

# HEAL

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# Health Education *for* Assisted Living

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CM 08-01

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## **Health Education for Assisted Living (HEAL) Curriculum**

During the last century, the average American lifespan has almost doubled as people live longer, stay healthier and remain active. Between 2000 and 2030 the U.S. population, aged 65 and older, is expected to double to more than 71 million (Administration on Aging, 2006).

As the population ages the number of people moving from their homes to assisted living and long-term care facilities will increase dramatically. This residential shift requires an examination of the quality of life for the older adults who will reside in those facilities.

Assisted living facilities are a relatively new and growing elder-housing phenomenon. They give the elderly a way to age in place and maintain their independence and functionality, providing a bridge between their own home and a nursing home. Moving from their own home into the communal living of an assisted living facility is a major life transition, often caused by declining health or the death of a spouse. This move requires major adjustments for most elders, creating a unique teaching opportunity for health education designed to improve the success of this process. However, there is a serious lack of health promotion programs that are specific to the elderly transitioning from living in their own homes to assisted living.

The development of research-based educational programs to promote the health and quality of life of assisted living residents is a relatively new concept. It is crucial for assisted living residents to maintain good health as they make a major life transition.

There is a common misconception that assisted living is similar to nursing homes. Residents of assisted living facilities usually require help with one or more activities of daily living (ADLs) such as bathing or taking medication. They are mentally competent and physically capable with minimal assistance. While some may decline to the point of needing a nursing home, many can live fully independent lives in assisted living. Much of the potential health deterioration is preventable with wellness and quality of life adjustments such as socialization, ongoing learning, nutrition and/or exercise.

This curriculum is offered for your facility as a way to optimize this major life transition and enhance quality of life so your residents can age in place and thus avoid or delay nursing home (long-term care) entry. In 2007, the HEAL program was developed and pilot tested in Las Vegas, which is now one of the nation's top retirement destinations.

Any questions or comments, contact me at:

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## The Health Education for Assisted Living – HEAL - Program

### Program Goals

The program is designed to help seniors who reside in assisted living to maintain their quality of life as they make a transition, which can sometimes take several years. Using an interactive educational program and by creating social support networks, it can lead to a healthier, extended lifestyle for seniors, as well as delaying or preventing nursing home admission. The HEAL educational program was developed to help fill that need and can be adapted for any locale. Some of the examples in certain lessons can be localized to any community with minor research.

**Goal 1:** Increase sense of control or mastery.

**Goal 2:** Education to facilitate independence.

Program participants receive information designed to assist them to make good personal and health-related decisions and improve their quality of life. The curriculum includes information relating to issues identified as important in the Department of Health and Human Services' *Healthy People 2010*.

**Goal 3:** Create interaction conducive to the formation of an interdependent social support network.

A growing body of research demonstrates the positive role of social networks in health outcomes. This component is facilitated by the 13-week program, the inclusion of participant's experiences to incorporate the material presented and the establishment of a mutually trustworthy place for dialogue. The two lessons on autobiography writing are particularly useful to start that process.

**Target Audience:** Assisted living residents.

### Recruitment

Many assisted living facilities are constantly looking for new activities for their residents. The class series can be added to the program schedule at the site. Recruitment is generally accomplished with facility newsletters and flyers posted on the bulletin board. On the day of the first class, the instructor or activity director should remind each registered participant. An easy way to do this is at the dining room meal prior to class.

## **Teaching the HEAL Program**

This curriculum clearly outlines information for teaching seniors about a variety of topics related to health, safety, economics and well-being. Group participation, discussion, questions and comments are strongly encouraged. The interactive nature of the process and the emphasis that each student try ideas from the lessons and report back to the class is a crucial educational component. During the lessons, group members are asked what information was useful to them. Program participants can be pre- and post-tested with nine questions related to mastery, self-rated health and happiness. (Inquire for details).

### **Curriculum components.**

The curriculum includes 13 lessons. Each contains a lesson plan that provides the topic discussion, a list of materials needed for the class, suggested lesson activities and related materials for distribution at the meetings.

### **Sequence of lessons.**

The order of the lessons is flexible and can be determined by the instructor. Our experience has shown that it is better to begin with the two autobiography sessions as a way for them to get to know each other and become comfortable with sharing information. These lessons ideally should help the class feel like they are chatting over coffee with a new neighbor.

### **Crucial Teaching Tool**

It is crucial for the educational impact of this program that the class facilitator finds a way to get students to select an idea from each lesson to incorporate into their lives. Having the students try to adapt the material into their lives personalizes the information. At the next week's class they report their experiences and are able to ask questions, share knowledge, and solve problems in a safe, supportive learning environment. If what they try works, that's great. If it doesn't, that's great too because they will either come up with an alternative approach we might never think of. Or when they relate what didn't work, others in the class will offer their input and how they made it work. It is important to remember that we are merely facilitators. Our students have a lifetime of experience and must be allowed in a supportive manner to incorporate the information in their own way.

### **What is HEAL?**

The HEAL Program is a community-based educational program for older adults designed to enhance mental acuity, self-efficacy and wellness thus improving quality of life. The lifelong learning model demonstrates the crucial role of continued education to maintain mental acuity and restore or enhance self-esteem that leads to improved health and a better quality of life.

Using lifelong learning theory as the conceptual framework, the curriculum includes 13 lessons: two on autobiography writing, four on nutrition, three on personal safety, and one each on food safety, finances, general health and productivity.

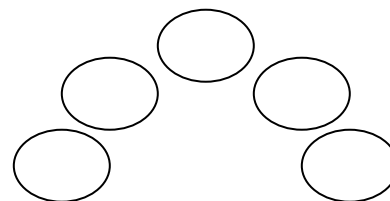
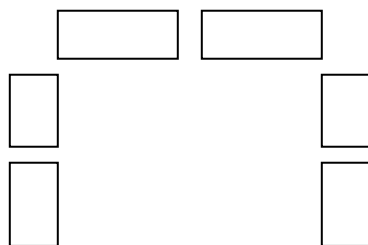
### **How is the program delivered?**

Participants meet for 13 weekly sessions in their assisted living facility, usually in an activity room. They discuss information on this wide variety of topics to enhance their knowledge base, cognitive skills and ability to maintain independence. Once-a-week sessions allow time for students to process information and try the new ideas as they are introduced.

The program provides personalized education and creates a supportive learning environment designed to help participants incorporate information directly into their everyday lives. Research demonstrates that improved self-esteem and mastery leads to improved health outcomes. The program also aims to improve participants' quality of life by decreasing loneliness. The ultimate objective is to facilitate maintenance of a healthy and active independent lifestyle and prevent declines that lead to nursing home admission.

### **Classroom design and set-up.**

Ideally the tables should be arranged forming an open rectangular shape with room for the instructor(s) in the middle.

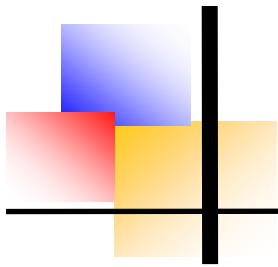


This design allows wheelchair and walker access, and each resident can see all the others as well as the instructor. This facilitates group discussion and help avoids side group conversations that can be distracting.

**Background information on why this and other educational programs are so important for older adults.**

Education as a lifelong learning process can also be a wellness tool. One important aspect of promoting healthy aging is to correct misinformation about the aging process. First, mental acuity does not have to decline with age. Most who study aging reject the concept of generalized cognitive declines as we age and research has found that older people can actually improve their cognitive skills. Because of cultural biases about declines in competence with age, one potential benefit of any wellness education program for older adults may be reassuring them about their ability to think for themselves. Objectively they may know it's true for them but that self-knowledge should be reinforced. The HEAL Program is designed to raise their self-esteem, provide them tools to deal with conflicting information and reassure them that they can continue to rely upon themselves as vital, creative and active older adults.

Education or continual learning helps maintain mental acuity by improving mastery. Research has found a relationship among the social psychological resources of control, self-esteem, mastery and health. Consistent findings demonstrate that a sense of control and positive self-evaluations are related to better health and lower levels of functional impairment. Increased mental activity can also improve self-efficacy with related feelings of competence that can improve chances for successful aging. Research also suggests that self-efficacy or a sense of mastery is related to fewer depressive symptoms.



# HEAL

## Health Education for Assisted Living

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### *for the Instructor*

## **Lesson: Facilitating the Learning Experience**

This lesson will prepare you to facilitate the learning experience by discussing keys to success, communication techniques, room set-up, learning styles and teaching tools.

### **Learning Tools**

- Sufficient time to review this lesson.
- Paper/pen if needed for note taking.

### **Activity**

- Read the lesson below and make any notes in preparation to teach the HEAL Program classes to the residents in your assisted living facility.
- The HEAL program can be taught in any order. However, it is strongly suggested that the two autobiography lessons be presented first as an “ice breaker.”

### **Discussion**

To be a successful HEAL Program instructor, it is important to understand lesson goals and requirements, flexibility of the program, learning styles and communication techniques. These will contribute to a strong foundation for developing a training environment and providing participant-centered learning. To make this happen, the instructor must have a commitment to program outcomes and the ability to:

- Determine the needs of participants and how they best process information.
- Based on their unique educational needs, be flexible in understanding what you can do to facilitate their learning process.
- Provide participants with the ability to process, apply and expand the program information into their everyday lives.
- Establish a learning environment of open and honest communication based upon respect and mutual understanding of the students' needs and goals.

### **Why is this important?**

As the program instructor, with or without teaching experience, it is important to understand how to effectively facilitate each class and communicate appropriately with your assisted living resident audience to ensure a successful program.



## 1. Learning Styles

There are three basic learning styles – visual, auditory and physical or kinesthetic. Although we use all three styles to process information, we each have a preferred style. As an instructor, you should try to incorporate all three into your learning design and use them when presenting information.

- **Visual** – In this style, we respond most readily to things we see. We all like to see how things are done. This is the “show-me” style. It involves hands-on explanations and demonstrations with materials.

*Keeping participants involved might include:* using the MyPyramid display or by preparing hydrating smoothies.

- **Auditory** – This uses language effectively to paint a verbal picture. Auditory learners focus on words and sounds and are excellent synthesizers of information. Words create a road map to understanding for them.

*Keeping participants involved often includes:* using their stories or personal experiences to illustrate a point.

- **Physical or Kinesthetic** – People who learn kinesthetically need to be physically involved in the process in order to learn. These people learn by doing.

*Keeping participants involved might include:* practicing their hand washing skills or reading food labels for comparisons.

### *In the classroom...*

Educational research has proven that an interactive training environment is essential for practical and retentive learning:

#### **WE REMEMBER:**

20 PERCENT OF WHAT WE READ  
30 PERCENT OF WHAT WE HEAR  
40 PERCENT OF WHAT WE SEE  
50 PERCENT OF WHAT WE SAY

**AND 90 PERCENT OF WHAT WE SEE, HEAR, SAY AND DO.**

A successful HEAL Program includes WHAT THEY SEE, HEAR, SAY AND DO.

## 2. Creating a Learning Environment

A productive learning experience is one that focuses on achieving the primary goal of that lesson. It is important to understand that there are elements within any environment over which we have no control. Therefore, the focus must be on how to work “within” rather than against these elements by: fostering an attitude of team spirit, encouraging respect among participants, and getting their “buy-in” to abide by group decisions.

- Have a clear agenda, keep activities on schedule, begin and end class on time.
- Give clear instructions about activities and homework.
- Encourage participation in a defined way that is manageable for you and the group.
- Discourage side meetings and conversations by encouraging them to share with the entire group.
- Respect others’ opinions.
- Control background noise – cell phones are to be turned off or on vibrate. Sometimes hearing aids will hum or buzz distracting students and the instructor.
- Allow time for questions and encourage them- there are no “dumb” questions or answers.
- Allow for group interaction and networking – before, during, after class.
  
- Allow processing time so that information may be absorbed. They will be asked each week to try something new from the lesson. Do this and have them report failures as well as successes. That’s how we learn. Often they will come up with adaptations that are better ideas than any suggestions that the instructor could offer.
  
- It is equally important that all participants are close enough to demonstration items and activities that they are able to see them clearly without obstructions. This may require adaptation for those using wheelchairs and walkers.

### **CAUTION: Disruptive Students**

Sometimes students can become disruptive. As the instructor, it is your responsibility to take charge of these situations so that the “learning environment” stays positive and focused. Watch for :

- Side conversations – ask them to share with the group.
- Negative comments – reframe, “that’s an opinion but it does relate to info about...”
- Off topic statements – redirect and offer to discuss the topic after class.

### 3. Effective Presentation for Older Adult Audiences

Effective presentations require preparation, practice and an understanding of the group involved. Since your students will be over the age of 55, special consideration needs to be taken in the way that you:

- Provide the content of the HEAL curriculum.
- Show them how it works and can impact their individual lives.
- Involve them in applying the information in their lives and in others' lives.

In order for your message to get across, it is important that your audience listens to and understands what you are trying to convey:

- Speak clearly, slowly and look directly at the class.
- Have a strong enough voice so that everyone can hear you. Have those with hearing impairments sit at the front of the class.
- Rephrase important lesson key points.
- Avoid technical, unfamiliar terms or "slang."
- Repeat questions and comments for the participants.
- Supplement the verbal presentation with visuals like handouts, brochures, or demonstration items.
- Use humor!

Most importantly, the older adult students are learning to change their lives. You do NOT need to lecture and rush to get all the lesson information presented. Tailor the information to their individual needs reflected in their questions. Try to relate the answers into the program information.

#### **Teaching Technique #1- Practice Makes Perfect**

One good way of preparing for an effective presentation is to do a "dry-run" of the session in front of a mirror prior to actually conducting the session. However, don't over-rehearse! Familiarize yourself with the material but avoid memorizing.

It is important to understand and remember that each group has different concerns. Let them guide the subject based on their needs.

Listen to your students. Answer the questions they ask and NOT the ones you think they should ask.

## 4. Teaching the Class

### Setting Up the Room

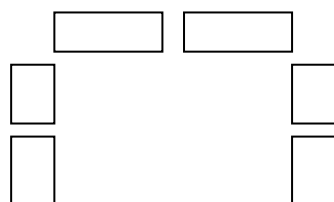
Planning is a vital component for the success of the HEAL learning experience. When determining the physical environment most appropriate for the class, these key questions should be answered:

- What special requirements need to be secured ahead of time in order to make the curriculum come alive? For instance, will students need a table to take notes? What are the special requirements of the hand washing demonstration, the grocery store tour or food-sharing activities?
- How much movement and interaction will be included? For example, if you have 20 participants, you will need a larger table to facilitate class discussions.
- Are there special needs to be considered for participants who are physically challenged with hearing or sight? Does the room accommodate wheelchairs and walkers or a seeing-eye dog?
- What is actual size of the training room? Students should feel comfortable but not crowded.

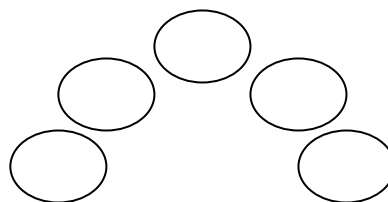
### Room Design – Ideal

- **U-Shape Room Design**

The U-Shape room set-up is preferred by HEAL instructors, with tables grouped in a U-Shape that provides a clear path for visual presentation of information. This provides a good staging area and visibility, encouraging participant interaction. Students can see the instructor and each other. The instructor is in the line of sight of all participants and can prevent subgroup conversations that disturb the group as a whole.



**Instructor**

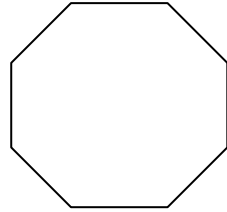


**Instructor**

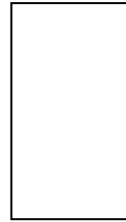
## Other Room Set-up Options:

- **Large Round or Rectangular Table Room Design**

Grouping participants at one large round or rectangular table is an alternative format for the interactive nature of HEAL. This allows for interaction and participation during the session.



**Instructor**

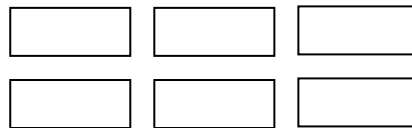


**Instructor**

## Not Recommended:

- **Classroom-Style Room Design**

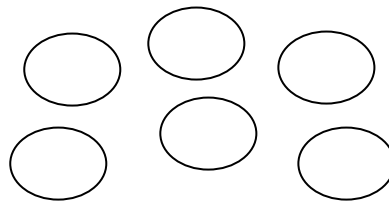
This is similar to a traditional classroom setup with desks or long, thin rectangular tables that provide writing space for participants. This creates a symbolic separation between instructor and students and limits interaction. Wheelchairs and walkers can necessitate large separations between the tables, and thus the instructor and students. This design also makes it difficult to control side conversations which undermine group cohesion and is distracting.



**Instructor**

- **Separate Tables**

This breaks up the wholeness of the learning group. This room arrangement can lead to a lack of attention and sub-group conversations. It is difficult to control and it can be difficult to hear a person speak to the class if they are at another table.



**Instructor**

## Teaching Technique #2 - Recruitment

### How will you get residents interested in the HEAL program?

- Design a bulletin board – show lessons, activities and use bright colors.
- Newsletter – place an article in the facility newsletter and add a picture.
- Calendar – list the class in the calendar so residents know it is ongoing.
- Speak to groups – discuss the program at other events, during lunch or at bingo.
- Word of mouth – this will be the most effective way to get people interested.

You may also find yourself knocking on resident doors the day of class – it works!

- **Getting Comfortable**

The room is set up. You have reviewed the curriculum and the participants have arrived. It is time to get started. First impressions are important to the success of the training, as this will set a tone and create a learning experience atmosphere. Knowing the curriculum material is important, and creating a friendly, non-judgmental, interactive learning environment increases your chances of positively impacting your students' lives.

- **Greeting Participants**

It is best for the instructor to have everything in place approximately 15 to 20 minutes prior to the start of the session. This way, you can make yourself available so that when participants arrive, you are able to welcome them and chat with them one by one. Some will have information, i.e. newspaper articles or something they've read that week, that they want to show you before class. Perhaps it's something you can incorporate into the lesson. This informal interaction sets a positive tone that says you are approachable and interested in them as individuals.

When you are ready to start the class, politely make it clear that you are starting and want them to stop chatting and pay attention to the lesson. Remember to position yourself where all can see you (refer to room set-up for best situation). When introducing yourself, keep it short and make it relevant to the curriculum. Name tags will help you to get to know them, AND they will get to know each other. Many assisted living residents do not know all their neighbors.

- **Class Overview**

*First class:* You may want to take a few minutes to introduce yourself (essential to establishing your credibility), review the facility, and let participants know the class start and ending times. Also, give them a sense of topics to be covered and remind them that the schedule may need to be flexible depending upon the needs of the group. Encourage them to ask questions and provide input they may have on the topic.

Also remind them that in each lesson you will be asking them to try something new before the next class, based upon the information they learn in this class.

*Each lesson:* Begin each class by briefly reviewing last week's lesson and discussing homework. This will also give you the opportunity to address participants' questions. After this process, you can then begin the current lesson.

- **Motivations**

*First class:* What the HEAL program can do for you, i.e. simple tips to make assisted living life easier and healthier, a way to navigate the confusing information they are bombarded with.

*Each lesson:* Begin with a "hook," or a quick example of why this lesson is important to their lives, i.e. "Hydration" – one of three people over age 65 will be hospitalized this year because of dehydration. This class will give you a few simple strategies to help you prevent that.

- **Camaraderie**

Camaraderie is an important part of the HEAL Program, not only with others in the class but with their neighbors as well. Do things to set HEAL students apart from their peers. For example, have them wear name tags from class to the dining room. Others will ask what the tags are for and they can explain, possibly meeting new neighbors. At the same time, this will also recruit new class members!

- **Attendance**

HEAL program participants attend for three main reasons:

1. The information is relevant to their everyday lives.
2. They like and respect the instructor.
3. They enjoy the camaraderie and shared experience.

The following three factors will negatively impact attendance and the number of students who continue in the program:

1. Cancelling class or changing the class day.
2. Class start time – avoid early mornings and late afternoons, or starting the class late.
3. Conflicts with other programs – don't schedule an exercise class or bus trip at the same time as it forces participants to choose and you don't want an empty class!

## Applying the Learning - Homework

In addition to class learning, participants should be encouraged to volunteer for “homework” assignments. This gives them the opportunity to practice between the weekly classes what they have incorporated from the lesson into their everyday lives. They may have questions and can report back to the group on their experiences. Also, they enjoy relating whether they gained any new insights into the curriculum material that was presented.

### 6. Decision-Making 101

There are several definitions for the word *decision*: the act or process of deciding; making a determination or judgment; the act or need for making up one’s mind; something that is decided; a resolution. Decisions can be good ones or bad ones. They are a display of our personality and our independence. Decisions demonstrate our control over our own lives. Maintaining, or increasing, this sense of control is one of the HEAL Program’s goals.

As you teach the class, be prepared for the comment “I have no control over...” Many participants feel, due to the transition from their home to an assisted living facility or family involvement in their care or finances, that they no longer have control over their own lives. With some exceptions, this is mostly untrue. They make many of their own life decisions, such as deciding to attend this program on weekly basis! So as you prepare for each lesson, pay close attention to the lesson section that addresses decision-making.

### 5. Evaluating the Program

At the last class the instructor may consider asking participants to provide feedback on their overall program experience. However, comments about the program most likely have been ongoing since the first day – keep notes of this.

The evaluation could be conducted in a formal manner with a typed form asking for anonymous answers to your prepared questions. Or consider an informal, guided question and answer class discussion. Consider these questions:

- What did you like most about the program?
- What did you like least about the program?
- What changes have you made in your life based on what was discussed in class?
- What class information have you shared with other people?
- Would you recommend this program to your friends and assisted living neighbors?

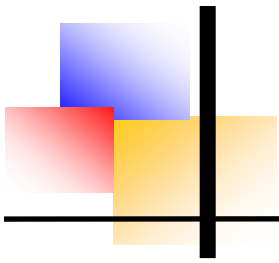
You should now have a better understanding of how to effectively facilitate the classes and offer a successful HEAL program to the residents in your assisted living facility.



**References:**

Collins, C., Petermeier, H., & Layne K. (2003). *Seniors CAN Volunteer Training Manual*. University of Nevada Cooperative Extension, CM 03-03.

