

Live Healthy Georgia – Seniors Taking Charge: A Community Intervention Report



**Division of Aging Services and The University of Georgia
2007**

Live Healthy Georgia – Seniors Taking Charge

A Community Intervention Report

This publication was produced by the cooperative efforts of:

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B. J. Walker, Commissioner

Georgia Department of Human Resources • Division of Aging Services • Maria Greene, Division Director
Two Peachtree Street, NW • Suite 9.398 • Atlanta, Georgia 30303-3142 • Phone: 404-657-5258 • Fax: 404-657-5285

Georgia has the 11th fastest growing population of older adults in the country, and also ranks 7th in the number of older adults with diabetes. The coming surge in the number of seniors will significantly increase the demand for health care services and costs associated in providing these services. Major challenges for older adults include, controlling health care costs and maintaining independence and quality of life. Chronic diseases cause almost half of all disability among older Americans. Diabetes is the sixth leading cause of death nationally and the cost of diabetes in Georgia due to medical care, lost productivity and premature death is over \$4 billion per year. The diabetes prevalence in Georgia has increased by 20 percent in the past 5 years. Thirty percent (214,000) do not know that they have the disease, but it already is beginning to cause eye and kidney and heart damage for many of them. Unless we as a society aggressively address the twin epidemics of obesity and diabetes, this number will more than double to 1,697,000 in the next 20 years. Physical inactivity, smoking and making unhealthy food choices puts us at increased risk for chronic diseases such as diabetes, heart disease, stroke and other serious health problems. To begin to address some of these challenges, a Community Intervention call “Live Healthy Georgia – Seniors Taking Charge!” that supports Governor Sonny Perdue’s Live Healthy Georgia Campaign was undertaken and implemented at local senior centers.

This report highlights the results and collaborative efforts between the DHR-Division of Aging Services, University of Georgia and the Georgia Aging Network in developing, implementing and evaluation the “Live Healthy Georgia – Seniors Taking Charge” community based intervention program related to nutrition, physical activity and chronic disease self-management in older adults.

We hope that the program planners, policy makers, members of the Georgia Aging Network, and all interested citizens will find this report useful in the continuing effort to respond to the challenges and opportunities presented by Georgia’s older population.

Maria Greene
Maria Greene, Director
Division of Aging Services



The University of Georgia

College of Family and Consumer Sciences
Department of Foods and Nutrition

Georgia has more than 870,000 people aged 65 and older, one of the largest older populations in the South. It has the 11th fastest growing population of older adults in the country. With the aging of our population comes an increased health care cost. Health promotion programs, especially those that serve low resource populations, can help control health care costs and improve the quality of life for older people.

It is with great pleasure that the Department of Foods and Nutrition at the University of Georgia continues its successful collaboration and long-standing relationship with the Georgia Division of Aging Services. This relationship has been further strengthened with the development, implementation, and evaluation of the “Live Healthy Georgia – Seniors Taking Charge” Community Intervention. The purpose of the Community Intervention is to implement an evidence-based intervention to improve nutrition, physical activity, and heart health and to prevent falls and fractures in older adults. As outlined in this report, this intervention was very successful in increasing calcium intake, physical activity, knowledge about heart attack warning signs and home fall prevention in older adults attending senior centers throughout the state. These improvements in health behaviors will help lower health care costs, improve independence, and delay nursing home placement in older Georgians.

Community and university partnerships are vital for successful development, implementation, and evaluation of evidence-based health promotion programs. Communities can identify the real needs of real people, while Universities can improve expertise in research and evaluation techniques. Our department values our collaboration with the Division of Aging Services and the aging network, and looks forward to working together to further improve the well being of our oldest citizens.

We hope this report will help program planners, policy makers, members of Georgia’s aging network, and interested citizens in continuing to serve and support the older adult community, while creating new avenues and partnerships to better support and assist this growing population.

Sincerely,

Rebecca Mullis, PhD, RD
Department Head, Foods and Nutrition
The University of Georgia

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The work of many individuals and organizations contributed to this report. A special thank you is extended to these individuals and organizations!

Mindy Bell, BS
Graduate Assistant
Northeast Georgia Area Agency on Aging &
The University of Georgia
Department of Foods & Nutrition
375 Dawson Hall, Building 1010
Athens, GA 30602
706-542-4838

Mary Byrd, RD, LD
AAA Wellness Coordinator
Atlanta Regional Commission
40 Courtland Street, N.E.
Atlanta, GA 30303-2538
404-463-3289

Jennifer Crosby
AAA Wellness Coordinator
Heart of Georgia Altamaha RDC
331 West Parker Street
Baxley, GA 31513
912-367-3648

Carol Johnson Davis, JD, Executive Director
Diabetes Association of Atlanta
100 Edgewood Ave, NE
Suite 1004
Atlanta, GA 30303-3067
404-527-7150

Diabetes Technologies, Inc.
P.O. Box 1954
Thomasville, GA 31792
1-888-872-2443

Suzanne Elbon, PhD, MEd, RD, LD
Live Well Age Well Webmaster
The University of Georgia
Department of Foods and Nutrition
375 Dawson Hall, Building 1010
Athens, GA 30602
706-542-4838

Lisa Hale
AAA Wellness Coordinator
Southern Crescent Area Agency on Aging
278 McElroy Rd. Suite 1
Fayetteville, GA 30214
706-675-6721

Jami Harper
AAA Wellness Coordinator
Southwest Georgia Council on Aging
309 Pine Avenue
Albany, GA 31701
229-432-1124

L. Monique Hillman, MPH, RN, BS
AAA Wellness Coordinator
Central Savannah River RDC
3023 Riverwatch Parkway, Suite A
Augusta, GA 30907
706-210-2000

Lisa Howard, CTRS
AAA Wellness Coordinator
Legacy Link, Inc. Area Agency on Aging
508 Oak Street
Gainesville, GA 30503
770-538-2650

Noaleen Ingalsbe, Ed.D, RD, LD
AAA Wellness Coordinator
Coosa Valley RDC
P.O. Box 1793
Rome, GA 30162
706-295-6485

Joan G. Fischer, PhD, RD, LD
Associate Professor
The University of Georgia
Department of Foods & Nutrition
390 Dawson Hall, Building 1010
Athens, GA 30602
706-542-7983

Loreatha Jenkins, CPT
AAA Wellness Coordinator
Coastal Georgia RDC
P.O. Box 1917
Brunswick, GA 31521
912-264-7363

Gwenyth Johnson, RD, LD
Aging Services Coordinator
DHR-Division of Aging Services
Two Peachtree Street, NW
Suite 9-480
Atlanta, GA 30303-3142
404-657-8779

Mary Ann Johnson, PhD
Professor & Faculty of Gerontology
The University of Georgia
Department of Foods & Nutrition
373 Dawson Hall, Building 1010
Athens, GA 30602
706-542-2292

Brenda Kirkland, RN, BSN
AAA Wellness Coordinator
Middle Georgia Regional Development Center
175 Emery Highway
Macon, GA 31217
478-751-6466

Tiffany Sellers Lommel, MS, RD, LD
Research & Wellness Coordinator
Northeast Georgia Area Agency on Aging &
The University of Georgia
Department of Foods & Nutrition
375 Dawson Hall, Building 1010
Athens, GA 30602
706-542-4838

Arnisha Norman, MPA, RD, LD
Nutrition Services Coordinator
Atlanta Regional Commission
40 Courtland Street, N.E.
Atlanta, GA 30303-2538
404-463-3241

Sohyun Park, PhD
The University of Georgia
Department of Foods & Nutrition
375 Dawson Hall, Building 1010
Athens, GA 30602
706-542-4838

Ilona Preattle, RN
AAA Wellness Coordinator
Lower Chattahoochee Area Agency on Aging
P.O. Box 5532
Columbus, GA 31902
706-256-2910

Sudha Reddy, MS, RD, LD
Chief Nutritionist & Wellness Program Director
DHR-Division of Aging Services
Two Peachtree Street, NW
Suite 9-481
Atlanta, GA 30303-3142
404-657-5316

Denine Rogers, RD, LD
Diabetes Educator
Diabetes Association of Atlanta
100 Edgewood Ave, NE
Suite 1004
Atlanta, GA 30303-3067
404-527-7150

Elizabeth M. Speer, MS
Nutrition Educator
Northeast Georgia Area Agency on Aging &
The University of Georgia
Department of Foods & Nutrition
375 Dawson Hall, Building 1010
Athens, GA 30602
706-542-4838

Heather Stephens, MPH
Graduate Assistant
Northeast Georgia Area Agency on Aging &
The University of Georgia
Department of Foods & Nutrition
375 Dawson Hall, Building 1010
Athens, GA 30602
706-542-4838

Jennifer Teems, BS
Graduate Assistant
Northeast Georgia Area Agency on Aging &
The University of Georgia
Department of Foods & Nutrition
375 Dawson Hall, Building 1010
Athens, GA 30602
706-542-4838

Lisa Whitley, M.Ed.
AAA Wellness Coordinator
Southeast Georgia RDC
1725 S Georgia Parkway W
Waycross, GA 31503-8958
912-285-6097

