “Memory Grid” with an identification of the most common memory problems and possible solutions (adapted from The Seven Sins of Memory, Schacter, D.)
- Offering repeated workshops (“Memory Management as You Age,” “Age-related Memory Problems: Should I Be Worried?” “Tricks and Techniques to Keep Your Memory Strong” or “Memory Difficulties: They’re Not Inevitable!”) in Jackson and Josephine counties
- Writing a monthly, 300-word column for the Medford Senior Center Newsletter (circulation: 1,300) focused on the creative management of memory challenges. (2004-2005)
- Delivering the memory presentation, “Tricks and Techniques to keep Your Memory Strong” in other venues (Tillamook County, Klamath County)
- Submitting outline to author OSU publication (PNW) on age-related memory impairment; outline accepted (anticipated completion date Spring 2006)
- Submitting manuscript to Journal of Extension (JOE) “Memory Difficulties: When You Don’t Remember What You Forgot”
- Developing a logic model to assess the outcomes and impacts possible when information on memory management is consistently available in a community setting

a) Evaluation of Impacts

The class evaluation tool uses a five-point scale to assess learning and perceived teaching abilities. Evaluations consistently indicated 4.8 to 5.0 ratings.

An evaluation tool regularly used by Providence Hospital was given to all participants at the end of all the classes offered through the hospital's community education series. There were five one-hour classes held at Providence (2002-2004) with 45-100 people in each class. Evaluations have been consistently glowing with frequent indications as to

how people intend to use the information they have obtained. (Example: “I think my memory problems may be tied to this new medication I have started, I intend to make an appointment with my doctor to talk about this.” or “Dad’s memory problems might be depression; I am going to get some counseling to find out.”)

Comments from Participants in Memory Workshops

Memory Workshops 2002	Memory Workshops 2003	Memory Workshops 2004
Program quality: 4.7 Instructor’s Presentation: 4.8	Program quality: 4.8 Instructor’s Presentation: 5.0	Program quality: 4.9 Instructor’s Presentation: 4.9
I have never attended a class that helped me so much.	Incredible presentation!	Excellent information; well-presented.
Extremely useful, practical.	Good ideas, useful.	This presentation is a service to the community.
I did not realize the role that diet played.	Sleep is important... that’s easy to fix.	I love the hand-outs.
I’m going to try the ideas you suggest.	Good job. I’m a teacher myself and you know how to teach.	You have given me super ideas to help explain my friend’s memory issues, and mine.

Memory Difficulties: Should I Be Worried? was awarded the 2005 American Society on Aging’s MetLife Foundation MindAlert Award (See C. p. 37)

b.) Curriculum developed

The 26-slide presentation materials were developed using Johns Hopkins University White Papers on Memory and current memory references that include *The Memory Bible* (Snow, G.) together with Harvard University publications on memory loss/memory management. The presentation has the potential for expansion and contraction according to the preferences of the presenter and the participants. The basic PowerPoint is one to two hours in length and contains extensive teaching notes. It includes a list of reading references and examples of memory aids. The materials developed have been used for public presentations and classroom instruction. A brief memory recall test (adapted from materials available through the Memory Clinic, Bethesda Maryland) is used mid-point in the presentation to demonstrate the importance of continued self-testing.

c.) Non-credit courses or workshops

Apart from the Providence classes, memory workshops were presented 9-12 times each year during 2002-2005. In 2003, eleven memory classes or workshops were presented to 346 people. In addition to the Providence Hospital Community Education series, it is frequently offered as a class in the Southern Oregon Research and Extension (SOREC) quarterly catalog. The presentation has taken place in the following venues.

- Senior Centers/Community Centers (Medford, Jacksonville, Ashland, Grants Pass)
- Lions Clubs (Medford and surrounding area)
- PEO groups (Medford, Grants Pass)
- Retirement communities/Assisted Living Centers (Jackson, Josephine counties)
- Garden Clubs (Applegate Valley)
- Retired Senior Volunteer Program/Foster Grandparents (Jackson County)

d.) Team or collaborative efforts

I have used these instructional materials in sponsorship and co-delivery of the presentations in conjunction with the local manager of the Alzheimer's Association and the Jackson County Health Department's Aging Wisely, Aging Well program.

c. Healthy Aging: Maximizing Brief Encounters (2001-2005)

Two eight-class series, "Healthy Aging is Learned Behavior" and "Healthy Aging: Change, Challenge and Adaptation" were developed and piloted in 2000-2001 and presented to individuals and family members in the community. The workshops were designed using existing Extension curriculum materials and publications, supplemented by current research on health and aging. The classes included: "Preventing Disease and Promoting Health," "Memory Impairment in Later Life," "Medicines and You: A Guide for Older Americans," "Driving Decisions in Later Life," "Sensory Changes in Later Life," "Depression Management for the Older Adult," "Keeping the Folks Independent: Ways to Maintain Elderly Parents in Their Own Homes," and "Changing Family Relationships: Coping and Caring."

In December of 2000, with encouragement from the Interim Dean (Pratt, C.) and support from the Extension Family and Community Development specialist (Bowman, S.) and Extension Professor Emeritus (Schmall, V.) I submitted a proposal to the Northwest Health Foundation. The proposal outlined an approach to use healthy aging classes to instruct volunteers who deliver food to homebound older adults and "maximize the moment" when food is handed off by the Meals on Wheels volunteer.

My roles include:

- Designing an eight-class healthy aging series in response to expressed community interest for practical information about health promotion and disease prevention in aging populations
- Adapting the series for use with the volunteers who provide Meals on Wheels to homebound older adults. The classes designed were: "Communicating Effectively with Aging Persons," "Relating to Persons with Sensory Impairment," "Understanding Age-Related Memory Loss," "Recognizing Medication Problems," "Responding to Depression in Older Adults," "Understanding Foodborne Illness," "Addressing Fall Prevention and Home Safety," and "Knowing and Using Resources in the Community."
- Acquiring a Northwest Health Foundation grant to use the curriculum

with Meals on Wheels (*Food & Friends*) volunteers in Jackson and Josephine Counties (See C. p. 35)

- Re-designing parts of the curriculum in response to focus group recommendations, as outlined in the grant proposal (editing, peer review support from Schmall, V.)
- Delivering the series to two 15-person groups of volunteers; assessing the impact using a tiered evaluation process that included four and six-month follow-up interviews and focus groups
- Analyzing the findings, with the support of on-campus doctoral students (and Bowman, S.)
- Presenting *Food & Friends: Healthy Aging* at state and national conferences (See C. p.34)
- Responding to the request to submit the curriculum for review and inclusion in HHN/CYFER websites (See B 1.C. p.12)
- Packaging the series for national dissemination as *Maximizing Brief Encounters: Realizing Measurable Gains* through Interactive Media, Phoenix, Oregon, an educational software design and distribution company (See C. p.34)
- Partnering in the replication (2004-2005) of the 8-workshop series with meals on wheels volunteers in Lane County; internal funding acquired to support the training. Evaluation re-designed publication of results in process. (Project managed in concert with Walker, A., and Busler, S.)
- Submitting *Maximizing Brief Encounters* manuscript to the peer reviewed electronic publication *The Forum*; receiving interest in publishing with revisions, electing to defer to planned publication in *The Gerontologist*

a) *Evaluation of Impacts*

Using the retrospective self-evaluation pre-test/post test methodology, two classes of participants (2001) were asked to describe their understanding of four subject-related items using a five-point scale (1=nothing at all and 5=a great amount). T-tests comparing mean scores before and after the workshops revealed statistically significant knowledge gains relative to each learning objective.