Wilken, C. (2003). *Designing Education Programs for Older Adults*. University of Florida-IFAS Extension, FCS2216 FY631.



# HEAL

## Health Education for Assisted Living

### Lesson : **Autobiography, Part 1**

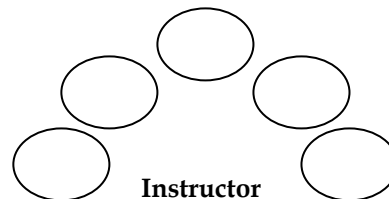
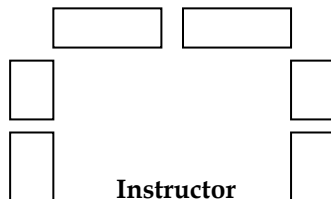
This lesson is designed to help students begin thinking about their lives and the possibility of documenting memories of their experiences.

#### Learning Tools

- Paper and pen so that participants can take notes during the class.
- Notebook: three-ring loose leaf binder (see p. 4).

#### Learning Setting

The classroom must be set up to accommodate wheelchairs and walkers with a table where each person can write and take notes. A rectangular shape with one of the narrow ends open allows the instructor to be in the middle and visible to every student. All participants can see and hear each other in this setting. This also discourages distracting side-conversations.



Also see "Facilitating the Learning Experience, page 3.

#### Activity

- Instructor training basically involves providing an outline for the creative and interactive process, such as detailed here.
- Taught in a minimum of two lessons, the life history process comprises four incremental action steps: to get seniors thinking and talking (Lesson 1), then writing and sharing details of their lives (Lesson 2).

#### **Why is this important?**

Creating an autobiography helps older adults write about their lives in a way that can enhance social and family networks and improve their self-esteem, important factors in maintaining physical and mental well-being.

#### **Key Points**

- Writing a life story can have historical value for older adults and their families.
- Assisted living residents have moved to a new "neighborhood." Shared memories of their lives help them get to know their new neighbors.

## **Introduction**

These interactive educational lessons help older adults create an autobiographical record of their lives with historical value for them and their families. Sharing their life stories and collaborating with peers in the classes can enhance their sense of social connection and improve their self-esteem, two important factors in maintaining physical and mental well-being. This writing and sharing process can add meaning to seniors' lives by helping them better understand the past and present. (Birren & Cochran, 2001, pp 4-5) Both the process of life review and the autobiographical final product can produce great mental and emotional benefits. Previous workshop attendees report having gained insight on the *value* of their lives.

Assisted living is a new environment to many of these seniors. It is helpful in the instruction process to explain that this living situation represents a move to a new neighborhood and the autobiography process is part of meeting new neighbors and friends. When older adults move away from the communities where they have lived most of their lives and take up a new home in retirement, they leave behind established social networks of family, friends and coworkers. This is especially true in the life-changing move to assisted living. Research documents that strong social networks are vital to the physical and mental well-being of elders. These lessons can enhance social and family networks for elders residing in an assisted living facility.

The two Autobiography classes are interactive education designed to bring elders together to help them create an autobiographical record of their lives. This process offers participants a way to tell their stories, both as a means of being heard and providing their families with a document of historical value. Involvement in the classes, both in the writing process and in the act of sharing life stories, can lead to broader forms of social connectedness for elders. These two lessons comprise incremental action steps to get seniors thinking, talking and writing and then, to encourage them to share details of their lives with others.

## **Program Design and Delivery**

The theoretical basis of these sessions derives from the body of literature identifying the importance of personal narratives to improve memory and promote self-esteem that can lead to extended independence and more successful aging. This workshop utilizes the social network theoretical model (Heaney & Israel, 1997).

While there is a lot of interest in autobiography-related activities, few assisted living organizations have staff that feel qualified to conduct life history programs. The workshop can be conducted either by Extension personnel or they can provide train-the-trainer instruction for staff or volunteers who provide services to the assisted living residents. Autobiography writing may seem formal and academic but is actually informal and personal.

## Program Design and Delivery-continued

The program appeals to seniors from a wide variety of cultural and ethnic backgrounds and from varying educational and income levels. As with other wellness programs for older adults, participants tend to be lifelong learners who constantly try new experiences.

### Teaching Technique - Be Creative

The instructor explains there is no wrong approach and offers suggestions on how to create the document in their own style. This can include, but is not limited to, a variety of written formats from one paragraph to a book length manuscript. Others tell their stories in poetry, songs, cookbooks, plays, artwork and photo albums.

## Discussion

*This section begins the lesson instruction. Begin by using the key points and emphasizing this is a fun process. To assist with lesson delivery, follow the outline below and always encourage participation from the group. Questions, examples, etc. are important parts of this life story process.*

**Decision-making:** This lesson allows participants to see the role decision-making had played in their lives. Emphasis is placed on the decisions that they made were the “best they could do” within the context of the information they had at the time. As the instructor, transfer that to present decision-making, especially in their current daily decision-making to fully participate in the lesson/program and get the most out of this experience, or choose a more negative approach. It is important to note that by making the decision to attend these HEAL classes, they are choosing to actively continue to learn and positively interact with their peer “neighbors.”

Taught in a minimum of two sessions, this process comprises four incremental action steps: to get seniors thinking, talking, writing and sharing details of their lives.

### 1. Get The Seniors Thinking

First, to get students **thinking** about recounting their lives, the instructor describes different approaches to autobiography, including the possible scope of the work – from one-page sketches to book-length manuscripts. Program attendees have told their stories in a variety of traditional written formats as well as in poetry, cookbooks, plays, art, photo albums and songs. Many have to be convinced that their story is important to family members.

### *In the classroom...*

One autobiography student was known in her family as a fantastic cook. Her food played a role in many important family events. So, she wrote her autobiography as a cookbook. Each recipe included information on where she got the recipe (how and who from), when she first prepared it, with a description of the event (Christmas, wedding, birthday), and finally, what it meant to the family. She also added details of people's reaction (Uncle Harry did not usually eat vegetables but he had three servings of this).

## **2. Get The Older Adults Talking**

The next step in the life story process is asking individualized questions to encourage the elders to **talk** about themselves. To stimulate participants' thought processes, the instructor asks students what aspect of their lives they would like to memorialize, explaining that they can begin anywhere they deem important. Peer education usually takes over the class at this point. Hearing others reminiscing about their lives sparks ideas in those who are listening and reminds them of incidents from their own lives.

The instructor explains that there is no wrong approach and multiple suitable formats limited only by their imagination (see above). Offer suggestions on how to create the document in their own style. Participants are given a three-ring binder notebook and paper and pens so that they can start jotting notes throughout the session. It is suggested that they start each topic on a separate page in the loose-leaf binder, making it easier to move ideas around as the work progresses.

## **3. Get Students Writing**

Most older adults love to talk, the major challenge is to transition them to **writing**. At the end of the first session, the assignment for the next class is to write about one topic, event, or life situation. Over the week-long period new ideas will begin to take shape as they read newspapers, watch television or chat with friends.

To help this process, students are provided with a written list of questions that include far ranging topics such as:

- What were crucial turning points in your life, the decisions you made, the consequences?
- Describe an incident you remember from your school days.
- How did your family spend vacations or celebrate holidays?
- How did you meet your spouse?

There is always at least one person in each session who will say, "my life isn't that interesting." Usually, it helps to explain that no one's life is fascinating every minute or every day. But there are many things that contribute to the fabric of their life stories that are interesting.

Ask the class how interested they would be in reading a page, a paragraph or even a sentence that their parents or grandparents wrote about their lives. Most respond, "oh that would be great." Explain to them that their children, grandchildren, nieces or nephews would be just as fascinated by details of their lives.

Older adults who attend these sessions are survivors. They have had many interesting experiences. They survived the Depression, World Wars and the invention of television. Get them talking about the magic of radio programs they listened to. Or the music that has been the soundtrack of their lives.

*This ends the lesson discussion.*

### *In the classroom...*

**This life story was written by a participant in the HEAL program.  
She uses humor to reminisce about how she met her husband.**

#### **What a Woman**

At 21, out of school, the American Academy of Dramatic Arts in New York City and on my way to Florida with mom and dad. I wasn't going to be an actress or movie star but the two years had been a learning experience and fun. I learned to face the public, speak loud enough to be heard in the 20<sup>th</sup> row and to walk head up, back straight and to look relaxed. My grandmother paid for the two years but she wanted me to be a ballerina. Me at 5'8" and 145 pounds. I didn't think so.

Palm Beach in '44 & '45 was rather quiet and my father got us a great two-bedroom apartment three houses from the ocean. Sand on the doorstep was not unusual. Strolling along the ocean and looking at the million dollar homes was breathtaking. I imagined living in one would be just wonderful but I was told not many were occupied, the owners were off in far away places. I walked back to mom and dad's beach blanket and found a stranger lying with them. Bathing trunks, good build, black or dark brown curly hair and not too bad looking. Dad introduced him and that was all the talk. No room was made for me on the blanket so I slowly walked away.

For the next two weeks this fellow named Don, dated my mom and dad. Bike rides, bowling, museums, movies, lunches at special places and several morning breakfasts that mom made for "Don." I caught glimpses but not often. Then out of the blue a floral box with two large gardenias and a note arrived "I would like a date tonight at 7:00 p.m." The start of a beautiful romance. He knew all about me and we married in the gardens of the famous Breakers Hotel three months later, March 25, 1945.

## **A few words of caution are important as seniors embark on the life history experience:**

### **CAUTION #1: Boo Birds**

The instructor should point out to participants the potential hazards that could undermine their creative endeavor.

As the elders begin capturing their stories on paper, they are warned not to be discouraged by a “boo bird” or naysayer -- the people who have something negative to say about everything. They will ask, “What would you want to do that for?” or “Who would be interested in that?” The instructor reminds attendees they are producing the stories of their life -- primarily as an experience for themselves -- secondarily as a legacy for their family.

The journey of compiling an autobiography can place their life into a new perspective to help them understand how their own personal identity has been shaped by their experiences.

### **CAUTION #2: Painful Memories**

The instructor also cautions the elders that they may confront painful situations as they re-examine certain parts of their lives.

They are coached to view the autobiography process as a chance to place events into context, with the wisdom of hindsight, and to begin healing unresolved issues or situations.

### **CAUTION #3: Perspective**

Finally, the instructor warns participants not to be surprised if siblings or old friends remember things *very* differently from the way they do. People view events in their own way, and sometimes these viewpoints diverge to a surprising degree.

In each class at least one student will ask about a brother or sister, “What family were they raised in?” or “Where were they when this happened?” The instructor assures participants that seeing events through the eyes of others who went through the same experiences can be very interesting and enlightening, and should not be cause for alarm.

## Accomplishments and Impacts

Qualitative interviews with autobiography participants reveal the potential impact of the program that often includes improved self-esteem and interesting reconnections with social networks. Many describe gaining insight on the *value* of their life within the context of their family structure. While many claimed at the start of the workshops that their lives “aren't anything important,” most report enthusiastic reactions from family, especially grandchildren, and friends to what they write. They also see how they fit, what they contribute, in a process that one participant compared to the holiday classic movie, “It’s a Wonderful Life.”

A story from a Senior Autobiography Workshop presented a few years ago suggests the extent to which such programs can have wide-ranging benefits. A participant we’ll call Bill told his nephew, who he had put through college, in Chicago about the workshop and his desire to write his life story. In response, the nephew purchased a computer for Bill. While doing research for his autobiography, Bill reconnected with his two daughters, one of whom he hadn’t spoken to for years.

Two years later, when Bill died, he left copies of his autobiography for his nephew and two daughters. One of Bill’s daughters reported that the reconnection made major changes in her life. After the funeral, his nephew called the Las Vegas senior center director to thank her for the impact of Bill’s autobiographical legacy on their family. Clearly, this autobiography process – which could be easily replicated in any community especially assisted living – is having a positive impact on the quality of life for elders and their families.

## Educational Giveaways-Optional

- Three-ring binder notebook, with a see-through view pocket on the cover, so you can print and insert a cover page (for an example of a cover page, see next lesson).
- Legal sized note pad (to fit the binder), hole punched. This allows the students to start each topic on a new page and have the ability to move things around.
- Pen.

It is strongly suggested that they start each topic on a separate page in the loose-leaf binder, making it easier to move ideas around as the work progresses.

Participants should now be able to begin thinking about their lives and the possibility of writing memories of their experiences.

Encourage them to build upon the sharing of stories in the class. Give them a “homework” assignment for the next session.

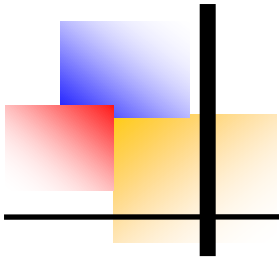


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# HEAL

## Health Education for Assisted Living

### Lesson : **Autobiography, Part 2**

This lesson is designed to help students to read out loud the first stories they have written about their lives. Sharing these memories of their experiences with their peers is an important and rewarding part of the autobiography process.

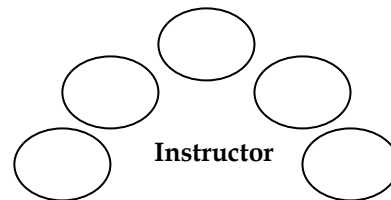
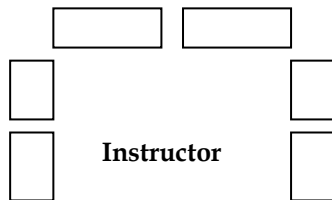
**Why is this important?**  
This writing and sharing process can add meaning to seniors' lives by helping them better understand the past and present.

#### Learning Tools

- Three-ring loose leaf binder.
- Paper/pen so that participants can take notes during the class.

#### Learning Setting

The classroom must be set up to accommodate wheelchairs and walkers with a table where each person can take notes and jot down ideas as they occur. A rectangular shape with one of the narrow ends open allows the instructor to be in the middle and be visible to every student. Also, all participants can see and hear each other in this setting and this discourages distracting side-conversations.



Also see "Facilitating the Learning Experience, page 3.

#### Activity

- Basically, the instructor provides an outline for the creative and interactive process, such as outlined here.
- It is essential for the first student who reads a story to be praised and realize that others find this interesting. Once the seniors begin sharing stories and gain confidence, these classes take on a life of their own.

**Key Points**

- Talking about their lives helps seniors realize exactly how much they have experienced.
- Sharing with the group, and being praised for what they have written about their experiences helps validate the importance of their lives. They also make new connections with peers - their assisted living neighbors.

## Activity-cont'd

- Taught in a minimum of two lessons, the activity comprises four incremental action steps: to get seniors thinking and talking (Lesson 1), then writing and sharing details of their lives (Lesson 2).

## Introduction

Assisted Living is a new environment to many of these students. It helps to explain that this residence choice is comparable to a move to a new neighborhood. And the autobiography process is part of meeting new neighbors and friends, comparable to telling stories to new neighbors over a cup of coffee at the kitchen table.

## Discussion

*This section begins the lesson instruction. Begin by using the key points and emphasizing that this is a fun process. To assist with lesson delivery, follow the outline below and always encourage participation from the group. Questions, examples, etc. are important parts of this life story process.*

At the second autobiography class the focus is to get participants to **share** their stories by having them read something they've written to the group. They hear what others have created, that all the stories are interesting, and they see the amazing variety of formats. Workshop attendees also begin to realize the value of what they've composed by the praise from their peers.

These older adults need to be reminded about how important their lives are to their relatives. Tell them to never throw away anything they write for this. Sometimes the only way to get that point across is to use the following example:

- In one class a student announced that she had written five pages and then cut it down to half a page so the class wouldn't have to listen to a long reading. The instructor asked her, and the class, "If your parents or grandparents wrote something about their lives, would you want to read the five-page or the half-page version?"

The student then promised the instructor and the class that she would retrieve the discarded five pages from her waste basket.

They are asked to **discard nothing**. Just tear out the sheets and put them in the back of the notebook so that they can go back later for these treasures.

Also, many participants may think their lives are unimportant. It helps to equate it to them as readers of their parents life stories. Wouldn't they have been interested? Just like they too need to realize how important they are to their family. What may be discovered is that many life experiences or situations are shared.

**Decision-making:** This lesson allows participants to see the role decision-making had played in their lives. Emphasis is placed on the decisions that they made were the “best they could do” within the context of the information they had at the time. As the instructor, transfer that to present decision-making, especially in their current daily decision-making to fully participate in the lesson/program and get the most out of this experience, or choose a more negative approach. It is important to note that by making the decision to attend these HEAL classes, they are choosing to actively continue to learn and positively interact with their peer “neighbors.”

**In the classroom....**

One woman who had grown up in the Depression wrote, “there were **not** lots of hugs and I love yous.” The instructor explained that in those times providing for a family, housing, clothing and education made some parents less likely to express emotions. Obviously the woman had been hurt by this lack of outward affection. With the explanation, she began to see it in a new light and hopefully heal some very old emotional wounds.

**Sharing Ideas**

- As the students read their stories, it helps to **ask further questions**. Draw out more details so that the word pictures they present are even more clear. Encourage them to remember feelings, smells, tastes and other descriptive details that make the story come alive.
- Some will be able to find treasured photos which can be copied. As they get caught up in the fun process, with a little help, some students will produce quality final products that can become family heirlooms.
- If possible, get copies of their short stories printed on special paper so that the students can use them as Christmas presents to insert in cards.
- Offer to input into a computer the stories read by the first volunteers. NEVER, take the original. Make a copy at the assisted living facility, immediately return the original and input from the copy.
- Assisted living residents love hearing each other’s stories. It builds camaraderie. Whether they just moved in or have lived there for years, this enhances their feelings of connectedness.

*This ends the lesson discussion.*

### *In the classroom...*

**The following life stories were written by a participant in the HEAL program.**

#### **Scary Movies**

On Saturdays growing up in Memphis, Tennessee, four of us girls did our housework and my father would give us each a dime for the matinee at the movie. I was about nine then. My two older sisters were supposed to take care of us two younger ones.

Usually we saw a serial like *Perils of Pauline* with Evelyn Knapp. On the last one (twelve in all) they showed the movie Frankenstein. I did not like scary movies and on the way home, in the dark, we would take a short cut home through some apartment buildings. My sister would say “watch out Frankenstein’s monster followed us home!”

I can tell you, it took me many years past my teens to stop looking behind me to see if the monster was following me. To this day I will not look at scary movies.

#### **The Land of Enchantment**

A group of six people decided to explore the Catwalk Canyon in New Mexico. As we started to walk up the canyon some people coming down noticed I had no cane to help me. They said, “no way will you be able to climb without one.”

All of us decided to search the creek area and see if there was some kind of stick around. None. After a half an hour of looking one of the guys said “we’ve wasted enough time; we need to go before dark.” Everyone started up, we noticed that we alone, no one else, was going up. Well, I said “Jesus I need help” and as I started to walk I stumbled over something. I looked down and there was a beautiful cane. I guess some little forest gnome left it for me.

The Catwalk was fabulous – Just hanging on the wall over the creek part of the way, going down ladders, crossing the creek and ending up at the top. You could almost hear moccasin steps of Indians as they walked around for it was told the Apache Indians hid in this canyon. As we came down over the bridge we started talking about how important it was to have something to lean on for balance. The rest of the group did not believe I found the cane but my husband said I found it. They thought one of the people who had left us before gave it to me.

It was my mystical cane and I have kept it ever since. My husband sanded it and put acrylic on it and made it look better.

## Teaching Technique # 1 - Make it Personal

A wonderful way to encourage greater participation is to provide a cover page for the notebooks of students who read their stories aloud in the class. With a digital camera you can take a photo of them, let them come up with a title and then duplicate this on a color copier. Once you do this everyone will want to participate!!! The cover page below was designed in Publisher but any program would work well for this simple project.

# What a Woman



**(Participant Name)**

HEAL Program at ( Facility Name )

February 2007

## Teaching Technique # 2 - Details, Details, Details

As they begin sharing their stories:

1. Point out how interesting the things are that they describe (comments from classmates will reinforce this).
2. Offer suggestions on how their story can be expanded.

*Example:*

"After years of bombing, I moved to work at a military base and met my husband. It was a better home for my 3-year-old son."

Questions:

- Bombing? War? (WWII) Where? (Europe)
- What work did she find? (Translator) How did she learn English?
- What was life like as a local civilian on a military base?
- How did she meet her husband?
- The 3-year-old son-what was that like to be single mother in war?
- How did she end up in the U.S.?

## Teaching Technique # 3 - Keep It Going

As the HEAL program continues, follow-up with participants at each class asking about their life story progress or encourage them to begin or continue the writing process. Offer to write a short story, either before or after class, for participants who need assistance. Don't forget to continue to share these stories in class!

Also, autobiography or life history classes can be held weekly for months. Example:

In April 1999, a group of 15 active older adults at a Las Vegas senior apartment complex participated in two sessions with the extension instructor. Nine of them decided to continue meeting weekly. They went to Kinko's together to copy old photos and create covers.

Seven months later, each participant had a printed book including pictures, bound with beautiful covers, to give their family members as a unique Christmas gift. The professional quality of their life documents was matched with their stories of reuniting with family members. Bridges were rebuilt as they called, wrote and visited friends and relatives to obtain pictures, memorabilia or to check facts. Many had not been in contact with these people for decades. One said, " I never thought I could have this much fun." Most of the statements about the impact of the workshop on their lives reflected improved self-esteem and/or reconnections with social networks, program goals directly related to the theoretical model.

## Educational Giveaways-Optional

- Three-ring binder notebook with see through view pocket on the cover.

It is suggested that they start each topic on a separate page in the loose-leaf binder, making it easier to move ideas around as the work progresses.

- Notebook personalized cover.

A wonderful way to encourage greater participation is to provide a cover page for the notebooks of those who read their stories aloud in the class (see example on previous page).

Participants should have had an opportunity to read the first stories they have written about their lives as well as share with their peers these memories of their experiences.

Encourage participants to continue to write, even consider additional lessons on autobiography writing to follow up on their progress.

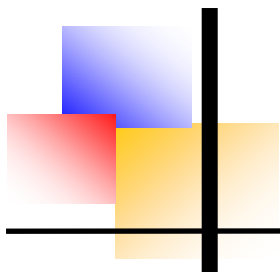
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# HEAL

## Health Education for Assisted Living

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### Lesson : **Food Choices for Healthy Aging**

This lesson is designed to help organize the students' approach to eating by incorporating the USDA Dietary Guidelines. For assisted living residents this involves ordering choices from a menu and foods they purchase for their apartments.