COMMUNITY INTERVENTION NUTRITION EDUCATORS

Atlanta Regional Commission

Cathie Berger, AAA Director

Mary Byrd, RD, LD, Wellness Coordinator

Marcia Berlin, RD, LD, Health and Wellness Specialist

Central Savannah River Regional Development Center

Jeanette Cummings, AAA Director

L. Monique Hillman, MPH, RN, Wellness Coordinator

Adam Butler, NCSA-CPT

Coastal Georgia Regional Development Center

Sharon Dickol, AAA Director

Loreatha Jenkins, CPT, Wellness Coordinator

Deborah Jones, Family and Consumer Science Agent

Joyce Mitchell, Activity Coordinator

Marge Parrish, Activity Coordinator

Pat Mobley, Nutritionist

Coosa Valley-Area Agency on Aging of Northwest Georgia

Debbie Studdard, AAA Director

Noaleen Ingalsbe, Ed.D, RD, LD, Wellness Coordinator

Donna Ruiz, Wellness Coordinator

Sara Burnett, MS, RD, LD

Mary Ortwein, LD

Carolyn K. Turner, MS, RD, LD

Heart of Georgia Altamaha Regional Development Center

Gail Thompson, AAA Director

Jennifer Crosby, Wellness Coordinator

Kerrie Sirmans, Aging Training Specialist/Kinship Care Program Coordinator

Northeast Georgia Regional Development Center

Peggy Jenkins, AAA Director

Melinda Bell, BS, Graduate Assistant

Suzanne Elbon, PhD, MEd, RD, LD

Mary Grider, BS, Nutrition Educator

Tiffany Sellers Lommel, MS, RD, LD, Wellness Coordinator

Elizabeth M. Speer, MS, Nutrition Educator

Legacy Link, Inc. Area Agency on Aging

Pat Viles Freeman, AAA Director

Lisa Howard, CTRS, Wellness Coordinator
Renee Almy, RN
Betty Jo Blalock, RN and Diabetic Educator
Kendyl Brock, OTR/L
Carrie Hamilton, Clinical Pharmacist
Amanda Hanic, ATC, M. Ed.
Jeff Higgenbotham, RPT
Dr. Lalitha Medepalli, Cardiologist
Lisa Nicholson, RPh
Shirley Shed, LPN
Lisa Slater-Scott, RD
Michelle Smith, RPT
Shana Sumner, MS, RD, LD
Linda Turner, Habersham County Senior Center Wellness Coordinator
Debbie Wilburn, Extension Agent

Lower Chattahoochee Area Agency on Aging

Tiffany Ingram, AAA Director

Illona Preattle, RN, Wellness Coordinator

Middle Georgia Regional Development Center

Geri Ward, AAA Director

Brenda Kirkland, RN, BSN, Wellness Coordinator
Jennifer Dawson, RN, PRN Community Education Nurse
Michelle Lee, RN, Community Education Nurse
Marylen Rimando, Doctoral Student, Health Promotions & Behavior

Southeast Georgia Regional Development Center

Wanda Taft, AAA Director

Lisa Whitley, M.Ed., Wellness Coordinator
Evelyn Mixon, RN

Southern Crescent Area Agency on Aging

Joy Shirley, AAA Director

Lisa Hale, RD, Wellness Coordinator
Paula Hogan, RD, LD

Southwest Georgia Council on Aging

Kay Hind, AAA Director

Jami Harper, Wellness Coordinator
Glenna Bruner, Food Services Director
Nancy Carrier, RN
Felicia Carter, Baker County Senior Center Manager
Susannah Cowart, Marketing & Public Relations Director
Sylvia Davis, Food & Consumer Science Agent
Andrea Edwards, Community Relations Representative
Tara Elizondo, Shipp Senior Center (Worth County) Manager
Dana Hager, County Nurse Manager-Health Department
Karen Kennedy, Clinical Coordinator
Ester Martin, Nutritionist
Betty Mathis, R.S. Boney Senior Center (Lee County) Manager
Patsy Miliner, Arlington Senior Center (Calhoun County) Manager
Debra Reynolds, RN, Baker County Health Department
Adrian Slappey, RN
Sherry Smith, Senior Care Manager
Denise Wang, Account Executive, LPN
Christy Walters, Community Relations Coordinator
Vivian Whitaker, Director of Nurses

Developers of Community Intervention Materials and Website

Mary Ann Johnson, PhD
Joan G. Fischer, PhD, RD
Tiffany Sellers Lommel, MS, RD, LD
Melinda Bell, BS, Graduate Assistant
Nancy Omdahl, Editor
Sohyun Park, PhD
Heather Stephens, MPH
Elizabeth Speer, MS

Website

Suzanne Elbon, PhD., MEd, RD, LD

Graphic Designers

Wendy Giminski, Computer Graphics Artist
Kryisia Haag, Computer Graphics Artist

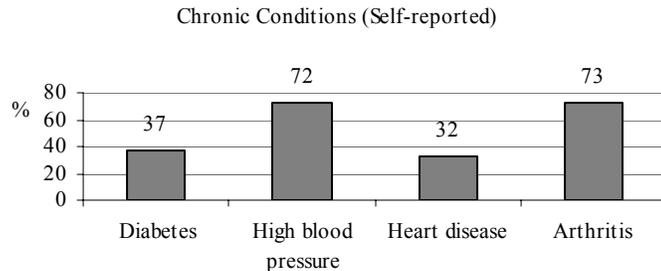
Executive Summary

Live Healthy Georgia - Seniors Taking Charge: A Community Intervention Report

Among the major challenges for older adults are controlling health care costs and maintaining independence and quality of life. To begin to address some of these challenges, a Community Intervention called “Seniors Taking Charge!” that supports the Live Healthy Georgia campaign was undertaken in our local senior centers. The goal of the Community Intervention is to improve physical activity, nutrition, heart health, healthy behaviors, health screenings, home safety, and help prevent falls and fractures. The evaluation included pre-tests, interventions, and post-tests designed to measure improvements in lifestyle and self-management skills. The Community Intervention reached 3486 people and 857 were enrolled in the evaluation of this program. The characteristics of the participants who completed the evaluation are shown below.

Number of people in the evaluation	857
• Age (years)	74
• Men	17%
• Women	83%
• White	55%
• African American	44%
• Other	1%

The participants had many chronic conditions that can be prevented and managed through improved nutrition, physical activity, and other changes in self-care.



A disturbingly high level of food insecurity was found. Statewide, 18% of participants answered “no” to this question, “Do you always have enough money to buy the food that you need?” Food insecurity in each Area Agency on Aging is shown below. This high prevalence of food insecurity needs to be addressed in future Community Intervention programs across the state. For example, plans are underway to implement the Senior Farmers Market Nutrition Program statewide. Also, several AAAs are beginning to work more closely with their local food banks and other agencies to increase food security.

AAA	Food Insecure	AAA	Food Insecure
Atlanta Regional Commission	38%	Middle Georgia	39%
Central Savannah River	14%	Northeast Georgia	4%
Coastal Georgia	27%	Southeast Georgia	15%
Coosa Valley	8%	Southern Crescent	7%
Georgia Mountains	5%	Southwest Georgia	14%
Heart of Georgia	16%	Lower Chattahoochee	36%

About 25% to 30% of older adults at Georgia senior centers had a bone fracture since age 50, have fallen in the past year, and feel limited in daily life by a fear of falling. Physical activity and adequate calcium and vitamin D help to prevent falls and fractures. Calcium and vitamin D supplements reduce falls and fractures by at least 20%. One of our goals was to improve knowledge and intakes of calcium and vitamin D. Improvements are shown in the table below.

Calcium Intake	Before Intervention	After Intervention
• Get a stomachache, gas, or diarrhea from drinking milk	27%	25%
• Know that three or more servings of milk products daily are recommended for older people	28%	63%
• Consume at least three calcium rich foods daily	45%	57%
• Ate at least one more calcium rich food daily following the intervention		41%
• Consume a calcium supplement daily	40%	45%
• Consume a vitamin D containing supplement daily	55%	58%

95% of hip fractures are caused by falls, and 60% of fatal falls occur in the home. In Georgia, there are more than 8,000 hip fractures annually among older adults, costing about \$35,000 in annual direct medical costs per fracture. One goal of this Community Intervention was to increase fall prevention and home safety strategies in older adults. Preventing only 30 hip fractures annually can save \$1 million in medical costs. Participants made many improvements in home safety that will help prevent falls (as shown in the table below).

Fall and Fracture Prevention	Before Intervention	After Intervention
• Removed things you might trip over	83%	91%
• Put grab bars next to your toilet and in the tub or shower	46%	52%
• Used non-slip mats in the bathtub and on shower floors	67%	79%
• Improved the lighting in your home	73%	82%
• Had handrails and lights put in on all staircases	75%	79%
• Wear shoes both inside and outside the house	81%	84%

Older adults consume more medications than any other age group. Mismanaging medications or taking them improperly is dangerous and can lead to serious illness or injury. As a part of this Community Intervention, older adults were given information on how to effectively and efficiently manage their medications. Improvements in medication management are shown in the table below.