Knowledge Gains in **Maximizing Brief Encounters** Workshops N= 31

Name of Workshop	Pre-workshop Knowledge	End-of-workshop Knowledge
Communicating Effectively with Aging Persons	3.6	4.3 (.7)

Relating to Persons with Sensory Impairment	3.2	4.0 (.8)
Understanding Age-related Memory Loss	3.4	4.6 (1.2)
Recognizing Medication Problems	3.4	4.3 (.9)
Responding to Depression in the Older Adult	3.1	4.0 (.9)
Understanding Foodborne Illness and Food Safety	4.8	4.8
Addressing Fall Prevention and Home Safety	4.2	4.7 (.5)
Knowing and Using Resources in the Community	2.9	3.8 (.9)

Evaluation of Instruction at the End of the Series

Rating categories	Rating*	Narrative comments
Program Quality	4.82	Program worth my time; I learned a lot
Instructor's Presentation	4.84	Prepared and organized Easy to understand I liked her knowledge of the topics and her enthusiasm for them

*1-5 scale: 5= very good

Written comments from the participants in the series suggested that the class on food safety was the most helpful (despite the early indication from the volunteers that they “know everything there is to know about food safety” and the unchanged rating). The participants frequently noted “Addressing Fall Prevention and Home Safety,” “Recognizing Medication Problems” and “Knowing and Using Community Resources” were similarly “very valuable.” Follow-up queries four and six months after the training ended and informal follow-up one year after the training ended, indicated information learned in the classes was still being used by many of the participants.

Additionally, the Food & Friends Program's administration made several policy changes related to food distribution as a result of the information provided in the classes. (Example: food was no longer allowed to be left outside the door when meal recipients

were not home, without arrangements for refrigeration through neighbors or the availability of a well-iced storage area.)

b.) Curriculum Development

The classes in the series were developed using currently available research on each topic and Oregon State University publications. Six of the classes (all classes except “Addressing Fall Prevention and Home Safety” and “Knowing and Using Community Resources”) were edited reviewed by Schmall, V. Local safety specialists and Extension faculty offering similar classes reviewed the home safety and food safety class. Area Agency on Aging staff (Bruland, D., Kinsella, E.) co-designed and co-taught the community resources class.

Each class was delivered using a PowerPoint presentation with hands-on materials relevant to the topic. Example: the class on sensory impairment incorporated blind-folds and ear plugs to simulate sensory challenges. *The CareGiver Helpbook* (Schmall, V. et al) was provided to each of the participants as reference material.

A tiered evaluation process (pre-and post-class follow-up interviews) was done by Oregon Health Sciences University (OHSU) nursing students under the supervision of faculty housed at Southern Oregon University (Christlieb, C.).

The Maximizing Brief Encounters: Realizing Measurable Gains curriculum materials were requested for submission for peer review and inclusion in the Healthy People Healthy Communities Initiative (National Network for Health and the Cooperative Extension’s Systems Children, Youth and Families at Risk). Materials were reviewed in the summer of 2004 and were accepted for inclusion in the websites. www.CYFER.net and www.NNH.org

Formal Curriculum Review of Maximizing Brief Encounters: Realizing Measurable Gains by CYFER.net and NNH.Org Reviewers

Review Category	Reviewer # 1 Maryland Cooperative Extension	Reviewer #2 University of Missouri
Quality of writing	Excellent	Excellent
Inclusivity	Excellent	Excellent
Research/knowledge-based	Good	Acceptable/Good
Consistency with Children Youth and Families at Risk Model	Acceptable	Acceptable
Usefulness	Excellent	Good

Rating options: Unacceptable, acceptable, good, excellent

Maximizing Brief Encounters: Realizing Measurable Gains was awarded the American Society on Aging 2005 healthcare and Aging Award Recognizing Innovation and Quality (See C. p.37)

c.) Non-credit courses or workshops

Per the parameters of the Northwest Health Foundation grant, I taught two eight-class series (one each in Josephine and Jackson Counties) and have continued to provide individual classes to volunteers since the project formally ended. Discussions and planning continues, focused on offering the full eight-class series as an on-going, re-occurring and integral part of volunteer training using a train-the-trainer approach.

d.) Team or collaborative efforts

This project involved active collaborations within the Rogue Valley Council of Government's Area Agency on Aging, the *Food & Friends* (Meals on Wheels) Program; Oregon Health Sciences University's (OHSU) College of Nursing (located at Southern Oregon University in Ashland), the Oregon State University's (OHSU) College of Pharmacy, and area dieticians (Morrell, C. and Kirk, C.).

d. Healthy Aging: Breast Cancer in Women Over Fifty (2000-2003)

Breast cancer is the most commonly diagnosed cancer in women and a particular threat to older women. Centers for Disease Control (CDC) data indicates breast cancer as a significant problem in women fifty years of age or older with half of breast cancer deaths occurring in women over age sixty-five. In 2000 in Jackson County, the incidence of breast cancer in women over age fifty was 80.9/ 100,000 as compared to 78/100,000 in the state of Oregon.

In response to the data, I initiated discussions with the Jackson County Health Department which resulted in developing a program to demonstrate the usefulness of informational interventions to increase awareness about breast cancer. The program was designed and implemented in collaboration with Jackson County Public Health's Breast and Cervical Health Program Manager (Drew, T.).

My roles include:

- Collaborating with Jackson County Health Department to examine and analyze data on breast cancer
- Consulting with Centers for Disease Control (CDC) regarding Jackson County data and discussing intervention possibilities (Rubin, C.)
- Designing an educational intervention which involved instruction and the activity of stringing beaded necklaces depicting the size of breast lumps at various stages

- Delivering programs to 113 Family and Community education (FCE) members, with accompanying follow-up evaluations; use of a core trainer approach, with lessons cascading out to smaller study groups
- Implementing a tiered evaluation process; analyzing findings; presenting findings at national and statewide conferences

a) Evaluation of Impact

With recognition of the key role that of early intervention in diagnosing breast cancer, the evaluation question was: “*What are the barriers to getting screened for breast cancer and having a mammogram?*”

A retrospective self-evaluation was used at the end of each class to assess learning. Additionally, a barriers survey used at the end of the series asked the participants to identify “the barriers you see to women getting breast cancer examination and mammogram.”

The local health department’s hypothesis was “transportation is the primary barrier in that many older adult women lived on ranches and acreages at long distances from health providers or health care facilities.” The findings indicated that the actual barriers (in order of designated importance) were: 1) cost 2) fear of pain during the mammogram 3) fear of pain resulting from a diagnosis of cancer and 4) fear of pain from a mastectomy.

A three-month postcard follow-up of the FCE members, with a response rate of over 60% was completed. The data, compiled by the health department, indicated specific actions had been taken by a large number of the participants in the class.

Three-Month Follow-up of FCE Members Receiving Instruction N= 113

Scheduled an appointment with health provider	Scheduled a mammogram	Scheduled and received mammogram	Reported increased breast self-examination	Reported changing other behaviors	Reported sharing info from the class with others
30%	31%	40%	53%	25%	81%
(24)	(24)	(32)	(42)	(20)	(65)

A focus group held six months after the classes ended identified that two women who participated in the classes, and then made an appointment with their health providers (and kept it) had been diagnosed with breast cancer and were currently under-going treatment.

b.) Curriculum Developed

The curriculum, *Breast Cancer Awareness: A Lesson That Can Save a Life*, focused on promoting early detection of breast cancer. The interactive lesson format encouraged informational understanding of breast cancer and promoted regular health provider visits.

(The material was developed independent of statewide FCE lesson planning for 2001-2002.) The information used to develop the workshops was from OSU Extension, the Susan G. Komen Breast Cancer Foundation, the Centers for Disease Control (CDC) and public health materials obtained from Seattle-King County Department of Public Health in Washington State.