**Why is this important?**  
As we age, making healthy food choices (along with physical activity) can help us feel better and improve our overall health and well-being.

#### Learning Tools

- Senior Wellness Series Fact Sheet, *Healthy Food Choices*.
- Modified MyPyramid for Older Adults – Tufts University: <http://nutrition.tufts.edu>
- Copy of the USDA's MyPyramid & Dietary Guidelines: [www.mypyramid.gov](http://www.mypyramid.gov)
- Portion Distortion quiz cards: <http://hp2010.nhlbihin.net/portion/>
- NASCO food models: (800) 558-9595, [www.enasco.com](http://www.enasco.com)
- Assisted living's weekly food menu.
- Healthy snack like whole grain crackers and reduced-fat cheese.
- Comfortable classroom with proper lighting, seating, and paper/pen if needed.

#### Activity

- Demonstrate serving size using the food models and Portion Distortion quiz cards.
- Review assisted living's weekly menu to discuss and find healthier food choices.
- *Optional*: Ask the Food Service Director to make a short presentation to the class and answer any dining-related questions.

#### Introduction

As we age, making healthy food choices (along with physical activity) can help us feel better and improve our overall health and well-being. Good nutrition can also help reduce our risk of illness and disease as well as enhance our ability to do daily activities and remain more independent. National studies demonstrate that many seniors do not meet the recommended daily allowance of vitamins and minerals.

#### **Key Points**

##### Principles of Healthy Eating

1. Choose foods in the right **Proportion**
2. Choose foods in **Moderation**
3. Choose a **Variety** of foods

## Introduction– continued

Assisted living residents most often are served three planned meals per day. However, residents still have the ability to make healthy and not-so healthy food choices, either in the dining room or in their own apartment. Understanding the three key principles of healthy eating can help residents make these ever important healthier food choices.

## Discussion

*This section begins the lesson instruction. Begin by using the key points and introduction statements to “grab” the participants’ attention and demonstrate the importance of the lesson material. To assist with lesson delivery, follow the outline below and always encourage participation from the group. The lesson activities should be done during the discussion.*

As we age, making healthy food choices (along with physical activity) can help us feel better and improve our overall health and well-being. However, making these healthy food choices can be confusing as nutrition, what to eat and what not to eat, receives daily news coverage in books, magazines, daily talk shows and many other places! To better understand healthy eating as we age, focus on using the three key principles to healthy eating.

**Decision-making:** Participants have many food choices, such as selecting healthier options, eating vegetables or more starches and sugars. Even though they select prepared meals in the dining room, they still have control over what they order, do or do not eat and the portion sizes. Many assisted living facilities can make substitutions, offer seconds and have alternate menu selections in an effort to accommodate their residents’ different needs or tastes. Ask participants to think about when they ate at home versus the meals they are served now. Chances are they are offered more of a variety now in daily, as well as weekly, menu options. Also, they don’t have to grocery shop or clean the kitchen! Remind participants to always ask the dining room staff if they have questions or need assistance. Also, have the dining room menu accessible during the lesson to address specific comments or questions.

### **1. Choose foods in the right Proportion**

Fortunately assisted living residents usually receive their food in appropriate portion sizes. However, it is up to them to order and eat the proper number of servings from the food groups. To better understand this principle it is important to be familiar with food categories and recommended number of daily servings from each. The USDA has devised the **MyPyramid** for this purpose which helps us translate the current Dietary Guidelines for Americans. The food groups are shown in a pyramid like this to help us understand the relative amounts of foods from each group we should consume each day.

The Dietary Guidelines for Americans are set by a group of educators, nutritionists, scientists, and others, along with the U.S. Department of Agriculture and the U.S.

- The **grains** group takes up more space than any other category and it is suggested to “make half your grains whole.” From this group we find foods high in fiber and include breads, rice, cereal, pasta, and crackers. The general guidelines state that we should have **6 oz.** from this category each day. How to count:

**1 oz. = 1 slice of bread, ½ cup cooked pasta/rice, 1 cup of breakfast cereal, 3 cups of popcorn, OR 5 whole wheat crackers**

- The next two groups are **vegetables and fruit** which offer fiber along with vitamins and minerals. MyPyramid encourages us to “vary your veggies” and “focus on fruits.” The general recommendation for **vegetables is 2 ½ cups** every day and **fruits are 2 cups** every day. Notice that if we look just at the first three pyramid groups, we can see that the majority of the foods we should be eating each day are grains, vegetables and fruits. Notice also that these foods are from plants, not animals. How to count:

**1 cup = 1 small apple/1 large banana, 1 cup raw/cooked veggies, 1 cup of fruit, 2 cups leafy greens, 1 cup 100 % juice, OR ½ cup of dried fruit**

- The **milk** group consists of calcium-rich foods like milk, yogurt and cheese. If possible choose low-fat or fat-free milk products. For those who are lactose intolerant, soy milk, Lactaid or rice milk are good substitutes. The recommendations are **3 cups** each day from the milk group. How to count:

**1 cup = 1 cup of milk, 1 - 8 oz. container of yogurt, 1 ½ oz. of natural cheese, 2 cups of cottage cheese, OR 1 ½ cups of ice cream**

- The **meat and beans** group supplies protein. It contains meat, poultry, fish, dry beans, eggs and nuts. MyPyramid recommends to “go lean with protein” and choose low-fat or lean meats and poultry while including more fish, beans, peas, nuts and seeds. It is recommended to eat **5 ½ oz.** every day. How to count:

**1 oz. = 1 oz. of lean meat/poultry/fish, ¼ cup of cooked dry beans, ½ oz. of nuts or seeds, 1 egg, OR 1 tbsp. of peanut butter**

- **Oils** are fats that are liquid at room temperature. Most Americans consume enough oil in the foods they are already eating; such as nuts, fish, cooking oils and salad dressings. No more than 5-6 teaspoons are recommended.

Remember, these amounts are based on a 2,000 calorie diet. To find the right amount for you visit [www.mypyramid.gov](http://www.mypyramid.gov).

## 1. Choose foods in the right Proportion – cont'd

Department of Health and Human Services. Dietary Guidelines are updated every few years as we learn more about human nutrition. They also emphasize the value of a healthy body weight and that we should balance our food intake with physical activity to achieve or maintain a healthy weight.

We need to eat foods from five **food categories** to be healthy: grains, vegetables, fruits, milk, and meat and beans. Daily caloric intake and serving size will need to be adjusted for individuals based on factors like age, gender, body weight and activity levels. The **recommended daily number of servings** for the **average 2,000 calorie** diet include: (see chart on page 3).

### Teaching Technique - Serving Size

Ask participants if they remember what serving sizes were in their younger days? Have them compare them to the "biggie sizes" of today. Use the Potion Distortion quiz cards to look at serving size differences between now and 20 years ago.

Currently, many Americans over-estimate serving sizes. Use the NASCO food models to demonstrate the food group serving sizes. Ask participants to compare these serving sizes to what they eat, or what they might find in a restaurant.

Use today's "healthy snack" demonstration to further look at portion sizes.

### How many calories do I need?

As people get older, they don't need as many calories per day as they once did although this depends on age, gender and activity level. However, older people's need for nutrients does not decrease but may actually increase. Therefore it is important to select foods that have a high nutritional value – foods that provide lots of nutrition for the calories taken in.

For an estimated individual's calorie needs go to [www.mypyramid.gov](http://www.mypyramid.gov). As an example, a 70-year-old female, assisted living resident, who weighs 130 pounds and exercises less than 30 minutes a day would need 1,600 calories/day. Whereas a 70-year-old male resident weighing 160 pounds and exercising 30 to 60 minutes a day would require 2,400 calories.

### Can I still enjoy some of my favorite foods?

"All foods can fit." You can still enjoy some of your favorite foods. You just have to eat those foods in moderation (a piece of pie, not a whole pie). Then balance them by making low-fat and low sugar choices in the other foods you eat that day.

“Let’s Make a Deal.” It’s important to realize that if you eat something that has more fat or sugar than you really think you should have, it’s not productive or in any way necessary to feel hopeless about it. You make a high fat choice at one time, you make a low-fat choice the next few times.

### What about “special diets”?

You should be aware that this is general information for the average older adult. If your doctor or dietitian has put you on a special diet due to a medical condition, it’s important to follow it. You can ask them about some of the ideas we are talking about here, but don’t make changes in your diet without consulting with your doctor or dietitian if you are on a diet for medical reasons.

## 2. Choose foods in Moderation

- Choose foods lower in **sodium and sugar** like a “low sodium” soup or a “low sugar” ice cream. Keep in mind that flavors in foods, like sugar and sodium, are important for seniors. Try lemon juice, vinegar and flavorings such as extracts or butter flavorings. Also try adding herbs. Be careful with spices as they can irritate your stomach, but use them if they don’t give you problems.
- **Alcohol** in moderation is defined as no more than one drink per day for women and two drinks per day for men. What counts as one drink: 12 ounces of beer, 5 ounces of wine, 1.5 ounces of 80 proof spirits.
- Choose a diet low in **fat, particularly saturated fat**. Normal weight seniors should get 30% or less of their total calories from fat calories. You don’t need to count fat grams with MyPyramid if you make low fat choices from all the groups and use oils sparingly (this will be close to 30%). As an example, if a person’s required average daily intake is 2,000 calories, then fat should be limited to 67 grams.

You should also be aware that “low fat” isn’t necessary for everyone. An older, underweight adult who is underweight should be followed medically by a doctor and see a registered dietitian. Being underweight is a potentially dangerous situation for the elderly.

- Choose foods containing less **cholesterol**. The body makes the cholesterol it requires. Dietary cholesterol comes from animal sources such as egg yolks, meat, poultry, fish and higher fat milk products. You can keep your cholesterol intake at the recommended daily level of 300 mg or lower by eating more grain products, vegetables and fruits, and by limiting intake of high cholesterol and high fat food products especially from animal sources.
- Avoid foods with **trans-fatty acids**. Trans-fatty acids are found in foods that list “partially hydrogenated” oils on their ingredients. These types of fat, found in hard margarine, fried foods, many bakery products and some packed foods, are linked to heart disease.

### 3. Choose a **Variety** of foods

It is important to choose a variety of foods not just from each food group but also throughout the day. A half cup of broccoli does not have exactly the same vitamins and minerals as half a cup of corn, and a serving of rice and a muffin don't have the exact same nutrients. Eat a variety of foods to get the whole range of nutrients that you can get within each particular group. Assisted living residents order from a menu And should be cautioned about "getting in a rut" and ordering the same things all the time.

#### *In the classroom...*

One group of HEAL participants complained about dining room menu options. With further discussion and review of several days of a sample menu, most residents were not ordering the healthiest choice nor were they choosing a variety of foods. Most of them also reported always ordering a high-calorie dessert despite having a low-sugar option made available for diabetics.

The participants were asked to look further at the daily menus and report what they would select. The instructor, and even the other students, then offered guidance about their selections and discussed healthy options.

*This ends the lesson discussion. Follow it with the Q & A.*

#### **Q & A**

Q: Have the food groups changed much from what you were taught years ago?

Q: How do recommended serving sizes compare to the way you were taught to cook and eat?

Q: How do recommended serving sizes compare to serving portions in restaurants?

Q: If you were going to make changes in your food choices that were more in line with the dietary guidelines, which changes would be the easiest? Which ones might be the hardest for you?

#### **Educational Giveaways – Optional**

- Go to [www.mypyramid.gov](http://www.mypyramid.gov) and print, preferably in color, a MyPyramid for each participant based on their age, gender, and activity level. The residents could also work on this in a computer/internet class that may be offered at the facility.

Participants should now have a better understanding of the Dietary Guidelines for Americans and how to make healthier food choices using the three key principles of healthy eating: proportion, moderation, and variety. Encourage them to practice these principles.

Also consider “assigning homework.” Have participants review several days of the dining room menu, make their “healthy” selections taking into consideration the food group recommendations, and discuss at the next class.

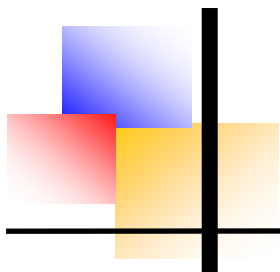
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# HEAL

## Health Education for Assisted Living

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### Lesson : **Food as Preventative Medicine**

This lesson is designed to introduce the concept that food choices can reduce risks of major illness and/or their complications. Students can also see how their diet influences their daily energy levels and how well they sleep at night.

**Why is this important?**  
Research shows that your food choices can impact your risk for getting major long-term diseases and the severity of the complications of those illnesses.

#### Learning Tools

- Senior Wellness Series Fact Sheet, *Food as Preventative Medicine*.
- Comfortable classroom with proper lighting, seating and paper/pen if needed

#### Activity

- Discuss soy and its health benefits. Then offer a healthy soy snack, such as *Tofutti Cuties* (found in a grocery/health food store in the freezer section).

#### Introduction

By making healthier food choices, residents can decrease health risks and increase quality of life. This will enable them to enjoy assisted living life and retirement activities.

#### Discussion

*This section begins the lesson instruction. Begin by using the key points and introduction statements to “grab” the participants attention and demonstrate the importance of the lesson material. To assist with lesson delivery, follow the outline below and always encourage participation from the group. The lesson activities should be done during the discussion.*

#### **Key Points**

- How you feel today relates to what you eat. When you eat properly, you have more energy to exercise, to socialize and to do the things you want to do.
- It’s never too late to change eating habits to improve your health and how you feel.
- Food choices have an impact on your risks for getting major long-term diseases and also have an effect on how serious complications of long-term illnesses become.



## Discussion-cont'd

The food we eat today can affect how we feel tomorrow. Well-nourished older adults not only feel better, they also recover faster from illnesses, spend less time in the hospital, and can possibly live longer than their peers. Aging bodies require less calories but have increased need for some vitamins and minerals. Healthy food choices, in the short-term, help give us more energy to do things in life we enjoy, keep the immune system strong, avoid depression and reduce constipation.

Also, research shows that your food choices can impact your risk for getting major long-term diseases and the severity of the complications of those illnesses. Some risk factors cannot be controlled. For example, in general, close relatives of a cancer patient have twice the usual risk for developing the same type of cancer. However, some risk factors can be controlled. For example, a diet that is low in fiber, grain products, fruits and vegetables, but high in fat, is associated with increased risks for many cancers. The recommendation, then, to reduce the risk of getting some kinds of cancer, is to make adequate fruit, vegetables, fiber and whole-grains a regular part of your diet, and make sure your diet is low-fat.

**Decision-making:** It is never too late to change eating habits to improve health and how one feels. Assisted living facilities are aware of this too and offer: vegetable/fruit selections throughout the daily menu, may feature a salad bar or seasonal fruit plate, offer low-fat and low-sodium meals and no sugar added deserts, and may even have a veggie burger on the menu. These are all choices to be made by the participant. Not liking a particular daily menu or food recipe does not mean the dining room doesn't offer "healthy" meals, which is a common complaint. Have participants think about the meals they prepared at home for their families. Did everyone always like every meal? Remind participants that they can always speak with the dining service director to express an opinion or make a suggestion. Also, have the dining room menu accessible during the lesson to address specific comments or questions.

### **1. Food Choices Directly Relate to the Leading Causes of Illness and Death:**

- **Heart Disease – #1 cause of death and illness in the United States**

Risks for heart disease can be reduced with a diet that is low in saturated fat and cholesterol, moderate in total fat, and rich in whole grains, fruits and vegetables, lean meats, poultry, fish, and nonfat dairy products.

- **Cancer – #2**

The National Cancer Institute estimates that 35% of cancer deaths may be related to dietary factors. A diet that is high in fiber, grain products, fruits, and vegetables, but low in fat can reduce the risk of getting many kinds of cancer.

- **Stroke – #3**

Foods low in fat, saturated fat, and cholesterol reduce the risk of stroke.

- **Diabetes – #7**

Contributes to heart disease and stroke. If left untreated, diabetes can lead to atherosclerosis. Becoming overweight can trigger diabetes in susceptible older people.

## 2. Other Food-Related Risk Factors:

- **Overweight/Obesity**

If you are overweight, you have an increased chance of developing high blood pressure, atherosclerosis, heart disease, stroke, cancer, asthma, diabetes and osteoarthritis. Controlling or losing weight can reduce stress on the joints and can help avoid further damage from painful arthritis.

Ask the assisted living dietician about food choices that will help you lose weight. Remember the impact of those snacks in your apartment!

- **High Blood Pressure**

Treating high blood pressure reduces risks for stroke, heart disease and kidney disease. Even moderate weight loss and sodium restriction can reduce blood pressure significantly in older adults, as can exercise and eliminating smoking.

- **High Blood Cholesterol**

High blood cholesterol levels can contribute to heart disease and stroke. Eating a diet low in total fat, saturated fat and cholesterol, and eating soluble fiber can help to lower blood cholesterol.

## 2. Foods to Choose **MORE Often** – both on the dining room menu and for snacks in your apartment.

### Fruits and Vegetables – 5 servings a day

- Fruits and vegetables are known to reduce risks of cancer and may reduce risks of heart disease.
- Fruits and vegetables are complex foods containing more than 100 substances - including vitamins, minerals and fiber, which may offer protection from cancer.
- Choose a variety of deeply colored fruits and veggies to obtain necessary nutrients.
- Choose whole fruits more often than juice for more fiber (and less sugar). For example, an apple with the peel still on it has 3 grams of fiber. If you remove the peel, it has only 2.4 grams of fiber. If you instead eat half a cup of applesauce, you get only 1.8 grams of fiber. And three-fourths of a cup of apple juice has 0.2 grams of fiber.

### Foods Rich in Fiber – 20 to 35 grams a day

- Fruits and vegetables
- Whole grains, breads, cereals --look at the label and look for the words WHOLE or 100%) -- ask the food server. Remember plain wheat bread is made from white processed flour with molasses (sugar) added to make it brown.
- Beans-high in protein, low-fat, inexpensive, easy to prepare!

High fiber foods, particularly when combined with a low-fat diet, helps protect against colon/rectal cancer, heart disease and stroke. There are two types of fiber. Insoluble fiber helps move waste through the intestinal tract and prevent constipation, while helping to satisfy the appetite (whole wheat breads, cereals, vegetables and bran). Soluble fiber helps to reduce blood cholesterol and blood glucose levels (oats, beans, fruits and vegetables). To increase the health benefits of your food, get 20 to 35 grams of fiber daily (on average most people get only 11 grams daily). *Add fiber to your diet gradually* to prevent problems like diarrhea, constipation or diverticular disease.

### **Calcium and Vitamin D – 1200 to 1500 mg. a day**

It is never too late to improve your bone health by eating calcium-rich foods. The National Institute on Aging recommends men and women ages 50 and older take 1,200 mg. of calcium every day and women past menopause should have 1,200 to 1,500 mg. of calcium daily. Some studies suggest calcium may play a protective role against colon cancer and lower the incidence of kidney stones.

#### **Sources of Calcium**

- Many dairy foods (milk, yogurt, cheese) are good sources of calcium. Low-fat and nonfat dairy foods generally have calcium content comparable to whole dairy products. One 8-oz. glass of milk (whole, low-fat, or skim) has 300 mg. of calcium.
- Other good calcium sources include broccoli, kale, okra, collard greens, sardines, salmon and calcium-fortified products like orange juice.
- Most older adults do not get enough calcium from their food, and might consider taking a calcium supplement. Check with your doctor before taking this or any kind of dietary supplement.

#### **Sources of Vitamin D**

- Your body needs adequate vitamin D to use the calcium you ingest. Milk fortified with vitamin D is a good source of vitamin D. Your body can make its own vitamin D if you get a few minutes of sunshine a few times a week.
- For those who cannot or choose not to drink milk, supplemental vitamin D may be necessary.

#### **Osteoporosis**

Increased calcium intake can reduce the risk of osteoporosis by as much as half. Osteoporosis is a slow, progressive bone-weakening disease that can affect both men and women as they age. Almost half of women over age 50 suffer from bone fractures due to osteoporosis. Osteoporosis affects the majority of people over age 70. Bones become so fragile that they fracture with normal use and falls have a much greater likelihood of causing serious injury.

### 3. Foods to Choose **LESS** often

- **Caffeine**
- **Sugar**

Many foods containing added sugar supply a lot of calories but few nutrients, and you get hunger sooner and more often. Older adults have lower calorie needs but still have high nutrient needs. If you get many of your calories from high sugar foods, chances are you will not be getting all of the nutrients you need. By the way, there is no evidence that eating sugar causes diabetes. Intake of sugar is, however, something that must be closely monitored by a person who is diabetic.

- **Foods High in Sodium – 2,400 mg a day**

One of the recommendations from the National Heart, Lung, and Blood Institute, for both treating and preventing high blood pressure, is to keep daily salt intake to no more than 2,400 milligrams daily or about 1 teaspoon. This limit includes sodium (or salt) from all source *added*, as in canned or homemade soups or *naturally occurring*, as in milk, fruits and vegetables. Therefore, you are **not** within recommended limits if you sprinkle a teaspoon of salt on your food over the course of a day because you haven't counted the sodium in your other foods. In general, milk, cheese, fresh fruits and fresh vegetables aren't nearly as high in sodium as are canned, packaged or prepared foods.

Ask the assisted living food preparation staff for salt amounts of menu items.

- **Alcoholic Beverages**

High levels of alcohol consumption increase the risks for many conditions, including high blood pressure, stroke, heart disease and certain cancers, such as breast cancer and osteoporosis. Heavy drinkers are at risk for malnutrition because calories from alcohol may be substituted for calories from more nutritious foods.

- **Fat – 30% of Daily Calories** (saturated fat – 10% and trans fat – avoid)

Fat is needed within our body. It insulates the skin, transports fat-soluble vitamins and provides energy and feelings of satiety after a meal. However, foods high in fat often contain more calories and a diet high in saturated fat is associated with a greater risk of heart disease and increased blood cholesterol levels. Choose low-fat options between the milk and meat groups. As an example, a glass of skim milk has the same amount of calcium as whole milk but 8 grams less of fat.

Trans fat has been found to promote heart disease and should be avoided. These fats are found in anything with "hydrogenated" or "partially hydrogenated" vegetable oils listed in the ingredients. These are often put into foods with a long shelf life like margarine, crackers, cookies, cakes and many deep-fried foods.

