



## Surviving in a Changing Environment

Linda Netterville Jean Lloyd

## Panel of Peers on Innovative Practices

Pam VanKampen Shawn Sredersas

August 22, 2012, 3:10 p.m. - 6:10 p.m. 2012  
2012 MOWAA Annual Conference  
Gaylord National Harbor Hotel

## Surviving a Changing Environment

**Presenters:**

Linda Netterville  
 Pam VanKampen  
 Shawn Marie Sredersas  
 Jean Lloyd

## Surviving a Changing Environment

Agenda	
3:15 PM – 3:45 PM	<i>Surviving a Changing Environment Overview</i>
3:45 PM – 4:15 PM	<i>State/AAA Perspective</i>
4:15 PM – 4:45 PM	<i>Local Program Perspective</i>
Break	
5:00 PM – 5:30 PM	<i>Successful Program Implementation</i>
5:30 AM – 6:00 PM	<i>Program Planning- Table Discussion and Report Out</i>
	<i>Wrap-Up</i>

## Activity: Vision

- **List Your Vision - Nutrition Program in the Year 2017**



## From Vision to Reality

- ★ Understand the changing environment
- ★ Define who are the customers
- ★ Define the product based on customer wants/needs
- ★ Create a valued product

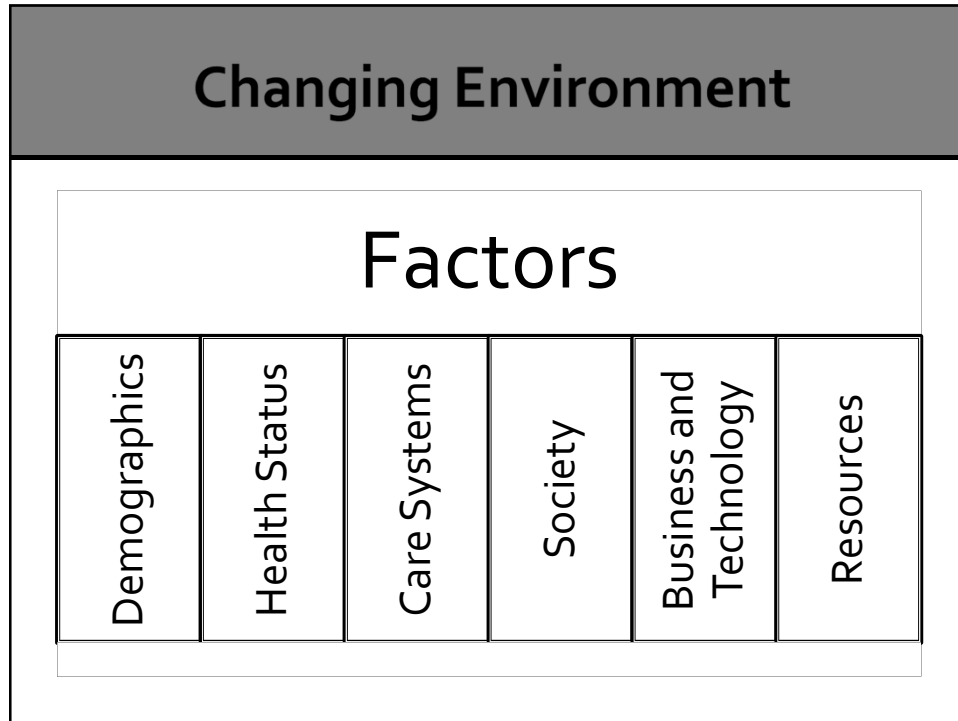
## Forty Years and Still Going Strong



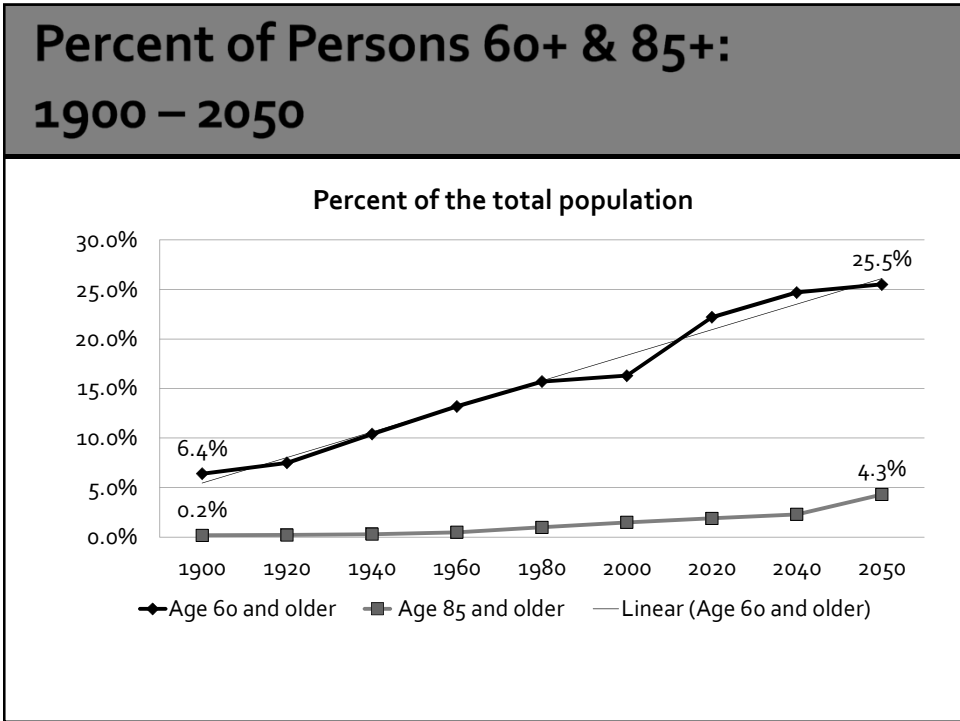
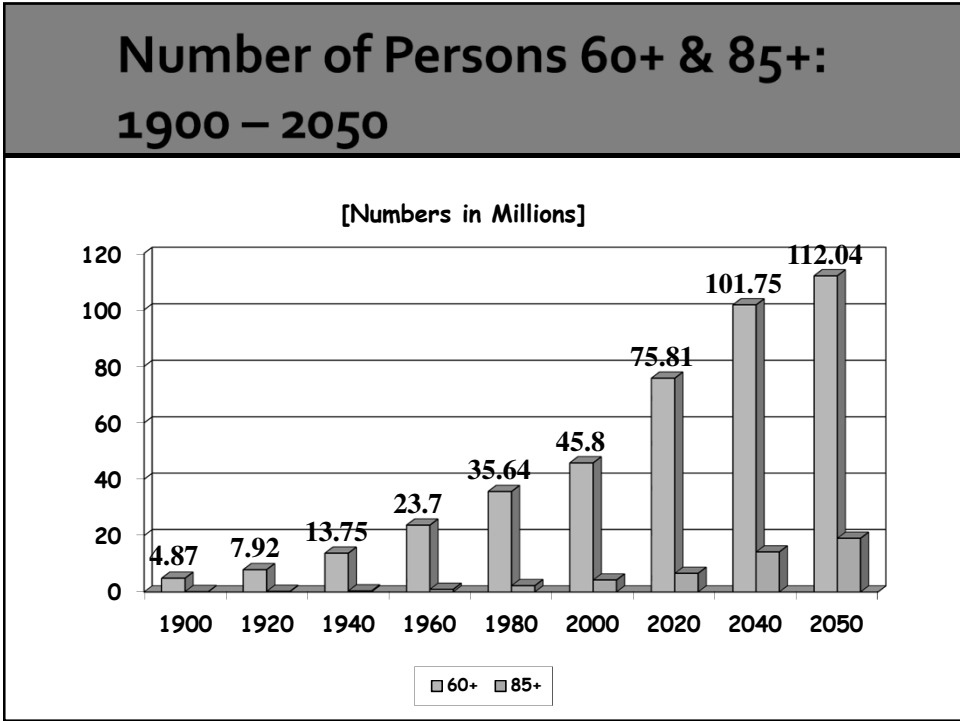
- Promote health
- Provide nutritious meals
- Reduce social isolation
- Link to other social & rehabilitative services

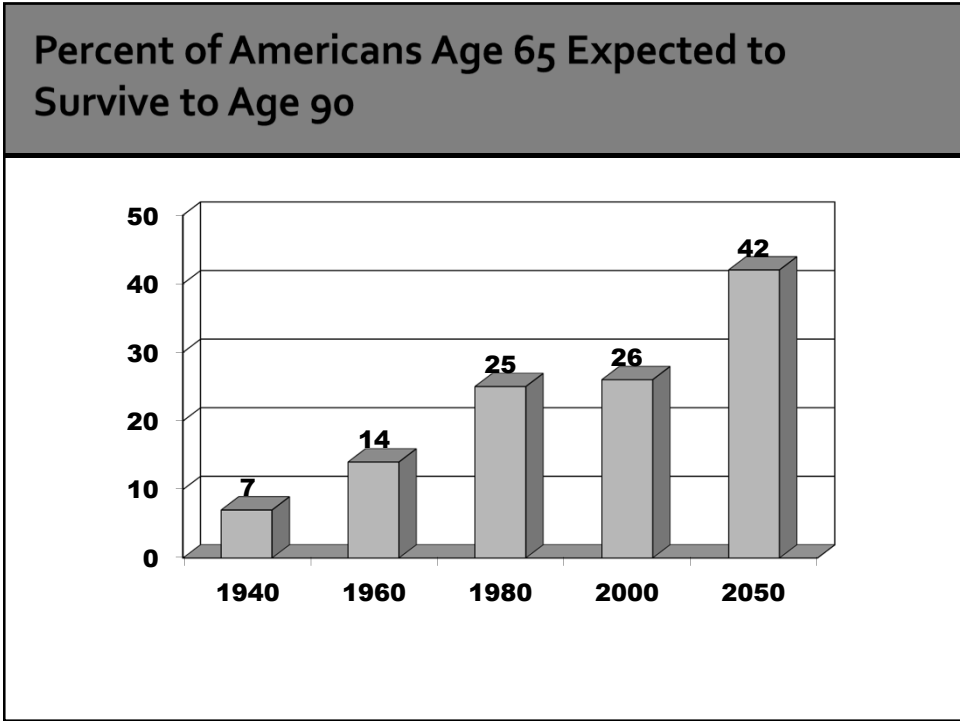
## OAA of 1965-Section 101 Priorities

- Physical and mental health
- Services to sustain
- Meaningful activity
- Freedom, independence, planning and managing their own lives (Choices)