The curriculum was used with Jackson County Family and Community Education (FCE) members. A core group of eighteen members were taught and they in turn taught their study group members. All instruction was done in active partnership with a health educator from the Jackson County Health Department and/or a local mammogram technician. The curriculum responded to the hands-on preferences of the FCE participants and required them to develop an experiential understanding of the various sizes of developing breast lumps.

The class materials were presented in an easy-use packet format that included shower card reminders to do breast self-examination and the beaded necklace kit. It was delivered with story-telling and illustrations and included a five-minute presentation by a local mammogram technician.

c.) Non-credit courses or workshop

Using a train-the-trainer approach, the lessons were provided to a total of 113 FCE members. The average age of the women receiving the training was 78 years. The health department's health educator and/or the mammogram technician were present at most of the sessions but did not deliver the materials, only answered questions.

d.) Team or collaborative efforts

This program was a collaboration involving the Breast and Cervical Health Program (BCCP) within the Jackson County Health Department, the Oregon State Breast and Cervical Health Program, the Sunrise Soroptomists of Medford, Oregon and Rogue Valley Medical Center/Asante mammogram technician(s). It offered a new training opportunity to the Family Community Education (FCE) study groups.

e. Healthy Aging: Educating Through the Media (2001-2005)

With the intention of exploring Extension's potential to educate using the media, I approached the local newspaper (Medford Mail Tribune) with information on older adult demographics in the Rogue Valley and persuaded the editor to launch a weekly column called *Healthy Aging*.

My roles include:

- Negotiating weekly column space for *Healthy Aging* column in the Medford Mail Tribune, a regional newspaper with a circulation between 38,000-50,000 (See C. p.32)
- Writing a 520-word *Healthy Aging* column on a weekly basis (50-52 columns a year, 2002-2005)

- Periodically consulting with newspaper editorial staff about feature story inclusions; providing age and health-related data for other newspaper stories
- Co-authoring a feature article (6-part series), *Putting Food on the Table* which was published in the Klamath Falls Herald Tribune (2003)
- Exploring syndication of the *Healthy Aging* column on a regional or national basis (at Mail Tribune Editor’s suggestion)
- Launching a one-hour companion cable television program *Healthy Aging: Across the Lifespan* through Southern Oregon University’s Community Cable Television Network (RVTV); program is produced live, on a monthly basis, and re-shown throughout the month. (2004, 2005) (See C. P.33)
- Acquiring an internal grant to fund a project (See C. p.30); Designing a survey process and sampling the viewer’s reactions to two community cable television programs.
- Developing a website with a Healthy Aging emphasis which contains column examples and links <http://extension.oregonstate.edu/sorec/family>

a.) Evaluation of Program Impact

I have initiated a formal evaluation of my Healthy Aging newspaper columns using the evaluation design developed by Kiernan, N.E. at Penn State University. It involves querying a random sample of newspaper subscribers by mail and later inviting a sub-set of the respondents to a focus group. The question posed in the evaluation is: “*To what extent is the newspaper column influencing its readers?*” The evaluation will be completed in the spring of 2006.

Responses from readers to the newspaper column have been consistently positive. Each column typically generates of 2-10 written comments via email or letter.

2002 reader comments	2003 reader comments	2004 reader comments
We enjoy your columns. They are interesting and informative; keep them coming.	I love your column; it gives me something to think about all week long.	You are doing an excellent job of keeping “older folks” advised on health and other important matters.
Sharon Johnson is a treasure; she writes a weekly column that I always look forward to reading.	I am a senior reader who thoroughly enjoys your informative column and in fact have shared it with many friends around the county.	You bring much-needed information in a readable format infused with humor—keep up the great writing.
I enjoy your column in the Mail Tribune and find the information very useful.	Beautiful column today—also thought provoking.	You deserve a salute! Thank you for writing your column, don’t stop.

Thank you for the work you do to promote health and well-being.	Thank you for your excellent column on depression; it's good you pointed out that exercise is useful.	I have read your columns and find them thoughtful and informative in a manner which appeals to readers. (P. Richards, M.D.)
Your column is the first thing I read in the paper on Tuesdays.	Sharon's columns have helped us reach out to readers—improve the quality of their lives. (B. Hunter, Editor)	I read your column and I cry. Thank you. I don't cry easily. I've worked with oncology and hospice patients for years. You captured it so beautifully.
I like how you write—I can identify with it.	Great articles—have you considered writing a book?	Thank you for talking about things that don't get enough discussion.
Thanks for putting into words what is sometimes hard to express.	As one of the “much older folks,” I always enjoy your articles.	How long does it take you to write these columns? (Answer: 2 hours and 20 years)
Great information—it helps me a lot.	You do a beautiful portrayal of people and solutions to health-related problems.	You have increased my knowledge in so many areas, especially health and aging issues...everything you write is very relevant and helpful.

In 2005 there have been increasing indications the column is generating individual action(s) and actual behavior change. A sample of columns and the actions in evidence and/or reported by readers provides illustration.

Healthy Aging Columns 2005

Date of Published Column	Topic	Observed or Reported Actions by Readers
February 2005	Strength Training	A column explaining the benefits of strength training drew 52 women to an organizational meeting and launched a five-day a week Extension-based strength training program in Jackson County (April 2005), a statewide FCD demonstration of strength training (June 2005) and a replication of the <i>Strong Women</i> program in Tillamook County (launched in June 2005) See _____
March 2005	Urinary Tract Infections	A column on the relationship between dementia symptoms and urinary tract infections in older adults was posted on the National Alzheimer's Association website and resulted in 27 comments (email messages and telephone calls) from

		clinicians and information-seeking family members across the United States and Canada. The local Bartels Health Library (Asante Health Systems) agreed to partner with me to provide individualized responses and identify available materials specific to readers' questions
May 2005	Sugar	A column describing the hidden "added sugars" in foods and the importance of reading nutritional labels resulted in 15 comments and queries, the majority indicating they had "no idea" sugar was in so many foods. The column generated two requests to speak to groups about "healthy eating"
June 2005	Hearing Loss and Hearing Aids	A column about the importance/significance of hearing aids resulted in calls from three individuals indicating the column was their impetus to seeing an audiologist and getting fitted for "long-needed" hearing aids

f. Healthy Aging: Chronic Disease Self-Management/Diabetes Management
(2001-2005)

In response to the continuing presence of chronic disease in the Rogue Valley and in acknowledgement of the particular challenges presented by diabetes (over 6% of the population is diagnosed with diabetes and another 3% may have the disease without knowing it, according to the local health department), I responded to two requests from the Oregon Department of Human Services (DHS) to pilot a series of diabetes education classes (2001, 2004).

In 2003, I responded to the request from Area Agency on Aging Director (Bruland, D.) to become a certified Chronic Disease Self-Management (CDSMP) trainer and co-taught three 6-class series (Irwin, J.) My co-trainer and I were financially supported by the Area Agency on Aging (Rogue Valley Council of Government's/Senior and Disability Services) to receive continued training in chronic disease self-management (Stanford University 2005). I am now a certified Master Trainer with the capacity to create a talent pool of locally-trained instructors in chronic-disease self-management using the Stanford curriculum (Lorig, K. et al).