- **Cholesterol – 300 mg a day**

Your body makes the cholesterol it requires. You also take in dietary cholesterol through food. In general, limit dietary cholesterol to no more than 300 mg. per day.

### Teaching Technique - Soy What?

A popular “food as preventative medicine” example is the versatile soybean. The soybean is a member of the legume family and is high in protein, fiber, minerals and fat. Soy protein is a complete protein, while the oils are mostly unsaturated, high in essential fatty acids and without cholesterol. Soy foods are also a dietary source of isoflavones – phytochemicals, some with estrogen-like properties.

Studies suggest that eating a diet high in soy (the FDA recommends 25 grams) can reduce the risk of heart disease, breast cancer, osteoporosis and may help with blood sugar levels and lower cholesterol.

**Traditional soy foods** include: edamame (green vegetable soybean), miso, soy milk, soy nuts, tofu, soy sauce, tempeh, natto, okara and yuba.

**Soy ingredients** include: soybean oil, soy flour, lecithin and soy protein (textured, isolate, concentrate).

**Soy based products** include: soy protein products (i.e. veggie burger), beverages, cheese, nut butter, yogurt and soy (non-dairy) frozen desserts.

Share this information with the class. Many participants may not have heard of or tried any soy products. If they have, encourage them to share their tasting experience with the class. Then, take this opportunity to offer participants a soy-based food. One recommendation is the frozen dessert treats, *Tofutti Cuties*. What do they think of the soy food? Would they try other products? Buy any?

### *In the classroom...*

The HEAL class was anxious to try the *Tofutti Cuties* after the lesson discussion. For this class, the soy food item was purchased at Trader Joe’s (a van trip to this store is offered by the facility) for \$1.89/box of eight. The Cuties come in flavors of vanilla and chocolate with vanilla being preferred by participants.

One student commented that she had heard of soy before but hadn't tried it. Everyone in the class had one and they were in complete agreement about how “wonderful” it tasted. Many had a hard time believing it was soy as it tasted very much like a regular ice cream sandwich.

Some soyfoods may begin appearing on this facility’s daily *Three Squares* menu. If residents choose these items, the selections will expand.

## Q & A

Q: What are your thoughts on using food as a preventative medicine?

Q: Based on what we've discussed, would you consider making changes in your diet?

Q: What changes would be the easiest?

Q: Which ones would be the most difficult?

## Educational Giveaways – Optional

- The American Heart or Diabetes Association may have brochures or items to hand out. Contact the chapter in your area.
- Consider ordering shopping list notepads from the Produce for Better Health Foundation ([www.pbhcatalog.com](http://www.pbhcatalog.com), (888) 391-2100).
- Print excerpts, or order free Soyfoods Guide, from the United Soybean Board ([www.soybean.org](http://www.soybean.org)).

Participants should now have a better understanding of the concept that food plays a major role in reducing risks of disease and complications of disease, as well as in how one feels on a day-to-day basis. Encourage participants to follow more closely the "eat more often" and "eat less often" food list.

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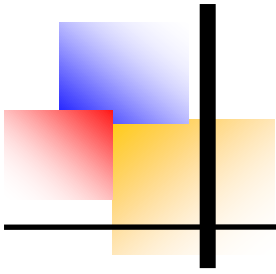
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# HEAL

## Health Education for Assisted Living

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### Lesson : **Food Safety Techniques**

This lesson is designed to help participants understand basic food safety techniques and how these apply to their situation in an assisted living facility. While three meals a day are prepared and served for them, this is important information.

**Why is this important?**  
The CDC states that 76 million people will become sick by eating contaminated food and categorizes seniors as a "high-risk group."

#### Learning Tools

- USDA Booklet, *To Your Health! Food Safety for Seniors*.
- Demonstration items such as an insulated bag, Blue ICE, refrigerator thermometer, food items to show expiration dates, bottle of Clorox (or similar brand) wipes.
- Comfortable classroom with proper lighting, seating and paper/pen if needed.

#### Activity

- NASCO Food Safety Bingo: (800) 558-9595, [www.enasco.com](http://www.enasco.com)
- *Optional*: Tour of the facility dining room and kitchen.

#### Introduction

When dangerous germs contaminate food, food poisoning can occur. This causes about 5,000 deaths each year. Prevention is the key as food safety applies to everyone.

Although main meals are served in the dining room, many assisted living residents will still grocery shop, have food items in their apartment and may even do some light cooking or food preparation. It is also common for residents to bring food home from a restaurant (doggie bag) or even the dining room. Foods can be contaminated in any of these situations causing a foodborne illness. Therefore, it is important that residents understand and follow food safety guidelines.

#### **Key Points**

- Foods contaminated by harmful bacteria and viruses, like E. coli, can cause a food borne illness. Older adults and children are considered most susceptible.
- Food can become contaminated during every stage we have contact with food: shopping, transporting, preparing, and storing.
- Food poisoning can be prevented by understanding and practicing safe food handling techniques.

## Discussion

*This section begins the lesson instruction. Begin by using the key points about food safety and the potential consequences of food poisoning to “grab” the participants attention and demonstrate the importance of the lesson material. To assist with lesson delivery, follow the outline below and always encourage participation from the group. The lesson activities can be done during the discussion to enhance the learning experience.*

Seniors have years of experience and a strong background in the areas of food shopping and consumption. However, the way food is produced, distributed, prepared, and even eaten has changed dramatically in recent years. This has created a number of crucial food safety issues that could lead to serious illness, even death. Taking a few simple precautions can prevent these foodborne illnesses.

**Decision-making:** Federal studies regarding safe food handling show that seniors do a better job than any other age group. Most participants in the HEAL program understand food safety guidelines and why they are important. While they have little control over the assisted living facility’s kitchen practices, they can do their part to follow food safety guidelines by washing their hands before meals, reading expiration dates on food they keep in the apartment and even washing that apple from the fruit basket in the lobby. Remind them that the kitchen does have health codes to follow and if they are concerned or have a question, speak to the staff or ask for a kitchen tour. The biggest food safety issues in assisted living facilities are residents bringing leftovers back to their apartment and refrigeration and storage time.

### 1. What is Food Poisoning?

The Centers for Disease Control estimate 76 million people each year get sick by eating contaminated food. Food poisoning is often referred to as a foodborne illness. The main causes are bacteria and viruses. Some of the more common names are: **Salmonella, E. coli, and Hepatitis A**. When food becomes contaminated with bacteria or viruses that cause foodborne illness, a person can become ill by eating the food. Older adults and children are considered most susceptible.

Foodborne illness can occur within 24 hours of eating contaminated food, or even days or weeks later. Common symptoms of foodborne illness include: **diarrhea, nausea, vomiting, abdominal pain and fever**. The most common symptom is diarrhea. Most cases of foodborne illness never get diagnosed because symptoms are mistaken for the flu. The Centers for Disease Control estimate that 300,000 people each year are hospitalized for food poisoning.

Each year in the United States, 5,000 people die from food poisoning. Older adults have a greater risk of death from eating tainted foods than younger adults. Other serious complications include arthritis, blood poisoning, liver disease, meningitis, kidney failure, strokes and seizures.



Contamination can occur during any stage that involves contact with food products-- shopping, transporting, preparing, cooking and storing. To reduce your risk of food poisoning, follow these safe food handling practices:

## 2. Safe Food Temperatures



**212°F Boiling Point**  
Brings water and other liquids to a rapid boil

**160°F-180°F Cooked Food Temperatures**  
Use a meat thermometer and temperature chart

**140°F-160°F Hot Foods Holding Range**

**Danger Zone 40°F-140°F**  
Perishable foods like meat, poultry, fish, shellfish, milk and eggs can become seriously contaminated if left unrefrigerated. Warm temperatures can lead to dangerous bacteria growth. **IF FOOD STAYS IN THIS RANGE** for more than two hours, or more than one hour in hot summer months, it should be **THROWN OUT**.

**Safe Refrigerator Temperatures 32°F-40°F**  
This is a safe temperature for transporting and storing perishable foods because refrigeration slows bacterial growth. When a refrigerator is set at 40 degrees or below, it will protect most foods until they are eaten or their storage time expires.

**Safe Freezer Temperature 0°F**  
Foods kept at this temperature will have an extended storage time. Freezing stops, but does not kill, harmful bacteria.

### 3. Shopping Safety

Since assisted living residents have three meals a day prepared and served for them, they seldom cook. However, they may still do food shopping, especially for snack items like yogurt, peanut butter or canned soup. Residents must be cautious about purchasing foods they will not use in a timely manner and be aware of a food item's expiration date as some have much longer dates.

#### Shopping Suggestions:

- Select your packaged and canned foods first.
- Shop for meat, poultry, fish, shellfish, milk, eggs and frozen food last so that these foods spend less time in your shopping cart, warming up to room temperature.
- Buy pasteurized milk, cheese, ciders and juices.
- Choose eggs that are not cracked, that look clean and have not expired.
- Don't buy cans or jars that are dented, bulging, cracked or have loose lids.
- Purchase produce that is not bruised or damaged.
- Choose frozen packages that are not open, torn, have crushed edges or are above the top of the store freezer compartment.
- Transport food to your assisted living apartment as quickly as possible, in a cooler or insulated bag if necessary.

#### Also in the store, Food Product Dating

Product dating is not required by federal regulations. Therefore, there is not a standard dating system. However, common product dating used by manufacturers can provide basic information about foods. Common food product dating codes:

- **sell by:** Tells the store how long the product should be displayed for sale. You should not purchase the product after this date.
- **best if used by (or before):** Tells how long the product will retain its freshness, peak quality, and best flavor. This is not a food safety date.
- **use by:** The last recommended date for using the product at peak quality. This date is determined by the manufacturer. Discard when "use by" date has expired.
- **closed or coded:** Manufacturer's packing codes for the products, which assist in tracking inventory, rotating stock or locating the product if a problem arises. These dates are not an indication of product freshness or quality.

### *In the classroom...*

A HEAL class student proudly stated that she had healthy yogurt in her refrigerator. It had been purchased by her family and in her refrigerator since she moved in. That was six months ago! Following food safety techniques discussed in class, she immediately went back to her apartment to check the food expiration dates. Turns out her “healthy yogurt” had expired four months previously.

This student had a difficult time finding/reading some expiration dates. The instructor spent time assisting her. Several other food items in her refrigerator and pantry had also expired.

#### **4. To Safely Bring Food into Your Assisted Living Apartment**

- In the summer, grocery shop early in the morning or in the evening when it is cooler outside.
- Don't do other errands on the way home from the grocery store. The temperature in a parked car in the summertime can exceed 140 degrees within a few minutes!
- While transporting groceries, always keep cold foods cold and hot foods hot, even if traveling in the designated assisted living van.
- When shopping with family or friends, place food in the air-conditioned part of the car, not the trunk.
- Refrigerate or freeze perishables or prepared foods within two hours; one hour if the temperature is 90 degrees or higher.
- If the travel time from store to home will be longer than one hour, pack your perishable food in an ice chest or insulated bag. Be especially careful to do this during hot weather.
- Carry-out foods from a restaurant, grocery store deli or any packed lunches or ice chest items all must be handled with the same precautions.

#### **5. Food Safety in Your Kitchen**

##### **Avoid Cross-Contamination**

Cross-contamination most often occurs in the kitchen when microorganisms such as bacteria and viruses are passed from one food to another, from hands, kitchen utensils, equipment and surfaces. This is particularly true with contact from raw poultry, meat, seafood and their juices.

Improper food handling at home can contaminate food and cause food poisoning. Foodborne illnesses could be reduced by nearly half if people washed their hands more often when handling foods. So it is important to take the necessary steps to prevent cross-contamination throughout the kitchen.

Most assisted living residents do not prepare complex meals. However, if they do, the following rules should be followed:

- Wash hands thoroughly for 20 seconds with soap and warm water before, during and after cooking and eating.
- Sanitize cutting boards after each use, plastic is preferable.
- Consider using disposable wipes for clean-up or paper towels to dry your hands rather than a kitchen towel, which may harbor harmful bacteria after repeated use.
- Properly disinfect after each use: kitchen countertops, the sink and drain.
- Thoroughly clean all utensils, dishware and kitchen tools that came into contact with foods.
- Wash dishcloths and sponges frequently. The sour smell they sometimes have is caused by bacterial growth. The bacteria in sponges can be reduced by almost 100% by soaking them for five minutes in a water/bleach solution, heated in the microwave for one minute or tossed into a load of laundry (hot water only).

### Safe Food Handling

- When preparing foods, use clean utensils, dishware, cutting boards and be sure to wash your hands for 20 seconds.
- Wash all produce before eating it, including those with rinds that are not edible. Use a brush to carefully rinse and scrub fruits and vegetables under running water. *Do not use bleach or soap*, as these products may leach into food.
- **NEVER thaw food on kitchen counters or at room temperature.** Foods can be thawed in the refrigerator or in the microwave and then prepared to cook. Another option is to immerse the frozen food in cold water. Change the water every 30 minutes to maintain the cold temperature. However, this process can be complicated if you forget about the food left in the sink.
- Avoid “tasting” partially cooked or raw meat, poultry, eggs, fish or shellfish.
- Always cook food to the proper internal temperature to ensure harmful bacterial have been destroyed. Use a food thermometer!
- With cooked food, after serving, refrigerator or freeze promptly.
- Always label and date stored foods.

Also, a food safety handling mistake in an assisted living dining room, kitchen or any food preparation area can be fatal to residents. Consider an educational tour of these areas. Residents could suggest/arrange this through the resident council or activity director.

### Teaching Technique - B-I-N-G-O

A great way to review the lesson is to play NASCO's Food Safety Bingo. The game comes with all the needed materials and instructions. Have fun! Consider awarding a winner, or two, a prize relevant to the lesson like an insulated lunch/storage bag, kitchen clean up wipes or even a plastic cutting board.

## Refrigerator/Freezer Safety

Most apartments in assisted living residences have refrigerators of varying sizes. Many are small and the freezer in the unit is part of the refrigerator and does NOT properly freeze foods. Other assisted living refrigerators however, have freezers with a separate door. These usually will handle frozen foods like most full size refrigerator/freezer units.

- Keep the refrigerator between 32° F and 40° F and check periodically using a refrigerator thermometer. A temperature over 40° F can cause bacteria to multiply and contaminate food. Keep the freezer at 0° F.
- Make sure the refrigerator is not too full, cold air must be able to circulate to keep foods safe.
- Raw meat, poultry, and seafood should be kept separate from other foods in the refrigerator and placed so that their juices do not drip onto other foods or surfaces within the refrigerator.
- Secure stored foods by using dishes, containers and food wraps that avoid spoilage. Spoiled foods that spill can contaminate other foods in the refrigerator through contact or by absorbing odors.
- Clean up spills or food package leakage immediately and disinfect the refrigerator on a regular basis. Warm water and baking soda can be used to clean the refrigerator. The sodium in the baking soda kills most bacteria that may be growing in food spills. It also helps to remove spots (very mild abrasive) and reduces odors.
- Check for expired food dates often and throw the food away.
- Label and date all restaurant “doggie bags” and food carried from the assisted living dining room before placing them in the refrigerator. Discard, if not used, within 2-3 days.

### 6. “When in doubt, throw it out”

- If food is obviously spoiled, moldy or past its expiration date, throw it away. Do NOT try to determine safety by tasting the food as this can be dangerous.
- If you’ve had food longer than the “safe period,” you should throw it away: one to two days for meat, fish, poultry; three days for casseroles and cooked vegetables.
- If the food has been left unrefrigerated for more than two hours throw it away or after only one hour if stored at 90° F or higher.

### 7. Restaurant Food Safety (including the assisted living dining room)

- Check to make sure your dining area is clean, including utensils, cups and plates.
- The wait person should look well-groomed.
- When the food arrives, hot foods should be hot and cold foods should be cold.
- The cleanliness of the bathroom and kitchen are a good indication of overall restaurant sanitation standards.
- Any food taken from a restaurant should be labeled, refrigerated within 1-2 hours, and discarded if not used within 2-3 days.

## **CAUTION**

One HEAL class encountered these food safety issues:

- A resident's family purchased food items, the resident "didn't bother with them," and the day we looked, the food had expired several months ago. This is very dangerous! Remind participants to frequently look at expiration dates of foods in their refrigerator, freezer and pantry.
- Several residents had visual impairments and needed assistance reading expiration dates and refrigerator temperatures. The instructor spent time helping them in their apartments.
- The refrigerators at many assisted living facilities are only small units with minimal freezer space that is not a separate door. These do not reach a temperature of 0 degrees. Therefore, storage space was limited and items stored in the freezer had a shorter storage time. Address this issue if this is the case in your assisted living. Some facilities have refrigerators with a separate door for freezers that usually will properly handle frozen foods.

*This ends the lesson discussion. Follow it with the Q & A.*

### **Q & A**

Q: Has food safety advice changed over the years? What's different now? Is there anything in the information presented that's different from what you have always thought to be true?

Q: How do you feel about the idea of throwing away food if you are not sure if it is spoiled?

Q: What are some of the things you will do differently now because of this lesson discussion?

Q: Do you label and date "doggie bags" from restaurants? Do you label and date leftovers from dining room meals?

### **Educational Giveaways – Optional**

- Food thermometer
- Lunch/storage insulated bags
- Kitchen clean up wipes
- Plastic cutting boards

Assisted living resident participants should now have a better understanding of the importance of safe food handling practices to reduce the risk of a foodborne illness. Most important for them is discarding items and leftovers in their apartment at the proper time.

Encourage them to follow these food safety tips. It is still a danger even though most meals are professionally prepared for them.

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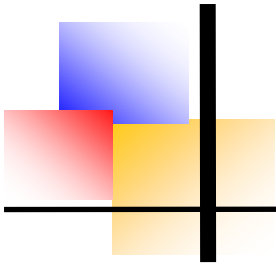
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# HEAL

## Health Education for Assisted Living

### Lesson : **Healthy Eating & Low-cost Shopping**

This lesson is designed to introduce participants to eating and shopping habits that help save money and create healthy, low-cost meals and snacks. Participants will also learn how to read food labels and have the opportunity to participate in a grocery store tour.

**Why is this important?**  
Studies have shown that a healthful diet in our later years helps reduce the risk of disease, like heart disease, diabetes and osteoporosis, as well as manage the diseases' signs and symptoms.

#### Learning Tools

- Senior Wellness Series Fact Sheet, *Healthy Low-cost Eating and Shopping*.
- Enough food labels for each participant, preferably several that can be compared (like cheddar cheese and reduced-fat cheddar cheese or plain mini wheat cereal and the frosted variety).
- Comfortable classroom with proper lighting, seating, and paper/pen if needed.
- A healthy snack of whole wheat pita bread and hummus (garbanzo beans).

#### Activity

- Reading and understanding food labels
- *Optional*: Grocery store tour

#### Introduction

Though assisted living facilities offer their residents full meal service, many residents may choose to still prepare their own meals or have snacks in their apartments. This lesson can help those residents make the best choices for their needs, like choosing only healthy snacks or finding ways to save money.

#### **Key Points**

- As we age, nutrition remains an important part of our lives.
- Using coupons, comparing cost per serving and buying generic are just a few ways to save money at the grocery store.
- The “Nutrition Facts” on the food label can help you easily make smart food choices.

This lesson may need to be tailored to each individual group depending on class size, level of independence and apartment facilities available, like freezer size or microwave accessibility. The grocery store tour, which will vary for each participant, is highly recommended.



## Discussion

*This section begins the lesson instruction. Begin by using the key points and ways to stretch their limited dollars to “grab” the participants attention and demonstrate the importance of the lesson material. To assist with lesson delivery, follow the outline below and always encourage participation from the group. The lesson activity can be done either during or after the discussion.*

As we age, nutrition remains an important part of our lives. Studies have shown that a healthy diet in our later years helps reduce the risk of disease, like heart disease, diabetes and osteoporosis, as well as manage the diseases’ signs and symptoms. Improper nutrition can lead to problems recovering from an illness, increase in health care costs, higher incidence of nursing home admission and a poorer quality of life.

However some “healthy” food choices like fresh fruit, chicken or nuts are often more costly, leading seniors to buy less expensive, less nutritious foods. So how can we make healthy food choices while on a budget? While assisted living residents have meals provided, it is important to be able to shop and prepare healthy low-cost snacks and light meals for when they want to stay in their apartment or entertain.

**Decision-making:** Decision-making abilities regarding healthy food choices in an assisted living facility have been discussed in Chapter 5 & 6, which can be referred to for this lesson. Also, participants have the choice to supplement the daily menu, create snacks or eat meals in their apartment by shopping. If they feel they are not offered enough fresh fruit choices they can purchase fruit and keep it in their apartment. If they feel they are not offered whole grain rolls at meal time, they can shop for this item and the kitchen may even store it for them and serve upon request. Participants do have options, help them *discover* what they are; ask the group for their ideas! If money becomes an issue, discuss ways to save money at the store using the lesson outline and find out where the bus takes residents for shopping and bring in relevant sale ads or coupons.

### **1. Healthy Eating**

Remember to choose...**MORE:** *fruits, vegetables, foods high in fiber and calcium rich foods ...LESS:* *foods high in sodium, saturated fat, sugar and cholesterol...AVOID:* *trans fats.*

- For healthy snacks or to supplement a meal, keep frozen and canned produce on hand, look for “no salt” or “no sugar” added.
- Use healthful spices, like cinnamon in plain oatmeal, even in the dining room.
- Try different combinations: crunchy cereal sprinkled on yogurt, salsa added to a scrambled egg, grapes or nuts in a leafy salad. These can be tried in the dining room too!

- For a recipe that makes more than one serving, freeze small individual portions creating a “frozen dinner” for another meal. Don’t forget to label and date the container.
- Consider substitutions: a low fat frozen fudge bar for ice cream, popcorn for potato chips, non-fat yogurt on a baked potato instead of sour cream.
- Snack ideas: dip pretzels into hummus, enjoy cottage cheese and fruit, spread peanut butter on celery, add an almond to the center of a dried plum or try soy nuts.

Special considerations:

*Trouble chewing?* Try other foods like applesauce, cooked cereals or eggs.

*Trouble shopping?* Ask a friend for help, try store delivery or use the store scooter.

*Trouble cooking?* Buy prepared snack foods and eat main meals in the dining room.