- Changing Demographics**
- More older people
  - More healthy older people
    - Baby boomers
    - Diverse expectations
  - More frail older people
    - More homebound
  - More minorities
  - More HCBC, less nursing home care

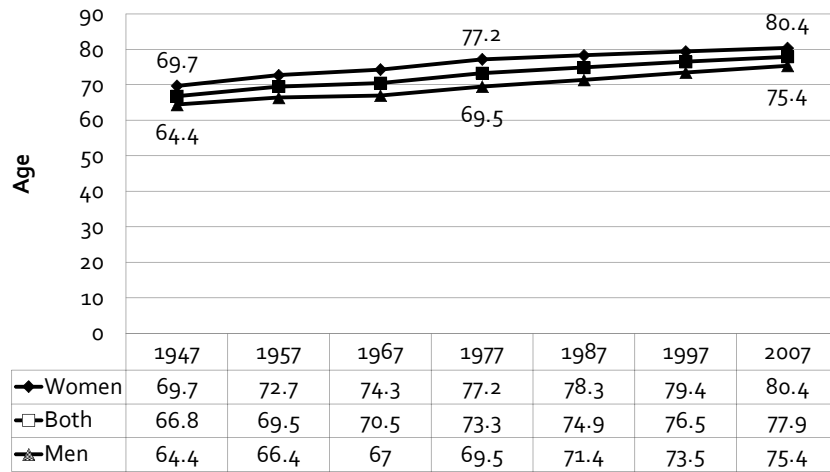




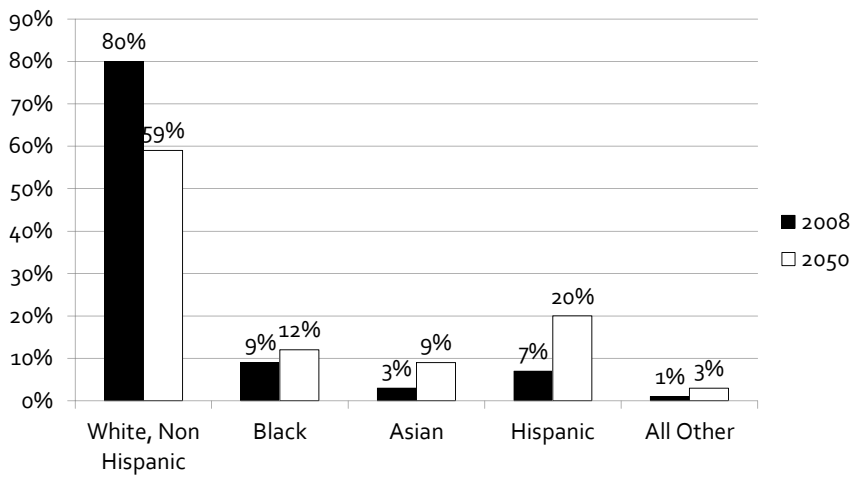
### Population Change by State: 2000 to 2030- 65+ Population

State	2000 Population 65+	2000 Percent 65+	2030 Population 65+	2030 Population 65+
United States	34991753	12.4	71,453,471	19.7
Florida	2,807,597	(1) 17.6	7,769,452	(1) 27.1
Pennsylvania	1,919,165	(2) 15.6	2,890,068	(11) 22.6
West Virginia	276,895	(3) 15.3	426,443	(7) 24.8
Iowa	436,213	(4) 14.9	663,186	(12) 22.4
North Dakota	94,478	(5) 14.7	152,358	(6) 25.1
Wyoming	57,693	(38) 11.7	138,586	(3) 26.5
Maine	183,402	(6) 14.4	374,017	(2) 26.5
New Mexico	212,225	(39) 11.7	555,184	(4) 26.4
Montana	120,949	(14) 13.4	269,558	(5) 25.8

## Estimated Life Expectancy



## Racial and Ethnic Composition



Source: US Census Bureau, Population Estimates and Projections, 2008



## Most older adults 65+ years live in the community



- Community  
33.4 M; 93.5%
- Nursing Homes  
1.5 M; 4.5%
- Assisted Living  
1.0 M; 2.0%

US Census Bureau; Centers for Medicare & Medicaid, Medicare Current Beneficiary Survey

## Changing Health Status

Older Americans live

- HEALTHIER
  - 73% self rate health as good to excellent
  - Life Expectancy
- MORE INDEPENDENTLY
  - 94%: reside in the community
  - 4.5%: reside in nursing homes
  - 2.0%: reside in assisted living
  - Sedentary lifestyle ↓ : 34% to 28%

## Changing Health Status

Older Americans live

- **MORE PHYSICALLY ACTIVE AND FUNCTIONALLY FIT**
  - Physically active:
    - 83% ages 45-64
    - 77% ages 65-74
    - 64% ages 75+
  - Chronic disability ↓ : 24% to 21%
  - Physical activity limitations ↓ : 29% to 21%

## Healthy Lifestyles

Evidence-based Disease and Disability Prevention:

- Chronic Disease Self-Management
- Falls Prevention
- Nutrition
- Physical Activity
- Others
- Delivered through Aging Network Services Providers



<b>Health Status EXCEPTION: Minorities</b>	
<b>Nutrition and Health Related Disparities</b>	
Heart Disease and Stroke	
Black, Non-Hispanic	48.7%
Hispanic	39.6%
American Indian/Alaska Native	38.7%
White, Non-Hispanic	35.5%
Asian and Pacific Island American	25.9%

<b>Health Status EXCEPTION: Minorities</b>	
<b>Nutrition and Health Related Disparities</b>	
Diabetes – Prevalence of diagnosed diabetes in adults, age 20 and older	
Black, Non-Hispanic	12.9%
Hispanic	11.7%
American Indian/Alaska Native	15.3%
White, Non-Hispanic	7.9%

## New Science Knowledge

- Dietary Reference Intakes
  - Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences
- Dietary Guidelines for Americans 2010
  - Departments of HHS and USDA
- Purpose of both documents
  - Promote health and reduce the risk of chronic disease and disability through diet and physical activity

## Changing Care Systems

- Health
- Long term
- Community

## Long Term Care Structures

- Informal care
  - OAA National Family Caregiver Support Program
  - Medicaid Waiver
  - Private pay/ private insurance

## Long Term Care Structures

- Home and community based care
  - Medicare-short term rehabilitation
  - Medicaid Wavier 1915 (b) & (c) Waivers
    - Under 1 million people
  - Private pay/private insurance

## Long Term Care Structures

- Home and community based care
  - Older Americans Act
  - Largest system and provider of HCBC services in the country
    - Nutrition Program 2.6 million people
    - All OAA programs 11 million people

## Long Term Care Structures

- Institutional care – nursing homes
  - 1.5 million people
  - 1/3 cost paid for by Medicare – short term rehabilitation
  - 1/3 cost paid for by Medicaid – primary federal support
  - 1/3 cost paid for by private pay/private insurance

## Changing Systems

- Affordable Care Act preventive services
- Transitional Care
- HCBC
- Cash and counseling; New Freedom Initiative
- Aging and Disability Resource Centers
- Public/private pay
- Evidence based practice

## Changing Society

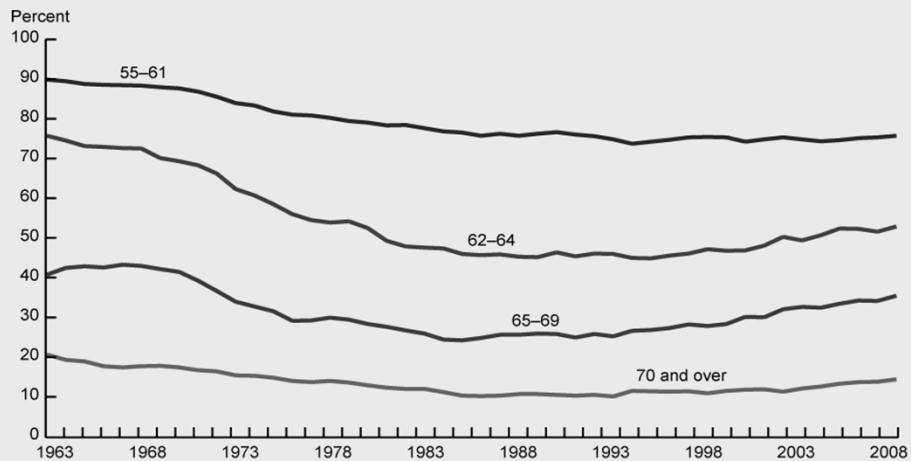
- Increased demand for services
- Increased demand for quality services
- Increased demand for appropriate services: cultural, religious, therapeutic
- Increased demand for choice
- Increased demand for HCBC
- Different cohorts – different attitudes

