



Family Ties

UT Extension

Family & Consumer Sciences

University of Tennessee Extension



Father Time relinquishes the throne to the infant New Year once again. What I heard in my youth about how time passes so quickly has become firsthand experience.

If I live to be 70, I will have received 25,550 days on earth to spend as I choose. It's sobering to think that I've already used up more than half. Around day 13,870, my body started showing wear, and yet on Dec. 31, day 13,869, I refused to resolve to fight to get my body back. I'm becoming my mom, and I think Mom looks pretty good.

So why fight it? Instead I've decided to make the most of each day, and that just might include two pieces of peanut butter pie. No matter how many days you've seen, it's never too late to learn something new. Mom learned to ice skate in her 60s. My mother-in-law learned to swim at 73.

I've never been big on New Year's resolutions; I know how easily I would cave. And I already know how to ice skate and swim. But there are other areas I want to try. Even if I fail, at least I will know that the fear of failure didn't paralyze me.

Dream-weaving

My dad taught me long ago that no one can steal your dreams. If you can visualize it, you can achieve it. Some of the best moments of my life happened when I took a leap of faith, and landed in the exact spot God intended.

The great thing about having so many days here on earth is an opportunity to discover new passions. My longing to sky dive has lessened, perhaps for the better. You never know, though; perhaps on day 23,987 of my life that exact opportunity will present itself and I'll find my lips flying backwards in sheer delight.



My children have accomplished 5,000 to 6,000 days. I want them to grow up hearing me say, "I love you and I'm here for you" more than hearing words of criticism. And as for me, I want to know that I stood for something, stood up for others and didn't compromise to the standard of the failing world.

This coming year, we have 365 days to make a difference -to choose to be happy and content. That's about 47 times to be nice to people in line at the grocery store. I could choose not to get irritated with people buying lottery tickets when I'm in line to pay for gas, and instead hope they beat the odds.

New set of 365 days



I have only 12 full moons to enjoy this year and I don't want to miss even one! I might sit through 480 red stoplights this year. I could seize that perfect chance to pray for others. As I write out bills twelve times, I can thank God for shelter and food.

Even though I'm tempted to wish for warm weather, I don't want to miss the beauty of each freshly fallen snow. I want each day -even the gloomy ones -to be opportunities to live life to the fullest. No matter if you have 40 or 4,000 days left, choose to make the most of each one. And never, ever, cease to dream!

KEY POINTS

- ✓ The average American receives more than 25,000 days to live as they choose.
- ✓ Don't panic if you find yourself looking like your mother or father.
- ✓ Stand for something during your time here, and stand up for others when you can.

Article written by Joy McClain

Originally published in Tennessee Home & Farm, the magazine for Tennessee Farm Bureau members, www.tnhomeandfarm.com

Bringing Daddy Home

Children clearly pay a price when their fathers walk away or mothers keep dads away. The impact of a father starts at birth. For example, boys who have contact with their father display a greater level of trust at only five or six months. A study of black infants found the more interaction the boy had with the father, the higher his mental competence and psychomotor function by the age of six months.



As children grow, fathers teach children to have empathy. Dads are usually more firm about enforcing boundaries. Teaching children to take boundaries seriously teaches them to respect the needs and rights of others.



A study by two Harvard researchers found that even when race, education, poverty, and similar socioeconomic factors are equal, living without a dad doubled a child's chance of dropping out of school. Another study of boys with similar backgrounds found that by the third grade, boys with present fathers scored higher on every achievement test and received higher grades. The more years' children spend with single mothers, the fewer years of school they complete.

“When fathers are present children have better mental health,” said Dr. Farrell. “They are more likely to get along well with other children, sleep well at night, be trusting of others, and are less likely to be aggressive or participate in risky behavior.”

The National Center for Health Statistics reports that a child living with his/her divorced mother, compared to a child living with both parents, is 375 percent more likely to need professional treatment for emotional or behavioral problems. Ninety percent of homeless or runaway children are from fatherless homes. Most gang members come from mother-only households.