*No appetite?* Eat with friends, try spices or herbs, talk to your doctor.

## 2. Low-Cost Shopping

- Clip coupons, look for the store’s weekly specials or join the store “reward” program to save money. Even compare prices and cost/serving with a calculator.
- Share the food item and cost with a friend.
- Shop around: Wal-Mart will accept all store sale ads and coupons, while pharmacy stores like Walgreens and dollar stores often offer great deals on non-perishables - - check the bus schedule!
- Always shop with a food list to avoid impulse buying of items you may not really need.
- Consider buying store brands or items in bulk, like toilet paper.
- Canned and frozen produce is economical, convenient and nutritious.
- For those who plan to prepare main meals: watch for special pricing on meat, chicken and fish; buy fresh produce in season; save with day old bakery items (use immediately or freeze; remember that sometimes more is better, like plain oatmeal in a large container costs less than the single serve flavored varieties.

## 3. A Healthy Low-Cost Favorite...Beans!

Beans are high in protein and fiber, low-fat, inexpensive and easy to prepare. Beans contain sugars that sometimes cause stomach gas, so always soak, then rinse, before cooking to reduce these sugars. Also, gradually introduce beans into your diet. For more serious symptoms try an anti-gas aid available at grocery and pharmacy stores.

Beans come in many varieties and can be used in soups, casseroles, stews, meatballs or meatloaf as a side dish and in many Mexican food recipes like tacos, burritos and tostadas. *Enjoy a bean snack today in the form of hummus! (or offer another snack containing beans)*

#### **4. Understand/Reading the Nutrition Facts Label**

This is an educational activity for both grocery and non-grocery shopping residents. Those who are still purchasing food items, through this activity, will learn to understand “nutrition facts” on the food label that will help them make healthier low-cost food choices. For those residents who may not shop, family members often bring food into their apartment. Understanding the food item’s label will help them make healthier food choices.

Follow the [Teaching Technique](#) with the food label items to complete this activity. For an additional preparation tool visit: <http://www.cfsan.fda.gov/~dmsfoodlab.html>.

#### **Teaching Technique - The Food Label**

The “Nutrition Facts” on the food label can help you easily make smart food choices. Use the guide below to discuss food label reading with the participants.

Tips:

- Keep these low: saturated fats, trans fats, cholesterol and sodium.
- Get enough of these: potassium, fiber, vitamins A and C, calcium and iron.
- Use the % Daily Value (DV) column when possible: 5% DV or less is low, 20% DV or more is high.
- Always check serving size first as this will help you evaluate the nutritional and economic value. Don’t forget to check calories too, 400 calories per serving is high.
- Use the food label and ingredient list to determine if the food has an ingredient you are trying to avoid, like trans fat, or one you want to include, like fiber from a whole grain source.
- Snacks can undermine an otherwise healthy diet, so choose carefully.

To practice food label reading with the participants, provide each one with an actual food label. Labels could include: TV dinners, cheese, milk, cereal, crackers, or have participants bring in a package from a food item they eat often. Having several of a similar item to offer a comparison works well too, like cheddar cheese and reduced fat cheddar cheese (same calcium but different fat contents).

Give everyone a few minutes to look at their label and then go around the room discussing each food label and answering questions.

<b>Nutrition Facts</b>	
Serving Size 1 cup (228g)	
Servings Per Container 2	
Amount Per Serving	
<b>Calories</b> 250	Calories from Fat 110
% Daily Value*	
<b>Total Fat</b> 12g	18%
Saturated Fat 3g	15%
Trans Fat 3g	
<b>Cholesterol</b> 30mg	10%
<b>Sodium</b> 470mg	20%
<b>Total Carbohydrate</b> 31g	10%
Dietary Fiber 0g	0%
Sugars 5g	
<b>Protein</b> 5g	
Vitamin A	4%
Vitamin C	2%
Calcium	20%
Iron	4%
* Percent Daily Values are based on a 2,000 calorie diet. Your Daily Values may be higher or lower depending on your calorie needs.	
	Calories: 2,000    2,500
Total Fat	Less than 65g    80g
Sat Fat	Less than 20g    25g
Cholesterol	Less than 300mg    300mg
Sodium	Less than 2,400mg    2,400mg
Total Carbohydrate	300g    375g
Dietary Fiber	25g    30g

← **Start**

**Check Calories**

**Quick Guide to %**

**Limit These**

**Get Enough of**

**Footnote**

Teaching Technique  
-  
Label Example

5 % or less is low  
20% or more is high

Using the Quick Guide and the Macaroni and Cheese label:

Is this food high in sodium? **YES**

Is this a good source of fiber? **NO**

*In the classroom...*

One HEAL Program class included a one-hour tour of Trader Joe's. Three "instructors" were available to help the five residents who had either a mobility or vision issue. The tour included residents shopping in pairs and looking for healthy snack items and food items discussed (or tasted) in class. Each were reminded to look at food expiration dates, healthy ingredients and cost.

What they purchased: Greek style yogurt, whole grain bread, strawberries, hummus, pre-made salad/sandwich, non-trans fat peanut butter and tofu cream cheese. Several of the residents "shared" food items to avoid throwing away unused/expired food and to save money. They "split" a dozen eggs, strawberries and whole grain bread.

At the next class, participants were "thrilled" to go on the tour and could not wait to go again! They loved being able to participate in shopping again and leaving the facility for an activity other than a doctor appointment. The shopping trip also gave them a choice whether to go to the dining room for a meal or simply enjoy tasty snacks in their own apartment. Two participants also shared their tour experience with family and encouraged them to buy the same items they did!

The tour can be a great learning opportunity for the participants, but also an emotionally uplifting experience for the residents.

### ***Optional: Grocery Store Tour***

This tour offers participants several things. For the more active, independent residents, it provides an opportunity to put into practice the various lessons of the HEAL program: Food Choices for Healthy Aging, Food as a Preventive Medicine, Hydration and Food Safety. These residents may also still be doing some meal preparation in their apartment and the lesson will focus on healthier food choices for light meals and snacks.

For less active and independent residents, this gives them a chance to go on a guided facility activity, perhaps visit a store they are not usually able to and make a few healthy snack purchases.

The tour should be planned on the usual class day and time and to a store the class has agreed upon. The instructor should become familiar with the layout of the particular grocery store being toured and should consider contacting the manager of grocery store so that the teaching session does not surprise store personnel. If possible, bringing one to two other staff members or volunteers to assist residents is a good idea, especially if a large number use walkers or wheelchairs.

The “teaching session” of the tour will depend on the participants in attendance and grocery store size. A session can be conducted by beginning in produce and walking the perimeter of the store discussing areas of interest, comparing brands and reading food labels.

Most fresh, unprocessed items are located around the store perimeter. The aisle displays tend to have more packaged and processed foods and these tend to be more expensive than unprocessed foods. Also look for generic/store brands and their cost difference, in-store specials and remind participants that in an usual shopping setting all perishable items would have been purchased last.

Participants may shop in small groups (or alone) while the instructor meets with each group to find certain items, assist in reading food labels or offer nutrition reminders like choosing more whole grains.

The tour may take anywhere between 30 to 90 minutes to complete. The following week in class, be sure to discuss the tour. What did participants buy? Find new? Learn?

## Q & A

Q: Have you tried any of the ideas we've talked about today or ideas similar to the ones we discussed before? How did they work out for you?

Q: Were there any ideas we talked about today that you haven't tried? Which of those would be the easiest to start doing? Which might be difficult for you to start doing?

Q: Were you surprised by anything you read on the food labels?

Q: Is there anything you might do differently now in your grocery shopping?

## Educational Giveaways – Optional

- Magnifier card lens to better see/read the food labels.

Participants should now have a better understanding of the importance of shopping habits to help save money, ways to create healthy, low-cost meals and snacks and how to read food labels.

Encourage participants to follow some of these tips and to practice food label reading while at the grocery store.

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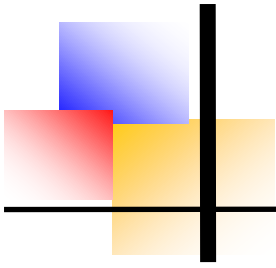
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### Lesson : **Water: Fountain of Life**

This lesson is designed to introduce participants to information regarding maintenance of adequate body fluid levels because older adults are more vulnerable to dehydration, which can have life threatening consequences.

**Why is this important?**  
One out of three people over the age of 65 will be hospitalized this year for nothing more than dehydration.

#### Learning Tools

- Senior Wellness Series Fact Sheet, *Water: Fountain of Life*.
- Water bottle to show 8 fluid ounces (or 64 oz).
- Comfortable classroom with proper lighting, seating and paper/pen if needed.
- Blender, cups, and ingredients to prepare a fruit smoothie (yogurt, banana, juice, frozen fruit).

#### Activity

- Prepare a fruit smoothie as a healthy, hydrating drink.

*Recipe:* In a blender combine 1 banana, 3 cups of non-fat vanilla yogurt, 3 cups of frozen fruit (no berries with seeds for those who may have diverticular disease) and 16 ounces of juice (any flavor, orange is a good choice). Makes about 6 to 10 servings depending on cup size. Any combination of fruits will work and any amounts will work too – experiment! Consider soy milk, protein powder, flaxseed meal or vegetables.

#### Introduction

Drinking water is essential to our overall health and helps us feel better, giving us more energy for daily activities. Not drinking enough water can lead to dehydration, a frequent cause of hospitalization for older adults.

It is especially important that assisted living residents understand the dangers of dehydration and why seniors are more at risk. Students must also be aware of dehydration symptoms and how they can maintain an adequate fluid balance for good health.

#### **Key Points**

- Older adults are more vulnerable to lower water intake that can lead to dehydration, hospitalization and even death.
- Water is a vital fluid often overlooked in our diet and we need to drink at least 48 to 64 ounces per day.

## Discussion

*This section begins the lesson instruction. Begin by using the key points and statistics on dehydration to “grab” the participant’s attention and demonstrate the importance of the lesson material. To assist with lesson delivery, follow the outline below and always encourage participation from the group. The lesson activity can be done either during or after the discussion.*

As we age we become more vulnerable to lower water intake that can lead to dehydration. Dehydration is one of the most frequent causes of hospitalization among people over 65, and about one-half of those hospitalized for dehydration die within a year. Therefore, it is important to learn about water and its role in the body, dehydration symptoms, people who would be considered “at risk” and how to maintain adequate fluid levels in the body.

**Decision-making:** Older adults are more vulnerable to low water intake that can lead to dehydration, hospitalization and even death. Stress to the participants that maintaining an adequate fluid balance is important in preventing dehydration but also that it helps improve health and feel better, today. Most participants are aware that they make the choice to drink plenty or not enough fluids, especially water, on a daily basis. What you may hear from participants are reasons or excuses of why they do not. Use the Teaching Technique in the lesson outline to further address this. You can ask the participants who do drink plenty fluids to share with the class how they do it and encourage peer-to-peer teaching and learning (empowerment). Also, make sure you assign lesson homework and give out a small “prize” to those who complete the assignment. Homework will encourage participants to take the lesson information, put it into practice, and make their own life decision. The majority of assisted living facility dining rooms offer juice, milk and water at all meals along with foods that can contribute to overall fluid intake needs. Beverages or fruits may also be available for free in an on-site “café,” at special activity events, or for purchase at a “country store” at the facility.

### **1. Why is water important?**

Water is the largest single substance in the human body (from 50% to 75%) and we can't live without it. Every body cell, tissue, organ and nearly every life-sustaining body process requires water. While water is very important to health, this vital fluid is often overlooked in diets with life threatening consequences for older adults.

- Water helps control body temperature.: perspiration keeps us cool in hot weather and protects the body against heat exhaustion and helps the body insulate itself against cold weather.
- Water carries nutrients to body cells and carries away waste.
- Water promotes better digestion and intestinal function.
- Water keeps mouth, nose, eyes and skin moist.
- Water ensures proper volume of blood.
- Water keeps the urinary tract flushed out. This is important because it can reduce the risk of urinary tract infections. Urinary tract infections can be quite serious, even fatal in an aging person.



## **2. What happens when you don't drink enough water?**

Not consuming enough fluids and/or foods that contain water can lead to dehydration, a serious medical condition that often requires hospitalization. The first sign of dehydration is usually thirst, which generally occurs when you have already experienced a 1% to 2% loss of body water. Many older people, however, have a diminished sense of thirst and may be seriously dehydrated before they experience this warning.

Another easy to check, early sign of dehydration is the color of your urine. It should be clear or pale yellow. Darker urine may indicate you are not meeting your fluid needs.

### **Other dehydration symptoms include:**

Dry mouth, dry flushed skin (skin that doesn't bounce back quickly when lightly pinched and released), headache, fatigue and impaired physical performance, increased body temperature, increased but weak pulse rate, rapid breathing, dizziness, increased weakness, labored breathing, muscle spasms, swollen tongue, delirium, poor blood circulation and failing kidney function.

## **3. Why are older adults more susceptible to dehydration?**

Maintaining adequate fluids is crucial for those over age 60 because dehydration is one of the most frequent causes of hospitalization for the elderly. Approximately half of those hospitalized for dehydration die within a year.

- Aging is associated with decreased kidney function, which is made worse by lower water intake.
- Aging is associated with a reduced sense of thirst. You can drink enough fluid to satisfy your thirst and still be dehydrated.
- Aging is associated with lower amounts of total body water and if there is not enough water to release waste products, the body will withdraw fluid from body tissues, increasing the likelihood of dehydration. Some older adults experience bladder control problems. To compensate, some avoid drinking fluids to prevent embarrassing accidents.

## **4. What can I do to meet my needs for water?**

Make sure your intake of fluids is 48 to 64 ounces per day. That's a minimum of six 8-ounce glasses per day. In addition to water, (which is absorbed faster than any other beverage and is calorie free) consider these other sources of fluids: milk, soup, fruit and vegetable juice, gelatin (Jell-O), decaffeinated drinks.

Because caffeine and alcohol act as diuretics in the body and increase water loss, beverages such as coffee, tea, liquor and some soft drinks will not contribute as much as you think to your fluid intake. These should be consumed in moderation.

## Be especially careful in the following situations:

- With illness involving fever, diarrhea, nausea and/or vomiting, try sucking on ice chips.
- In very hot weather both indoors and outdoors, especially when involved in outside activities like gardening or running errands, have water available at all times.

## Other ways to meet your water needs:

- Make a smoothie blending yogurt, juice and frozen fruit.
- Have a glass of water or juice when you first get up in the morning.
- Take a bottle of water with you when you travel anywhere – walking, on the bus or in the car, doing errands.
- Whenever you see a water fountain, stop and take a sip.
- Drink water before, after and during physical activity.
- Give yourself "water breaks" throughout the day.
- Eat at least five servings of fruits and vegetables a day because they have a high water content.

### Teaching Technique - A Fruit Smoothie

Many older adults simply do not drink enough water. Ask how many participants do NOT drink 48 to 64 ounces of fluid, mostly water, daily. Have them state why they don't. Then ask, who does? How do they do it? Have them share their tips with those who said they didn't drink enough (you may need to offer more suggestions).

Now, see if the tips can help everyone drink more water.

Often those who say they "do not" drink enough, state that "water is boring" and "I don't like water." Making a fruit smoothie is a great way to demonstrate that a healthy, hydrating drink does not have to be "boring" and can be made to each individual's unique tastes. Prepare the smoothie, either by yourself or with a volunteer, in class so that everyone may observe. Discuss the EASY step-by-step process and ask participants to share alternate ingredients. Then serve and enjoy! Do they like it? Encourage participants to make this in their own apartment, have a smoothie "party" with friends or simply try their favorite ingredients.

## 5. What about incontinence?

Urinary incontinence can become a serious problem as we age. It can have significant medical and social consequences. The problem is estimated to affect as many as 30% of older adults and is more prevalent in women than men. A variety of treatment options are available for urinary incontinence depending upon the condition causing it. Some treatment methods can be as simple as pelvic muscle exercises.

If you are one of the people who don't drink enough fluids because you fear embarrassing bladder control situations:

- When away from home, make frequent restroom visits, even if you don't feel the need. In other words, use every restroom to your advantage!
- Consider adult undergarments for trips away from home if they will make you feel more confident about going out.
- If adult undergarments are too expensive to use at home every day, consider using them at home selectively whenever they work best for you, perhaps at night before going to sleep or when you have company.
- In your apartment, have a urinal or porta-potty handy in any room where you spend a lot of time. If you are uncomfortable having these things out in the open, try tucking them under a table with a long tablecloth in easy reach.
- **Never forget that dehydration is a much worse fate than embarrassment. Dehydration can kill you. Embarrassment can't. Staying home for fear of embarrassment just isolates you, which can lead to poor health and earlier death.**

*This ends the lesson discussion. Follow it with the Q & A.*

### Q & A

Q: Has anyone ever been told by a doctor they did not drink enough water? Ever been hospitalized?

Q: How would you be able to tell that you might be getting dehydrated? What clues might you have even if you weren't thirsty?

Q: What would be the easiest way for you to remind yourself to drink enough water every day?

### Educational Giveaways – Optional

- Water bottle – to encourage more fluid (water) intake on a daily basis by offering a portable, easy to carry, water bottle made with a durable plastic.

Participants should now have a better understanding of the importance of maintaining an adequate fluid intake and how to reduce their risk of dehydration by drinking 48 to 64 ounces of fluid per day.

Encourage them to pay more attention to how much water they drink and have them get creative if need be with water flavorings or 'drink more' reminders.

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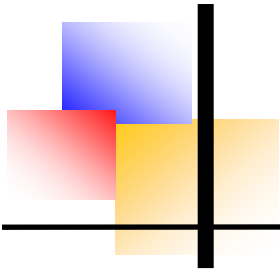
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# HEAL

## Health Education for Assisted Living

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### **Lesson : Preventing the Flu, Colds, & Other Short-term Illnesses**

This lesson is designed to help participants understand that the risks of many potentially dangerous short-term illnesses can be reduced.

**Why is this important?**  
The flu and pneumonia are the sixth leading cause of death and illness for those over the age of 65.

#### **Learning Tools**

- Senior Wellness Series Fact Sheet, *Preventing Short-term Illness*.
- Glo-germ Kit: [www.glogerm.com](http://www.glogerm.com).
- Hand washing items to demonstrate like hand sanitizer, hand wipes, regular soap, nail brush.
- Comfortable classroom with proper lighting, seating and paper/pen if needed.

#### **Activity**

- Hand washing using the Glo-germ Kit.

#### **Introduction**

In a facility like an assisted living or nursing home, residents live in close proximity. Because of age, this is a vulnerable population to catch and spread colds and the flu that can lead to pneumonia and bronchitis.

When others in the facility are ill, it is important to carefully follow the guidelines for preventing the spread of these illnesses.

**Key Points**

- In an older adult, short-term illnesses can have life threatening consequences.
- Techniques to reduce the risk include:
  1. Frequent and thorough hand washing
  2. Immunization

#### **Discussion**

*This section begins the lesson instruction. Begin by using the key points and introduction statements to “grab” the participant’s attention and demonstrate the importance of the lesson material. To assist with lesson delivery, follow the outline below and always encourage participation from the group. The lesson activities should be done during the discussion.*

## Discussion- cont'd

Do you remember the last time you were sick? If your symptoms included fever, vomiting or diarrhea chances are high that germs were involved. Consider these facts: A person over the age of 65 is two to three times more likely than a younger adult to get pneumonia. In an older adult, pneumonia and influenza can be life threatening. Older adults with the flu are more likely to get pneumonia or other serious infections. These illnesses can be much more severe and difficult to treat for those over age 60. However, the risks of getting many potentially dangerous short-term illnesses (the flu, pneumonia, colds) can be reduced with a few simple precautions.

**Decision-making:** The single most important thing we can do to prevent the spread of short-term illnesses is to wash our hands. This is the participants personal decision and directly impacts their health. Spend time discussing the importance of how often one should wash their hands. Participants often choose not to wash their hands before/after certain activities thinking the risk is not present. The residents live in close proximity, are in a high-risk group and are more likely to spread and catch colds and the flu that can lead to pneumonia and bronchitis. Get the participants involved in this discussion, share examples; make it apply to their situation as this will encourage them to make choices, good ones! Have them consider the germs on the elevator button they pushed while heading to the dining room or how many people have touched that bingo chip in the activity room. Also, assisted living facilities may have a hand sanitizer dispenser near the dining room and they may also offer in-house flu clinics. The lesson activity, with Glo-germ, is an “aha” moment for many of them.

### **1. The Role of Germs**

Not all germs or bacteria are harmful. Many of them live in our bodies and many enhance health. Germs are often picked up and transferred by touching things and other people with our hands. Some viruses, such as those associated with the common cold, can jump from person to person by touch, air or contacting a contaminated surface. Some germs that get passed among people live only briefly on the skin and a healthy immune system fights them off. Other germs are more harmful, especially to those who have weakened immune systems. Generally, the immune systems of older adults are not as strong as those of younger adults. Germs include viruses and bacteria. The flu and the common cold are caused by viruses. Some types of pneumonia are caused by bacteria and others by viruses.

### **2. The Secret Weapon: Hand Washing**

The most important thing we can do to prevent the transmission of infectious organisms is to wash our hands often and properly. At any given time, we can have ten million germs on each hand. We should wash: before food preparation, after handling garbage, after gardening, after touching animals or changing a litter box, after using the bathroom. (*The CDC reports that 1 out of 4 people do not!*), after sneezing, coughing or blowing your nose, after contact with publicly used devices such as ATMs, grocery carts, doorknobs, elevator buttons and after handling money.

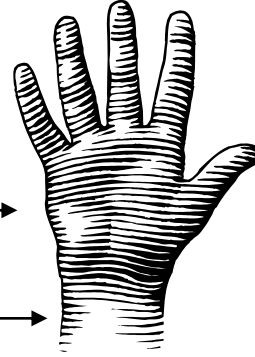
## How To Wash Hands

- Use soap and warm water. Warm water cuts through grease faster than cold water.
- Rub soapy hands together at least **20 seconds** before rinsing.  
Try counting out loud: ("1 Mississippi, 2 Mississippi,... through 20 Mississippi") or sing "Happy Birthday to you" twice.
- Your goal is to loosen dirt and germs. Nail brushes are a great idea!