## Baby Boomers

- **Health Oriented**
  - Spend more, consume more health services, visit doctor more
- **Work-Centric**
  - Continue work past regular retirement age
  - Women in the work force
- **Independent**
- **Change Oriented**

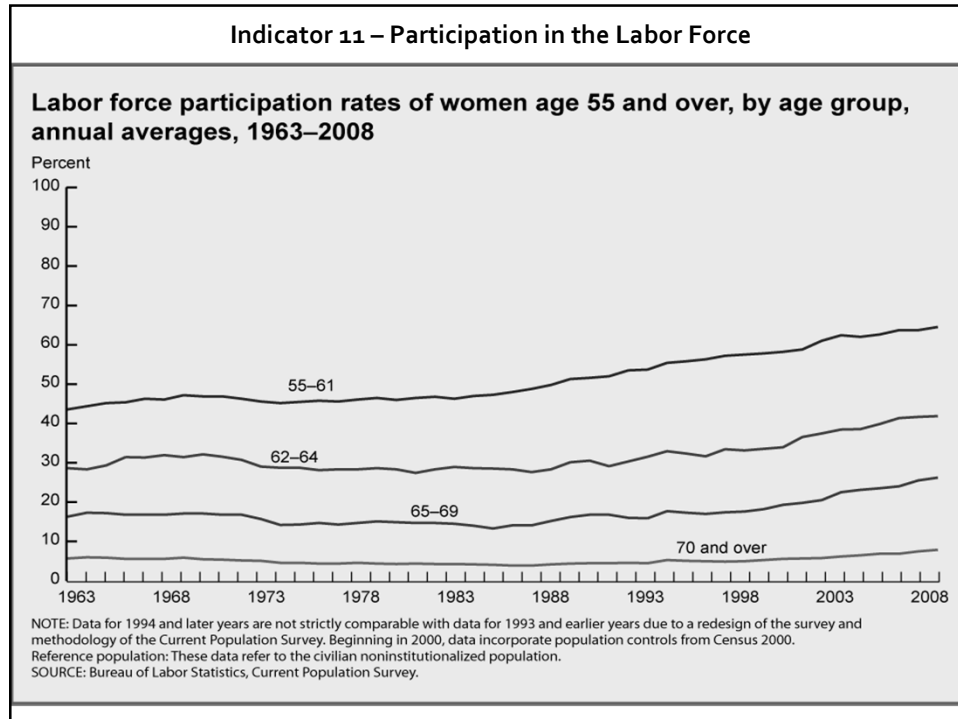
### Participation in the Labor Force

**Labor force participation rates of men age 55 and over, by age group, annual averages, 1963–2008**



NOTE: Data for 1994 and later years are not strictly comparable with data for 1993 and earlier years due to a redesign of the survey and methodology of the Current Population Survey. Beginning in 2000, data incorporate population controls from Census 2000. Reference population: These data refer to the civilian noninstitutionalized population. SOURCE: Bureau of Labor Statistics, Current Population Survey.





## Changing Business Practices

- For Profits
  - Expanding into non-traditional markets
  - Offering competing services
    - Restaurants, groceries, fitness options
  
- Non-Profits
  - Becoming more entrepreneurial
  - Developing community partnerships
  - Identifying other funding streams

## Changing Technology

- Improved service and delivery models
  - Routing/scheduling
- Improved equipment specific for MOW programs
- Changes to the food supply chain
- Health focused foods-Functional foods, supplements, probiotics

## Food Trends

- Demographically Directed
- Still Cooking
- The Appeal of Americana
- Foodie Focused
- Get Real
- The New Nutrients
- Specialty Treats
- Three Squares
- Prescriptive Eating
- Home Rituals

Top 10 Food Trends, Institute of Food Technology, April 2011, Volume 65, No.4

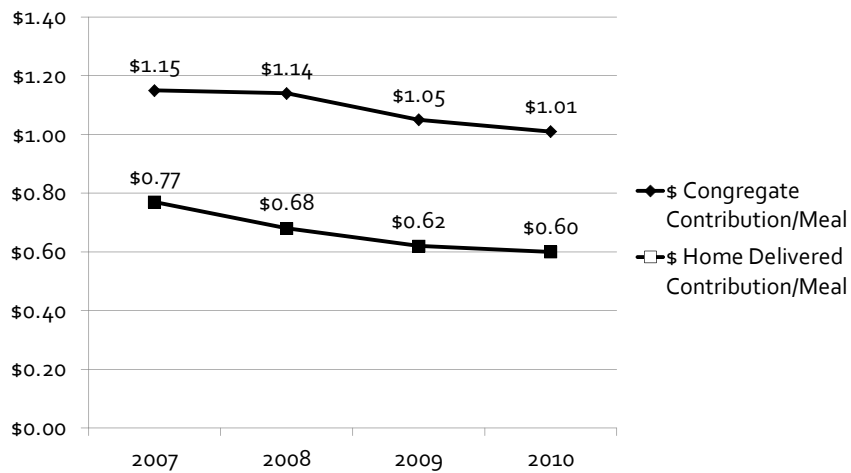
## Changing Resources

**Report by NASUAD & AARP Public Policy Institute, On the Verge: Transformation of Long Term Services & Supports, February 2012**

- Decreasing state funding
- Decreasing federal funding
- Changes for Medicaid Waiver

[http://www.nasuad.org/documentation/nasuad\\_materials/AARP732\\_OntheVerge\\_REPORTFeb1v33.pdf](http://www.nasuad.org/documentation/nasuad_materials/AARP732_OntheVerge_REPORTFeb1v33.pdf)

## OAA Nutrition Program Contributions/Meal



State Program Reports [http://www.aoa.gov/AoARoot/Program\\_Results/SPR/Index.aspx](http://www.aoa.gov/AoARoot/Program_Results/SPR/Index.aspx)

## Changing Resources

- Competition for limited dollars
- Need to develop community partnership
- Relook at “for pay” options
  - Other services
  - Tiered services
  - Expanded services

## Partnerships

- Government
  - Federal
  - State
  - Local/county/city
- Private non profits
  - Faith communities
  - Other service providers

## Partnerships

- Volunteers
  - Older adults
  - Other ages
  - Ethnic associations
  - Private industry

## Partnerships

- Private industry
  - Food companies
  - Food service companies
  - Food distributors
  - Grocery stores
  - Ethnic restaurants
  - Insurance companies
  - Gyms
  - Housing

## Group Discussion

- What are your reactions?
- How does this affect you and your program?
  - Congregate
  - Home-Delivered

## Who Are The Consumers



## Characteristics of Title III C Nutrition Program

Demographic	National Population	Congregate Meals	Home Delivered Meals
Age 60-64	29%	10%	9%
Age 65-74	38%	33%	22%
Age 75-84	24%	39%	40%
Age 85 or older	8%	18%	30%
Married	60%	38%	25%
Non-Married	40%	61%	74%

5<sup>th</sup> National Survey of OAA Program Participants-2009

## Characteristics of Title III C Nutrition Program

	National Population	Congregate Meals	Home Delivered Meals
Living alone	27%	48%	56%
Three or more ADLs	6%	8%	31%
Services allow to remain in home	N/A	59%	91%

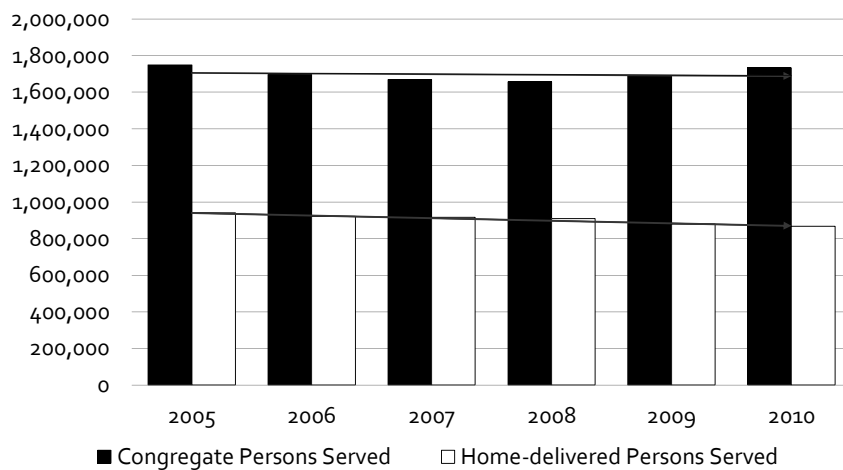
\*5<sup>th</sup> National Survey of OAA Program Participants-2009

## Characteristics of Title III C Nutrition Program

Income relative to poverty	National Population	Congregate Meals	Home Delivered Meals
Below	7%	14%	24%
At or near	8%	19%	28%
Above	85%	51%	35%
Unknown	n/a	16%	13%