“Growing up in an intact family gives children a jump-start in life,” said Dr. Farrell. “If a divorce is unavoidable, there are three absolute essentials to give children:

- Equal amounts of time spent with both parents;
- The mother and father live close enough (no more than 15 minutes) that the child doesn't have to give up friends or activities to see the other parent; and,
- The child is not able to overhear or detect badmouthing of the other parent.



If these three things happen, children tend to grow up almost as well as children in intact families.”

Men and women need to understand that what Dads do or don't do, and the way mothers handle it, impacts the life of their child forever.

Article written by Julie Baumgardner, First Things First

Five Reasons You May Need to Save More

Tennessee Saves Week, February 19 – 26, 2012, is a good time to look closely at your current and long-term finances and decide if you need to beef up your savings. Here are five reasons that financial experts say you may need to save more in 2012:

- **You may be only one emergency away from financial trouble.** One out of four Americans is living from week to week with no emergency savings. More than half wouldn't be able to get by three months if they lost their job. (bankrate.com, 2011)
- **You may need to save more for retirement.** Only one of four Americans say that they are confident that they have enough retirement savings. (TD Ameritrade, 2011) Forty percent will only have Social Security to rely on when they retire, and it typically replaces less than a third of your working income.
- **Your credit may be costing too much.** Almost half of those who use credit cards carry balances from month to month, and pay an average of over 15% APR. (CreditCards.com, 2012) In a 2009 national study, Tennessee consumers had the second highest average credit card debt in the nation at \$7,054 and Tennessee's credit card debt also had risen second fastest in the nation for the preceding quarter at 2.7%. (cardtrak.com, 2009)
- **You may need to replenish your home equity.** Historically, working Americans had their largest investments in their homes, but over the last decade, many eroded that investment by taking out second mortgages and home equity loans. Some saw the market value of their home fall as well. Overall, the percentage of equity the average homeowner holds is down from 61% in 2001 to 38% last year. (Federal Reserve, 2011)
- **You may need to save for future purchases.** Whether you need a new washing machine or are planning a luxury cruise, it pays to pay cash. Savvy consumers no longer fall for the "buy now, pay later" line that got so many of them in trouble during the economic crisis. They understand that buying only what you can afford when you can afford to pay cash is the best policy.

Contributed by: Dena Wise, Ph.D., The University of Tennessee Extension, 2012



Parenting the Family Pet

(concluding installment in a three-part series)

The wait is over, and the newest, furriest member of the family is moving in. Yes, the family pet is about to become a reality. How will it alter the familiar rhythms of daily life, and what preparations are necessary to make the transition a smooth one? In many instances, “parenting” a pet is familiar territory: the basic needs of household animals are not that different from those of children. The bigger adjustment is finding ways that children can assume some of the requisite caregiving roles.



Like children, domestic pets adapt readily to a familiar household routine—for mealtimes, bedtimes, and exercise. Establishing a schedule and a location for feeding is an important consideration—and a responsibility that children can assume in whole or in part. School-aged children, for example, might be enlisted to be the dinner providers, feeding Rover or Squeaky just before or after their own evening meal. Younger children might be “water watchers,” alerting Mom or Dad when the water bowl needs refilling. Regardless of the *degree* of responsibility, it is important that children are involved in such a vital aspect of caring for their pet.



Most domestic pets (some exceptions were noted in Part 2 of the series) are naturally diurnal and can easily conform their sleeping patterns to those of their families. Some of the same environmental clues that help children recognize bedtime are applicable to their animal companions. Just where the animal will sleep is a major family decision. To avoid allergens found in animal dander, many families make the wise choice to keep pets out of bedrooms and/or other carpeted areas of the home. If Spot, then, is to sleep in the laundry room or kitchen, setting up his own sleeping quarters, with his own bed, is important. Another signal that bedtime is underway is the “lights out” routine. Children may be assigned the task of leading the family dog to his bed, delivering a nighttime hug, and extinguishing the lights, a ritual preceding their own trip to bed.

All animals need daily exercise, whether it be a rotating wheel or walking ball for hamsters or a daily romp for dogs. With canines, children will benefit from the exercise as much as the animal will, and significant bonding occurs during these outdoor intervals. Younger children will need adult accompaniment to walk their four-legged friend, but older children might assume this responsibility on their own.