Scrub between fingers and around fingernails.  
(If needed, take rings and watches off) →

Wash *backs* and palms of hands. →

Don't forget to wash the wrist area. →



- Rinse all of the soap off your hands.
- It's best to dry hands on a paper towel because you can throw it away after one use.

## More about soaps ...

- The main function of soap is to create a slippery environment for microorganisms so that they rinse off.
- Regular soap gives you essentially the same effect as antibacterial soap-the microorganisms are loosened then washed away.
- Antibacterial soaps can be more expensive, are ineffective on cold-causing viruses and may cause skin irritation. However, any soap can irritate or dry out skin so keep some hand lotion nearby.

## Other hand cleaning products ...

- Hand sanitizers can be a good choice (kills 99.9% of germs) in between washing to reduce germs, especially when a sink and soap are not available.
- Antibacterial wipes are good to use on hands and surfaces to eliminate bacteria.

Don't forget the handles of your walker, cane or wheelchair. You can touch a contaminated surface, use a walker to get to a sink to wash hands and then put the clean hands back on the contaminated walker handles.

## Teaching Technique - Hand Washing 101

Hand washing: what more do we need to know? All of us have been doing this all our lives. However, many people “rush through” hand washing and important areas on the hand often are missed or not cleaned enough leaving behind dangerous germs and viruses. This fun activity gives students a chance to see what areas they “missed” during hand washing and also to demonstrate proper techniques.

Before the activity, find a good location with a sink and dark place to view the results (this may be one or two places, i.e. bathroom with an electrical socket or bathroom and an office). Also, have available hand soap, paper towels and make sure the UV light works. Determine if you will ask each resident to participate or will select a few volunteers ahead of time.

Follow the directions in the Glo-germ activity kit. While residents are at the sink, review hand washing techniques and the 20-second rule. After looking at the results, ask residents what common areas were missed and how they could improve. Praise everyone for a job well done and, if possible, give out a nail brush.

### *In the classroom...*

In this particular HEAL class, not all the participants were physically able to stand at the sink, wash their hands for 20 seconds and then show their results to the entire class using the UV light. Therefore, two more “mobile” residents, the Activity Director and a HEAL instructor volunteered to participate in the hand washing demonstration.

It worked well that a sink was in the classroom as everyone was able to see the hand washing take place, and we could all review techniques and “sing.” Once the hand washing was done, these volunteers were asked to stand in the middle of the classroom so that ALL participants could see the results.

Again, due to mobility issues, staying in the classroom to view the results was best. However, the classroom did not have any window coverings and a fairly dark room is needed to properly use the UV light. So before class, the windows were “blacked out” with trash bags!

The activity was not only fun but educational. And, several participants showed off the hand wipes and/or sanitizer they currently carried in their purse and walker basket for better hand hygiene.



### 3. Flu and Pneumonia Shots

- People age 50 and over who are not allergic to eggs should get a **flu shot** every year by mid-November.
- People age 65 and older should get the pneumonia shot. Most people need the **pneumonia shot** only once. Some may need a booster shot 5 to 10 years later.

All assisted living, nursing home or congregate living residents and staff should be immunized.

There may be some relatively minor side effects from a flu or pneumonia shot such as a low fever, redness around the site of the injection or some mild aches and pains. A flu or pneumonia shot cannot cause the flu by itself. For most people, the danger of becoming ill and possibly contracting pneumonia as a result of having the flu are much greater than from side effects from the vaccines.

#### Immunization Tips

- You can get the flu shot and the pneumonia shot at the same time.
- Both are available through doctors' offices and the health department.
- Medicare Part B pays for pneumonia and flu shots.
- **Keep a personal written record** of any immunizations you get. Sometimes the doctor administering the shot or flu clinic location are not always the same every year. Different doctors keep different records. It is up to the individual to keep track of all immunizations.

#### *In the classroom...*

One educational giveaway that the participants enjoying receiving, and is very useful, is the *Senior Health Guide*. This is a 25-page booklet that provides sections for participants to log immunizations and health screenings, and keep track of personal health information.

The booklet can be purchased from Securitec publications ([www.securitec.com](http://www.securitec.com)), comes with a plastic cover and can be imprinted with an organization name/logo.

## Q & A

Q: Based on what we've talked about today, what strategy do you think might be best for each of you in preventing these illnesses?

### Educational Giveaways – Optional

- Nail brush
- Hand sanitizer
- A record book to log immunizations along with other health data (*Senior Health Guide* at [www.securitec.com](http://www.securitec.com))

Participants should now have a better understanding of how to reduce their risk of getting short term illnesses. They should also be more confident in their hand washing abilities as this plays a major role in reducing colds, flu and pneumonia.

Encourage them to make some of these changes.

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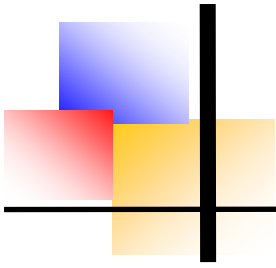
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### Lesson : Reducing Your Risk of Crime & Consumer Fraud

This lesson is designed to introduce participants to ways to reduce their risk of becoming a crime victim, especially by fraudulent telemarketing and identity theft.

**Why is this important?**  
Older people have been found to be more susceptible to crimes that can devastate them economically.

#### Learning Tools

- Senior Wellness Series Fact Sheet, *Preventing Crime in Your Home & Reducing Your Risks of Crime*
- Comfortable classroom with proper lighting, seating and paper/pen if needed

#### Activity

- Provide detailed information about the Do Not Call Registry and how to obtain free annual credit reports (and credit freeze if available in your state).

#### Introduction

Sometimes, because of media attention to crime, people get the mistaken impression that crime is unavoidable, happens everywhere and that older people are the prime targets. This isn't true. The elderly are less likely to be victims of crime than teenagers or young adults. Although less likely to be attacked, older adults are more likely to be injured if they are crime victims and there is a greater potential for serious injury and need for medical care.

Although assisted living residents can worry less about home security, consumer fraud, identity theft and even purse snatching, there are still concerns. So it's important to recognize that there are steps they can take to reduce the risk that they will become a crime victim.

**Key Points**

- It's important to recognize that there are steps you can take to reduce the risk that you will become a crime victim.
- Generally, older people are not victimized by crime to a greater extent than the rest of the population except in purse snatching or pick pocketing.
- Older consumers may be special targets of people soliciting money for fraudulent purposes and can lose any amount of money, from a few dollars to their life savings.

## Discussion

*This section begins the lesson instruction. Begin by using the key points and crime statistics to “grab” the participants attention and demonstrate the importance of the lesson material. To assist with lesson delivery, follow the outline below and always encourage participation from the group. The lesson activity can be done either during or after the discussion.*

Bureau of Justice statistics show that violent crime, personal theft and household victimization rates for people age 65 and older are the lowest of any age group. Older adults in their homes are less likely to be victimized by crimes of violence than being defrauded over the telephone or at the door. Sometimes too, people’s fear of crime becomes so overblown that it paralyzes them into staying home, in effect isolating themselves and enjoying their lives less.

Older people have been found to be more susceptible to crimes that can devastate them economically, such as fraud, medical quackery and con games as well as commercial fraud by telemarketers. The following lesson discussion includes some simple steps you can take to prevent being defrauded, make your apartment more secure and reduce your risk of crime in the community.

**Decision-making:** Participants are very interested in this lesson topic and some of them may have recently been a victim of crime and fraud. If this is the case, ask them to please share their stories so that others may learn from it. Participants have less to worry about in terms of home security but may comment about others “stealing” from their apartment. Discuss ways to protect their belongings like locking up more important documents or items. Some assisted living facilities offer a locked drawer in each apartment. Participants need information about purse snatching, shredding personal information and other safety tips. Also discuss how to avoid being a victim over the phone and through the mail as assisted living residents can be targets especially through these outlets. Encourage them to share some of the lesson handouts (Do Not Call Registry, Annual Credit Report Service and Security Freeze Documents) with their family members. If possible, provide a presentation on these topics at a “relatives meeting.” Also provide information to the assisted living facility’s Activities Director who can answer participant’s individual questions and assist them in filling out the forms. Everyone wants to make the right safety decision, including participants, so spend time discussing what those “right” decisions are using information from the lesson outline.

### **1. Why Do Criminals/Con Artists Target Older Adults?**

- Loneliness. Older adults who have lost friends and family may be more receptive to conversations with friendly salespeople.
- Problems in vision and hearing make it harder to read contracts and literature or hear the salesperson.
- Illness may be a motivator in looking for a miracle cure or low-cost Medigap insurance.

- Limited income with feelings of insecurity for the future may make someone an easier target.
- Possibility of large amounts of cash on hand. Some older adults keep their money at home because they mistrust banks or savings and loans. Availability of cash makes it easier for a person to make a quick decision.
- Retired people may be home more often than younger adults, making them more available as targets than younger adults.
- Some older adults may be more polite and trusting toward strangers than some younger adults. It can be very hard to know when a call is legitimate. It may be difficult to get salespeople off the phone or away from your door even when they are selling something you are not interested in without fear you might seem to be rude.

## **2. Safety tips in the Community**

Older persons are not victimized by crime to a greater extent than the rest of the population, except in crimes such as purse snatching and pocket picking. Although less likely to be attacked, older adults are more likely to be injured if they are crime victims and there is greater potential for serious injury and need for medical care. Your purse or wallet is not worth your life!

However, you still want to be cautious. Low victimization rates mean nothing when you have been robbed or hurt. There are some simple techniques you can use to take control and alter your environment to lower your personal chances of being a crime victim when you are at or away from home.

### **Walking**

- Stay alert when you are on the street and in your own neighborhood.
- Avoid walking at night, especially alone. If you must walk at night, stay in well-lit, open areas and walk close to the facility and street lights.
- Day or night, stay away from dark alleys, dark parking lots, and dark corners. Avoid areas where an assailant might hide, such as dark passageways, shrubbery, and spaces between parked cars.
- Day or night, walk with a friend if possible. Both men and women are safer in the company of someone else.
- If anyone bothers you while you are out walking, ignore the person. Don't engage in conversation or try to be polite. If they persist, tell them in a loud voice, showing anger, to leave you alone. A simple defense against this sort of aggravation would be a loud whistle or scream.
- If you are followed, run to the nearest place where you can find people. Don't be afraid to knock on somebody's door or ask for help.
- Don't be a flashy dresser going out with expensive jewelry or other items of value.

## Don't Carry A Purse!

Not carrying a purse can cut your chances of being robbed by more than 50%.

By not having a purse, you can remove the strongest attraction for a thief to commit a crime of opportunity. Purses are easily snatched when you are carrying them. Also, it's easy to place a purse in a grocery cart, on the handle of a walker or on the back of a chair at a casino or a beauty salon where it can easily be stolen.

- Put money, credit cards and/or your wallet in an inside pocket of your clothing.
- Have a "hidden place" in a walker or wheelchair or safeguard these items someplace other than your purse.
- Don't carry a lot of cash or more credit cards than you need.
- Do NOT carry your social security card with you.

**For people who insist on carrying purses:** Carry a pager-like sound alarm, available at Wal-Mart or Target. When the peg is removed from the device it makes a horrendous noise. Hook the alarm part to your purse and the strap on the peg to your belt. If the purse gets snatched, the alarm will sound and the thief will throw the purse to get away from the noise.

If you fight to save your purse you can be seriously injured.

### *In the classroom...*

A 95-year-old HEAL participant, a frail man on a walker using an oxygen tube, said "They [criminals] can't get me. I have a gun!" The instructor explained that this could turn a simple robbery into a shooting death. Another participant, a woman, then said: "I want to be with him." The instructor asks, "Why? So you can be shot also?"

It is extremely important seniors understand that anything they plan to use against a criminal can be easily used against them! Criminals are good at what they do. This is their job and they don't want to get caught. Seniors are not as able bodied as they used to be and can be more seriously injured, even killed, in a simple struggle for a purse or wallet. DON'T take the risk!

## Keys

- Carry keys in a pocket so if the purse is stolen you will still have your keys.
- Don't put your name or address on your keys because if they are stolen or lost, the thief will know where you live.

## Wallets

- Placement of a rubber band around a wallet can deter a pickpocket because the rubber band creates resistance. You will feel the wallet being lifted. Or, carry it in your front pocket.
- Also, know the contents of your wallet so that they may be replaced in case it is stolen. A good idea is to Xerox copy the front and back of all the contents in your wallet, especially credit cards.

## Bank

- Have Social Security, monthly pension checks and any other regular payments directly deposited to your bank account. This not only removes your exposure to potential theft but also saves you an errand.
- If you go to the bank often, don't go at the same time each day.
- If anyone steps behind you at an ATM, step away and say, "*You go first, I forgot my card.*"
- **If you are approached by a robber, hand over any cash you have or your purse if you are carrying one. Don't resist the robbery because you risk injury to yourself.**

## **Driving: for those who either drive their own car or may ride with family or friends**

- Drive with the car windows up and all the doors locked.
- Keep the car in good operating condition.
- Never allow the gas tank to get below half full.
- Never pick up hitchhikers.
- If you have trouble with your car, stay inside with the windows up and doors locked. Also turn on the emergency flashers or tie a white handkerchief to the antenna or door handle.
- A cell phone with a low monthly rate but higher per-minute charges can be an inexpensive insurance policy. Leave it in the car and have an adapter so that it runs off the cigarette lighter and you don't need to take it out of the car to charge the batteries and possibly forget to return it.
- Avoid driving alone at night if possible. It is safer to drive at night with someone you know.
- For safety reasons, people who live alone should go to the store with a friend and arrange to do their grocery shopping together. Riding to the store with someone else helps both of you.
- Assisted living vans can eliminate these dangerous situations but can also attract criminals looking for "easy pickings."

Follow these same tips while out shopping at the store or visiting a doctor's office. Always pay attention to your surroundings, be aware of your personal belongings and do not go places alone. For emergency help call 911, non-emergency 311 or seek immediate assistance from the assisted living staff.

### 3. Crime Safety in Your Apartment

A thief doesn't have to break into your home to take your money. They can do it if you welcome them either at the door (though this is less likely at an assisted living) or over the telephone. Each year, Americans lose 100 billion dollars to consumer fraud. According to a survey conducted for the National Consumers League, fraudulent telemarketers have approached 9 out of 10 Americans. Scam artists target older consumers – more than 30% of reported consumer fraud involves victims over age 65. And the amount of consumer fraud *reported* may be much less than what actually *occurs*. People who have fallen for a con artist's scam might not report it because they feel embarrassed about it.

#### On the Phone

You lock doors and windows against burglars, so why allow any potential thief into your home via the telephone?

If you never buy from, invest in or donate money to any organization or person contacting you by phone (mail, email or at the door too), you will never lose any money to con artists.

Con artists are always developing new telephone, door-to-door, mail and Internet scams or television "infomercials." Always be leery of offers that sound too good to be true.

#### Common Scams

- *Charities:* A non-existent charity or a person claiming to be with a legitimate charity may call asking for donations. Fraudulent charities may pay a large part of the money donated to the people soliciting donations rather than on the charitable services described.
- *Prize Offers:* You are notified that you are guaranteed to win a large cash prize, some other prize or maybe a free vacation. In order to get the "free" prize, you have to do something, such as purchase something else or pay "shipping and handling charges" or some other type of fee to acquire the item. In the end, you don't get the prize. No legitimate contest requires an entry or finalist fee.
- *Miracle Cures/Vitamins:* The seller makes all sorts of claims. Even if you do get a product, it doesn't do what you were told it would or you get something very inexpensive for a substantial amount of money.
- *Typical Ploys:* "This offer won't last," "You pay ONLY," "You've won a FREE."

**To reduce the number of telemarketing calls you receive, register your phone number with the FTC's National Do Not Call Registry. Register by phone at (888) 382-1222 or online at [www.donotcall.gov](http://www.donotcall.gov). Reduce junk mail by submitting a form and \$1 fee to the Direct Marketing Association. The form can be found at [www.dmaconsumers.org](http://www.dmaconsumers.org).**



## Teaching Technique - Take Action

Encourage participants to take action and reduce their risk of consumer fraud. They can do this by registering their telephone number with the National Do Not Call registry, monitoring or freezing their credit report and eliminating unwanted junk mail by contacting the Direct Marketing Association ([www.dma.org](http://www.dma.org)).

Allow class time for this activity. Participants may need help dialing phone numbers, addressing envelopes, finding internet sites or may have additional questions. They may also be interested in simply gathering all the necessary documentation for the person (family member, accountant) who assists them with these matters.

### Avoid consumer fraud using these tips:

- Never purchase anything over the phone from someone who called you.
- Never get involved in personal conversations with telephone solicitors. They are not your friends. *They want your money!*
- **Never give out important information such as your credit card, social security, or bank account numbers to anyone who calls you.**
- If you have a difficult time hanging up on phone solicitors use an answering machine or caller ID to filter calls. And remember, it's okay to say NO and hang up.
- Be cautious of scams through the mail and on the Internet.

### 4. Understanding, Protecting Against Identity Theft

According to the Federal Trade Commission, an estimated ten million Americans are victims of some form of identity theft each year. The loss to business is estimated at more than \$33 billion a year and consumers spend countless hours and money to rectify the damage done to their good name and credit report. Identity theft occurs when a thief obtains personal and/or financial information about you and then uses it without your knowledge to commit fraud or theft, like opening a credit card account in your name. What can you do to prevent identity theft from happening to you?

- Shred all discarded personal information; a cross-cut shredder is best.
- Do not give out personal information via the phone, internet or by mail unless you can verify who will be using this information and why.
- Keep an accurate account of your financial information in a safe place.
- Limit the number of credit cards you carry and **NEVER** carry your Social Security card in your wallet.
- **Obtain a copy of your credit report at least once a year. A free report is available from each of the three reporting agencies once a year by calling (877) 322-8228 or online at [www.annualcreditreport.com](http://www.annualcreditreport.com). A credit freeze can be placed on your credit report if your state allows (find out at [www.consumerunion.org](http://www.consumerunion.org)).**

*This ends the lesson discussion. Follow it with the Q & A.*

## Q & A

Q: What's the easiest, simplest way to protect yourself when you are at home?

Q: When we were talking about different ideas for preventing crime, were there any ideas presented that you thought would be easy to start using? Were there any ideas you especially liked?

Q: Were there any ideas that you didn't like?

Q: How do you usually respond to unfamiliar people calling you?

Q: Do you have any thoughts on how you might respond differently than you do now?

## Educational Giveaways – Optional

- A flashlight key chain or whistle

Participants should now have a better understanding of the importance of reducing their risk of crime in the community and in their apartment.

Encourage them to follow these precautionary steps, especially in regard to avoiding consumer fraud and identity theft.

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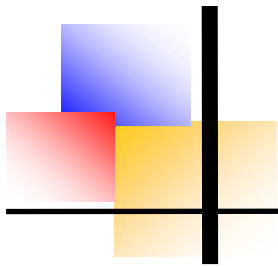
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# HEAL

## Health Education for Assisted Living

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### **Lesson : Strategies for Making Ends Meet: Cutting Costs & Using Programs**

This lesson is designed to introduce participants to the wide variety of programs and means available to save money and better live within our budgets.

**Why is this important?**  
When we discover and use strategies to save money, we can improve the quality of our lives.

#### **Learning Tools**

- Information on area stores and the discounts that are offered.
- Brochures from various medical/health community organizations.
- Comfortable classroom with proper lighting, seating and paper/pen if needed.

#### **Activity**

- Open discussion about ways to save money.
- *Optional:* Presentation by the Social Worker, Resident Services Director, Billing Manager or another assisted living staff member that assists residents with community programs and/or money related issues.

#### **Introduction**

A lot of information is included here. This lesson should be adjusted based on the participants in the class. In terms of “cutting costs” some residents may still be handling their own money and budgeting is a necessity. While others however may have less of a need as family members or guardians now manage their finances. Also, some residents may be more independent (shopping, driving and involved in outside activities) while other residents may be more dependent on the services offered by their assisted living. Regardless, each participant will have much to contribute, based on past experiences, to the lesson discussion.

#### **Key Points**

Most of us have a fixed amount of money to live on and there are strategies for getting the most out of it. These strategies include:

- Ways to cut costs in everyday activities -personal services, clothing, household items and entertainment.
- Government/private sector programs-legal help, tax form preparation, health care costs and widow’s benefits.

The “using programs” section will of course vary as to services, programs and organizations available in each city, county and state.

## Discussion

*This section begins the lesson instruction. Begin by using the key points and strategies to “grab” the participant’s attention and demonstrate the importance of the lesson material. To assist with lesson delivery, follow the outline below and always encourage participation from the group. The lesson activity can be done either during or after the discussion.*

Most of us have a fixed amount of money to live on and there are strategies for getting the most out of it. When we discover and use these strategies, we can improve the quality of our lives. The key is to be able to focus on what is important to each of us.

**What is the relationship between quality of life and income?** The following concepts do not necessarily require large amounts of discretionary income.

- **Standard of living:** how much money you spend on your lifestyle.
- **Quality of Life:** how much fulfillment you get from your lifestyle
- **Frugal:** avoiding unnecessary expenditures.
- **Deprivation:** a state where we go without what is necessary to the extent that we lower our quality of life.

**Are there ways to better live within our budget?** If we spend our resources on what we get the most fulfillments from, we can have a high quality of life whether or not we have a high standard of living. Below are some examples:

- If our grandchildren are important to us, spending time reading to them from a book we borrowed from the library or sending them cards with little jokes and loving reminders, can be every bit as fulfilling and possibly more so than buying them the latest fad toy.
- If good food, good friends and conversation are important to us, then inviting friends for dinner or tea and a chat can be as fulfilling as going out to an expensive restaurant with them.

**Decision-making:** This lesson covers 2 sub-topics: cutting costs and using programs. Participants are very interested in the section on community programs and the resources that are available to them. Some participants have even used a few of the programs before. If so, ask them to share their experience. The section on cutting costs is very straightforward. As an instructor, make sure you use examples that directly relate to the participants as this will make the lesson more effective for them. Use the assisted living facility newsletter or activity calendar as a guide for where they shop, stores they visit or ask a participant or two prior to the class for a few suggestions. However, most often people like to make the choice to save money so this will be an easier lesson in this regard! What you might hear from a few participants is “I don’t handle my finances anymore so I don’t make these choices.” Remind them that this is still their life and possibly still their money. They can always ask family members to buy soy Tofutti Cuties rather than ice cream sandwiches, say that a neighbor has a grabber and they would find that useful too, or that rather than buying an expensive

gift for a grandchild they would like to spend time with them at an ice cream shop. Family members want to help or “do the right thing” while offering independence if possible, they just may not always know how. So encourage participants to talk with their family.