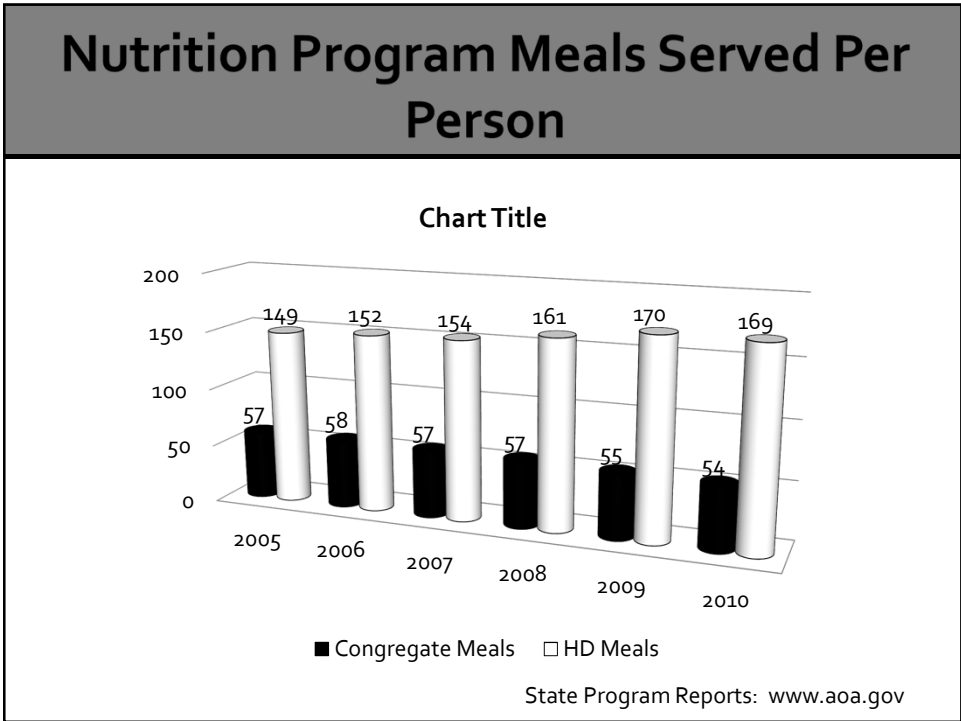
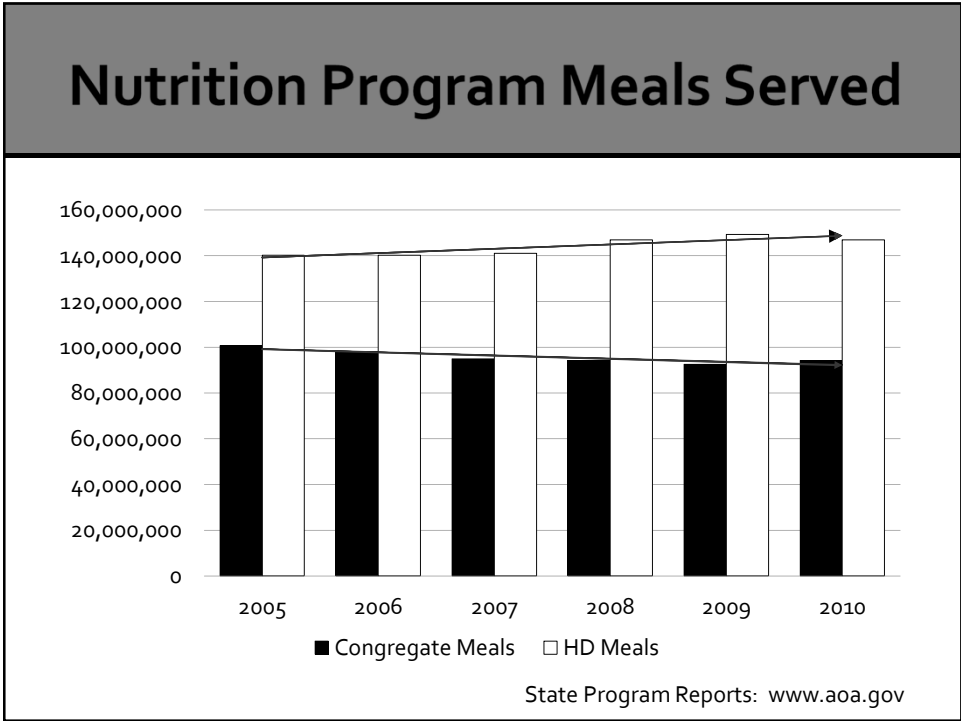
\*5<sup>th</sup> National Survey of OAA Program Participants-2009

## Nutrition Program People Served



State Program Reports: [www.aoa.gov](http://www.aoa.gov)





## Define Your Product Based on Customer Wants/Needs

- Choice in menu, including cultural & dietary choices
- Attractive presentation of food
- Knowledgeable & friendly staff
- Variety of supportive programs, services and activities
- Pleasant, welcoming, supportive environment
- Participant input
- Volunteer opportunities
- Congregate-Adequate transportation & parking

## Solutions-Menu Choices

- **Accommodating Consumer Menu Choice**
  - Time
  - Service location or place
  - Restaurant voucher programs
  - Café style service
  - Menu
  - Food
  - More than 1 meal/day
  - Fee for service/private pay options
  - Customer service emphasis

## Create a Valued Product

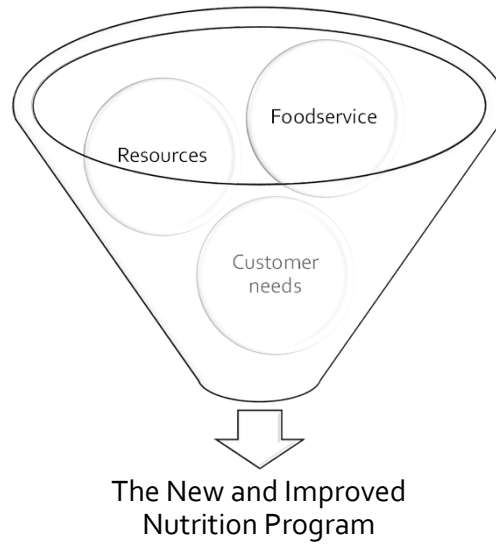
**Consumers Value Program Participation**

	<b>Home Delivered</b>	<b>Congregate</b>
<b>Eat more balanced meals</b>	86%	79%
<b>Better able to avoid sodium &amp; fat</b>	81%	76%

\*5<sup>th</sup> National Survey of OAA Program Participants-2009

- ## Current and Future Challenge
- **Do You Know?**
    - Your mission and purpose
    - Your current and future customer
    - Your current and future service needs
    - Your image within the community
    - Your community partners
    - Your resources
    - How change will affect you

## Where Do We Go From Here



## Activity: Top Priorities

- **List Top Priorities For Your Program for the Next Five Years**



## Activity:

- **What Action Steps Can I Accomplish?**
  - Six Months
  - 12 Months
  
- **How Can I Measure Success?**
  - Six Months
  - 12 Months

## Remember!!!!

“If you don’t know where you’re going.....

You’re likely to end up somewhere else!”

## Resources

**Aging Statistics**

[http://aoa.gov/AoARoot/Aging\\_Statistics/index.aspx](http://aoa.gov/AoARoot/Aging_Statistics/index.aspx)

**Older Americans 2012: Key Indicators of Well-Being**

[http://www.agingstats.gov/Main\\_Site/Data/2012\\_Documents/docs/EntireChartbook.pdf](http://www.agingstats.gov/Main_Site/Data/2012_Documents/docs/EntireChartbook.pdf)

**Census Population Projections**

<http://www.census.gov/population/www/projections/projectionsagesex.html>

**A Profile of Older Americans**

[http://www.aoa.gov/aoaroot/aging\\_statistics/Profile/2011/docs/2011profile.pdf](http://www.aoa.gov/aoaroot/aging_statistics/Profile/2011/docs/2011profile.pdf)

**Agency for Healthcare Research and Quality**

<http://www.ahrq.gov/data/>

**U.S. Census Bureau**

<http://2010.census.gov/2010census/>



## *Surviving a Changing Environment*

Pam VanKampen, RD, CD

[pam.vankampen@gwaar.org](mailto:pam.vankampen@gwaar.org)

715-836-3916

<http://www.youtube.com/watch?v=bKLQBuSPVwQ>

## What Do You See?



- “If you focus on the problem you can’t see the solution.”
- “Look beyond the fingers- never focus on the problem.”
- “See what no one else sees.”
- “See the whole world anew each day!”

» *Patch Adams* opening Scene quotes

## Always Remember Why We Do What We Do!

- **Don’t lose sight of the purpose of the program**
  - To reduce hunger & food insecurity
  - To promote socialization of older adults
  - To promote the health and well-being of older individuals by assisting such individuals gain access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior.



## **Objectives of the Program**

- Prevent malnutrition and promote good health behaviors through:
  - nutrition education
  - nutrition screening
  - intervention of participants
- Serve wholesome, delicious meals that are safe and of good quality, through the promotion and maintenance of high-food safety and sanitation standards.

## **Objectives of the Program(cont.)**

- Promote or maintain coordination with nutrition related and other supportive services for older individuals.
- Target older adults who have the greatest economic & social need with particular attention to low-income minority & rural individuals.