Lavishing a pet with love and attention is no less important in the development of a well-adjusted animal than it is a human being. Emotional health equates to physical health—in both species. It is in this domain, of course, that children can usually be entrusted to excel. Most children will be guilty of an overabundance in this regard and might be well instructed to recognize the signs of a pet who needs a little alone time.

Finally, furry family members demand the same brand of firm, consistent discipline as their human

Parents and children should discuss those pet behaviors that are and are not acceptable and apply identical rules. If, for example, Fido's begging at the table is not every family member must apply the same means that Tommy or Suzy is not to be of casserole when Mom's back is turned. In loving homes, most pets will desire to please their families and respond to consistent household rules.



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Raising a pet is a family commitment—and a family bonding experience like no other.

Contributed by Bonnie Hinds

Environmental Health and Housing Specialist



Osteoarthritis

Learn about this chronic condition that affects 27 million Americans...



What is Osteoarthritis?

Osteoarthritis (OA), also known as “degenerative joint disease” or “wear and tear arthritis,” is a chronic condition involving the breakdown of the cartilage between joints. Cartilage is vital because it helps to reduce friction by providing a smooth surface to ease joint movement. OA is most common in joints of the hips, knees and hands. When the cartilage starts to lose the ability to absorb impact, supporting ligaments and tendons attempt to compensate by stretching to take pressure off of the joint and this can lead to pain. In some cases, the cartilage between joints diminishes to the point that bone is rubbing against bone; this also causes pain and greatly limits movement.

What are the symptoms of OA?

OA symptoms vary in severity from person to person but typically involve pain, stiffness, limitation of movement and sometimes warmth or swelling of the affected joint(s). Unlike rheumatoid arthritis, lupus and fibromyalgia (other types of arthritis) that have symptoms that affect the whole body, OA is localized to the affected joints. X-rays are sometimes used to confirm OA diagnosis and can show damaged cartilage, narrowing of the space between joints and/or any bone spurs that have formed.

What increases my risk of OA?

As the joints age, the chemical structure of the cartilage can change, promoting cartilage deterioration and increasing the risk of OA. Aging, however, does not make OA inevitable. Research has confirmed certain risk factors that increase the likelihood of OA, such as: obesity, occupations that involve repetitive movement of the joint(s), previous joint injury, being a woman and living a sedentary lifestyle. OA is sometimes found in several members of the same family and research suggests that some portion of the risk of OA may be hereditary.

How is OA treated?

There are a variety of treatments and interventions that are used to help OA sufferers. OA pain is treated with topical analgesics, oral pain relievers and in some cases, corticosteroid injections. Injections are also available that are meant to increase lubrication in the joint to improve ease of movement. When OA pain becomes unresponsive to typical treatments or when the joint is bone against bone, joint replacement surgery may become necessary to sustain movement and maintain quality of life. In addition to medical interventions, lifestyle modifications also play a role in the treatment of OA. **Weight loss** can often help to relieve



Weather & Arthritis: It

is common for people to attribute increased arthritis pain to changes in the weather. Anecdotally, this is thought to have something to do with changes in atmospheric pressure that could affect swelling in the joints

stress on the knees and hips.

Knowing when to **rest** joints is useful to prevent further injury or joint stress. **Exercise** is probably the most important way to help cope with OA. Exercise keeps the joints lubricated and nourished as well as strengthening joint supporting muscles that alleviate strain on the joint.

Assistive devices such as canes, shoe inserts or knee braces can also help.

What does Extension offer to help those with OA?

The University of Tennessee Extension provides programs that help people in the community learn how to better manage their chronic condition at home (*chronic disease self-management*). Chronic conditions require more than just the routine check-up or evaluation; they require day-to-day strategies for coping in order to achieve the quality of life that is important to the individual. Several programs are offered that help people with OA manage their condition and stay moving:

- Arthritis Foundation Exercise Program
- Living Well with Chronic Conditions Program
- Walk with Ease
- Tai Chi - Healthy Choices for People with Arthritis

To learn more about these programs and other community health programs, visit our web site at: <http://fcs.tennessee.edu/healthsafety/phealth.htm>



Weight & Arthritis: Did you know that for every pound gained, 4 pounds of pressure are added to the load on the knees!