Medication Management	Before Intervention	After Intervention
• Go to one pharmacy for all your medications	89%	91%
• Keep a written list of all your medications	61%	75%
• Had a health professional look at all your medications in the past 6 months	78%	86%
• Know the name of each of your medications	50%	56%
• Know what each of your medications is for	85%	88%
• Know the possible side effects of each of your medications	57%	62%

Getting regular check-ups and preventive screening tests are among the most important things older adults can do to help prevent and manage chronic diseases and conditions. A highlight of this Community Intervention was the continued focus on “Getting Checked.” As a result of this, many older adults had more check-ups following the intervention, as shown in the table below.

Getting Recommended Health Screenings	Before Intervention	After Intervention
• Bone mineral density test in the past year	32%	51%
• Blood cholesterol checked within the past year	87%	90%
• Blood pressure checked within the past month	90%	92%
• Visited an eye care professional in the past year	75%	76%
• Visited an ear care professional in the past year	33%	43%
• Feet checked by health care professional in the past year	53%	65%

The prevalence of heart disease and stroke is higher in Georgia than the national average and the vast majority of people who die from these conditions are older people. One goal of this Community Intervention was to increase awareness of the signs and symptoms of a heart attack and a stroke.

Signs/Symptoms of Heart Attacks and Stroke	Before Intervention	After Intervention
• Number of heart attack signs or symptoms known (6 maximum)	3.7	4.4
• Number of stroke signs or symptoms known (6 maximum)	4.3	4.8
• Know to call 911 if someone is having a heart attack or a stroke	84%	92%

The Community Intervention helped people with diabetes maintain their blood sugar control. Blood sugar control was assessed with A1c. High A1c reflects poor control of diabetes over the past few months. A1c is considered the “gold standard” test of blood sugar and diabetes management. Poor control of diabetes occurs in those with A1c > 7.0% and very poor control is seen in those with A1c > 8.0%. About 15% had A1c from 7% to 8% (poor control) and 11% has A1c > 8% (very poor control). A decrease in A1c of as little as 1% translates into an 18% decrease in risk of fatal and non-fatal heart attacks and a 35% reduction in the risk for diabetes-related complications, such as heart disease, stroke, amputation, kidney failure, nerve damage, and blindness (American Diabetes Association, 2002). This Community Intervention helped older adults with diabetes keep their A1c from increasing.

Pre-Test A1c Mean	Post-Test A1c Mean
6.7	6.7

Following the intervention, those with diabetes reported improvements in their ability to manage their diabetes as shown below.

Has this diabetes education program helped you improve your ability to do any of the following?	
• Maintain your blood sugar levels	92%
• Maintain portion control	90%
• Space carbohydrates over the day	80%

In summary, many of the older adults with diabetes improved their diabetes self-management skills, but still did not adhere to these practices on a daily basis. Health care costs are 2.4 times higher in people with diabetes. It is estimated that every dollar spent on diabetes management programs can save as much as \$4 in health care costs. Thus, continued promotion of diabetes self-management skills is needed.

Among all of the older adult participants who completed the intervention, there were other changes in nutrition, physical activity, and physical function that are summarized below. Abundant intakes of fruits and vegetables and regular physical activity lower the risk of chronic diseases, help manage chronic conditions, and help people maintain a healthy body weight.

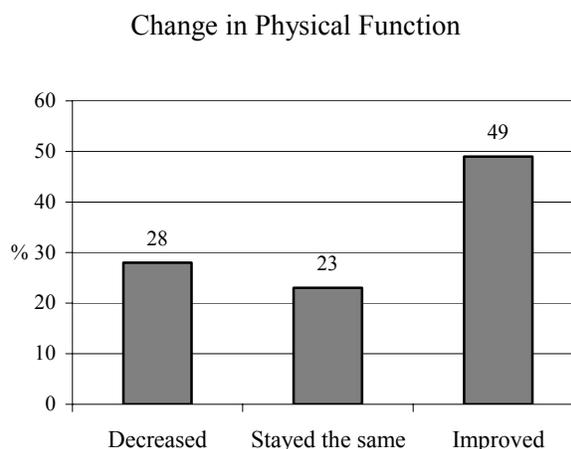
	Before Intervention	After Intervention
Fruit and vegetable intake		
• Know that seven or more fruits and vegetables daily are recommended for older people	13%	46%
• Consume at least five fruits and vegetables daily	55%	72%
• Ate at least one more fruit or vegetable daily following the intervention		55%

	Before Intervention	After Intervention
Physical activity		
• Number of days per week physically active	4.5	5.2
• 30 or more minutes of physical activity daily	29%	34%
• Added at least 10 more minutes per day after the intervention		37%

Regular physical activity helps maintain and improve physical function. Physical function is an indicator of how well people can perform their daily activities, remain living independently in the community, and delay or prevent placement in a nursing home. Several measures of physical function are shown in the following table and figure.

Physical function	Before Intervention	After Intervention
• Chair sit-and-reach, a measure of flexibility assessed as inches within reaching their toes from a seated position	-2.5 inches	-0.8 inches
• Standing balance, highest category	46%	59%
• 8-foot-walk, measured in seconds	3.6	3.5
• Chair stands, measured as seconds to do five chair stands	12.7	11.6
• Poor physical function (score 0 to 5)	20%	19%
• Moderate physical function (score 6 to 9)	50%	41%
• Good physical function (score 10 to 12)	30%	40%

The tandem stand, 8-foot-walk, and chair stand measures can be combined into an overall physical function score, such that people are assessed as having poor, moderate, or good physical function. Improving one's physical function score lowers the risk of nursing home placement (Guralnik et al., 1994). This improved physical function may lead to substantial cost savings, because the average cost for a private room in a nursing home is \$203 per day, or \$74,095 annually (American Association of Home and Services for the Aging, 2006). Thus, even preventing 10 people from entering a nursing home could save over \$740,950 in annual nursing home costs (\$74,095/year x 10 admissions). Cost savings may be quite large, especially when these intervention programs reach several thousand people in our communities. The number of participants whose function decreased, stayed the same, or improved is shown in the figure.



There were also many other improvements in healthy behaviors in the participants.

After attending the Heart Health, Fall and Fracture and Physical Activity programs, have you done any of the following?	
• Increased your physical activity	78%
• Tried to follow a healthier diet	94%
• Eat more calcium rich foods	70%
• Learned the warning signs of a heart attack	89%
• Learned the warning signs of a stroke	89%
• Had your medications reviewed	83%
• Taken your medications as recommended by a doctor	93%
• Made your home a safer place to prevent falls	92%

Overall these programs were well received and the majority of participants rated the interventions as good, very good, or excellent.

	Poor	Fair	Good	Very Good	Excellent
Satisfaction with health education programs (%)	1	3	24	40	32
Satisfaction with physical activity programs (%)	1	3	30	38	28

Live Well Age Well-The Website for Live Healthy Georgia-Seniors Taking Charge
(www.livewellagewell.info)

The website’s main purpose is to provide information on healthy living for people aged 50 and older, their families, and their caregivers. Features include current information and links for healthy living, disease risk management, community resources, an events calendar, and success stories of older Georgians who are aging well. Healthy living topics include information on aging well, food safety, dietary supplements, medications, eating healthy, being active, getting checked, being smoke-free, and being positive. Disease risk management topics include Alzheimer’s disease, arthritis, cancer, depression, diabetes, heart disease, mental health, obesity, osteoporosis, oral health, and hypertension. In the community resources section, users can find links to government websites, health sites and associations, food and community resources, and nutrition websites. These resources can help the growing number of older Georgians improve their health and well-being.

Ongoing maintenance activities have included maintaining the monthly *In the News*, *Take Charge* and *FAQ* sections, tracking website usage patterns, and maintaining the resource section for the Community Intervention training materials and resources. The monthly newsletter, *The Grapevine*, is distributed to the members of the Live Well Age Well Listserv. Current membership of the listserv is 24.

Expansion activities included development of menus for 16 days with a highlighted recipe. These sample menus illustrate healthy eating patterns, and give ideas for planning nutritious meals and snacks. The menus provide about 1,800 calories, with carbohydrate-containing foods spaced evenly throughout the day. Also, a monthly recipe corner with fruit and vegetable recipes based on the dietary guidelines that serve 2 to 4 people, cost and nutrient content, and recipe modification strategies was developed. Six *Success Stories* were added, bringing the current total to 29. New sections were added to the Healthy Living and Disease Risk Management areas that focus on Vision and Hearing and Emergency Preparedness.

Activities in progress include completion of the manuscript for the summative evaluation of the Live Well Age Well website and completion of a section for the Georgia Aging Network Resources.

Website tracking shows that during 2006-2007, Live Well Age Well has had 13,437 unique visitors who made 17,040 unique visits and viewed 41,095 different pages.

**Heart Health, Fall and Fracture and Physical Activity Intervention:
Comments from Participants**

Comments from the participants and others involved in the heart health, fall and fracture and physical activity intervention are summarized below. All of those involved with this program clearly enjoyed it.