*Lesson section 1:*

### **Cutting Costs**

*Each of you has lived for a long time and undoubtedly know some good methods for cutting costs. As we go through the list of ideas that I have for you, I would like to hear from you what your ideas are.*

The following sections offer suggestions on where and how to cut costs in everyday living. Another great way is to ask around! Your apartment neighbors, friends, family or even staff members may know of a great inexpensive place for lunch, a fun program at a senior center, a free event at a local library or have coupons for an upcoming store sale. Share your tips too! This is also a great way to meet your neighbors and make new friends. You may even participate in an activity you haven't done before. All while saving money!

#### **Teaching Technique - Get Involved**

This lesson activity can be tailored to the needs and interests of the participants.

Here are some ideas:

- Look at the Sunday newspaper ads for needed items and sale prices.
- Cut and exchange coupons.
- Write down activities and programs of interest and sign up.
- Presentation by the Social Worker, Resident Services Director, Billing Manager or another assisted living staff member that assists residents with community programs and/or money related issues.

## 1. Store Shopping

- **Thrift** stores have good deals, although you might have to search through the inventory a bit. There are many thrift stores in the Las Vegas area: *Opportunity Village Thrift Stores, Savers, Goodwill, Catholic Charities Thrift Stores, Charleston Outlet and Deseret Industries*. \* All usually have good clothing selections as well as household goods.
- **Consignment** stores usually sell clothing and occasionally some household items. Their goods tend to cost a little more, but often are of higher quality than what is found in thrift stores. Also, consignment shops allow you to sell clothes you no longer use that are in good shape. You split the resale price with the store after the item is sold. Check the Yellow Pages under "*Consignment Service*."
- **Factory outlet** stores are no longer full of factory overstocks, since the factory outlet store now serves a market niche of its own. Sometimes cheaper versions of products are manufactured to meet the demand for name brand products at reduced prices through these stores. You can still get good deals like on "sale" items, however, just be aware that everything is not a bargain.
- **Warehouse club** like *Sam's Club and Costco* do offer some good deals when you buy in bulk.\* Make sure that anything you buy in bulk will be completely used or it's not a bargain. You may want to split the cost of a membership with a friend or buy in bulk together, splitting the cost and the merchandise. Good choices may be toothpaste, toilet paper, laundry detergent or even dog food. Keep in mind your storage space.
- **Discount** stores including *Big Lots, Smart and Final, Wal-Mart, and K-mart* offer many good deals.\* And don't forget the "everything is a dollar" stores such as *99 cent store* and *The Dollar Tree*, when purchasing household supplies, personal care items, gift wrap, decorative items, etc.\*

### Other Tips on Stores

- Get yourself on the mailing lists of stores you like so that you are notified of sales.
- Shop the newspaper's Sunday advertisements to see what is on sale and at what store.
- Sign up for the store saving cards which can help save money at grocery stores and pharmacy stores like *CVS* and *PetsMart*.\*
- Most thrift stores in the Las Vegas area and some stores which sell new merchandise have senior citizen discount days each week. The *Ross Dress-for-Less* is Tuesday and *Savers Thrift Store's* discount day is Wednesday.\*
- The facility might also have a small store carrying necessities like toilet paper.

## 2. Senior Centers

Many health-related services, exercise classes, educational programs and social activities are offered for free at senior centers. Find one near your assisted living facility and get on the mailing list to receive the monthly calendar. Perhaps there will be an event others are interested in and the facility van can transport everyone there.

## 3. Personal Services

Many assisted living facilities have a beauty salon on site with reasonable prices and may have manicure days conducted by the nursing staff. For other services, such as the “special treat” massage, consider a beauty school. Their services are performed by students and observed by instructors for almost half the cost of a full service salon.

## 4. Personal Care Products

These type of products may be available for purchase at a “mini-store” in the assisted living facility. While there may not be a variety of brands, the convenience and affordability are pluses. Another option, look for personal care products in a dollar store

## 5. Entertainment

- The Las Vegas area offers a wide variety of free or low cost entertainment through libraries, senior centers, arts centers and parks and recreation programs.
- Check the entertainment section, “NEON,” each Friday in the *Las Vegas Review Journal* for information on local low-cost or free events. Similar information can be found in the free newspaper, *Las Vegas Weekly*, and *Lovin’ Life after 50*. \*
- A listing of movie theaters and current pictures can be found daily in the *Las Vegas Review-Journal*. Most theaters offer discounts to seniors and less expensive, matinee pricing on movies shown before 6 pm. The *Las Vegas Weekly* offers a free preview of newly released movies occasionally so check their entertainment section.\*
- *Use the Internet!* You can get free instruction at local libraries and senior centers, which also offer free access. This way, you can email friends and family, saving money on long distance calls. You can read magazines or newspapers, find coupons, search for area activities, play games, shop or even book a trip.
- Don’t overlook the assisted living monthly schedule! Activities Directors spend a lot of time scheduling a variety of activities to hopefully accommodate every resident’s interest.

## 6. Transportation

- **Assisted Living Van/Bus**

This offers residents “right at your door” transportation service. Most will take

residents shopping on planned outings and to doctor appointments. Inquire about trip availability and ask about scheduling procedures.

- **Your Car**

Compare gasoline prices at different stations: *Smith's or Vons Grocery Store, Sam's Club and Costco* offer gas incentives for using their savings card. You can further save on gas by keeping your engine tuned, your tires inflated to the correct pressure and driving the speed limit.

## 7. Credit Cards

Credit card terms vary so shop around. Is there a "free" or "grace" period that allows you to pay your current balance in full before a specified date in order to avoid a finance charge? Always pay bills on time to avoid late charges or increased rates.

**Also, close the bank!** Loans of money to family and friends are hard to collect. Often, relatives are the last to be paid. "NO" is often the best answer to requests for loans. Also, if you agree to co-sign on a loan, be prepared to pay it off.

*Lesson Section 2:*

### Using Programs

*We will now discuss specific government and private sector programs in areas of health care costs, automobile insurance, widows' benefits, legal help and tax form preparation assistance. While considering these programs, keep the following in mind:*

- In some programs, applicants must meet income qualifications or have limited assets before benefits can be received: In others, income and assets are irrelevant.
- Try not to make too many assumptions about whether you qualify for a given program since the method of calculating income and resources varies from program to program.
- For each program you are interested in, call to find out where and when you can fill out an application. Some applications can be done by mail. If you must visit a program in order to fill out an application, ask what documents you should bring with you.

*See Lesson Section 1...*

**Teaching Technique - Get Involved**



## 1. Medicare

The Centers for Medicare & Medicaid Services (CMS) administers Medicare, a Health Insurance Program for people 65 years of age and older, some disabled people under 65, and people with End-Stage Renal Disease (permanent kidney failure treated with dialysis or a transplant). Several programs include the Original Medicare Plan, Medicare Advantage and Medicare HMOs. To find what is best for you and to determine eligibility:

- **State Health Insurance Advisory Program** at 486-3478 for free help in understanding your options under Medicare. This is a state program that will give you unbiased information to help you decide which Medicare option is right for you. They will not, however, make a decision or recommendation for you – only you can do that. HMOs in the Las Vegas Area include PacificCare Secure Horizons and Health Plan of Nevada Senior Dimensions.
- **Medicare.gov** provides Internet access to Medicare benefits, eligibility, enrollment and preventative health information. You can also view claim information, download online forms and publications and receive up to date important message from Medicare.

### **Waiver of Medicare *Part A* Deductible for Inpatient Hospitalization**

Medicare Part A covers inpatient hospitalization (and does not include physician charges, outpatient services, or doctor visits). Several local hospitals have programs under which enrolled senior citizens will have their Medicare Part A deductible for Hospital Services *waived* if they are admitted to that hospital while enrolled in the program.

- **H2U** is a healthcare organization that empowers people 50+ to manage their health and live a healthy lifestyle. Local H2U affiliates include Sunrise, MountainView, and Southern Hills Hospital. A 1-year membership currently is \$ 15 a person. In addition to the waiver and member hospital privileges, the program also offers wellness and educational classes, social activities, online health tools, health screenings and service discounts. For more information, call 735-5510.
- UMC offers **Senior Celebrations** for people 50+. Membership benefits include lectures, seminars, health screenings, cafeteria discounts, prescription program, resource referral, health and safety classes and local business discounts. Enrollment is free, call 383-2229.
- The Valley Health System (Valley, Desert Springs, Spring Valley, and Summerlin Hospital) has the **Senior Advantage Program** for people age 50 and older. Offers include physician referrals, blood pressure checks, quarterly magazine, special events, hospital benefits, prescriptions discounts and water aerobic classes. Enrollment in this program is a \$10 lifetime fee. For further information, call 853-3008.

## 2. Medicaid

Medicaid is a state administered program available only to certain low-income individuals and families who fit into a federal and state established eligibility group. Each state sets its own guidelines regarding eligibility and services. If you receive Medicaid, it will pay for both Part A and B of your Medicare premiums.

An alternative to the regular, full-benefit Medicaid program is the Qualified Medicare Beneficiary (QMB) Medicaid Program. Sometimes people whose incomes are not low enough to qualify for full-benefit Medicaid do qualify for the QMB Program, which will pay Part A and B Medicare premiums, deductibles, and coinsurance amounts for people 65 or older, or for people of any age who are disabled. Another Medicaid program called SLMB, or Special Low-Income Medicare Beneficiary Program is available. If your income is too high to qualify for QMB, SLMB pays your Medicare Part B premium only.

For more information on any of these Medicaid options, call *Nevada State Welfare Division* at its main Las Vegas branch office (486-5000). The Internet address for Nevada State Welfare is: [www.welfare.state.nv.us](http://www.welfare.state.nv.us).

## 3. Medigap Insurance

Medigap is supplemental insurance sold by private insurance companies to Medicare recipients and it is designed to fill the “gaps” in health care not covered by Medicare. Be aware, however, that prescription coverage is available only under some types of Medigap policies, and that the coverage available is limited and can be expensive. You should also know that there are ten different versions of the Medigap policies available, identified as forms A (least expensive) through J (most expensive). Any specific form of a Medigap policy from one insurance company will be identical to the same form issued by any other insurance company. Prices, however, will vary from company to company for identical policies, so it pays to shop around.

You can find out more about Medigap policies by calling SHIP, *State Health Insurance Advisory Program*, at 486-3478. Also the *National Committee to Preserve Social Security and Medicare* (1-800-966-1935) distributes an informative booklet, “Buying Your Medigap Policy.”

## 4. Prescription Coverage

- **Hospital-sponsored senior groups.** Membership in a hospital-sponsored senior group such as H2U, Senior Celebrations or Senior Advantage, described above, usually includes discounts on prescription medications at certain pharmacies.
- **Private insurance.** Some private insurance plans cover the costs of prescription medication. Find out about your options under your policy for using mail order pharmacies to fill the prescriptions for medication you take regularly. Often you can get a 90-day supply for less than you would spend on co-pay for a one-month supply at your regular pharmacy.

- **Medicaid.** Full-benefit Medicaid covers prescription medication. In Nevada, you may have a limit on the number of prescriptions that will be paid for each month. However, you can get around that limit by having your routinely taken medication approved by a PAR (Prior Authorization Request). Medication approved on a PAR does not count toward your Medicaid prescription limitation and the PAR is usually approved for a year at a time after which you must reapply (talk with your doctor). Also, consider a mail-order pharmacy to save pharmacy trips. Just make sure it is a Nevada Medicaid-approved provider.
- **Options under Medicare.** Medicare Part D covers prescription medication (generic and brand name). You can join a Medicare prescription drug plan, a Medicare Advantage Plan or other Medicare Health Plans that offer drug coverage. Like other insurance plans, if you join, you will pay a monthly premium that varies by plans and a yearly deductible (no more than \$250 in 2006). You will also pay a part of the cost of your prescriptions, including a copayment/coinsurance. Costs will vary depending on which drug plan you select, so compare and choose wisely. Nevada Senior RX (866-303-6323) also offers Medicare Part D cost assistance.

### **If you have no prescription coverage ...**

What if your Medicare or other insurance does not cover prescription medications and you have difficulty paying for them out-of-pocket but you do not qualify for full-benefit Medicaid? There is help.

- **Drug Manufacturers' Programs.** Most pharmaceutical companies have voluntary programs to help people get needed prescription medications for free if they meet eligibility requirements. Each program works a little differently. It does take some work, as each drug manufacturer must be contacted separately, and usually your doctor's office has to get approval for you. Not all medications are covered but many commonly used ones are. More information about these programs, including a list of medications available and information for your doctor's office how to contact drug company programs is available in a booklet, "Pharma Packet," which is prepared by the staff of the U.S. Senate Special Committee on Aging. You can have a free copy mailed to you by contacting the *Office of Senator Harry Reid* in Las Vegas at 388-5020.
- **Clark County Medical Assistance Program.** No matter your age, if you meet low-income guidelines and do not have insurance coverage for your prescriptions, this program can help you get your medication at no charge to you. (This program also helps people who have no insurance coverage for any medical services.) For further information, contact *Clark County Social Services* at 455-4270 or 455-8682.

### **5. American Association of Retired Persons (AARP)**

- **Income Tax Preparation.** Free income tax form preparation assistance to anyone age 50 or over. You do not need to be a member of AARP to get this service. For more information, call AARP at 386-8661. Also, check with your local Senior

- **55 Alive Driving Classes.** If you are 55 or older and have a good driving record, you can take this class, and get a reduction on your automobile insurance premiums. The \$10 class is offered at various community locations. Call *AARP* at 386-8661 for information. You **do not** need to be a member to take this class.

## 6. Other Community Programs for Clark County

- **Senior Citizens Law Project.** This program provides free legal counsel and assistance to Clark County residents age 60 and over. Matters handled include: simple wills, powers of attorney, landlord/tenant disputes, problems with social security and other public entitlement programs, advance directives (living wills and durable powers of attorney for health care), consumer disputes and small claims instructions. Matters *not* handled as of this writing include criminal cases, divorces, bankruptcies and malpractice cases. Call 229-6596 for more information on services available.
- **Nevada Center for Ethics and Health Policy.** This free program offers various End-of-Life Care related workshops and directory referral hotline. Topics include: Advance Directive's or Living Wills for healthcare classes, communicating with loved ones on difficult medical matters, understanding Patient's Medical Rights, basic Nevada medical resources, understanding hospice and end-of-life care services, tapping into grassroots health coalitions services, healthcare ethics, etc. Please call 702-257-5537 for more information or to schedule free classes for your group. Download a free Advance Directive Kit at [www.healthethics.org](http://www.healthethics.org). It includes a Living Will for Healthcare, Durable Power of Attorney and Letter to Loved Ones (available in English & Spanish).
- **Widows/Widowers of Veterans.** Spouses of deceased veterans who lost VA survivor benefits when they remarried – and now are no longer married – may be eligible to have those benefits restored. For more information, call the *VA Regional Office in Reno* at 1-800-827-1000.
- **Nevada Division for Aging Services,** 486-3575.
- **Clark County Senior Advocate Program,** 455-7051.

### *In the classroom...*

For this lesson, students shared they saved money by shopping at the 99 cent store, using the facility beauty salon, splitting and sharing the cost of snack food, buying a few items from the facility's "Country Store" where items (tissue, shampoo, snacks) are one dollar and donated clothing is free. Most were also part of the Medicare HMO Senior Dimension.

*This ends the lesson discussion. Follow-up with the Q & A and lesson activity.*

## Q & A

Q: Do any of the programs that we have discussed sound as if they might be of benefit to you?

Q: What might stop you from applying for them?

Q: What is the likelihood that you will engage in an activity similar to the ones we discussed today?

## Educational Giveaways – Optional

- Paper, pen and notepad to keep track of cutting cost suggestions or community programs for future reference. Or, remind participants prior to class to bring these items.
- Any brochures, handouts or newsletters on the programs discussed during the lesson.

Participants should now have a better understanding of the wide variety of programs and means available to save money and better live within their budgets, thus enhancing their quality of life.

Encourage participants to implement several of these strategies and follow up with them next week on how they worked.

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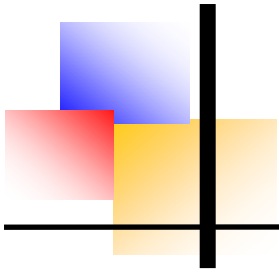
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\* Brand names are used for illustration purposes only and do not constitute an endorsement by the HEAL Program or Cooperative Extension.



# HEAL

## Health Education for Assisted Living

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### Lesson : **Reducing Personal Risk Factors of Accidental Falls**

This lesson is designed to teach participants how to modify personal risk factors to reduce the risk of being a victim of accidental falls.

**Why is this important?**  
One out of three people over the age of 65 fall every year.

#### Learning Tools

- Senior Wellness Series Fact Sheet, *Reducing Personal Risks of Accidental Falls*.
- Comfortable classroom with proper lighting, seating and paper/pen if needed.

#### Activity

- A 10-minute walk around the facility (in/out doors) if feasible, perhaps even demonstrating the use of a pedometer. The purpose is to get a little exercise to improve balance and mobility (and also to get a little Vitamin D from the sunshine if outdoors).

#### Introduction

In 2002, 1.6 million adults 65 and older were treated in the emergency room because of falls. In addition to environmental risk factors for being injured in an accidental fall, such as poor lighting or loose area rugs, there are individual risk factors that make it more likely someone will be injured in a fall.

For example, people over age 55 are more likely to fall than younger adults and women are more likely to fall than men.

#### **Key Points**

- Certain individual risk factors make it more likely that someone will fall and be injured.
- Techniques for modifying or coping with personal risk factors may reduce the risk.

Other personal risks for falling can be reduced or have some chance of being reduced, through our own actions. Discuss these important risk factors with the assisted living residents: visual impairment, improper footwear, postural hypotension, multiple diseases, medications, experiencing a fall in the past, depression and inactivity.

## Discussion

*This section begins the lesson instruction. Begin by using the key points and statistics about falls to “grab” the participants attention and demonstrate the importance of the lesson material. To assist with lesson delivery, follow the outline below and always encourage participation from the group. The lesson activity can be done either during or after the discussion.*

There are several personal risk factors associated with falls. Some of those risks cannot be reduced through our own initiative like being over age 55 or being a woman. Other personal risk factors can be controlled or can be somewhat controlled by our actions.

**Decision-making:** Choices play a key role in these two lessons as they ask participants to understand the risk factors and then make the *decision* to prevent accidental falls. One out three people over the age of 65 will fall every year and 40% of all nursing home admissions are due to accidental falls. Would participants really rather live in a nursing home? As you and the participants discuss the lesson, focus on the pros and cons of each risk factor. What may happen if we have a throw rug near our bed? What if we don't? What do we gain by exercising? What happens if we don't exercise? Weigh the benefits of each risk factor and ask the participants what is the better decision for them? Then encourage them to do it! Get participants really involved in the lesson; ask them to share experiences or problems. Also, make sure you assign lesson homework and give out a prize to those who complete the assignment. Homework will encourage participants to take the lesson information, put it into practice, and make their own life decision. Most assisted living facilities offer exercise or balance classes and have staff available to help residents with activities ranging from changing a light bulb to assisting in the shower.

### **1. Visual Impairment**

Poor vision can lead to falls. Have regular eye exams and have your vision corrected, if needed. Wear properly fitted, clean glasses. Some eye disorders and diseases can limit your vision or cause blindness, like age-related macular degeneration or Cataracts. So take extra precautions with visual impairments to reduce falls.

### **2. Improper Footwear**

Choose footwear with closed heels and toes as they are less likely to catch on something that could possibly cause a fall. Make sure the soles of your shoes and slippers are not too slippery and have good traction. Wear shoes while you are inside and outside of the house and avoid going barefoot.

#### *In the classroom...*

An instructor suggestion, well received by one HEAL class, was to “greet the day.” Simply take a few moments each morning as you wake, sit on the edge of your bed and welcome and be thankful for the day and its activities. The benefits are starting the day on a positive note and avoiding a life threatening fall.

### 3. Postural Hypotension

Dizziness or lightheadedness upon standing, or postural hypotension, is caused by a decrease in blood pressure. Experiencing some postural hypotension is normal but it can be severe enough to cause fainting, especially when standing up after being in bed for several hours. It can also increase in severity with various illnesses and medications. You may wish to use a walker or some heavy, solid object, like a heavy stuffed chair, to hold on to for support.

### 4. Multiple Diseases

Some diseases, like Parkinson's, have symptoms that may contribute to accidental falls. Having multiple diseases is a risk factor that we often have no control over. However, we can reduce our risks of getting some major diseases in the future through the proper choices that we make now about nutrition and exercise. It is also possible to reduce complications of some diseases, like diabetes, through nutrition and exercise.

### 5. Medications

Two-thirds of adults 65 and older use one or more prescription drugs each day and a quarter of them take three drugs each day. Medications can produce different side effects in different people. Side effects such as blurred vision, unsteadiness, dizziness and postural hypotension are common in blood pressure medicines, muscle relaxants and pain relievers. These side effects increase your risk of falling.

**Multiple medications:** If you are taking more than one medication, side effects may be produced by the interaction of the drugs in your body. Other drug interactions can happen with an existing medical condition or with a certain food/beverage as well as alcohol. You should also keep a list of all prescription medication, over-the-counter medicines, vitamins and herbal supplements that you take so that your doctor can review this list during each office visit.

#### CAUTION

You should have medications monitored by your doctor regularly. Promptly report any side effects. It is possible that they can adjust the dosage or exact type of medication prescribed to eliminate side effects. Ensure that all medications are labeled correctly. Taking the wrong medicine or missing a dose can be dangerous. Not taking medication as prescribed kills 125,000 Americans each year – by either taking the incorrect dosage or not at proper times.

Your doctor receives updated information on medications on a continual basis. So even if you are at your doctor's office for a symptom you think is unrelated to medication, have your doctor review your current medication list while you are there.

Also, a **pharmacist** can answer questions about prescriptions and over-the-counter medications. You may have multiple doctors but one pharmacist. They can run medications for possible interactions. A pharmacist also tends to have more time for one-on-one contact.