My roles include:

- Receiving State Department of Human Services (DHS) designation and two small implementation grants to pilot diabetes management curriculums (*Idaho Plate Method* and *Meals Made Easy*); piloting the series as part of a statewide evaluation of diabetes education materials (2001, 2004)
- Agreeing to be one of two southern Oregon professionals trained to teach the Stanford University Chronic Disease Self-Management (CDMSP) curriculum; co-teaching three 6-class series and assessing the impact (2003-2004)

- Partnering with local aging and adult services leadership to develop chronic disease self-management approaches as an integral component to long-term care planning in the Rogue Valley; participating in a two-county Long-Term Care Planning Group
- Participating in the efforts of the Area Agency on Aging (Senior and Disabled Services) to acquire grant monies to support the CDSMP approach; writing and submitting a proposal to Robert Wood Johnson (not funded); collaborating on a proposal to be submitted to the National Institutes of Health (NIH), in partnership with Oregon Health Sciences University (OHSU) Professor Heather Young PhD. (proposal to be submitted in 2006); participating in grant submission initiated by HCCSO (Health Care Coalition of Southern Oregon) which focuses on CDMSP approaches and also includes *Maximizing Brief Encounter* workshops (proposal decision still pending)
- Presenting the Chronic Disease Self-Management concepts at local and regional meetings and conferences (See C. p.35)
- Actively participating in the development of chronic disease self-management training as a core element in long term care planning in the Rogue Valley; designing strategies and creating a logic model

a.) *Evaluation of Impact*

Stanford University (Lorig, K. et al) maintains evaluation oversight of the Chronic Disease Self-Management Program (CDSMP) and continues to summarize the outcomes and impacts of the 4-class series which focus on: 1) improved self-perception of personal health status by attendees 2) reduced emergency room use and 3) improved health status (health provider assessment).

Results from the participants in the three CDMSP classes, co-taught (Irwin, J.) indicate an improved level of confidence. Participant's ability to self-manage following the class was 4.3 (using a five-point scale, with 5 being "completely confident"). The collective confidence level prior to taking the class was 4.0. Using a similar 1-5-point scale the participants were asked to identify whether they would recommend the class to others and demonstrated a 4.9 ("high likely") response.

b.) *Curriculum developed*

The structured Chronic Disease Self-Management Program was developed at Stanford University and is to be taught using the exact language modeled in the trainer certification process (or a very tight interpretation of the training materials.) Each class uses the publication *Living a Healthy Life with Chronic Conditions* (Lorig, K., et al) as its primary reference. Disease self-management skills that are taught include: pain management, fatigue management, relaxation and breathing techniques and nutrition.

c.) *Non-credit courses or workshops*

A total of 24 individuals were trained in three 6-class pilot series during 2004. The plan being developed creates a talent pool of local trainers. The Area Agency on aging local health department directors intend to have the program become a central component of southern Oregon's evolving and improving health care system

d.) Team or Collaborative Efforts

Southern Oregon's chronic disease self-management programs initially operated under the Department of Human Services (DHS) license. Consultation and assistance have been provided from DHS (Dryer, K. Mead, J.). In 2005 independent licensing for Jackson and Josephine counties was obtained. Other organizations partnered in this training effort include the Rogue Valley Council of Government's (RVCOG's) Senior and Disability Services (SDS) and RVCOG's Senior Advisory Council (SAC). Local foundations (Ellwood and Carpenter) have exhibited interest in supporting the expansion of this training opportunity. The local United Way has agreed to sponsor a forum to launch a regional application of the concepts. The Jefferson Health Alliance, a partnership of local hospital CEO's and community leaders has placed disease self-management as one of three priorities for local focus and financial investment.

g. Healthy Aging: Caregiver Training (2002-2005)

The 6-class series, *Powerful Tools of Caregiving*, originally developed through Legacy Health Care Systems (Schmall, V., Cleland, M. and Sturdevant, M.) remains a well-tested educational resource. It provides a structured curriculum of 35 tools to assist family caregivers in responding to caregiving needs. It has become an increasingly significant curriculum in southern Oregon.

My roles include:

- Acquiring certification as a *Powerful Tools of Caregiving* trainer with Legacy Health Systems; co-teaching four 6-class series (2002-2005)
- Participating in the creation of a clearinghouse organization focused on southern Oregon caregiving; becoming a charter member of the 10-person Caregiver Training Advisory Committee (CTAC) (2002 and on-going).
- Collaborating to present the first annual 2003 Caregiver Symposium: *Caregiving Without Breaking Your Back or Breaking the Bank*; collaborating (planning/participation and evaluation design) in the 2004 Caregiver Symposium, *Giving Care and Taking Care*)
- Designing, at the request of the Rogue Valley Council of Governments (2003), three PowerPoint presentations focused on the basic information needed by the family caregiver. These presentations continue to be regularly used as resources for family caregivers and were part of the presentation at the 2003 Caregiving Symposium

a.) Evaluation of Impact

The Powerful Tools training is coordinated through the Area Agency on Aging. Over the last three years, the program has grown from 4 available trainers to 26 trainers. During 2004 seventy-four people were trained with continued and increased requests for delivery of the program. Reports from individuals who were trained indicate: 1) increased perception of their own ability to cope with caregiving challenges 2) increased presence of coping skills and 3) improved understanding of the role of caregiver self-care.

Evaluation Results from 2nd Annual Caregiver Symposium* N=30

	Pre-symposium Rating	Post- symposium Rating	Average Gain
Knowledge about caregiving	3.5	4.35	.85
Information about what's available to caregivers	3.3	4.2	.9
Importance of caregiver self-care	3.2	4.5	1.3
Specific ways to improve caregiving	3.25	4.25	1.0

*1- 5 point scale ranging from “nothing at all” to a “a great amount”

Overall Quality of the Caregiving Symposium**

Category	Rating
Quality of content	4.6
Relevance of content to your life	4.2
Quality of presentations/format	4.6

** 1-5 rating scale ranging from “poor” to “excellent”

b.) Curriculum Development

The highly-structured curriculum requires trainers to follow a pre-tested word-for word curriculum. *The CareGiver Helpbook* (Schmall, V. et al) is the primary reference. Classes rely on an active participant involvement and collaborative problem-solving.

c.) Non-credit Courses or Workshops

Throughout 2002-2004, I co-taught four 6-class series with a different certified co-instructor for each series. The classes were offered in an assisted living facility, a church, a community center and a hospice setting.

d.) Team or Collaborative Efforts

Over the last three years, the use of the Powerful Tools program has grown dramatically in the Rogue Valley and includes trainers who are health professionals in local hospitals,

senior care environments and/or health and human service administrators. Oversight is provided by the 10-member Caregiver Training Advisory Committee (CTAC) under the sponsorship of the Rogue Valley Council of Governments.

h. Healthy Aging: Ideas That Heal Symposiums (2002-2005)

In response to active community interest in specific health-related topics, I developed a concept that focuses on a particular area of current community interest which is then discussed in a public forum. The design couples out-of-the-area experts with local health professionals and encourages active audience participation.

My roles include:

- Designing the *Ideas that Heal* approach; holding four symposia (2002-2005). Symposiums include: "Ideas That Heal: Herbal Remedies," (2002), "Ideas That Heal: Pain Management, (2003) "Eating Wisely/Aging Well."(2004) and Optimal Aging (2005)
- Facilitating the availability of older adult nutrition and nutrition-related classes (linked to symposium topics). Examples : "Vitamins: Fact or Fiction" (Block, J.), "An Introduction to Herbal Remedies" (Constantine, G.) and "Meals That Heal"
- Submitting the concept for presentation at 2003 Extension Annual conference and Priester Health Extension National Conference (presentations accepted; conferences not held/travel not possible, due to budget constraints)
- Providing peer-reviewed demonstration at 2004 Family and Community Development (FCD) In-service Training (See C. p.35)
- Expanding " Ideas That Heal" approach to incorporate Optimal Aging concepts; receiving internal grant to support 2005 Optimal Aging symposium (see C. p.36) attended by 230 people; The symposium community cable television coverage and repeated presentation on community cable television (summer, 2005)
- Submitting manuscript, *Optimal Aging and the Use of Action Plans*, to the Journal of Extension for publication (decision awaited)

a) Evaluation of Impact

The symposia have been used to gather information about health-related issues and behaviors. Ninety-three of the people attending the 2002 symposium completed an end-of-session survey that identified:

- Number of prescription/non-prescription medications used (average: 2.7/1.9)
- Complementary medicine approaches/herbal medications used (primarily acupuncture/acupressure)

- Health-related topics of interest for educational training in the future (pain management/prostate cancer/nutrition)

The evaluations in the 2003 symposium on pain management repeatedly indicated knowledge gains in 1) “awareness of what causes pain” and 2) “information about new pain management techniques.”