“The program is a wonderful thing to have. I am doing better.”
Senior Center Participant

“I enjoyed the education program very much. The session has helped me maintain my blood sugar.”
Senior Center Participant

“I enjoyed it, it was a very pleasant experience. The instructor is great!”
Senior Center Participant

“This is a great program for seniors. I would recommend this program highly.”
Senior Center Participant

“It gave us something to look forward to each week.”
Senior Center Participant

“I was pleased with the quality of instructors and information given.”
Senior Center Participant

“This program was great, very great. I loved it. It helped out a lot of people. Thanks!”
Senior Center Participant

“She loved the classes and has kept all the lesson handouts.”
Caretaker of Senior Center Participant

“We really did learn a lot. We would talk about the lessons after the educator left.”
Senior Center Participant

“The instructor made us aware of things that we don’t normally think about and what to watch for. She also made us aware about reading labels.”
Senior Center Participant

“Please don’t stop. Participants really enjoyed the lessons.”
Senior Center Participant

Heart Health, Fall and Fracture and Physical Activity Intervention Summary

In summary, participants reported improvements in calcium intake, dietary behaviors and knowledge, physical activity, physical function, knowledge about heart attack warning signs and home fall prevention. About 25% to 30% of the older adults in Georgia's senior centers have had a bone fracture since the age of 50, have fallen in the past year, and feel limited in their daily lives because of a fear of falling. This problem can be addressed by increasing physical activity, as well as the consumption of calcium and vitamin D. Georgia ranks higher than the national average for heart disease and stroke. This problem can be addressed by increased control of diabetes and education about signs and symptoms of heart attack and stroke.

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Atlanta Regional Commission
Live Healthy Georgia - Seniors Taking Charge: A Community Intervention Report

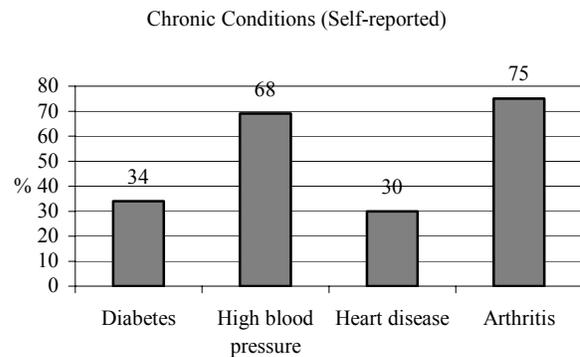
Among the major challenges related to aging and chronic diseases are controlling health care costs and maintaining independence and quality of life.

To begin to address some of these challenges, a Community Intervention called “Seniors Taking Charge!” that supports the Live Healthy Georgia campaign was undertaken in our local senior centers. The goal of the Community Intervention is to improve physical activity, nutrition, and heart health, and to prevent falls and fractures. The evaluation included pre-tests, interventions, and post-tests designed to measure improvements in lifestyle and self-management skills. The senior centers and characteristics of the participants who completed the evaluation are shown below. The participants had many chronic conditions that can be prevented and managed through improved nutrition, physical activity, and other changes in self-care.

Senior centers in the evaluation:

Charlie Griswell, Fairburn

Number of people in the evaluation	68
• Age	74
• Men	7%
• Women	93%
• White	12%
• African American	88%
• Other	0%



Food security is a major issue for older adults as well. Food security data are analyzed by senior center to show the needs in your area.

Food Security	Before Intervention	After Intervention
• Food insecure in Charlie Griswell Senior Center	36%	28%
• Food insecure in Fairburn Senior Center	39%	18%

Calcium Intake	Before Intervention	After Intervention
• Get a stomachache, gas, or diarrhea from drinking milk	43%	31%
• Know that three or more servings of milk products daily are recommended for older people	22%	69%
• Consume at least three calcium rich foods daily	29%	58%
• Ate at least one more calcium rich food daily following the intervention		53%
• Consume a calcium supplement daily	36%	63%
• Consume a vitamin D-containing supplement daily	46%	56%

Fall and Fracture Prevention	Before Intervention	After Intervention
• Removed things you might trip over	63%	94%
• Put grab bars next to your toilet and in the tub or shower	35%	56%
• Used non-slip mats in the bathtub and on shower floors	45%	84%
• Improved the lighting in your home	44%	88%
• Had handrails and lights put in on all staircases	65%	88%
• Wear shoes both inside and outside the house	75%	92%

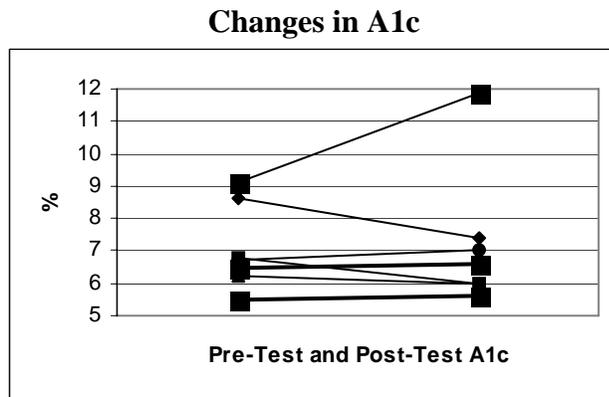
Medication Management	Before Intervention	After Intervention
• Go to one pharmacy for all your medications	84%	95%
• Keep a written list of all your medications	70%	81%
• Had a health professional look at all your medications in the past 6 months	80%	86%
• Know the name of each of your medications	56%	62%
• Know what each of your medications is for	76%	87%
• Know the possible side effects of each of your medications	61%	77%

“Get Checked” Screenings	Before Intervention	After Intervention
• Bone mineral density test in the past year	24%	23%
• Blood cholesterol checked within the past year	72%	88%
• Blood pressure checked within the past month	93%	89%
• Visited an eye care professional in the past year	75%	83%
• Visited an ear care professional in the past year	44%	69%
• Feet checked by health care professional in the past year	45%	72%

Signs/Symptoms of Heart Attacks and Stroke	Before Intervention	After Intervention
• Number of heart attack signs or symptoms known (6 maximum)	3.1	4.3
• Number of stroke signs or symptoms known (6 maximum)	3.6	4.8
• Know to call 911 if someone is having a heart attack or a stroke	93%	97%

Many participants with diabetes had their A1c measured. High A1c shows poor control of diabetes over the past few months.

Diabetes was poorly controlled among many participants before the intervention, as shown by the blood A1c measures in the figure. A1c is considered the “gold standard” test of blood sugar and diabetes management. Poor control of diabetes occurs in those with A1c > 7.0% and very poor control is seen in those with A1c > 8.0%. A decrease in A1c of as little as 1% translates into an 18% decrease in risk of fatal and non-fatal heart attacks and a 35% reduction in the risk for diabetes-related complications, such as heart disease, stroke, amputation, kidney failure, nerve damage, and blindness (American Diabetes Association, 2002).



Following the intervention, those with diabetes reported improvements in their ability to manage their diabetes.

Has this diabetes education program helped you improve your ability to do any of the following?	
• Maintain your blood sugar levels	94%
• Maintain portion control	100%
• Space carbohydrates over the day	76%

In summary, many of the older adults with diabetes improved their diabetes self-management skills, but still did not adhere to these practices on a daily basis. Health care costs are 2.4 times higher in people with diabetes. It is estimated that every dollar spent on diabetes management programs can save as much as \$4 in health care costs. Thus, continued promotion of diabetes self-management skills is needed.

Among all of the older adult participants who completed the intervention, there were also changes in nutrition, physical activity, and physical function that are summarized below. Abundant intakes of fruits and vegetables and regular physical activity lower the risk of chronic diseases, help manage chronic conditions, and improve management of body weight.

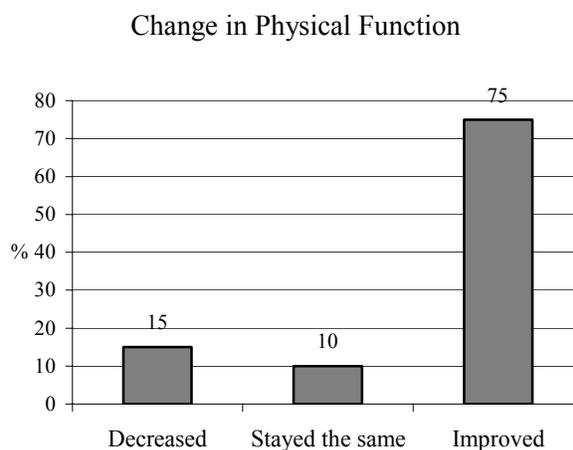
Fruit and Vegetable Intake	Before Intervention	After Intervention
• Know that seven or more fruits and vegetables daily are recommended for older people	15%	51%
• Consume at least five fruits and vegetables daily	49%	83%
• Ate at least one more fruit or vegetable daily following the intervention		64%

Physical Activity	Before Intervention	After Intervention
• Number of days per week physically active	2.7	4.5
• Average daily minutes of physical activity	10.2	21.1
• 30 or more minutes of physical activity daily	15%	16%
• Added at least 10 more minutes per day after the intervention		39%

Regular physical activity helps maintain and improve physical function. Physical function is an indicator of how well people can perform their daily activities, remain living independently in the community, and delay or prevent placement in a nursing home. Several measures of physical function are shown in the following table and figure.