*Contributed by: Laura L. Jones, M.S.
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Community Health Education*

Sources: The Arthritis Foundation, Mayo Clinic and WebMD

Helping Children Develop Resilience

Resilience is the ability to bounce back from hardship. It is an important coping skill for handling stress. Dr. Kenneth R. Ginsburg talks about the 7 Cs of Resilience in his book, *Building Resilience in Children and Teens: Giving Kids Roots and Wings*. He believes that children who have these 7 Cs will be more likely to recover from adversity and avoid some of the negative outcomes that are a result of stress in childhood. He describes the 7 Cs and some things parents can do to help strengthen them in their children.



- **Competence** is having the ability or skills to handle situations well. Children learn competence when they are taught how to do things and when they are given the chance to make decisions, regardless of the results (success or failure).
- **Confidence** goes hand-in-hand with competence. When children have the skills to handle hard times, they develop the confidence to take risks and face challenges. Children develop confidence when parents encourage them by focusing on what they are doing right or well. Encouragement comes through praise that is specific. Instead of saying, “You’re such a great kid,” say something like “I was really proud that you made friends with the new kid at school. You have a gift for making others feel welcome.”
- **Connections** to family and to groups outside the family give children more resources to draw on when they face difficult situations. Being in a group also provides a sense of belonging. In your family, you can strengthen connections by spending time working and having fun together. Accept the emotions your children feel, but help them to learn how to express them properly. Practice problem-solving by having family meetings to talk through issues. Let your children become involved with groups outside the home such as clubs, religious groups, sports teams, arts classes, and other similar groups.
- **Character** is the core values your child holds regarding what is right and wrong. You can help your child learn to do what is right, even when that isn’t the popular thing to do. Teach your children how what they do affects others. Talk with your children about acceptance of others who are different. Model courtesy and treat others with respect.
- **Contribution** is the ability to make a positive difference through one’s actions and choices. When children realize that they can make a difference in the lives of others, they feel very powerful. You can teach this value best by giving generously of your time and money to serve others and by giving your children the chance to serve. Make helping others a family affair. Rake an elderly neighbor’s yard, serve a meal at a local shelter, provide food or gifts to a family in need, or pick up litter in your neighborhood.
- **Coping** is the ability to use available resources and skills to overcome stress. You can help your children learn to cope by teaching them the difference between a true crisis and something that just feels like an emergency. Encourage children to use play and fantasy to cope with stressful feelings. Teach them how to work step-by-step to solve problems. Avoid using alcohol or drugs, emotional outbursts, or withdrawing from others as a way to cope with your own stress. Use positive coping skills such as exercising, problem-solving, taking time to relax, or asking advice or help from someone you trust.



- **Control** is the knowledge that we can manage our reactions to the things that happen to us. Teach children that most of life is a direct result of our or someone else's actions or choices. Help them know that they have the power to make choices that will result in the best outcomes. Instead of dwelling on the current problems, think about the future you want and concrete steps you can take to get there. See discipline as teaching or guiding instead of controlling. Give your children increased privileges as they show more responsibility.

All of the 7Cs are connected to each other, much as the threads of a web are connected. The more the threads are connected, the stronger the web. Resiliency is much the same. The more chances your children have to practice the 7 Cs, the more resilient they will become. You cannot always control the circumstances in your life and in the lives of your children, but you can teach your children how to cope with stressful situations so that they can face adversity and overcome it.

For more information on this topic visit <http://www.theurbanchildinstitute.org/> or purchase Dr. Ginsberg's book from the American Academy of Pediatrics (available as an e-book at <http://www.aap.org/en-us/Pages/Default.aspx>; just enter *Building Resilience in Children and Teens* in the search box to go to the link that will allow you to purchase the book).