The 2005 Optimal Aging Symposium developed an evaluation approach that sought to measure acquired knowledge and application of knowledge to behavior change. The half-day symposium used in previous years was expanded to a full day and symposium participants were asked to commit in writing to a specific behavior change. The action plan format instructed individuals to identify the following:

- *What* are you going to do (Example: “I will eat...”)
- *How much* of it will you do (Example: “two servings of vegetables...”)
- *When* are you going to do it (Example: “at each meal...”)
- *How many* days a week are you going to do it (Example: at least three times a week.)

Two hundred and thirty people attended the Optimal Aging symposium. Of that number, eighty-seven individuals submitted completed action plans. (The forms were developed in duplicate and copies of the completed plans were retained by symposium sponsors.) Two weeks following the date of the symposium, per the evaluation design, telephone contacts with individuals who completed the plan were initiated. Sixty-two people were reached (three calls were attempted within a three week period; no messages were left), Fifty-four individuals or eighty-seven percent, indicated success with their action plans.

The action plans identified as successful focused on exercising regularly (19), eating more fruits and vegetables (18), drinking more water (9), practicing portion control (4). The remaining individuals (4) had action plans such as initiating a new hobby or meditating daily.

Comments from the individuals who were successful included: “Writing it down, in combination with all the information received at the conference, really made it work for me.” The action plan was reinforcement.” “The action plan has definitely helped.” Comments from those who were not successful ranged from “After the first few days, I just didn’t think of it again” to “I have been out of town.”

b. Curriculum Development

The symposia have no specific curriculum framework but, instead, rely on a combination of research-based information presented by credible, well-informed professionals, reactor panels of local health and human service professionals who draw from their own experiences, and audience query and comment.

c. Non-credit courses or workshops

Continuing education units (CEU's) were made available for all professionals who requested them at the second symposium, arranged through the Pain Society of Oregon. Four symposia have been held with attendance reaching from approximately 100-230 individuals.

d. Team or Collaborative Effort

The 2002 symposium was an active collaboration involving the Oregon State University College of Pharmacy and two of their emeritus professors. The 2003 symposium was a partnered presentation with the Pain Society of Oregon (PSO) and select local presenters with expertise on pain management. It was attended by on-campus faculty and field faculty from Lane County for the purpose of replication consideration. Three of the symposia have been hosted by the Rogue Valley Manor in Medford, Oregon, considered one of the largest Continuing Care Retirement Communities (CCRC's) in the country. The 2005 symposium was a collaboration with the Veterans' Administration Southern Oregon Rehabilitation Centers and Clinics (SORCC).

i. Healthy Aging: Individual Presentations/Classes/Programs with Age-Related Relevance (2000-20005)

I continue to be a resource for designing and offering classes on age and health-related challenges. Presentations are developed in response to community interest and the individual preferences of community organizations and/or leaders.

My roles include:

- Working in partnership with the Family Community Education (FCE) leadership and FCE study groups (composed largely of older adults) to develop and deliver classes responsive to the contracted relationship between FCE and the Family and Community Development (FCD) Program.
- Participating on the FCE/FCD faculty advisory committee (2002-2005). The increasing age of most FCE members makes the provision of classes on "healthy aging" increasingly more popular. The contracted expectation is for FCD faculty to provide two "lessons" per year. I have consistently provided three or more lessons per year.
- Designing and delivering individual classes on topics of interest; repeated delivery of "The Healing Power of Laughter," "Depression in Later Life," "Sexuality and Aging"
- Participating with a local cooperative of professional women (Women, It's Time) in the provision of four 5-class series on women's financial management (2001-2003)
- Developing demographic profiles of older adults in Jackson and Josephine County and presenting them in venues that included American Association of University Women (AAUW) meetings (3 presentations) and public budget forums (2 presentations).

- Facilitating or co-facilitating the presentation of poverty simulations using Oregon State University Extension materials; I facilitated or co-facilitated four poverty simulations (2002-2004) giving particular attention to the poverty present for low-income older adults. These poverty simulations were done in Klamath, Douglas and Jackson counties
- Designing, coordinating and/or teaching select classes and/or a series of healthy aging classes within the faith-based community
- Facilitating three legislative forums, attended by 30-40 people and sponsored by Rogue Valley Council of Governments' Senior and Disability Services; the sessions were dedicated to discussions about long-term care
- Presenting a profile on volunteering to the Jackson County Human Services Consortium, a 501c3 organization with membership from 36 health, human services and disability organizations in the Rogue Valley

**Presentation: Volunteering in the United States and the Rogue Valley* N= 15
Understanding of the Material Presented**

	Before Presentation	After Presentation
Overall understanding of topic/issue	3.0	3.8
Understanding of topic on behalf of the organization you are representing	3.0	3.8
Understanding of approaches needed to deal with this topic/issue (by organization you are representing)	2.8	3.8

*1-5 rating scale: 1= poor, 3 = a moderate amount and 5 =excellent

**Overall rating of presentation:
Volunteering in the United States and the Rogue Valley**

Quality of content	4.4
Relevance of content to my life	4.2
Quality of presentation/format	

*1-5 rating scale: 1= “poor,” 3 = “average” and 5 = “excellent”

- Introducing the Tuft’s University Strong Women strength training program in Jackson County (program introduced in Josephine County by Dunn, M.). Instituting daily classes taught by trained volunteers; exploring grant funding to expand training opportunities

2. Summary of Extension Instruction and Facilitation in Nutrition and Food Safety

a. Nutrition and Food Safety: Nutrition Education Program (NEP) (2000-2005)

As one of nine Family and Community Development (FCD) tenure-track faculty who implement the United States Department of Agriculture’s (USDA) Nutrition Education Program (NEP), I develop programs and offer/provide instruction to food-stamp eligible families and children.

My roles include:

- Developing the annual, two-county Nutrition Program (NEP) plan; monitoring progress
- Hiring, training and managing a half-time program instructor who works directly with children in the classroom delivering a four or five -part series of classes (Sullivan, P.)
- Managing a \$30,000 2-county annual NEP budget, with support from on-campus NEP personnel
- Overseeing the provision of classroom education to grades K-5 in schools where school lunch subsidization is in excess of 50%
- Designing program innovations to maximize impact; developing an auxiliary program to train Lunch Buddy mentors in 5A Day approaches

a.) Evaluation of Impact

During 2001-2002, the NEP program focused on Josephine County and a total of 414 participants were provided instruction. Evaluations demonstrated informational gains in 1) hand washing approaches and 2) recognition of the dietary importance of eating fruits and vegetables.

In 2003, I shifted the focus from families to the children in these low-income families in recognition that they can be the informational “water-carriers” regarding dietary and food safety behaviors. The focus also expanded to include both Josephine and Jackson counties.