Physical Function	Before Intervention	After Intervention
• Chair sit-and-reach, a measure of flexibility assessed as inches within reaching their toes from a seated position	-1.3 inches	1.1 inches
• Standing balance, highest category	38%	66%
• 8-foot-walk, measured in seconds	3.7	3.0
• Chair stands, measured as seconds to do five chair stands	10.9	6.7
• Poor physical function (score 0 to 5)	25%	15%
• Moderate physical function (score 6 to 9)	47%	28%
• Good physical function (score 10 to 12)	28%	57%

The tandem stand, 8-foot-walk, and chair stand measures can be combined into an overall physical function score, such that people are assessed as having poor, moderate, or good physical function. The poor category has a 3.6 times higher risk of nursing home placement (Guralnik et al., 1994). This improved physical function may lead to substantial cost savings, because the average cost for a private room in a nursing home is \$203 per day, or \$74,095 annually (American Association of Home and Services for the Aging, 2006). Thus, even preventing 10 people from entering a nursing home could save over \$740,950 in annual nursing home costs (\$74,095/year x 10 admissions). Cost savings may be quite large, especially when the intervention programs reach several hundred people in our communities. The number of participants whose function decreased, stayed the same or improved is shown in the figure.



There were also many other improvements in healthy behaviors in the participants.

After attending the Heart Health, Fall Prevention and Physical Activity programs, have you done any of the following?	
• Increased your physical activity	95%
• Tried to follow a healthier diet	97%
• Eat more calcium rich foods	74%
• Learned the warning signs of a heart attack	70%
• Learned the warning signs of a stroke	74%
• Had your medications reviewed	52%
• Taken your medications as recommended by a doctor	82%
• Made your home a safer place to prevent falls	85%

Overall these programs were well received and the majority of participants rated the interventions as good, very good or excellent.

Satisfaction	Poor	Fair	Good	Very Good	Excellent
Health and nutrition education programs (%)	0	1	33	51	15
Physical activity program (%)	0	3	31	49	17

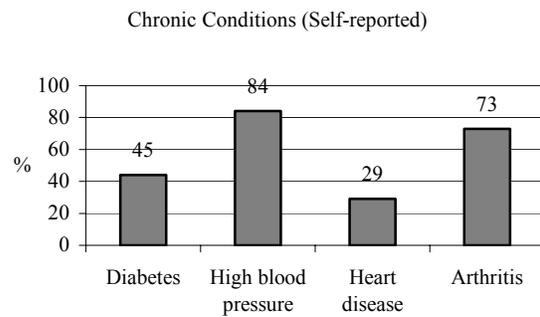
**Central Savannah River
Live Healthy Georgia - Seniors Taking Charge: A Community Intervention Report**

Among the major challenges related to aging and chronic diseases are controlling health care costs and maintaining independence and quality of life.

To begin to address some of these challenges, a Community Intervention called “Seniors Taking Charge!” that supports the Live Healthy Georgia campaign was undertaken in our local senior centers. The goal of the Community Intervention is to improve physical activity, nutrition, heart health, and prevent falls and fractures. The evaluation included pre-tests, interventions, and post-tests designed to measure improvements in lifestyle and self-management skills. The senior centers and characteristics of the participants who completed the evaluation are shown below. The participants had many chronic conditions that can be prevented and managed through improved nutrition, physical activity, and other changes in self-care.

Senior centers in the evaluation:
Sand Hills Senior Center, Thomson-McDuffie,
and Brigham Senior Center

Number of people in the evaluation	82
• Age	75
• Men	16%
• Women	84%
• White	17%
• African American	79%
• Other	4%



Food security is a major issue for older adults as well. Food security data are analyzed by senior center to show the needs in your area.

Food Security	Before Intervention	After Intervention
• Food insecure in Sand Hills	12%	10%
• Food insecure in Thomson-McDuffie	24%	60%
• Food insecure in Brigham	12%	0%

Calcium Intake	Before Intervention	After Intervention
• Get a stomachache, gas, or diarrhea from drinking milk	33%	47%
• Know that three or more servings of milk products daily are recommended for older people	41%	69%
• Consume at least three calcium rich foods daily	58%	65%
• Ate at least one more calcium rich food daily following the intervention		46%
• Consume a calcium supplement daily	44%	56%
• Consume a vitamin D containing supplement daily	53%	62%

Fall and Fracture Prevention	Before Intervention	After Intervention
• Removed things you might trip over	90%	96%
• Put grab bars next to your toilet and in the tub or shower	48%	57%
• Used non-slip mats in the bathtub and on shower floors	75%	79%
• Improved the lighting in your home	78%	85%
• Had handrails and lights put in on all staircases	66%	47%
• Wear shoes both inside and outside the house	91%	98%

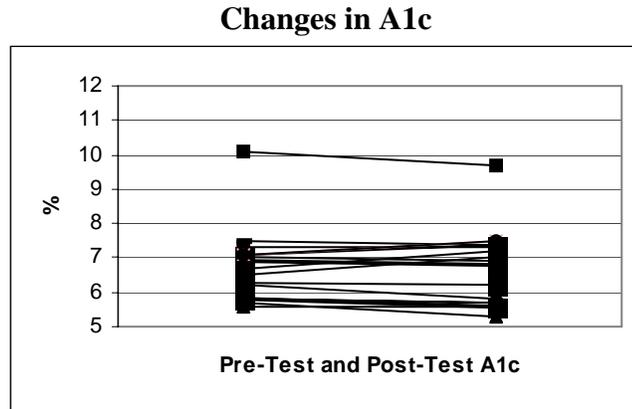
Medication Management	Before Intervention	After Intervention
• Go to one pharmacy for all your medications	96%	98%
• Keep a written list of all your medications	67%	80%
• Had a health professional look at all your medications in the past 6 months	84%	84%
• Know the name of each of your medications	53%	62%
• Know what each of your medications is for	93%	85%
• Know the possible side effects of each of your medications	66%	59%

Screenings	Before Intervention	After Intervention
• Bone mineral density test in the past year	39%	89%
• Blood cholesterol checked within the past year	90%	91%
• Blood pressure checked within the past month	93%	94%
• Visited an eye care professional in the past year	82%	87%
• Visited an ear care professional in the past year	42%	54%
• Feet checked by health care professional in the past year	66%	83%

Signs/Symptoms of Heart Attacks and Stroke	Before Intervention	After Intervention
• Number of heart attack signs or symptoms known (6 maximum)	3.8	3.6
• Number of stroke signs or symptoms known (6 maximum)	4.2	4.2
• Know to call 911 if someone is having a heart attack or a stroke	89%	89%

Many participants with diabetes had their A1c measured. High A1c shows poor control of diabetes over the past few months.

Diabetes was poorly controlled among many participants before the intervention, as shown by the blood A1c measures in the figure. A1c is considered the “gold standard” test of blood sugar and diabetes management. Poor control of diabetes occurs in those with A1c > 7.0% and very poor control is seen in those with A1c > 8.0%. A decrease in A1c of as little as 1% translates into an 18% decrease in risk of fatal and non-fatal heart attacks and a 35% reduction in the risk for diabetes-related complications, such as heart disease, stroke, amputation, kidney failure, nerve damage, and blindness (American Diabetes Association, 2002).



Following the intervention, those with diabetes reported improvements in their ability to manage their diabetes.

Has this diabetes education program helped you improve your ability to do any of the following?	
• Maintain your blood sugar levels	96%
• Maintain portion control	100%
• Space carbohydrates over the day	92%

In summary, many of the older adults with diabetes improved their diabetes self-management skills, but still did not adhere to these practices on a daily basis. Health care costs are 2.4 times higher in people with diabetes. It is estimated that every dollar spent on diabetes management programs can save as much as \$4 in health care costs. Thus, continued promotion of diabetes self-management skills is needed.

Among all of the older adult participants who completed the intervention, there were also changes in nutrition, physical activity, and physical function that are summarized below. Abundant intakes of fruits and vegetables and regular physical activity lower the risk of chronic diseases, help manage chronic conditions, and improve management of body weight.

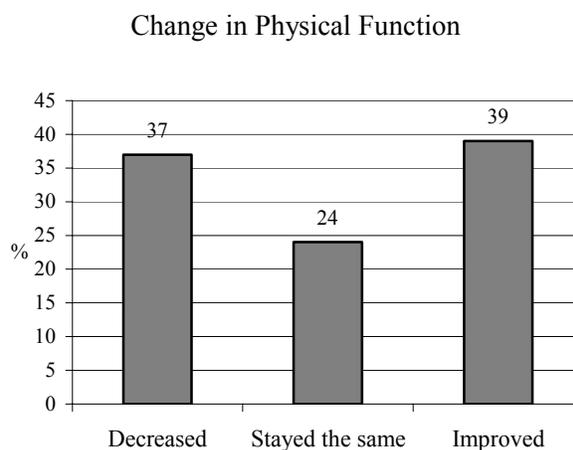
Fruit and vegetable intake	Before Intervention	After Intervention
• Know that seven or more fruits and vegetables daily are recommended for older people	15%	39%
• Consume at least five fruits and vegetables daily	55%	85%
• Ate at least one more fruit or vegetable daily following the intervention		62%

Physical activity	Before Intervention	After Intervention
• Number of days per week physically active	4.8	4.5
• Average daily minutes of physical activity	26	23.6
• 30 or more minutes of physical activity daily	29%	22%
• Added at least 10 more minutes per day after the intervention		35%

Regular physical activity helps maintain and improve physical function. Physical function is an indicator of how well people can perform their daily activities, remain living independently in the community, and delay or prevent placement in a nursing home. Several measures of physical function are shown in the following table and figure.