Contribute by: Denise J. Brandon, PhD
Extension FCS Parenting and Family Relations Specialist



When Dependent Children Need Care From Relatives



United States census data reveal that more than seven million children are being cared for across the country by relatives other than their biological parents. Caregivers consist of grandparents, aunts, uncles, siblings, or other extended members of the family that are related by blood, marriage, or adoption. There are many reasons why children live in homes of relative caregivers. Some of those reasons are because of the incarceration of one or both parents, illness or death of parents, unemployment of parents, substance abuse by parents, teen pregnancy of parents, and child abuse/neglect. Caregivers are seldom, if ever, prepared financially, physically or emotionally to assume the responsibilities involved in raising the children of someone else. Cooperative Extension educators have long realized the need to provide information and resources needed to assist parents and other caregivers to support dependent children in their care. Extension outreach programs offer educational sessions in areas such as child development, parenting, financial matters, healthy housing environments, and healthy living.

RELATIVE CAREGIVER PROGRAM

In addition to the educational programs offered by Extension according to the state of Tennessee its Relative Caregiver Program offers several supportive services that include:

1. Information and Referral (i.e. material assistance, housing assistance, legal services, homemaker services)
2. Caregiver Support Groups
3. Activity/Support Groups for Children and Teens
4. Educational Workshops
5. Respite & Recreation
6. Family Advocacy (Short-term case management for caregiver, child, and birth parents)
7. Start-up or Emergency Financial Assistance

PROMISING PRACTICES

It is critical that all individuals, organizations and entities that work with children and families abide by “best practices.” Some of the most notable methodologies used when working with families include:

1. Appropriate collaboration, recruitment and retention strategies
2. Culturally sensitive and developmentally appropriate curricula, programs, and events
3. Adequate program support, staff, and resources
4. Proper follow up

Contributed by: Thelma Sanders-Hunter, Ed.D, CFLE &
Javiette Samuel, Ph.D., CFLE
Tennessee State University Cooperative Extension Program

References: Kumpfer, K.L., and Alvarado, R. 1997. *Effective Family Strengthening Interventions*. Bulletin. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. <http://www.tennhelp.com/RelCareGiver/program> <http://factfinder2.census.gov/faces>

CHILDREN'S HEALTH CRISIS

When looking for resources to use with advisory groups, coalitions or even for programming it can be hard to find interactive

tools. Recently, I was trying to find an informative and research-based video related to food shopping that would not only include vibrant colors to catch the audience's attention, but give them sound information to start their thinking process. As I searched and searched on YouTube to find a free solution to my problem, I came across an NPT report on the Children's Health Crisis. I found that this is a series of videos that address several topics ranging from obesity to safety to prevention. This was the resource I needed. I also found that our very own Tammy Algood had a spot on food shopping. Listed below is the web address you will need to order your very own copy for **FREE!** There are four DVD's that were included in the packet (I am assuming that they will send others as they are released on DVD).

1. Overview
2. Infant Mortality
3. Obesity
4. Prevention

I hope that this resource is one that you will take advantage of. I have referenced information found on their website for further information.

Nashville Public Television's *Children's Health Crisis* project is a three-year initiative built around a series of seven documentaries on the state of children's health in Tennessee. The project launched in 2009 in response to the increased number of children facing risks from poor or non-existent prenatal care, the rising epidemic of childhood obesity, misinformation about vaccinations, mental health issues, and adolescent sexuality.

Documentary Series

Hosted by Kimberly Williams-Paisley, actress and mother of two young children, the documentaries in the series include:

- **Overview** (February 2010), illustrates the challenges that children in Tennessee face in leading healthy lives. It provides viewers with a survey of the central problems: infant mortality, prenatal care, the obesity epidemic and mental health.
- **Infant Mortality** (June 2010) takes an in-depth look at the issues surrounding prenatal care, preterm birth and infant mortality in Tennessee.
- **Obesity** (November 2010), focuses on the epidemic of childhood obesity, its causes and likely repercussions for our children, and calls attention to the fact that the current generation of children, pre-teens and teenagers may be the first generation to have shorter life spans than their parents.

- **Prevention** (February 2011) explores a view of health that extends beyond medical care; where healthy lifestyle choices are accessible, affordable and a part of everyday life.
- **Mental Health** (June 2011) explores what it means to be mentally healthy and what it looks like when children are struggling with social, emotional and behavioral health issues.
- **Adolescent Sexual Responsibility** (projected January 2012) will explore the role sexuality and sexual responsibility plays in the health of Tennessee's children.
- **The final episode** (projected June 2012) will take a look at how our community has laid the groundwork for improving our children's health and where we still need to improve.