***“GOAL: DELAY IN-HOME SERVICES - GIVING PEOPLE A PURPOSE TO GET UP, GET DRESSED AND LEAVE THE HOUSE IS VERY IMPORTANT ESPECIALLY AS WE AGE.”***

Jean Lloyd, AoA National Dietitian

***“CREATE A PURPOSEFUL ROLE for them. They need a reason to get up and to have meaning and give back.”***

*(Dr. Robert Butler at NCOA/ASA Conf. Chicago March 2010)*

## **Are You Spinning Plates?**



- Do you have the want and desire to make changes, but you have so many plates in the air you can only concentrate on the immediate future and keeping them spinning?

## **What Do Consumers Want?**

- Don't make assumptions
- Don't operate in a silo
- Have to ask, engage, excite and unite them!
  - “Spark Sheets”
  - One-on-One Interviews
  - Niatx Process Improvement Process (Walk Through)
  - Asset Based Community Development (ABCD)
  - Focus Groups
  - Surveys

## **What Do Consumers Want? (cont.)**

- LISTEN & pay attention to where seniors are and what they are saying.
- Look at large organizations and learn from them; what are they focusing on? (Local Foods, Marriott Service Promises).
- Adapt Restaurant Trends (i.e. Menu Labeling, Senior Specials).

## “Spark Sheet”

*"Today's problems cannot be solved if we still think the way we thought when we created them."*

[Albert Einstein](#)

- When a group of people come together and brainstorm, one idea or “spark” leads to another and soon the energy in the room ignites and “fire” is created.
- The “Spark Sheets” allow many different ideas to be shared. The ideas come from various grass root brainstorming sessions. The sheet should be a fluid document with new ideas added or adapted as they develop.



**WHAT ARE THE NUTRITION ISSUES  
THAT CONCERN OLDER GENTLEMEN  
AND WHAT CAN WE DO TO ADDRESS  
THESE CONCERNS?**





## “Walk Through”

### Overview:

- **Process improvement** system is customer driven. Remember we are looking at the processes in place and how the process influences customers.
- **Important to suspend judgment and just observe the process** - ask yourself *how does this make you feel or how would my parents feel going thru this system?*
- **Identifying opportunities for improvement;** flow chart to see the big picture then pick the "low hanging fruit" to address first.



## “Walk Through” (cont.)

### Overview:

- **Do small process changes** that can be done quickly (Plan, Do, Study, Act or PSDA cycles) and demonstrate that the change makes a difference in the process. This will lead to the bigger system change eventually.
- The beauty of this process is that it **brakes down the often overwhelming task of system change into doable steps and allows small successes to be celebrated** along the way; this helps maintain excitement and energy in the process vs. feeling overwhelmed.
- We want to empower people so they have successes and we want to be seen as a partner in creating change.

## **Example: First Meal**

### **Observations**

- Was it easy to find the meal site?
- Were parking, directions, and signage adequate?
- Were you welcomed to the meal site in an open and friendly manner?
- Did the site feel pleasant and welcoming or cold (negative) and harsh?

## **Example: First Meal (cont.)**

### **Observations**

- Were the people/participants pleasant and welcoming or cold (negative) and harsh?
- What did you do while waiting for the meal to be served?
- Was the meal served on time?
- Was the meal site clean and neat and were the staff/volunteers also clean and neat?
- Please rate the meal using the table below (5 being the best)

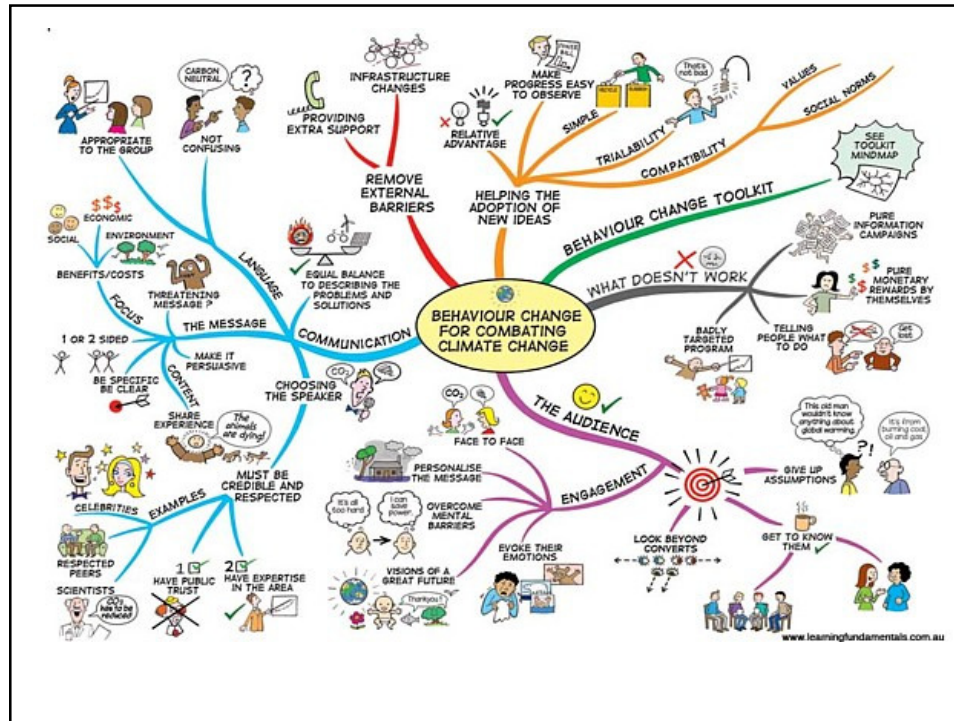
## Rating Scale

5 is the best	1	2	3	4	5
Taste					
Texture					
Temp.					
Appearance					
Overall					

## You Need A Plan...otherwise Chaos!

- Many innovative things are happening but coordination and sharing of this information can be a challenge.
- Working document to work collaboratively to modernize the nutrition program.
- Operating under the same overall strategic plan we can work together to best serve the seniors, while still allowing for individual choice for modernization by each local county or tribe.
- All lessons learned will be shared with the State Elderly Nutrition Task Force so policy change can be made if necessary.





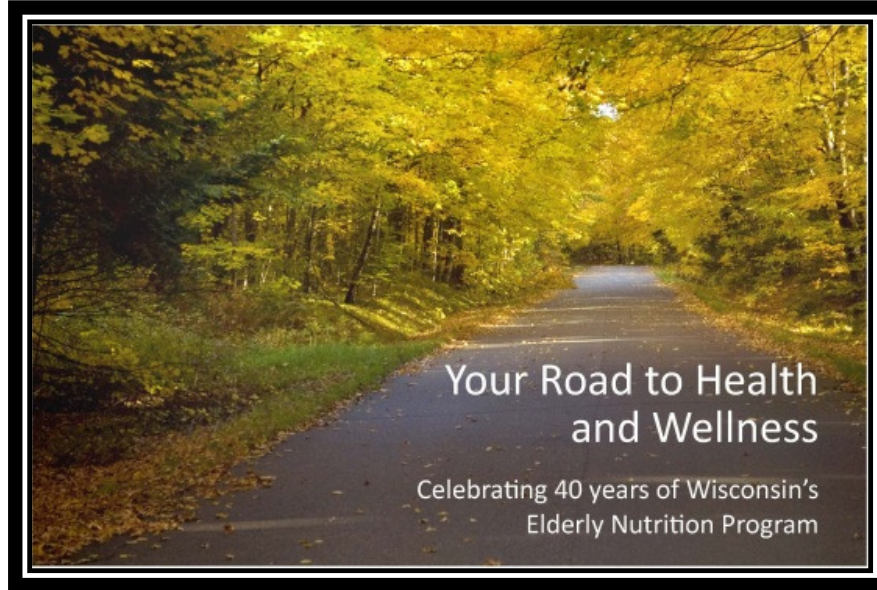
## “Best Practice” Categories

- **Culture of Inclusion**  
*Seniors Really in Charge*
- **Welcoming Environment**  
*Consistent Quality Services*
- **Individual Relationships**  
*Statewide Expertise in Aging Services and Systems & A Focus on Community Collaboration*
- **Choice & Customization**  
*Convenient Service Areas*
- **Improve the Meal Experience**  
*Core Service Provided Statewide and Consistent Quality Services*
- **Go Beyond Just the Meal**  
*Individual & Organizational Advocacy*
- **Seek Feedback and Respond**  
*Consistent Quality Services*
- **Chance to give, not just get**  
*Volunteers are Key to Service Delivery*
- **Marketing and Outreach**

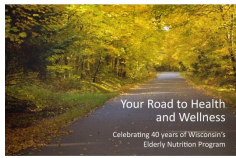





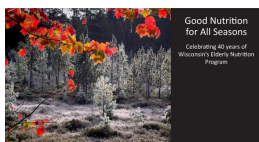

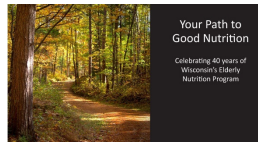
Source: Greg Newton, Greg Newton and Associates from presentation *Serve More Meals: Welcome First Time Visitors and Keep Them Coming Back Again and Again* at the PA Nutr. Dir. Conf. 2010.



# Culture of Inclusion!



Please vote for the poster you think best captures the spirit of the Wisconsin Elderly Nutrition Program and that will spark discussion. **Vote for your top 3 choices by placing an X in the box to the left of the picture.** Voting ends on August 17, 2012, at midnight. Please only vote once. Thank you! Your vote matters.