Physical function	Before Intervention	After Intervention
• Chair sit-and-reach, a measure of flexibility assessed as inches within reaching their toes from a seated position	-4.4 inches	-0.3 inches
• Standing balance, highest category	52%	52%
• 8-foot-walk, measured in seconds	3.4	3.2
• Chair stands, measured as seconds to do five chair stands	12.3	10.7
• Poor physical function (score 0 to 5)	16%	15%
• Moderate physical function (score 6 to 9)	40%	32%
• Good physical function (score 10 to 12)	44%	53%

The tandem stand, 8-foot-walk, and chair stand measures can be combined into an overall physical function score, such that people are assessed as having poor, moderate, or good physical function. The poor category has a 3.6 times higher risk of nursing home placement (Guralnik et al., 1994). This improved physical function may lead to substantial cost savings, because the average cost for a private room in a nursing home is \$203 per day, or \$74,095 annually (American Association of Home and Services for the Aging, 2006). Thus, even preventing 10 people from entering a nursing home could save over \$740,950 in annual nursing home costs (\$74,095/year x 10 admissions). Cost savings may be quite large, especially when the intervention programs reach several hundred people in our communities. The number of participants whose function decreased, stayed the same or improved is shown in the figure.



There were also many other improvements in healthy behaviors in the participants.

After attending the Heart Health, Fall and Fracture and physical activity programs, have you done any of the following?	
• Increased your physical activity	89%
• Tried to follow a healthier diet	96%
• Eat more calcium rich foods	67%
• Learned the warning signs of a heart attack	91%
• Learned the warning signs of a stroke	91%
• Had your medications reviewed	87%
• Taken your medications as recommended by a doctor	96%
• Made your home a safer place to prevent falls	94%

Overall these programs were well received and the majority of participants rated the interventions as good, very good or excellent.

	Poor	Fair	Good	Very Good	Excellent
Satisfaction with health education programs (%)	0	4	23	28	45
Satisfaction with physical activity programs (%)	0	4	21	37	38

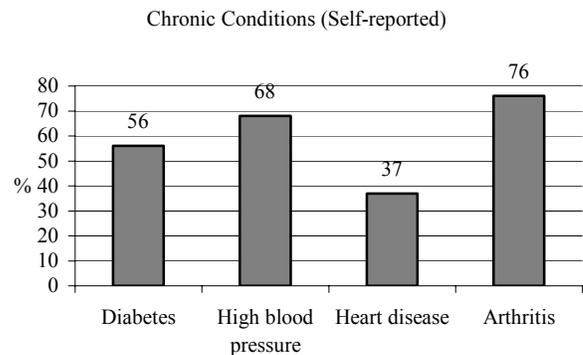
Coastal Georgia
Live Healthy Georgia - Seniors Taking Charge: A Community Intervention Report

Among the major challenges related to aging and chronic diseases are controlling health care costs and maintaining independence and quality of life.

To begin to address some of these challenges, a Community Intervention called “Seniors Taking Charge!” that supports the Live Healthy Georgia campaign was undertaken in our local senior centers. The goal of the Community Intervention is to improve physical activity, nutrition, heart health, and prevent falls and fractures. The evaluation included pre-tests, interventions, and post-tests designed to measure improvements in lifestyle and self-management skills. The senior centers and characteristics of the participants who completed the evaluation are shown below. The participants had many chronic conditions that can be prevented and managed through improved nutrition, physical activity, and other changes in self-care.

Senior centers in the evaluation:
 Camden, Glynn, and McIntosh Counties

- | | |
|------------------------------------|-----|
| Number of people in the evaluation | 51 |
| • Age | 74 |
| • Men | 13% |
| • Women | 87% |
| • White | 27% |
| • African American | 73% |
| • Other | 0% |



Food security is a major issue for older adults as well. Food security data are analyzed by senior center to show the needs in your area.

Food Security	Before Intervention	After Intervention
• Food insecure in Camden County	42%	25%
• Food insecure in Glynn County	28%	31%
• Food insecure in McIntosh County	14%	36%
Calcium Intake	Before Intervention	After Intervention
• Get a stomachache, gas, or diarrhea from drinking milk	40%	34%
• Know that three or more servings of milk products daily are recommended for older people	22%	58%
• Consume at least three calcium rich foods daily	58%	63%
• Ate at least one more calcium rich food daily following the intervention		41%
• Consume a calcium supplement daily	32%	32%
• Consume a vitamin D containing supplement daily	67%	55%

Fall and Fracture Prevention	Before Intervention	After Intervention
• Removed things you might trip over	73%	84%
• Put grab bars next to your toilet and in the tub or shower	44%	63%
• Used non-slip mats in the bathtub and on shower floors	71%	71%
• Improved the lighting in your home	91%	75%
• Had handrails and lights put in on all staircases	13%	60%
• Wear shoes both inside and outside the house	82%	81%

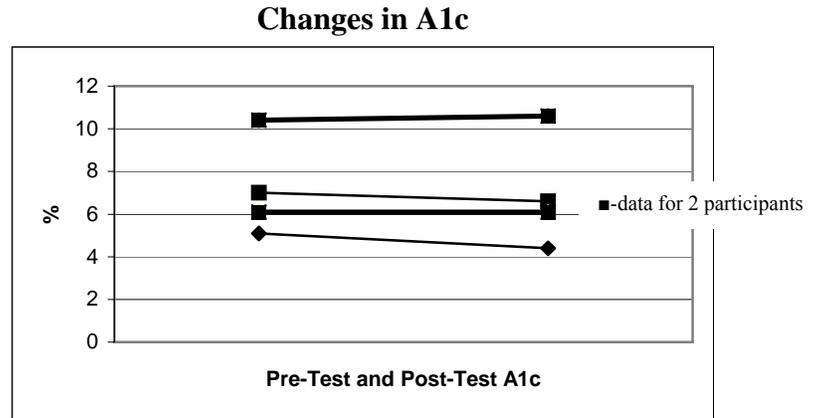
Medication Management	Before Intervention	After Intervention
• Go to one pharmacy for all your medications	84%	94%
• Keep a written list of all your medications	40%	63%
• Had a health professional look at all your medications in the past 6 months	67%	71%
• Know the name of each of your medications	41%	55%
• Know what each of your medications is for	77%	84%
• Know the possible side effects of each of your medications	36%	48%

Screenings	Before Intervention	After Intervention
• Bone mineral density test in the past year	22%	29%
• Blood cholesterol checked within the past year	87%	90%
• Blood pressure checked within the past month	78%	83%
• Visited an eye care professional in the past year	76%	68%
• Visited an ear care professional in the past year	38%	40%
• Feet checked by health care professional in the past year	67%	71%

Signs/Symptoms of Heart Attacks and Stroke	Before Intervention	After Intervention
• Number of heart attack signs or symptoms known (6 maximum)	3.0	4.0
• Number of stroke signs or symptoms known (6 maximum)	4.0	4.4
• Know to call 911 if someone is having a heart attack or a stroke	84%	100%

Many participants with diabetes had their A1c measured. High A1c shows poor control of diabetes over the past few months.

Diabetes was poorly controlled among many participants before the intervention, as shown by the blood A1c measures in the figure. A1c is considered the “gold standard” test of blood sugar and diabetes management. Poor control of diabetes occurs in those with A1c > 7.0% and very poor control is seen in those with A1c > 8.0%. A decrease in A1c of as little as 1% translates into an 18% decrease in risk of fatal and non-fatal heart attacks and a 35% reduction in the risk for diabetes-related complications, such as heart disease, stroke, amputation, kidney failure, nerve damage, and blindness (American Diabetes Association, 2002).



Following the intervention, those with diabetes reported improvements in their ability to manage their diabetes.

Has this diabetes education program helped you improve your ability to do any of the following?	
• Maintain your blood sugar levels	100%
• Maintain portion control	88%
• Space carbohydrates over the day	88%

In summary, many of the older adults with diabetes improved their diabetes self-management skills, but still did not adhere to these practices on a daily basis. Health care costs are 2.4 times higher in people with diabetes. It is estimated that every dollar spent on diabetes management programs can save as much as \$4 in health care costs. Thus, continued promotion of diabetes self-management skills is needed.

Among all of the older adult participants who completed the intervention, there were also changes in nutrition, physical activity, and physical function that are summarized below. Abundant intakes of fruits and vegetables and regular physical activity lower the risk of chronic diseases, help manage chronic conditions, and improve management of body weight.