In 2003, over 1000 children (K-5) were provided a three or four-part series of classes integrated into their school day. Behavioral changes observed by the instructor included: increased recognition of specific fruits and vegetables and an increased willingness to try specific fruits and vegetables. A percentage of the participating students reported discussions in their homes (sharing of information) about the importance of eating more fruits and vegetables. In 2004 over 700 children (K-5) were provided a three or four-part series of classes and a pilot project to train volunteers (Lunch Buddy Mentors) was launched.

b.) Curriculum Development

The NEP program requires use of pre-approved curriculums. After trying a number of curriculum alternatives or a blend of several, we selected the 5ADay curriculum www.5aday.com which focuses on recognizing and eating a diet rich in colorful fruits and vegetables. In 2004, the 5ADay approaches were also used to train 13 “Lunch Buddy Mentors” who worked with their elementary school buddies throughout the school year. An IRB-approved evaluation examined changes in dietary awareness and eating behaviors for the mentors and, to some degree, the students.

The proposed curriculum for 2005-2006 is the Oregon State University curriculum, *Smart Eating and Learning*. It has been piloted in K-3 classes (2005) and will be used in Jackson and Josephine County schools in 2005-2006.

c.) Non-credit Courses or Workshops

(See **B.2. a.** p.27, above)

d.) Team or Collaborative Efforts

The nutrition education programs are taught in active partnership with the participating schools as part of the regular school year; eight different schools received NEP programs during 2003 and 2004

The newest NEP partner is the Retired Senior Volunteers’ Program (RSVP) who manages the local Lunch Buddy program. Assistance with the training programs is periodically provided by Extension’s Family Food Education Volunteers. A 2005-2006 collaboration with the Jackson County 4-H program has been initiated with the intention of reaching five schools in Jackson County with the four-class series and generating match from the schools to increase the overall funding available. Schools in both Jackson and Josephine Counties are included in the 2005-2006 NEP plan.

b. Nutrition and Food Safety: Individual Classes and Series

In partnership with two local dietitians (Morrell, C., and Kirk, C.), a certified diabetes educator (Stansell, M.) and family food education volunteers, I offer nutrition and food safety classes that are responsive to expressed community need and specifically expressed interest.

My roles include:

- Designing and offering presentations that include: “Fat’s The Good the Bad and the Ugly,” “Stretching Your Food Dollar,” “Your Plate Should Look Like a Pile of Color Crayons,” “The Very Best Foods You Can Eat,” “Food Preservation Basics,” “Healthy Snacks,” “Transfats,” and “Is Your Food Making You Sick?”
- Developing the individual classes into a 12-part WIC training series for Josephine County; delivering individual WIC classes in Jackson County (2004-2005); training Family Food Education Volunteers to be independent in delivering WIC materials in 2005-2006
- Providing nutrition-related instruction (two classes per year) at the annual day-long Jackson County Carnival of Learning (2001-2005);
- Designing PowerPoint companion materials for “Biotechnology: Designer Genes for Familiar Foods,” which were shared, statewide, as a companion to an FCE curriculum developed by Extension faculty in 2002 (Raab, C., Case, P.)
- Designing and teaching nutrition classes focused on encouraging children’s interest in eating healthier foods; presentations repeatedly given in Jackson and Josephine counties at Walker Elementary School, Jackson County Children’s Garden Program, Jackson/Josephine County Home Day Care Providers (in concert with a Principles of Parenting series)
- Teaching individual food safety classes (Example: U.S. Forest Service In-service Training, PEO groups in Jackson and Josephine counties)
- Developing a 24-slide PowerPoint presentation “Food Safety for Children” as a companion to a Washington State University publication (EB1868 “Safe Food for Children: Preventing Foodborne Illness in Child Care Centers and Family Child Care Homes.”) PowerPoint shared with the authors, Hillers, V., Anderberg, J. and Griffith, C.
- Facilitating the certification and training of Family Food Education Volunteers in Jackson and Josephine counties; assuring that the six-week master food preserver certification was held per community preference (2001, 2003, 2005). I did this by reaching out to other counties/faculty and bringing training to the Rogue Valley (Raab, C., Case, P., Steinbring, Y., Crosier, D., Gregg, J.) and by maximizing the teaching capacity of volunteers
- Assisting the Family Food Education volunteers in developing mini-classes on food safety and preservation. (2002-2005)
- Developing and presenting “nutrition nuggets” (10-minute presentations on nutrition) which were used to accompany the materials in the food preservation certification series (2003, 2005)

- Piloting materials to train food pantry workers to provide information on special diets (curriculum developed by Hoisington, A.)
- Supervising dietetic interns (2002-2004) in cooperation with Asante/Three Rivers dietary staff; overseeing three interns in the preparation for and delivery of specific food and nutrition classes
- Arranging for three half-day workshops (Food Business: 101) that focused on food innovation and food entrepreneurship; workshops were offered in southern Oregon by the Oregon State University Food Innovation Center, Portland, Oregon (Wells, J.H., and Brown, A.). One workshop included on-site Spanish translation (via headphones) and was aired as live satellite telecast
- Co-hosting and participating in “The Food Connection,” an all-day seminar pairing organic growers and local restaurateurs (2004, 2005). Extension was one of many local partners involved in the presentation of the seminar (designed by THRIVE, The Rogue Initiative for a Vital Economy) using a Portland-based model
- Participating in the Jackson and Josephine County “Hunger Team;” active involvement in planning a Community Food Assessment (with Izumi, B. and Thornberry, S.)

a.) Evaluation of Impacts

Approximately one-third of the individual nutrition and food safety classes offered were evaluated using the basic Oregon State University evaluation forms provided by Extension administration (the form was revised in 2002). The evaluations were consistently in a 3.7 to 4.0 range on the form that uses the four-point scale (“poor” to “very good;” evaluation results on the 5-point scale (“poor” to “excellent” ranged from 4.8 to 5.00.

Participating individuals are always asked, at the end of a presentation or workshop what “single ‘takeaway’ piece of information did you get from this class.” In about 15% of the classes, postcard follow-ups were used (one month following the class). In all evaluations, the responses focused on: 1) more awareness of portion size 2) increased understanding of how to read labels 3) improved understanding of the health impacts of antioxidant foods 4) the critical importance of hand washing 5) the need to keep “hot foods hot” and “cold foods cold.”

b.) Curriculum Development

All presentations were developed in PowerPoint format with extensive teaching notes. The presentations relied on the content expertise of local dietitians or on-campus specialists (Raab, C., Schuster, E.) and existing Extension curriculum materials. “Stretching Your Food Dollar” was adapted from a curriculum originally developed by Leno, J. “Meals That Heal,” was a purchased curriculum.

The major reference in developing and/or refining many of the classes was Nutrition Concepts and Controversies, 8th edition and the United States Department of Agriculture (USDA) and FightBac websites.

c.) Non-credit Courses or Workshops

In 2003 and 2004, I delivered over eighteen individual nutrition and/or food safety workshops. In addition, WIC classes have been delivered on a monthly basis throughout 2004 and 2005.

d.) Team or Collaborative Efforts

Nutrition presentation partnerships include the Jackson and Josephine County Public Health Departments and the dietary staff at Asante/Three Rivers Hospital. The primary collaborators in delivering food safety classes were the Family Food Education Volunteers, previously “Master Food Preservers.” Jackson and Josephine have over sixty active Family Food Education Volunteers, many of whom are also Master Gardeners. Thirty-one volunteers passed their 2004 certification test with an average score of 98.

3. Summary of Other Instruction and Curriculum/Teaching Materials

a. Principles of Parenting (2001-2003)

In response to an expressed interest by the Jackson/Josephine Job Council’s Childcare Coalition and the Rogue Valley Community College (RCC) and after participating on a statewide panel to review and recommend parenting curriculums (Oresevitch, R. et al) , I agreed to teach a series of parenting classes in the community.