<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

## Culture of Inclusion

### Get participants buy-in to form new initiatives (Examples)

- Recipe contest submitted by the seniors (Pepin)
- Form a Committee of Seniors to take ownership of various programs (i.e. activities) (Florence)
- Cooking Classes with seniors teaching...
  - Cooking for Men,
  - Cooking with Diabetes, Celiac, etc...
  - Cooking for 1 or 2

### *Heard it Through the Grapevine...*

- Seniors Really in Charge!
- Seniors Strengthen Communities!
- Add Value!
- Powerful!



## ***Promises...***

- ***Always...***offer a dining site that is safe, comfortable, and clean; that has a cheerful, friendly atmosphere that promotes socialization and offers health promotion activities.
- ***Always...***provide safe, high-quality, well-balanced meals.
- ***Always...***make you feel at home and welcome.
- ***Always...***deliver service that will make you want to keep coming back.
  
- ***Draft...***to build grass roots support the nutrition staff will be involved in developing these this fall.

## **One-on-One Interviewing**

- A conscious exploration of another person's interests, passions, relationships and stories.
- Listen for what energizes and activates the person.
- Way to build "public knowledge"
  - Listen for people's public interests and potential to take action with others.

### **Sample Question:**

***"What are the 3 most important issues facing older adults in your community?"***

## One-on-One Interviewing



### Advantages

- People tend to share a lot more information when someone is asking the questions in person.
- It's much easier to ask a follow-up question and get examples to support what people are saying.
- It gives people an opportunity to participate in a more direct way, and they have a greater buy-in to the results of the assessment process.

### Disadvantages

- They're time intensive, and trying to schedule the interview can be a full-time job in itself.
- Sometimes people use them as an opportunity to vent about everything that's wrong with an organization, putting you on the defensive and leaving you to sift through their remarks for constructive criticisms.

<http://www.thenonproffitimes.com/article/detail/advantages-and-disadvantages-to-1-on-1-interviews-4535>

## Tips and Tools of One-on-One Interviewing

- Be prepared
- Keep it informal
- Look for connections
- Ask direct questions
- Avoid yes/no questions
- Listen well
- Be sure you understand
- Look for the energy for action
- Evaluate

***NCOA/ASA Annual Conference that was held in Chicago in March of 2010***

- The average retiree watches 48 hours of television a week!
- We need more roles for older adults, they have more discretionary time and want to be involved with things that give them purpose and are meaningful. They want to do something that makes use of their talents vs. basic skills, i.e. develop a marketing plan or ways for your organization to be more effective communicators, etc... vs. mindless tasks such as stuffing envelopes.

***NCOA/ASA Annual Conference that was held in Chicago in March of 2010***

- We need to have expectations for them - they want to give back. People want to stay connected. They want to engage and connect with the world.
- Social Security created a mindset that once you turn 65 you are on vacation. We need to invite older adults back in. We need a wall of programs for seniors to give back, show us, lead us, etc...

## Teach Seniors to Fish...

### **Beneficial Bites**

- Activity Booklet
- “MeYou Health” Daily Wellness Challenge
- Theme Days
- “Purpose Planning”
- SNAC Program
- Evidence Based Programming
- Nutrition Coalitions
- “More than a MEAL Café”

## **Beneficial Bites**

[Cranberries Newspaper Column](#)

[Cranberries Presentation](#)

[Cranberry Crossword](#)

[Cranberry Maze](#)

[Cranberry MOW Flyer](#)




[Cranberry Recipe Cards – 1](#)

[Cranberry Recipe Cards – 2](#)

[Cranberry Recipe Cards – 3](#)

[Cranberry Table Tent](#)

[Ocean Spray Cranberry 101](#)

<p><b>Beneficial Bites</b> </p> <p><b>Cranberries</b></p> <p><b>Health Benefits:</b></p> <ul style="list-style-type: none"> <li>✓ Prevents urinary tract infections</li> <li>✓ Prevents kidney stone formation</li> <li>✓ Increases HDL (good cholesterol)</li> <li>✓ Protects against macular degeneration</li> </ul> <p><b>Interesting Facts:</b></p> <ul style="list-style-type: none"> <li>✓ Cranberries were first named "crane berries" because the plant's flowers dip down and resemble the head of a crane</li> <li>✓ Another name for cranberries is "bounce berries" because they bounce when ripe.</li> <li>✓ Wisconsin is the nation's #1 cranberry producer and produces up to 390 pounds a year</li> <li>✓ Only 5% of cranberries are sold fresh; 95% are turned into cranberry juice, sauce, and other cranberry products</li> </ul> <p>Legend has it that the Pilgrims may have served cranberries at the first Thanksgiving in 1621 in Plymouth, Massachusetts</p>	<p><b>Beneficial Bites</b> </p> <p><b>Cranberries</b></p> <p><b>Health Benefits:</b></p> <ul style="list-style-type: none"> <li>✓ Prevents urinary tract infections</li> <li>✓ Prevents kidney stone formation</li> <li>✓ Increases HDL (good cholesterol)</li> <li>✓ Protects against macular degeneration</li> </ul> <p><b>Interesting Facts:</b></p> <ul style="list-style-type: none"> <li>✓ Cranberries were first named "crane berries" because the plant's flowers dip down and resemble the head of a crane</li> <li>✓ Another name for cranberries is "bounce berries" because they bounce when ripe.</li> <li>✓ Wisconsin is the nation's #1 cranberry producer and produces up to 390 pounds a year</li> <li>✓ Only 5% of cranberries are sold fresh; 95% are turned into cranberry juice, sauce, and other cranberry products</li> <li>✓ Legend has it that the Pilgrims may have served cranberries at the first Thanksgiving in 1621 in Plymouth, Massachusetts</li> </ul>	<p><b>Beneficial Bites</b> </p> <p><b>Cranberries</b></p> <p><b>Health Benefits:</b></p> <ul style="list-style-type: none"> <li>✓ Prevents urinary tract infections</li> <li>✓ Prevents kidney stone formation</li> <li>✓ Increases HDL (good cholesterol)</li> <li>✓ Protects against macular degeneration</li> </ul> <p><b>Interesting Facts:</b></p> <ul style="list-style-type: none"> <li>✓ Cranberries were first named "crane berries" because the plant's flowers dip down and resemble the head of a crane</li> <li>✓ Another name for cranberries is "bounce berries" because they bounce when ripe.</li> <li>✓ Wisconsin is the nation's #1 cranberry producer and produces up to 390 pounds a year</li> <li>✓ Only 5% of cranberries are sold fresh; 95% are turned into cranberry juice, sauce, and other cranberry products</li> <li>✓ Legend has it that the Pilgrims may have served cranberries at the first Thanksgiving in 1621 in Plymouth, Massachusetts</li> </ul>
<p><small>Written and Created by Laurelyn Harper UW-Stout Dietetic Intern, 11/2009</small></p>	<p><small>Written and Created by Laurelyn Harper UW-Stout Dietetic Intern, 11/2009</small></p>	<p><small>Written and Created by Laurelyn Harper UW-Stout Dietetic Intern, 11/2009</small></p>

**Wisconsin Cranberry Marsh**  
**WI Elderly Nutrition Program Poster Contest Finalist**



**Wisconsin's Elderly Nutrition Program**  
Celebrating 40 years of healthy food and healthy living.

## Standardization with Customization

- Offer options and choices for each community to choose what energizes them.
- You can have uniformity but still allow communities the freedom to make it their own.
  - “More Than a MEAL” examples

**We Are So  
Much  
More  
than A  
MEAL!**

**INTRODUCING  
"MORE THAN A MEAL CAFÉ"  
DINING FOR PEOPLE 60 PLUS**

**Grand Opening June 1st**

**Where: American Legion**  
530 US Hwy 45 S, Eagle River  
(Look for the helicopter on the left side of the road)

**When: Lunch is served at noon.** We are open 10 a.m. to 2 p.m. Tuesday, Wednesday and Friday so please come early or stay late and enjoy free coffee, good conversation and activities.

**Cost: Suggested Donation \$4.00.** Reservations are required. Call 715-891-1221 to reserve your meal 24 hours in advance. \*Home delivered meals available.

\* **Handicapped accessible Bus is Available.**  
If you need a ride call 715-891-1221 & friendly **Werner Kant** will pick you up!

We are not a restaurant. We offer one wholesome meal a day but we offer so much more designed specifically for people age 60 plus. Think of this as YOUR place to hang out, have fun, laugh, enjoy and grow friendship and socialize. We want you to help us shape what will be offered at this location such as educational, health and wellness activities and programs that help you maintain your independence. It can be a hub for you to volunteer, give back to and strengthen your local community in various ways; YOU can make a difference.  
Join hostess **Jennie Johnson** for food, socialization & fun!