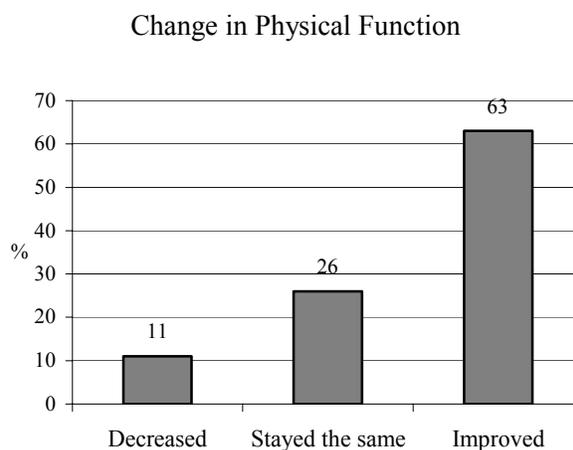
Fruit and vegetable intake	Before Intervention	After Intervention
• Know that seven or more fruits and vegetables daily are recommended for older people	20%	45%
• Consume at least five fruits and vegetables daily	71%	63%
• Ate at least one more fruit or vegetable daily following the intervention		28%

Physical activity	Before Intervention	After Intervention
• Number of days per week physically active	3.5	5.3
• Average daily minutes of physical activity	19.4	23.4
• 30 or more minutes of physical activity daily	20%	22%
• Added at least 10 more minutes per day after the intervention		45%

Regular physical activity helps maintain and improve physical function. Physical function is an indicator of how well people can perform their daily activities, remain living independently in the community, and delay or prevent placement in a nursing home. Several measures of physical function are shown in the following table and figure.

Physical function	Before Intervention	After Intervention
• Chair sit-and-reach, a measure of flexibility assessed as inches within reaching their toes from a seated position	-2.1 inches	-2.7 inches
• Standing balance, highest category	11%	44%
• 8-foot-walk, measured in seconds	5.0	5.4
• Chair stands, measured as seconds to do five chair stands	9.7	10.0
• Poor physical function (score 0 to 5)	69%	44%
• Moderate physical function (score 6 to 9)	24%	45%
• Good physical function (score 10 to 12)	7%	11%

The tandem stand, 8-foot-walk, and chair stand measures can be combined into an overall physical function score, such that people are assessed as having poor, moderate, or good physical function. The poor category has a 3.6 times higher risk of nursing home placement (Guralnik et al., 1994). This improved physical function may lead to substantial cost savings, because the average cost for a private room in a nursing home is \$203 per day, or \$74,095 annually (American Association of Home and Services for the Aging, 2006). Thus, even preventing 10 people from entering a nursing home could save over \$740,950 in annual nursing home costs (\$74,095/year x 10 admissions). Cost savings may be quite large, especially when the intervention programs reach several hundred people in our communities. The number of participants whose function decreased, stayed the same or improved is shown in the figure.



There were also many other improvements in healthy behaviors in the participants.

After attending the Heart Health, Fall and Fracture and physical activity programs, have you done any of the following?	
• Increased your physical activity	94%
• Tried to follow a healthier diet	100%
• Eat more calcium rich foods	74%
• Learned the warning signs of a heart attack	74%
• Learned the warning signs of a stroke	84%
• Had your medications reviewed	79%
• Taken your medications as recommended by a doctor	97%
• Made your home a safer place to prevent falls	94%

Overall these programs were well received and the majority of participants rated the interventions as good, very good or excellent.

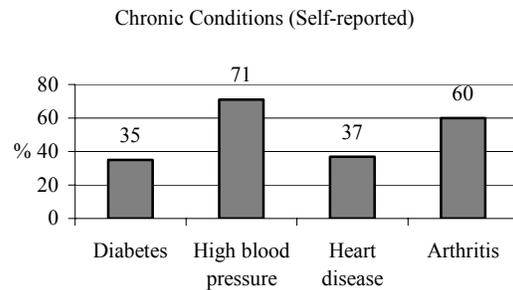
	Poor	Fair	Good	Very Good	Excellent
Satisfaction with health education programs (%)	3	6	26	39	26
Satisfaction with physical activity programs (%)	0	0	39	29	32

Coosa Valley/Northwest GA
Live Healthy Georgia - Seniors Taking Charge: A Community Intervention Report

Among the major challenges related to aging and chronic diseases are controlling health care costs and maintaining independence and quality of life. To begin to address some of these challenges, a Community Intervention called “Seniors Taking Charge!” that supports the Live Healthy Georgia campaign was undertaken in our local senior centers. The goal of the Community Intervention is to improve physical activity, nutrition, heart health, and prevent falls and fractures. The evaluation included pre-tests, interventions, and post-tests designed to measure improvements in lifestyle and self-management skills. The senior centers and characteristics of the participants who completed the evaluation are shown below. The participants had many chronic conditions that can be prevented and managed through improved nutrition, physical activity, and other changes in self-care.

Senior centers in the evaluation:
 Polk, Fannin, Paulding, Walker, and Gordon
 Counties

Number of people in the evaluation	90
• Age	72
• Men	15%
• Women	85%
• White	89%
• African American	9%
• Other	2%



Food security is a major issue for older adults as well. Food security data are analyzed by senior center to show the needs in your area.

Food Security	Before Intervention	After Intervention
• Food insecure in Polk County	20%	0%
• Food insecure in Fannin County	14%	14%
• Food insecure in Paulding County	0%	0%
• Food insecure in Walker County	0%	0%
• Food insecure in Gordon County	15%	12%

Calcium Intake	Before Intervention	After Intervention
• Get a stomachache, gas, or diarrhea from drinking milk	11%	14%
• Know that three or more servings of milk products daily are recommended for older people	27%	66%
• Consume at least three calcium rich foods daily	58%	66%
• Ate at least one more calcium rich food daily following the intervention		36%
• Consume a calcium supplement daily	54%	63%
• Consume a vitamin D containing supplement daily	72%	74%

Fall and Fracture Prevention	Before Intervention	After Intervention
• Removed things you might trip over	87%	97%
• Put grab bars next to your toilet and in the tub or shower	43%	51%
• Used non-slip mats in the bathtub and on shower floors	71%	77%
• Improved the lighting in your home	82%	80%
• Had handrails and lights put in on all staircases	85%	80%
• Wear shoes both inside and outside the house	82%	90%

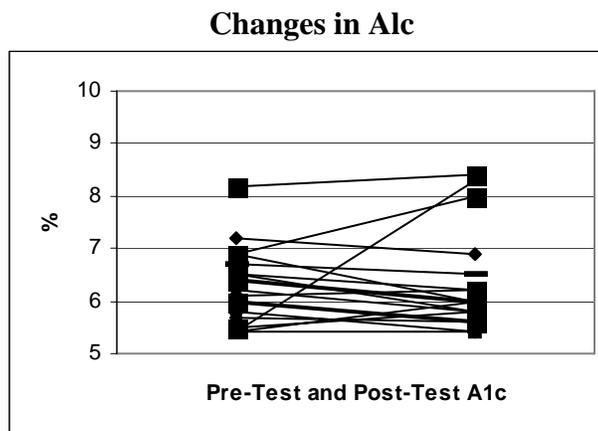
Medication Management	Before Intervention	After Intervention
• Go to one pharmacy for all your medications	83%	87%
• Keep a written list of all your medications	62%	86%
• Had a health professional look at all your medications in the past 6 months	80%	87%
• Know the name of each of your medications	69%	76%
• Know what each of your medications is for	93%	97%
• Know the possible side effects of each of your medications	73%	83%

Screenings	Before Intervention	After Intervention
• Bone mineral density test in the past year	29%	39%
• Blood cholesterol checked within the past year	91%	85%
• Blood pressure checked within the past month	87%	96%
• Visited an eye care professional in the past year	70%	69%
• Visited an ear care professional in the past year	26%	27%
• Feet checked by health care professional in the past year	47%	58%

Signs/Symptoms of Heart Attacks and Stroke	Before Intervention	After Intervention
• Number of heart attack signs or symptoms known (6 maximum)	3.7	4.6
• Number of stroke signs or symptoms known (6 maximum)	4.3	4.9
• Know to call 911 if someone is having a heart attack or a stroke	90%	99%

Many participants with diabetes had their A1c measured. High A1c shows poor control of diabetes over the past few months.

Diabetes was poorly controlled among many participants before the intervention, as shown by the blood A1c measures in the figure. A1c is considered the “gold standard” test of blood sugar and diabetes management. Poor control of diabetes occurs in those with A1c > 7.0% and very poor control is seen in those with A1c > 8.0%. A decrease in A1c of as little as 1% translates into an 18% decrease in risk of fatal and non-fatal heart attacks and a 35% reduction in the risk for diabetes-related complications, such as heart disease, stroke, amputation, kidney failure, nerve damage, and blindness (American Diabetes Association, 2002).



Following the intervention, those with diabetes reported improvements in their ability to manage their diabetes.

Has this diabetes education program helped you improve your ability to do any of the following?	
• Maintain your blood sugar levels	95%
• Maintain portion control	91%
• Space carbohydrates over the day	87%

In summary, many of the older adults with diabetes improved their diabetes self-management skills, but still did not adhere to these practices on a daily basis. Health care costs are 2.4 times higher in people with diabetes. It is estimated that every dollar spent on diabetes management programs can save as much as \$4 in health care costs. Thus, continued promotion of diabetes self-management skills is needed.

Among all of the older adult participants who completed the intervention, there were also changes in nutrition, physical activity, and physical function that are summarized below. Abundant intakes of fruits and vegetables and regular physical activity lower the risk of chronic diseases, help manage chronic conditions, and improve management of body weight.