My roles include:

- Teaching eight of the classes that are part of the Auburn University *Principles of Parenting* series; providing five 3 to 4--class series (2002-3)
- Developing PowerPoint presentations to accompany the Auburn University curriculums that I taught
- Presenting at the annual Rogue Valley Community College Child Care Conference (2001,2002 and 2003); facilitating the provision of a keynote speaker (Orestevitch, R.) at the 2002 conference

4. Peer Reviews of Teaching

Best Practice Partnering

Evaluator: Sally Bowman, PhD, Associate Professor, Family and Community Development Specialist

Audience: Extension Annual Conference (2001)

Presentation: Very well done, even though the co-presenter did not arrive and she had to do carry the presentation solo; well-organized materials

Content Knowledge: Solid understanding of the materials, drew from her own experiences; effective teaching style

Responding to Depressive Illness

Evaluator: Vicki Schmall, PhD, Professor Emeritus, Oregon State University Extension

Audience: Volunteers who provide meals to homebound elders (2002)

Presentation: Extremely effective, warm, resilient teaching style. Able to be interactive with the participants and still maintain good time management and assure that all materials was covered; responded well to participants who wanted to monopolize the discussion; tailored the content to the learning needs of the audience

Tricks and Techniques to Keep Your Memory Strong

Evaluator: Debra Minor Driscoll, M.A. Professor, Polk County Extension faculty

Audience: Tillamook County Master Gardeners, general public, one County Commissioner (2003)

Presentation: Well-organized, confident, poised, used stories and humor effectively, able to do back-to-back presentations without evidenced fatigue. Responded to questions thoughtfully; used terms that prompted the participant's thoughtful reflection of the materials and kept the participant's attention.

Content Knowledge: Timely topic, very knowledgeable of the subject and the ability of the audience to absorb the information; tailored content to learning needs

Memory Difficulties: Should I Be Worried?

Evaluator: Jeanne Brandt M.S. Associate Professor Washington County Extension faculty

Audience: Family and Community Development faculty (2004)

Presentation: Well organized. Warm and friendly attitude, well-received by peers. Moved from one method of presentation to another smoothly. Able to allow questions and stay on track at the same time.

Content Knowledge: Knowledgeable about the topic and the materials. Built evaluation tools into the materials. Quite clear she is knowledgeable about the topic and the materials presented. Used anecdotes and examples well.

Optimal Aging

Evaluator: Nancy Kershaw M.S. Professor, Tillamook County Extension faculty

Audience: Family and Community Development faculty (2005)

Presentation:

Note: peer review summary awaited from Nancy

Content Knowledge:

C. SCHOLARSHIP AND CREATIVE ACTIVITY

Newspaper Column Publications (2001-2005)

Weekly 520-word columns published in the Medford Mail Tribune, Medford, Oregon

www.mailtribune.com

Table displays 2004 Column Topics

Editors: Hunter, B., Wurth, J.,

Content Reviewed by Morrell, C., Kirk, C., Johnson, H., Stepahin, R., Raab, C., DeLander, G., Case, P., Irwin, J.,

2004	Weekly Column Topics
January	Health Resolutions; Dementia; Anti-aging Diets; Communication with Health Providers
February	Self-efficacy; Diabetes Management; Effects of Caffeine; Anti-oxidant Eating
March	Maintaining a Family Health History; Age-Related Memory Loss; Social Connectedness; Food Indulgences
April	Benefits of Seafood Eating; Ethnicity and Aging Health; Grapefruit's Potential for Interaction with Medications; Centenarians
May	Immunity to Illness; Genetic Pre-disposition to Disease; Parenting; Living Independently as You Age
June	Pet Therapy; Tricks and Techniques to Keep Your Memory Strong; Eating Fruits and Vegetables; Sexuality and Aging; Skin Cancer
July	Foodborne Illness; Gout; End-of-Life; Stress Management; Family Communication
August	Medication Management; Benefits of Eating Spinach; Food Safety; Food Intolerance; Family Caregiving
September	Constipation; Caregiving and Family Respite;; Aging Myths; Information-Getting and Health;
October	Food as Medicine; Alzheimer's Disease; Motivation/Inspiration; Sensory Loss
November	Depression in Older Adults; Benefits of Sleep; Thanksgiving Eating; Fitness
December	Holiday Stress; Pedometers as Holiday Gifts; Family Attachments/Love; Transitions

Television Programs (2004-2005)

Healthy Aging Across the Lifespan

Monthly, one-hour live Southern Oregon Community Cable Television; provided in CD/DVD format for continuing cable television and community distribution and use.

Ashland, OR www.roguetv.org

Producer: Belcastro, B. Director: Ainsworth, M.

Date of Program	Program Topic.	Guests
October 2004	Age-Related Memory Loss	Gillette, P., Myres, C.
November 2004	Medication Management and Medication Jeopardy	Johnson, D., Lokeno, A.
December	Depression in Later Life	Kauder, B.

2004		
January 2005	Family and Community Caregiving Resources	Hill, J., Terry, C., Traina, M.
February 2005	Eating Wisely/Aging Well	Morrell, C.
March 2005	Communication and Aging	Myers, G.
April, 2005	Residential Living: Choices for Older Adults and Their Families	Young, H.
May 2005	Strength Training/Osteoporosis	Dwyer, J., Fenton, N.
June 2005	Diabetes Management in the Older Adult	Irwin, J, Stansell, M.

National/International Publications (*refereed*)

Johnson, S., & Bowman, S. (2003) *Elder care and housing*. Christensen & D. Levisnsin (Eds.). Encyclopedia of Community: From the Village to the Virtual World. (pp.427-430). Thousand Oaks, CA: Sage. (2003)

Johnson, S. & Bowman, S., (2003) *Elderly in communities*. Christensen & D. Levinson (Eds.) Encyclopedia of Community: From the Village to the Virtual World, (pp.431-432). Thousand Oaks, CA: Sage. (2003)

Bowman, S. & Johnson, S. (2003) *Age Stratification*. Christensen & D. Levinson (Eds.), Encyclopedia of Community: From the Village to the Virtual World (pp 17-21), Thousand Oaks, CA: Sage. (2003)

CD/DVD (*peer-reviewed*)

Maximizing Brief Encounters: Realizing Measurable Gains (2005). Johnson, S. *Communication: Talking Effectively with Aging Persons; Memory Loss: Understanding Age-Related Memory Loss and Dementia; Sensory Difficulties: Relating to Persons with Sensory impairment; Elder Depression: Recognizing and Responding to Depression; Food Safety: Understanding and Avoiding Foodborne Illness; Home Safety: Making the Home Safe for Aging Persons; Community Resources: Knowing Who to Call About Aging Issues*. Individually published Learning Packages composed of PowerPoint presentations with CD, CD with voiceover, Video-CD together with instructor and participant workbooks and related activities specific to each topic. Interactive Media

(I-Media) Phoenix OR

Video Tape (peer-reviewed)

Medication Management for the Older Adult (2004). [20 minutes] Johnson, S., Oregon State University Extension Service. An overview of medication jeopardy in aging populations, developed as companion material to a curriculum on medication management.

Presentations and Poster Displays (peer-reviewed)

Presentations:

The Incidence of Breast Cancer in Southern Oregon Women: A Lesson That Can Save a Life (Spring, 2001) Presentation at the Oregon State University, Family and Community Development In-service Training, Corvallis, OR.