**We are not a restaurant.** We offer **one** wholesome meal a day but we offer so much more designed specifically for people age 60 plus. Think of this as **YOUR** place to **hang out**, have fun, laugh, enjoy and grow friendship and socialize. We want you to help us shape what will be offered at this location such as educational, health and wellness activities and programs that help you maintain your independence. It can be a hub for you to volunteer, give back to and strengthen your local community in various ways; **YOU can make a difference.**

**Please join hostess \_\_\_\_\_ for food, socialization & fun!  
Our friendly bus driver will be glad to pick you up!**

**We look forward to Seeing You Soon**

## ***Advocacy***

**Mobilize**

**Empower**

**All Together or All for One**

**Leverage**

## ***Home Delivered Meals***

**M**Meal

**E**ncouragement

**A**ssurance

**L**ove

## ***Dining Experience***

**M**eeting place

**E**ntertainment/Education/"Edutainment"

**A**ctivities

**L**aughter

## ***Volunteer Hub***

**M**ake A Day!

**E**nhance Lives!

**A**dd Hope!

**L**ighten Loads!

## ***“Purpose” Place***

**M**ake a Difference

**E**xcite/Energize/Empower

**A** role to play

**L**eave a legacy

## **Partnerships/Relationship Building/Networking**

**M**ake connections

**E**ducational opportunities or

**E**nhance the Community

**A**dvocacy/Action

**L**earn from Each Other

## **Assume Your Role Leaders!**

- Leaders grow relationships and partnerships.
- Should be having 2-3 conversations per week with potential partners to build informal relationships.
- Informal authority is earned...thru relationship building, you need to be connected in the community; keep people close and related.

***Leaders are people who create a shared vision powerful enough to lift people out of their day-to-day petty preoccupations and focus them on things worthy of their effort.***

**“WHOLE PERSON WELLNESS”  
WISCONSIN ELDERLY NUTRITION  
PROGRAM TAGLINE**  
*“Feeding the Whole Person”*



***Wisconsin's Elderly Nutrition Program  
Provides **SUSTENANCE:*****

- Socialization
- Utilized by people 60+
- Screening
  - Targets those most in need
- Education
- Nourishment
- Assessment
  - New Serving Options
  - Community Service
  - Enhances Independence

## ***Remember to Enjoy Yourself...***



### **“Wow” Experience**

**Fun**

**Energy**

**Purpose**

**Engagement**

**Friendship/Socialization**

**Passion**

**Enthusiasm**

## **IN SUMMARY**

***WHAT DO YOU SEE FOR THE FUTURE OF  
YOUR PROGRAM?***

***HAVE THE COURAGE TO SEE WHAT OTHERS  
CHOOSE NOT TO.***

***THANK YOU FOR ALLOWING ME TO HIGHLIGHT  
WHAT WE ARE DOING IN WISCONSIN.  
PLEASE CONTACT ME IF YOU HAVE ANY  
QUESTIONS/COMMENTS.***

***SINCERELY, PAM***

# How to Survive In A Changing Environment?

**“KEEP MOVING” ...**



Shawn Sredersas, Health/Nutrition Director  
Mecosta County Senior Center  
[shawn.sredersas@mccoasc.org](mailto:shawn.sredersas@mccoasc.org)

## **Nutrition + Physical Activity = Healthy Living:**

A body's optimum health requires BOTH good nutrition & active movement. The challenge that we see is, that as the body ages the metabolism slows, so to maintain energy balance the body must MOVE!!!

***The more we move the more we boost our metabolism.***

Some types of physical activity that are especially beneficial:

- ✓ **Aerobic** - activities that make you breathe harder & your heart beat faster, which increases your endurance and improves cardiovascular health.

Exercise example: choreographed aerobic; walking; cycling; Zumba.

- ✓ **Bone Strengthening** - activities that make your bones move for strength, which increases bone density.



## Nutrition + Physical Activity = Healthy Living:

### Some types of physical activity that are especially beneficial:

- ✓ Exercise example: heel tap; step touch; march in place; Jogging.
- ✓ **Muscle Toning** - activities that move your muscles through resisted motion, which builds agility & strength in all (upper, mid, and lower) parts of the body.  
Exercise example: weighted bicep curl; core crunch; knee rise; Kickboxing.
- ✓ **Balance & Stretching** - activities that enhance physical stability and flexibility, which reduces risk of injuries.  
Exercise example: reach extension; hold flexion; Yoga

## WHY TODAY AN EXERCISE CLASS IS A MUST???

### A Day In Modern Times:

With money we earn sitting/standing at an 8 hour job, we hire help to “do the household chores”. We auto start the car, set the cruise, and talk on the cell phone while driving to the store; where we park closest to the store and purchase pre-made, processed foods made from who knows what? We then pick up a quick drive-thru “Super Sized” meal to save time so we can sit & watch TV while socializing on the computer... Lots of CONSERVED energy to achieve the good life.

**VS**

### A Day In Times Gone By:

They swept the floors and beat the rugs; hand washed & line hung clothes; they hunted for meat; milked the cows and gathered eggs; they tilled, planted, hoed, weeded, and picked vegetables/fruits; ground & milled grains; went to the well for water to prepare scratch-cooked, nutritious meals to fuel their bodies for the next day... Lots of SPENT energy to achieve the simple life.



As we move less, we become more susceptible to ailments which inhibit movement and a downward spiral begins...

Extended periods of sitting leads to muscular shortening & tightening.

Lack of weight-bearing activity leads to weakening of muscle & bone.

Extended lack of activity leads to metabolic instability & weight gain.

Lack of movement/stretching leads to joint deterioration & loss of flexibility.



**When it comes to our mental/emotional, and  
physical health we need to take control  
and MOVE FORWARD!**

We control where our mind goes...  
Positively embrace life, talk & focus on  
the positives instead of the negatives.  
**~Where the mind goes the body follows~**

We control where our body goes...  
Positively engage the body with  
movement/action as much as possible,  
**~If it moves – MOVE IT~**

## BENEFITS OF EXERCISE:

- ❖ Increases Circulation
- ❖ Improves Emotions
- ❖ Improves Energy Level & Metabolism
- ❖ Relieves Joint Pain
- ❖ Normalizes Glucose Levels
- ❖ Normalizes Blood Pressure
- ❖ Normalizes Cholesterol Levels
- ❖ Improves Sleep
- ❖ Decreases Stress/Tension



## What Is An Evidence-Based Program?

- Evaluation research shows program produces positive program results.
  - The evaluation is peer-reviewed by experts in the field.
- Results can be attributed directly to the program, and not other factors.
  - Program is “endorsed” by a federal agency/organization.

*When you adopt an evidence-based program, you get a well-defined structured program with defined goals, timeframe for specific population. To track the participant’s proven positive outcomes, all the tools/forms are provided to measure justification of funding/efficient use of resources.*

*For a complete list of funded programs in your area, check with your Federal Funders.*

## **What Is An Evidence-Based Program?**

### **Examples of Title IID Federal Grant supported programs are:**

- Active Choices
- Active Living Every Day
- Chronic Disease Self-Management Program
- Enhance Fitness, Enhance Wellness
- Healthy Eating
- Identifying Depression
- Empowering Activities for Seniors
- Healthy Moves, Matter of Balance
- Medication Management
- Step by Step, Stepping On
- Strong for Life
- Walk with Ease, and
- The Arthritis Foundation Programs for Aquatics
- Tai Chi
- Self-Help, Exercise Moves.

*For a complete list of funded programs in your area, check with your Federal Funders.*

**Evidence-Based “Adult Action” programs  
provide important documented statistics proving that  
physically active older adults experience:**

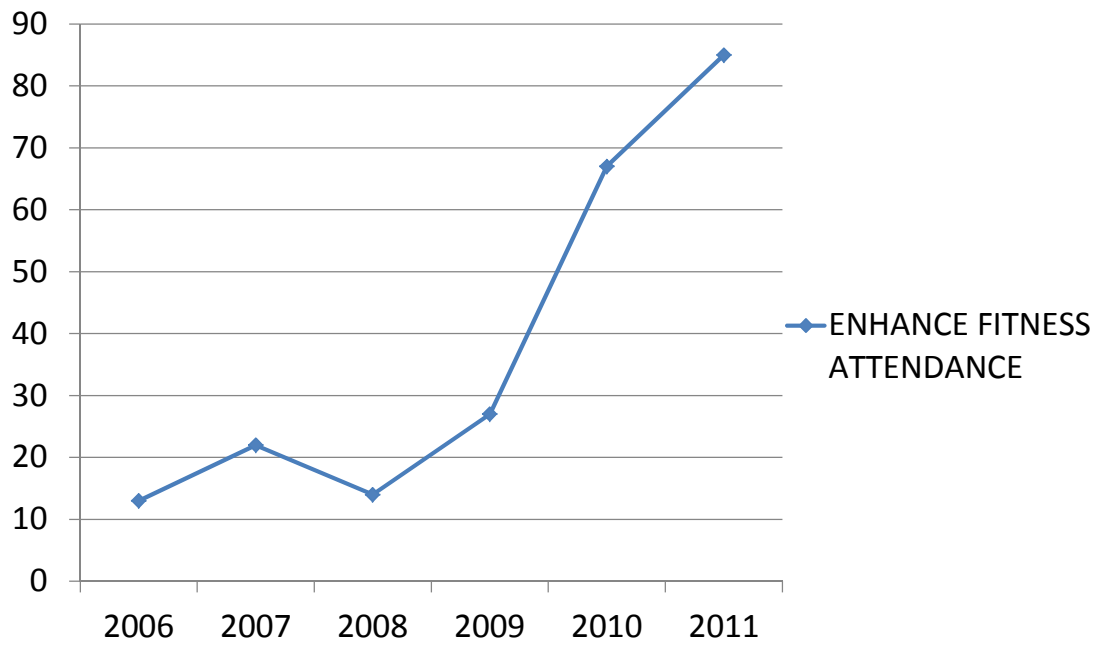
- 72% decrease in hospital stays
- Improved strength & bone density
- 35% decrease in use of prescription drugs
- Improved memory
- 11% decrease in depressive symptoms
- Improved mood of emotions
- 35% improvement in activity of daily living
- Improved balance & coordination
- Increased endurance & flexibility
- Improved sleep pattern



**INDEPENDENT LIVING!**



### ENHANCE FITNESS ATTENDANCE



**Most Evidence Based Programs focus on Functional Fitness which concentrates on movements that improve Activities of Daily Living (ADLs):**

- ❖ Teach isolated muscles to work together, preventing injury during daily actions. (choreographed moves)
- ❖ Preserve bone density and strength, preventing brittle bones & breakages. (strength & sharing)
- ❖ Build major muscles for full range of motion, promoting everyday ease of movement. (weights)
- ❖ Develop balance, agility, and flexibility, preventing falls & trips to the hospital. (stretch)

**STRONG SENIORS BUILD POWERFUL PROGRAMS!**



## My Vision - Nutrition Program in the Year 2017

**#1**

**#2**

**#3**

**#4**

**#5**

# Top Priorities For *My* Program for the Next Five Years



**#1**

**#2**

**#3**

**#4**

**#5**



## Within the Next Six Months:

What Action Steps Can I Accomplish?	How Can I Measure Success?
1.	
2.	