## 6. Experiencing a Fall in the Past

Of those aged 65 and over who fall each year, two-thirds will fall again within six months. Evidence suggests that the fear of falling is a top concern for older adults. This worry, fear or anxiety may cause a person to restrict their physical activity or be more overly cautious about walking. It may also cause older persons to become increasingly dependent or even depressed. If for any reason you feel unstable on your feet, use a walker or a cane.

## 7. Depression

An estimated 2 million adults 65 and older have a depressive illness. A person who is depressed may experience inattention, be anxious and in a hurry, fatigued, irritable, impatient or have a misperception of the environment, symptoms that can lead to an accidental fall. Other symptoms of depression include ongoing sad or empty feelings, chronic aches and pains, appetite problems, thoughts of death or suicide, memory problems and a lack of energy. If you think you might be depressed, just talk with your doctor about what you are experiencing.

Many seniors are isolated. One advantage of assisted living is sharing meals with others and having group activities. If you see a new resident or seemingly isolated resident, ask them to join you. Helping others makes us feel better too!

## 8. Inactivity

More than two-thirds of older adults are not involved in regular physical activity. Inactivity leads to poor balance and muscle strength that are crucial for overall health and fall reduction. Also, a person who does not exercise is more likely to be severely injured if involved in an accidental fall.

Muscles become smaller and weaker with lack of exercise, and fat replaces muscle. Weak muscles make us more prone to falls because they cannot help protect joints or provide necessary strength and balance. If you exercise regularly this will increase and maintain your strength, mobility, and balance.

Regular physical activity can also help to prevent or delay certain diseases or disabilities, like diabetes or osteoporosis. Four types of exercises that help older adults gain health benefits include: **endurance, flexibility, balance and strength exercises**. Examples include walking, an aerobic or stretch class, chair exercises, yoga, dance, swimming, even housework and gardening. A recent study showed that Tai Chi participants improved their balance and cut their risk for falls in half after just a few weeks of classes.

*It's never too late: One study of frail older people in their late 80s and 90s showed after six weeks of a weight training program muscle strength increased by an average of 180 percent!*

## Teaching Technique - A Walk in the Park

An important aspect of fall reduction and overall health is being physically active. Now, this doesn't have to be a one hour aerobics class! Focus on enjoyable activities, like taking a walk. A walk outside can offer numerous health benefits, be educational, include nature exploration, and may even be a social activity.

Use some of these ideas and take the class on a 10 minute walk outdoors. If the weather is disagreeable, take a walk indoors. Also, consider those who may walk at slower pace or need assistance and encourage residents in scooters to participate as well.

If a walk is not feasible, ask participants to discuss if they currently exercise and what types of activities they do. If none, what are they interested in doing. Perhaps a new class can be formed.

### Walking

This is a good exercise and a daily brisk walk can reduce your risk for heart disease by 30 percent. Other walking benefits:

- It can be done at a pace that you set for yourself.
- It takes good walking shoes but no other equipment.
- It can be done when you want.
- It strengthens muscles in the lower body.
- It helps build new joint bone and tissue.
- It helps to prevent or slow down osteoporosis by increasing bone density and boosts the immune system.

Check with your doctor before starting any exercise program and always start slowly. Your goal should be to achieve and maintain fitness with moderate exercise. However, if you are not in prime physical condition, violent physical exertion may result in an increased risk of heart attack or injury.

### *In the classroom...*

Many residents do not go out of the assisted living facility or if so, only to get in a car or van and leave. This was the case for several students in the HEAL program until our walk. The class was anxiously awaiting the end of the lesson and, according to the Activities Director, had talked about the walk all week. It was a beautiful morning for a walk and everyone participated. Some of the residents had not been outside since they moved in, while a few others said they had not been on a walk and seen the landscaping. Everyone said they would do this again!

*This ends the lesson discussion. Follow it with the Q & A and the lesson activity.*

## Q & A

Q: Did you hear anything today when we talked about preventing falls that you think might be a good idea for you?

Q: Were there any ideas that you didn't like?

Q: Out of all we talked about today, what would be the easiest change to make to your home to reduce the risk that you will have an accidental fall?

Q: What change would be the hardest and why?

## Educational Giveaways – Optional

- *Exercise: A Guide by the NIA*: free 80-page booklet, 1-800-222-2225.
- *My Medicines Booklet*: [www.chpa-info.org](http://www.chpa-info.org).

Participants should now have a better understanding of how to reduce the risk of accidental falls by understand personal risk factors. Encourage them to follow some of these tips.

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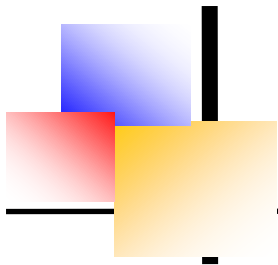
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### Lesson : Preventing Falls in Your Apartment

This lesson is designed to teach participants how to modify environmental risk factors to reduce accidental falls in their apartment or around the facility.

**Why is this important?**  
Accidental falls are the leading cause of home injury and death for those 65 and older.

#### Learning Tools

- Senior Wellness Series Fact Sheet, *Preventing Falls in Your Home*.
- Items to be used for demonstration: a rug, cord, nightlight, etc.
- Reach extender also called a “grabber” for lesson activity.
- A list of how the assisted living facility can assist residents: who to call if a light bulb needs changing, what to do if another grab bar needs to be installed, a review of how the “call button” works.
- Comfortable classroom with proper lighting, seating and paper/pen if needed.

#### Activity

- Demonstration and practice with using the reach extender.
- *Optional*: A tour of a resident’s apartment to look for risk factors discussed in class.

#### Introduction

Though residents are now in assisted living, their risk for falls is still high, especially since many of them may now require more assistance than when they moved in. Being aware of environmental risk factors and making some changes can reduce residents’ risk of having an accidental fall.

#### **Key Points**

- Most accidental falls are due to hazards that are overlooked and easily fixed, like a spill on the floor.
- An accident fall can lead to minor injury, hospitalization, surgery, long-term disability or death.

Residents, and staff, should check the apartment for hazards that might cause a trip, slip or fall. When a safety hazard is spotted, correct it as soon as possible. Make sure residents understand how to use the alarm device to call for assistance. Be aware, too, of possible hazards in current surroundings like a dropped fork in the dining room or uneven pavement when getting off the bus at an appointment.

## Discussion

*This section begins the lesson instruction. Begin by using the key points and statistics about falls to “grab” the participants attention and demonstrate the importance of the lesson material. To assist with lesson delivery, follow the outline below and always encourage participation from the group. The lesson activity can be done either during or after the discussion.*

Accidental falls are the leading cause of home injury and death for those 65 and older. Older adults are at a greater risk for falls than are younger adults. An accident fall can lead to minor injury, hospitalization, surgery, long-term disability or death. Of the 200,000 older adults who fracture their hip each year, nearly one third result in death.

Most often accidental falls are due to hazards that are overlooked, like a spill on the floor, but are easily fixed. Checking your apartment for hazards that might cause you to trip, slip, or fall will reduce your risk of accidents.

**Decision-making:** See *Reducing Personal Risks Factors of Accidental Falls*, page 13-2.

### **1. Provide Adequate Lighting**

Changes in vision occur with aging. Older adults require up to three times more light and their eyes do not adjust as quickly to light conditions changes (going from a brightly lit room to a darker one).

- Keep lights on in the rooms that you are using or walking through.
- Create consistent lighting that is free of shadows and glare. If lights cause glare try frosted or fluorescent bulbs.
- Leave lights on for when you return to your apartment, especially at night.
- During the day, open the curtains and shades to let in more sunlight.
- Are lamps working? Do light bulbs need replaced?
- Consider adding other light sources; use a nightlight.

### **2. Clear Loose Objects and Clutter from the Floor**

- Keep things off the floor like magazines, books, shoes, boxes or other objects.
- Anything blocking passageways through a room or hallway should be removed.
- Furniture placement should be designed to assist with balance.

### **3. Check Electrical and Phone Cords**

- Any cords should be set against a wall or behind furniture where they can't be tripped over.
- Watch for any household electrical item cords (vacuum cleaner or iron) that may get in the way during use. Also watch for dog leashes or garden hoses outside.
- Oxygen tubes, which often are longer at home to allow a resident to move about more freely, can easily get tangled and lead to a fall. Ask the oxygen supply company or assisted living staff how to shorten or better manage these tubes.

#### 4. Remove or Secure Loose Area Rugs

- LOOSE RUGS, runners or mats SHOULD BE REMOVED. They catch heels and toes and cause many in-home falls. Some assisted living facilities may not even allow decorative rugs.
- If you USE RUGS in the BATHROOM, CHECK THEM for slip-resistance. Always secure rugs using double-sided adhesive tape or rubber matting. Check them often for wear and tear and replace when needed.

#### 5. Watch for Slippery Substances

- Be careful in the bathroom and kitchenette area where water might be splashed from a sink .
- Clean up any spills immediately.

#### 6. Safety Proof Your Bedroom and Bathroom

- Lamps and/or switches should be near doors and the bed.
- Rearrange furniture to create clear passageways.
- Use a nightlight, especially the ones that come on automatically when it gets dark.
- Consider a flashlight on the bedside table.

#### Teaching Technique - Show and Tell

Accidental falls can easily occur with some of the simplest household items. Using the demonstration items, "show and tell" how they can lead to a fall. For example, fold a corner of the rug up and show how easy it is to "catch a toe" and fall.

Look around the room too for other examples (like excess computer cords near a computer station) or set up some hazards prior to class. This may also present an opportunity to visit a resident apartment and have residents "show and tell" items/ areas that may lead to an accidental fall.

#### Avoid falls in the shower or tub by:

- Using grab bars - - most assisted living facilities have them. Never substitute with a towel bar!
- Using shower seats or transfer benches.
- Placing non-skid strips or decals in tub or shower.
- Making arrangements to have staff assistance during shower time.

#### 8. Avoid Additional Home Hazards

- Store cabinet, closet or shelf items that you use often where they are easily reached.
- Do not attempt to do activities you are unsure about, like standing on a ladder to change a light bulb. Ask for help from maintenance or housekeeping. NEVER STAND on a chair, as that is DANGEROUS. Don't risk an injury!
- Consider buying a low-cost reach extender available at many drug stores. A "grabber" is a long rod with a gripper on the end that you control with a lever. This may be helpful to reach light/medium weight items in a closet or the kitchen. *At this point, demonstrate this useful item!*

## 9. Safeguard Stairs & Steps- Always use handrails for support

Accidental falls can occur in community areas of the assisted living facility or even while you are out at a doctors appointment or visiting a friend or family member's home.

Outside of your apartment be cautious of:

- Uneven pavement or sidewalks, loose gravel, curb height differences
- Being in unfamiliar surroundings
- Unexpected spills on the floor, loose objects, slippery flooring or rubber

**Remember too, often accidental falls occur when we are in a hurry and not paying attention. Always take your time. Better to be "safe than sorry"!**

*This ends the lesson discussion. Follow it with the Q & A.*

### *In the classroom...*

One way to demonstrate the impact of this topic (how often it happens, how easily it can happen and the serious health consequences) ask participants to discuss recent or past fall experiences. Then, relate their information to the lesson information. A HEAL program instructor and a participant had this discussion:

The class was discussing home hazards and in particular, cords. The instructor mentioned even garden hoses that may be outside the facility, dog leashes as pets are allowed, and even oxygen cords, while motioning to a class participant on oxygen. This resident stated that "yes, he had tripped over his longer cord at home" and in fact, after a pause, admitted he had even fallen early that morning! Perhaps it was "not paying attention" he said, which is also discussed in this particular HEAL lesson as a common cause of accidental falls.

Fortunately, the resident was not injured in his morning fall but he had been in the past. Now that he is 95, he is more worried about injuries from a fall as his recovery would be more difficult. Many in the class felt this way too, especially when reviewing lesson statistics on falls and injury.

The participant received some assistance from the assisted living staff and the oxygen supply company in making his oxygen tube in his apartment shorter. They also discussed taking time when moving about the apartment and always being aware of the cord placement and his surroundings. All these suggestions were offered in the lesson and by his peers in class.

## Q & A

Q: Did you hear anything today when we talked about doing things to prevent falls that you think might be a good idea for you?

Q: Were there any ideas that you didn't like?

Q: Out of all we talked about today, what would be the easiest change to make to your apartment to reduce the risk that you will have an accidental fall?

Q: What change would be the hardest, and why?

## Educational Giveaways – Optional

- Nightlight, especially one with a sensor that automatically goes on/off.

Participants should now have a better understanding of how to reduce the risk of accidental falls in their apartment by knowing the risk factors.

Encourage them to make some of these changes in their apartment.

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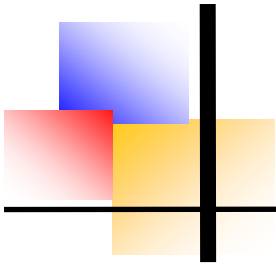
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# HEAL

## Health Education for Assisted Living

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### Lesson : **Active Aging**

This lesson is designed to introduce students to the many opportunities available for an older person who wishes to become more productive.

#### **Why is this important?**

Research has shown that older adults who remain active during their golden years have less depression, loneliness and more control over their lives.

#### Learning Tools

- Senior Wellness Series Fact Sheet, *Active Aging*.
- Senior newspaper or assisted living newsletter, whiteboard and markers.
- Comfortable classroom with proper lighting, seating and paper/pen if needed.
- *Optional*: Presentation by the Activities Director discussing the assisted living facility on-going activities, events, available facilities like a library or computer room and bus schedules.

#### Activity

- Find activities of interest in a newspaper or newsletter and write them on the white board.

#### Introduction

Most older people report that they want to continue being productive as they age. Being productive includes performing paid work but it also encompasses much more caretaking for family members or friends, education, crafts, informally helping family or doing volunteer work. Sometimes people need help to discover ways to become more productive that fit in with their current needs and skills.

#### **Key Points**

- The desire to be productive as one ages is common and healthy.
- Productivity can enhance the lives of older people as well as the lives of others.
- There are numerous ways older adults can engage in "active aging."

The range of "productivity" will vary in an assisted living facility. Some residents may be volunteering/working part-time in the community while others may be involved in a craft class or playing bingo. It is important to encourage all residents to be active and assist them if needed in finding a productive activity that both fits their needs and is enjoyable.

## **Discussion**

*This section begins the lesson instruction. Begin by using the key points to “grab” the students attention and demonstrate the importance of the lesson material. To assist with lesson delivery, follow the outline below and always encourage participation from the group. The lesson activity can be done either during or after the discussion.*

Now that you have decided to retire, how will you make the most of it? Not having “household duties” like cooking, cleaning or lawn care is a plus. You can make the choice to live your life instead of just killing time. Continuing to maintain an active lifestyle as you age unlocks the doors to many opportunities and health benefits. Research has shown that older adults who remain active during their golden years have less depression, loneliness and more control over their lives. When your body is active, your mind is active as well. Like the effect of exercise on the body, your brain is a “use it or lose it” proposition. Make the decision today to stay mentally and physically active.

**Decision-making:** This lesson focuses on decision making by encouraging participants to make the choice to be active. Research has shown that older adults who remain active during their golden years have less depression, loneliness and more control over their lives. Use the assisted living facility newsletter and activity calendar to discuss specific activities available at their facility. Be prepared for comments like “the exercise class is too early for me” or “I don’t like crafts and that’s all we do here.” Ask the participants to offer suggestions in overcoming these obstacles. Also ask: Can you find other activities on the calendar that are not craft related? Probably! Could you speak with the activity director about starting another group that may be of interest to you, like a book club or card group? Probably!

Assisted living facilities offer activities, special programs (like this one!), and bus trips for free with some special events like attending a play or out to lunch for a minimal cost. As an instructor you may also hear other reasons they don’t attend activities like, some people who attend are there only to complain, so participants stop coming. Whatever the reason may be, remind participants that this is their life, their retirement and they make the choice to be active, positive and enjoy life, which promotes good health, or they can choose not to. So they should make decisions for themselves, don’t worry about what other people do or say and for those that want to complain, say you are not interested! More than likely, the participants in this class are the “active” members of the assisted living facility and life-long learners, so have them share what they do to stay active.

### **1. Active Aging and Positive Thinking**

Research has found that keeping a positive attitude about aging can extend your life by seven and half years. A study funded by the National Institute on aging analyzed data collected from 660 men and women to discover these findings. The researchers compared responses to questions on aging in 1975 and examined how their responses

predicated their survival up to 23 years later. They found those with more positive views on aging were living longer. This takes into account factors like age, gender, socioeconomic status, functional and self-reported health and loneliness.

### **Add years to your life and life to your years!**

Any activity is considered a productive activity if it produces goods or services, creates a capacity for others to be productive or yields personal benefits. Another way to judge whether an activity is productive: How do you feel after you have performed it? If you feel good and perceive an overall gain for yourself or others, chances are that the activity is a productive one.

This is a perfect time to accomplish goals you've set for yourself. It is also a good time to set new goals. **Active aging is essential to maintaining your good health.** Whether you start a new career, pursue a lifelong dream or read a book to children at a local school, you can make a positive difference in your life and the lives of others. You have the opportunity to make retirement an enhancement of your life.

## **2. Paid Employment**

Does the thought of going back to work interest you? Working part-time or full-time is a great way to stay productive and earn extra money. You could work in an area that is familiar to you or you can broaden your options into a new area that interests you. These are also excellent ways to earn extra income. There are resources in your community to assist you with job placement and resume writing. Many assisted living residents want to remain in the work force or continue to volunteer, especially those who have their own transportation.

Here are some ideas to start your consideration of paid employment:

- School crossing guard
- Respite care
- Security guard
- Temporary staffing
- Childcare
- Teaching music or dance lessons

Many businesses are searching for dependable seniors for their workforce. National companies\* that actively seek older adults as paid employees:

- *McDonald's* restaurants
- *Gap* and *Old Navy* clothing stores
- *Citibank/Citicorp*
- *Wal-Mart* retail stores
- *Home Depot*
- Many, many more!

### 3. Volunteer Work

If you have a few hours a week to spare, volunteering can be the opportunity of a lifetime. Seniors are sought out by organizations seeking volunteers because the assistance that they provide is priceless. Many of the most personally rewarding jobs are volunteer positions. Perhaps a group, organization or church that you already associate with can use your talent and expertise.

Here are some groups that need volunteers:

- Schools or Libraries
- “Foster Grandparent” programs
- Senior companion programs
- RSVP (Retired Senior Volunteer Program)
- Hospitals, nursing homes, hospices
- Museums and cultural centers
- Visitor information for your town
- Religious, political, environmental groups
- Train your pet and become a pet therapy team!

If you prefer volunteer work “close to home” speak with the Activities Director about how you can help at the assisted living. Perhaps you could teach a class, assist with the newsletter or decorate for a party.

### 4. Educational Opportunities

Keeping your mind active is also important. Research has shown that if you have a college education you have a better chance of maintaining your health, independence and longevity. **It is never too late learn something new!** There are a number of programs that provide low or no cost educational benefits to seniors. You can take courses that earn credit towards a degree or explore new areas for fun and enrichment.

Check out these educational opportunities:

- State universities, community colleges
- Distance learning courses, continuing education courses
- *Elderhostel\** or Eldercollege
- Library workshops
- Study and discussion groups
- Music, art, craft, dance programs or even a senior theatre group
- Travel study groups and courses
- Senior center and assisted living programs

If you are unable to attend an specific educational program in the community speak with your Activities Director. Some programs may be brought to the assisted living, like a class on living wills or nutrition for diabetics.

## 5. Join a Group

Many older adults find that group membership is beneficial to active aging. Networking with people who have common interests can enhance your life and create new and lasting friendships. Perhaps a topic or activity has always interested you but you didn't have time to pursue it. This is your opportunity to try something new. Groups working towards a common goal to improve the lives of people within their community can provide a lasting legacy. You can choose how involved you want to be within the group.

Some groups you can look into:

- Senior and community centers
- Wellness groups
- Library or bookstore reading groups
- Hobby and craft groups
- Fitness and exercise groups at a fitness center, YMCA\* or senior center
- Political and religious organizations
- Community gardening and parks and recreation groups
- National organizations such as AARP\*, Red Hat Society\* or a Veterans group

Consider participating in (or organizing) a group in the assisted living. Perhaps a cooking group that meets once a month, "high tea" every Wednesday, or even a morning walking group.

## 6. Productivity in the Assisted Living Residence

Many activities can be found right in your own "neighborhood." Read the newsletter or bulletin board and stay informed on upcoming and on-going activities, events and bus schedules. Be sure to sign up and participate, encourage friends to join you, and provide feedback to your Activities Director.

Here's what you might find:

- Exercise class
- Bingo and card games
- Arts and crafts
- Movies
- Religious services
- Musical entertainment
- Wellness class
- Outings to restaurants, shopping, grocery stores, museums or day trips
- *Utilize the assisted living:* fitness room, gardening area, computer room, pool and/or library

### *In the classroom...*

An Activities Director working with the HEAL program conducted a facility wide survey asking residents about their activity interests.

This was a great tool for the AD to schedule desired activities. It also offered a quick, effective way for residents to express their interests in terms of "active aging."

*This ends the lesson discussion. Follow it with the Q & A.*

### Teaching Technique - Places to Go...People to See...Things to Do...

Give each participant a copy of a free local senior newspaper and/or the assisted living newsletter. Encourage them to each find three activities that they think might be of to interest to them. Explain that “this doesn’t mean we have to join them, we are just exploring what is available. When I looked through this newspaper, the three that most interested me were: \_\_\_\_\_. Now it’s your turn to find the three most interesting to you.”

Discuss these activities and write them on the classroom white board. This illustrates “active aging” and activities that can be both fun and educational.

You can also share college course catalogs, community volunteer brochures, parks and recreation schedules and/or the entertainment section of the local paper with participants as well. Tailor your materials to the needs and interests of the residents in the class.

### Q & A

Q: Is there anything we talked about today that you had not heard of before?

Q: Is there anything you have heard about today or seen in the materials given to you that you might actually pursue? Why or why not?

### Educational Giveaways – Optional

- Offer each participant a copy of a local senior newspaper. Often times these publications are distributed for free in libraries or senior centers and can be subscribed to yearly for a minimal rate (your assisted living might already subscribe).

Participants should now have a better understanding of the health benefits of active aging and that there are many interesting opportunities to explore to make life more fulfilling.

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