Presentation modified Breast Cancer in Rural Southern Oregon (Spring 2002) Priester National Health Extension Conference, Dallas, TX

Presentation condensed and modified Breast Cancer Partnerships: Extension and Public Health (Summer 2002) Breast and Tri-state Cervical Health Regional Meeting, Portland, OR

Maximizing Brief Encounters: Realizing Measurable Gains (Spring 2003) Presented at the Oregon State Gerontology Conference, Corvallis, OR

Presentation modified, Maximizing Brief Encounters: The Use of Volunteers (Fall 2004) University of California Davis, Sacramento, CA, Resources for Optimal Aging Conference.

Presentation modified Maximizing Brief Encounters (Spring 2005) American Society on Aging (ASA) National Conference (March 2005) Philadelphia, PA.

Presentation re-designed and co-presented (Bruland, D.) (Summer 2005) at National Association of Area Agencies on Aging (n4a) Conference, Bellevue, WA

Fast Food Facts (Spring 2003) Presented at the Tri-State Nutrition Education Program (NEP) Conference, Portland, Oregon

Best Practice Partnering (Spring 2004) Presented at the American Society on Aging Conference, San Francisco, CA

Memory Difficulties: Should I Be Worried? (Spring, 2004) Presented at Oregon State University Family and Community Development In-Service Training, Portland, OR

Memory Difficulties: Should I Be Worried? (March 2005) Presented at the American Society on Aging (ASA) National Conference, Philadelphia, PA

Food Safety for Kids (spring 2004) Presented at the Nutrition Education Program (NEP) Regional Training, Cottage Grove, OR

Messages of Love: A Powerful Tool (Spring, 2004) Presented at Washington State University Parenting Conference, Vancouver, WA

Aging Workforce Issues: Medication Jeopardy and Memory Difficulties (Fall 2004) Southern Oregon Occupational Safety and Health Conference, Medford, OR

Chronic Disease Self-Management (Summer, 2005) Presented at Tri-state Meals on Wheels Conference, Portland, OR

Juried Poster Displays

Healthy Aging: It's Your Future. Be There (Fall 2001) Oregon State University Extension Annual Conference, Corvallis, OR

Healthy Aging: It's Your Future, Be There (Fall 2001) Priester Health Extension Conference, Dallas, TX

Ideas That Heal (summer 2004) Oregon State University Family and Community Development In-service Training, Portland, OR

Maximizing Brief Encounters: Food & Friends: Healthy Aging, (Summer 2004) Oregon State University Extension Family and Community Development In-Service Training, Portland, OR

Maximizing Brief Encounters: An Overview of a Successful Project with Meals on Wheels Recipients (Spring 2003) American Society on Aging National Conference, Chicago, ILL

Grants

External Support Funded

2001-2003

Principal Investigator. Food & Friends: Healthy Aging, Curriculum and instruction to the volunteers of home-delivered meal programs. Evaluation of the impact of information provision on volunteers and meal recipients. Northwest Health Foundation \$46,726

2001- 2004

Diabetes Education: Idaho Plate Method and Meals Made Easy, Oregon Department of Human Services (reimbursement of costs of program delivery)

2002 2003 2004 2005

Principal Investigator, Medication Management Curriculum Design and Training; Rogue Valley Council of Government's Senior and Disability Services Older Americans Act funding; \$12,726 (initial year), with \$5,644 annual amendments

2001 2002 2003 2004 2005

Oregon Nutrition Program United States Department of Agriculture (USDA) sub-component of statewide nutrition education programs focused on food stamp eligible populations; non-competitive \$29,615 (2004)

Internal Support Funded

2001-2002

Oregon State University Extension Service

Co-Principal Investigator with Roger Bairstow, PIE Committee. Rural Health Care: Gathering Information Through Focus Groups. Policy Issues in Education (PIE) \$3,000, amended once

2005

College of Health and Human Science

Co-investigator with Alexis Walker, Evaluating Healthy Aging Response Training for Community-based Volunteers \$4,986.

2005

Oregon State University Family and Community Development

Principal Investigator

Educating Older Adults Using Community Cable Television \$4,539

2005

Oregon State University Family and Community Development Program

Principal Investigator

Optimal Aging \$11,418

D. Awards

State/Local Awards

2003

Newer Faculty Award

Oregon State University Extension Association (OSUEA).

Recognition of superior and distinguished achievement by newer faculty members with six or fewer years of experience who demonstrates high standards of excellence in program content, scholarship, evaluation and community service; award received in third year of employment.

2004

Building Learning Communities

United Way of Jackson County. Recognition as one of 130 Jackson County community leaders identified to attend a five-day Leadership Seminar. Presenter: Peter Senge, author of *The Fifth Discipline*.

2004

Search for Excellence Award

Oregon State University Extension Annual Conference
Recognition of the development of a Medication Jeopardy curriculum; formal acknowledgement for innovation and program development expertise

2000 and 2004

Professional Development Award

Fellowship Fund Award for the purpose of professional development, Oregon State University Extension Association (2000, 2004)

National Awards

2005

MindAlert Award

American Society on Aging-MetLife Foundation Award Recognizing Innovations in Mental Fitness for Older Adults, Lifelong Learning and Third Age Learning Programs Where Mental Fitness is Implicit. Award presented for” innovation, basis in research, demonstration of effectiveness, potential for replicability and accessibility to diverse populations of elders”. The award was presented for Memory *Difficulties: Should I Be Worried?* One of four national award winners in 2005.

2005

Healthcare and Aging Award

American Society on Aging (ASA) Award to *Maximizing Brief Encounters Realizing Measurable Gains* for “demonstrated high quality and innovation in programs that enhance the health-related quality of life in older adults.” Award presented by the Healthcare and Aging Network (HAN) of the American Society on Aging (ASA), in collaboration with Pfizer Medical Humanities Initiative. One of seven awards presented in the nation in 2005.

E. Service

Service to the University

2002 Member Oregon State University Curriculum Committee. Appointed

Service to College/Department

2004 Member Family and Community Development
Program Leader, Search Committee. Appointed

2001 Member Lifespan Development
Strategic Directions Sub-committee. Appointed

Service to Extension

Year

2000-

2004 Member Oregon State University Extension Association
Board of Directors (2000-2001). Elected

2000-2001	Member Extension Annual Conference Planning Committee. Appointed
2001	Member Parenting Curriculum Development Committee. Invited
2001-2002	Member Policy Issues in Education (PIE). Appointed
2003	Member Extension Futuring Committee. Appointed
2002-2003	Member Search for Excellence Committee. Invited
2002-2005	Member Family and Community Education (FCE) Advisory Committee. Invited
2002-2005	Member Family and Community Development Lifespan Development/Gerontology Work group. Invited

Service to County

Year

2001-2002	Member, Diabetes Coalition of Jackson County
2001-2003	Member, Gero-Psych Task Force
2001-2003	Member, Hispanic Inter-Agency Committee
2002-2005	Charter Member, Caregiver Training Advisory Committee (CTAC)
2001-2005	Member, Elected Vice-Chair, Jackson County Human Services Consortium.
2001-2005	Member, Elected Vice-Chair (2004), Elected Chair (2005), Rogue Valley Council of Council of Government's Senior Advisory Council (SAC)
2004-2005	Board Member, Southern Oregon Children and Adolescents' Treatment Center (SOASTC)

Service to Profession**Year**

2000-2005	Member, National Extension Association of Family and Consumer Sciences (NEAFCS)
2000-2003	Member, American Public Health Association (APHA)
2000-2005	Member, American Society on Aging (ASA)
2001-2004	Member, Oregon Gerontological Association (OGA)
2004-2005	Gerontological Society of America (GSA)

Service to Public (non-professionally related)**Year**

2001-2005	Lunch Buddy/Mentor, Oak Grove School, Medford Oregon
2002-2005	Volunteer Food & Friends (Meals on Wheels) Jackson County, Oregon