Please make sure to look at each section on the website. I found that some of the topics feature video extras. I found the spot about food shopping with Tammy Algood on the Obesity section under video extras. You can view this video here: <http://www.wnpt.org/productions/chcv2/obesity/video.html>.

Nashville Public Television's *Children's Health Crisis*

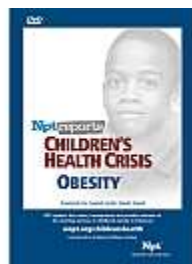
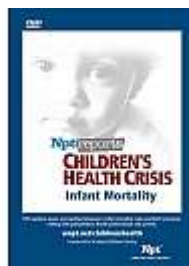
website: <http://wnpt.org/productions/chcv2/splash.html>

Nashville Public Television's *Children's Health Crisis* overview of

project: <http://www.wnpt.org/productions/chcv2/about/>

To request a DVD: <http://www.wnpt.org/productions/chcv2/about/dvd.html>

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DON'T FALL THIS WINTER!



In most respects, an individual's home is his or her sanctuary, the welcoming cocoon of security in a world that can be big, loud, and vaguely threatening. Home is the chief wellspring of family, comfort, and safety—for most people, for *most* of the time. For a family's youngest and oldest members, however, their own home is often the site of the injury that sends them to the Emergency Room in alarming numbers—the fall.

Falls are the leading cause of nonfatal injuries for young children and adults over the age of 65. For older adults, falls are also the leading cause of injury *death*.

For both populations, more than 75 percent of falls occur in the home. A lack of coordination and experience, coupled with a keen sense of curiosity, renders young children particularly vulnerable to falls. Seniors burdened with diminishing eyesight, chronic health conditions, and decreased mobility are likewise prime candidates for falls and other accidents within the home. Fortunately, the majority of falls can be prevented with minimal cost and effort.

Stairs:

Stairs pose a particular problem for both the very young and the elderly. The installation of a safety gate is a must for families with infants and toddlers. The Consumer Product Safety Commission recommends gates that securely screw to the wall (not the expand-to-fit models). Accordion gates, those with large v-shaped openings are to be avoided, as they pose a strangulation hazard.



Older adults require stairways that feature sturdy handrails (on both sides!), slip-free surfaces, and color differentiation. Monotone coloring can easily trick the eyes. In all cases, stairs should be kept free of any objects or clutter.

Windows:

For children, falls from windows are typically the most dangerous, often resulting in a fatality. Parents should establish firm rules forbidding play near windows. Because window screens do not offer fall protection, window guards should be installed on all windows above the first floor.

Floor Surfaces:

Area or "throw" rugs are responsible for a huge number of falls each year. While children's supple bones are generally less endangered by short-distance falls, older adults often suffer debilitating orthopedic injuries from these all-too-common mishaps. Both age groups are at risk for striking their heads in a surface fall, a blow that could prove fatal. While carpet backing and double-sided tape can reduce the risk of slipping on area rugs, the safest policy is simply to avoid using them at all.

Bathrooms:



When it comes to falls, the bathroom is easily the most dangerous room in the house. Wet, slick surfaces, hard tiles, jutting plumbing fixtures . . . reducing the hazards in this room is critical. For starters, tub and shower doors/enclosures should be plastic or other non-shattering material, as opposed to glass.

Tub and shower floors should feature non-skid strips or decals, and bar soap should be replaced with a mounted liquid soap dispenser. Grab bars are particularly helpful to seniors, who should also consider installing a raised toilet seat to offer greater stability.

Lighting:

Ample lighting is a simple but effective means of fall prevention. Well-lit stairways and pathways are critical. Maintaining night lights, especially between bed- and bathrooms, is an important safety measure for the entire family.

When it's ever so safe, "there's no place like home."

For additional information on fall safety prevention, visit: www.safekids.org or www.cdc.gov.



Contributed by: Bonnie L. Hinds
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