## Within the Next 12 Months:

What Action Steps Can I Accomplish?	How Can I Measure Success?
1.	
2.	



## *Surviving a Changing Environment (MOWAA Conf. Fall 2012)*

Pam VanKampen, RD, CD

[pam.vankampen@gwaar.org](mailto:pam.vankampen@gwaar.org)

715-836-3916

**Formulating Strategic Business Plans for Healthy Aging Program (A toolkit for Community-Based Organizations)** Toolkit from Hebrew Senior Life gives you the basic understand and template for formulating a business plan that you can adapt to meet your needs. Download it at <http://www.ncoa.org/assets/files/pdf/center-for-healthy-aging/MA-EBDP-Grant-Final-Report.pdf>

**Greater Wisconsin Agency on Aging Resources (GWAAR)** website. We have a lot of best practices posted on this website that you can use and modify to best meet your needs. A couple highlights include: ([www.gwaar.org](http://www.gwaar.org) click on "For Professionals" then on "Elderly Nutrition Program").

- **Beneficial Bites:** Way to introduce functional, powerhouse foods into the diets of seniors and onto the menu, complete program of nutrition education to a consistent message is shared and to increase familiarity with foods they may not have otherwise eaten on a regular basis. Download the materials at: <http://gwaar.org/for-professionals/elderly-nutrition-program-for-professionals/elderly-nutrition-program-for-professionals-2/10-articles/aging-programs-and-services/109-beneficial-bites.html>
- **Activity Booklet (Version 1 and 2):** <http://gwaar.org/for-professionals/elderly-nutrition-program-for-professionals/elderly-nutrition-program-for-professionals-2.html> Scroll down to Activity Booklet 1(Theme Days i.e. Music Monday, Wellness Wednesday, etc...) or Activity Booklet 2 (resource for activity ideas plus peer activity suggestions).
- **Theme Month Materials:** Way to communicate consistent message on a variety of nutrition, health and wellness topics <http://gwaar.org/for-professionals/elderly-nutrition-program-for-professionals/theme-month-materials.html>
- **Poster Contest:** Opportunity for seniors to give back to and be involved with the Elderly Nutrition Program and to show they have something to contribute. All photos were submitted by seniors or someone closely related to the nutrition program like a HDM volunteer. View the top 9 posters at <http://www.surveymonkey.com/s/WAND40thPosterContest>

- **1 on 1 Interviewing: Tips and Tools:**

- **Be prepared:** It is best to set interviews up in advance, think about what you want to know, and make the interview short (at least the initial one), about 30 minutes.
- **Keep it informal:** A one-on-one interview differs from a job interview, a survey or an academic approach. You do not have a standardized set of questions- you go with the flow, looking for body language, sources of passion, personal histories, etc...
- **Look for connections:** Ask questions to keep the conversation flowing. Look for connections and contrasts in experience between yourself and your interviewee, but resist launching into long stories about yourself. The other person should do most of the talking.
- **Ask direct questions:** Find out what is important to the other person. For instance, ask her about her connections to her home, and how she came to her job. Find out the public issues that make her angry or energized. “Why did you get involved in this group?” “Why do you care about this issue?” “What have you learned from this experience?”
- **Avoid asking yes or no questions:** They are too quick and you don’t learn much. If you do ask them, follow up with “why?”
- **Listen well:** Build on what your interviewee has already said. This involves paying close attention. An interviewee who feels listened to is likely to talk more than someone who feels that their words are falling on deaf ears.
- **Be sure you understand:** Clarify what the talking is saying by restating what you’ve heard and asking if you’ve got it right.
- **Look for the energy for action:** If you can see that the person is fired up about a public problem, ask if they have ever taken action on it before and how. Find out what they would be interested in working with others to take further action. Plan a follow-up, if you think it would be useful.
- **Evaluate:** Afterward, think about the outcome of the interview. What worked? What can you do better next time?

**Wisconsin Institute for Healthy Aging (WIHA)** website. Showcases and coordinates our evidence-based programs. The main ones we offer presently are Chronic Disease Self-Management from Stanford that we call “Living Well” with chronic conditions and Stepping On, a falls prevention workshop. More evidence based programs will be added in the near future.  
<http://wihealthyaging.org/>



## Walk-through Recording Form

Use this form to record your experiences and observations from your walk-through exercise, as well as the suggestions that you've gathered from your staff.

**Agency Name:**

**Title:** *Revitalizing Senior Dining Program.*

### First Contact- Making a Reservation for the Meal

<b>Observations:</b>	<ol style="list-style-type: none"><li>1. Did you get a busy signal, voice mail, an automated greeting, or did a live person answer the call?</li><li>2. Did the (agency name) offer you a reservation on your first call?</li><li>3. Did you receive information on the program- time, donation, menu, location?</li><li>4. Would you have difficulty reaching the site without access to a car?</li><li>5. Does the agency offer transportation to the site if you don't have transportation?</li></ol>
<b>Recommendations:</b>	





## First Meal

<b>Observations:</b>	<ol style="list-style-type: none"><li>1. Was it easy to find the meal site?</li> <li>2. Were parking, directions, and signage adequate?</li> <li>3. Were you welcomed to the meal site in an open and friendly manner?</li> <li>4. Did the site feel pleasant and welcoming or cold (negative) and harsh?</li> <li>5. Were the people/participants pleasant and welcoming or cold (negative) and harsh?</li> <li>6. What did you do while waiting for the meal to be served?</li> <li>7. Was the meal served on time?</li> <li>8. Was the meal site clean and neat and were the staff/volunteers also clean and neat?</li> <li>9. Please rate the meal using the table below (5 being the best)</li></ol>
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	5 is the best	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
	Taste					
	Texture					
	Temp.					
	Appearance					
	Overall					
	<b>Recommendations:</b>					

## Registration

<b>Observations:</b>	<ol style="list-style-type: none"> <li>1. Did the (greater/site manager/volunteer) accompany you through the entire registration process?</li>   <li>2. How long did you spend at the registration task?</li>   <li>3. Where any of the questions on the registration form difficult to answer?</li>   <li>4. What was the registration process like?</li>   <li>5. Did you have to wait between your registration and your first meal, and if so, how long?</li> </ol>
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<b>Recommendations:</b>	
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### Donation Process

<b>Observations:</b>	<ol style="list-style-type: none"><li>1. Was the donation process explained to you when you made the reservation?</li><li>2. Was the donation signage clear and unintimidating?</li><li>3. Did you feel you were able to confidentially make your donation?</li></ol>
<b>Recommendations:</b>	

### MOW's Pick-up Process

<b>Observations:</b>	<ol style="list-style-type: none"><li>1. Did it appear convenient for volunteers to pick up the HDM's?</li><li>2. Was there good cooperation between the site manager/volunteers and drivers as meals were packaged?</li><li>3. Did the HDM pick-up process affect you, as the Senior Dining participant in anyway?</li></ol>
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<b>Recommendations:</b>	
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### First Meal Overview

<b>Observations:</b>	<ol style="list-style-type: none"><li>1. Overall, how were you treated?</li><li>2. Did you like the way the meal was served and presented?</li><li>3. Was it easy to understand how to clear your dishes?</li><li>4. Did you feel rushed?</li><li>5. What questions or concerns should have been addressed before the first meal?</li><li>6. Did you feel welcomed and were you encouraged to "come again"?</li></ol>
<b>Recommendations:</b>	



## Final Considerations

1. What surprised you most during your walk-through?
  
2. What changes do you most want to make?

### **Overview:**

This process improvement system is customer driven. Remember we are looking at the processes in place and how the process influences customers- process improvement not staff/volunteer/person improvement. It is extremely important to suspend judgment and just observe the process- ask yourself *how does this make you feel or how would my parents feel going thru this system?* Don't go to the next level of making value judgments. We will be identifying several opportunities for improvement and we will flow chart these out so we can see the big picture and pick the "low hanging fruit" to address first. We will be doing small process changes that can be done quickly and demonstrated that the change makes a difference in the process, tools such as the Fishbone Diagram and brainstorming will be used. This will lead to the bigger system change eventually but the beauty of this process is that it breaks down the often overwhelming task of system change into doable steps and allows small successes to be celebrated along the way; this helps maintain excitement and energy in the process vs feeling overwhelmed. We want to empower people so they have successes and we want to be seen as a partner in creating change.