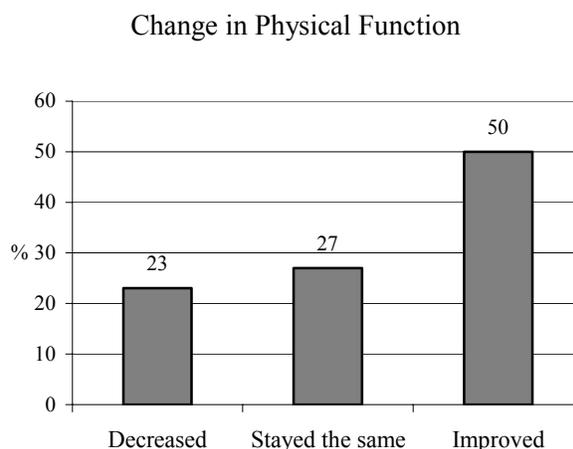
Fruit and vegetable intake	Before Intervention	After Intervention
• Know that seven or more fruits and vegetables daily are recommended for older people	6%	62%
• Consume at least five fruits and vegetables daily	59%	82%
• Ate at least one more fruit or vegetable daily following the intervention		69%

Physical activity	Before Intervention	After Intervention
• Number of days per week physically active	4.4	6.3
• Average daily minutes of physical activity	30.7	43.5
• 30 or more minutes of physical activity daily	33%	56%
• Added at least 10 more minutes per day after the intervention		47%

Regular physical activity helps maintain and improve physical function. Physical function is an indicator of how well people can perform their daily activities, remain living independently in the community, and delay or prevent placement in a nursing home. Several measures of physical function are shown in the following table and figure.

Physical function	Before Intervention	After Intervention
• Chair sit-and-reach, a measure of flexibility assessed as inches within reaching their toes from a seated position	-2.5 inches	-2.5 inches
• Standing balance, highest category	54%	61%
• 8-foot-walk, measured in seconds	3.5	3.6
• Chair stands, measured as seconds to do five chair stands	13.1	13.2
• Poor physical function (score 0 to 5)	13%	9%
• Moderate physical function (score 6 to 9)	62%	48%
• Good physical function (score 10 to 12)	25%	43%

The tandem stand, 8-foot-walk, and chair stand measures can be combined into an overall physical function score, such that people are assessed as having poor, moderate, or good physical function. The poor category has a 3.6 times higher risk of nursing home placement (Guralnik et al., 1994). This improved physical function may lead to substantial cost savings, because the average cost for a private room in a nursing home is \$203 per day, or \$74,095 annually (American Association of Home and Services for the Aging, 2006). Thus, even preventing 10 people from entering a nursing home could save over \$740,950 in annual nursing home costs (\$74,095/year x 10 admissions). Cost savings may be quite large, especially when the intervention programs reach several hundred people in our communities. The number of participants whose function decreased, stayed the same or improved is shown in the figure.



There were also many other improvements in healthy behaviors in the participants.

After attending the Heart Health, Fall and Fracture and physical activity programs, have you done any of the following?	
• Increased your physical activity	90%
• Tried to follow a healthier diet	94%
• Eat more calcium rich foods	82%
• Learned the warning signs of a heart attack	97%
• Learned the warning signs of a stroke	99%
• Had your medications reviewed	75%
• Taken your medications as recommended by a doctor	87%
• Made your home a safer place to prevent falls	94%

Overall these programs were well received and the majority of participants rated the interventions as good, very good or excellent.

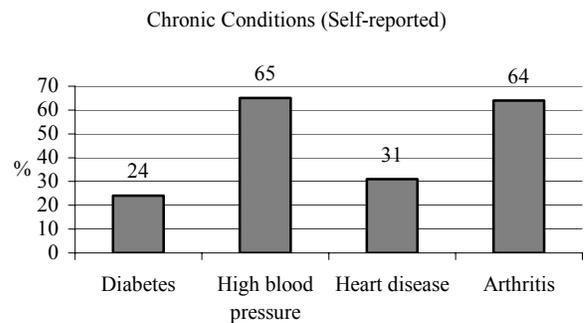
	Poor	Fair	Good	Very Good	Excellent
Satisfaction with health education programs (%)	0	4	10	28	58
Satisfaction with physical activity programs (%)	0	8	18	30	44

Georgia Mountains
Live Healthy Georgia - Seniors Taking Charge: A Community Intervention Report

Among the major challenges related to aging and chronic diseases are controlling health care costs and maintaining independence and quality of life.

To begin to address some of these challenges, a Community Intervention called “Seniors Taking Charge!” that supports the Live Healthy Georgia campaign was undertaken in our local senior centers. The goal of the Community Intervention is to improve physical activity, nutrition, heart health, and prevent falls and fractures. The evaluation included pre-tests, interventions, and post-tests designed to measure improvements in lifestyle and self-management skills. The senior centers and characteristics of the participants who completed the evaluation are shown below. The participants had many chronic conditions that can be prevented and managed through improved nutrition, physical activity, and other changes in self-care.

- Senior centers in the evaluation:
 Habersham, Forsyth, and White Counties
- | | |
|------------------------------------|-----|
| Number of people in the evaluation | 76 |
| • Age | 76 |
| • Men | 21% |
| • Women | 79% |
| • White | 96% |
| • African American | 1% |
| • Other | 3% |



Food security is a major issue for older adults as well. Food security data are analyzed by senior center to show the needs in your area.

Food Security	Before Intervention	After Intervention
• Food insecure in Habersham County	12%	7%
• Food insecure in Forsyth County	0%	4%
• Food insecure in White County	0%	0%
Calcium Intake	Before Intervention	After Intervention
• Get a stomachache, gas, or diarrhea from drinking milk	16%	15%
• Know that three or more servings of milk products daily are recommended for older people	34%	55%
• Consume at least three calcium rich foods daily	64%	47%
• Ate at least one more calcium rich food daily following the intervention		29%
• Consume a calcium supplement daily	49%	47%
• Consume a vitamin D containing supplement daily	59%	60%

Fall and Fracture Prevention	Before Intervention	After Intervention
• Removed things you might trip over	88%	86%
• Put grab bars next to your toilet and in the tub or shower	54%	63%
• Used non-slip mats in the bathtub and on shower floors	67%	81%
• Improved the lighting in your home	80%	77%
• Had handrails and lights put in on all staircases	81%	100%
• Wear shoes both inside and outside the house	79%	83%

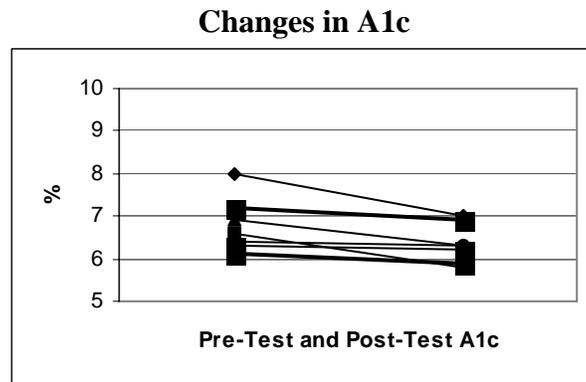
Medication Management	Before Intervention	After Intervention
• Go to one pharmacy for all your medications	85%	88%
• Keep a written list of all your medications	69%	76%
• Had a health professional look at all your medications in the past 6 months	76%	88%
• Know the name of each of your medications	69%	69%
• Know what each of your medications is for	88%	86%
• Know the possible side effects of each of your medications	77%	72%

Screenings	Before Intervention	After Intervention
• Bone mineral density test in the past year	41%	36%
• Blood cholesterol checked within the past year	89%	97%
• Blood pressure checked within the past month	93%	94%
• Visited an eye care professional in the past year	72%	75%
• Visited an ear care professional in the past year	30%	37%
• Feet checked by health care professional in the past year	67%	66%

Signs/Symptoms of Heart Attacks and Stroke	Before Intervention	After Intervention
• Number of heart attack signs or symptoms known (6 maximum)	3.7	3.8
• Number of stroke signs or symptoms known (6 maximum)	4.3	4.3
• Know to call 911 if someone is having a heart attack or a stroke	93%	97%

Many participants with diabetes had their A1c measured. High A1c shows poor control of diabetes over the past few months.

Diabetes was poorly controlled among many participants before the intervention, as shown by the blood A1c measures in the figure. A1c is considered the “gold standard” test of blood sugar and diabetes management. Poor control of diabetes occurs in those with A1c > 7.0% and very poor control is seen in those with A1c > 8.0%. A decrease in A1c of as little as 1% translates into an 18% decrease in risk of fatal and non-fatal heart attacks and a 35% reduction in the risk for diabetes-related complications, such as heart disease, stroke, amputation, kidney failure, nerve damage, and blindness (American Diabetes Association, 2002).



Following the intervention, those with diabetes reported improvements in their ability to manage their diabetes.

Has this diabetes education program helped you improve your ability to do any of the following?	
• Maintain your blood sugar levels	93%
• Maintain portion control	93%
• Space carbohydrates over the day	67%

In summary, many of the older adults with diabetes improved their diabetes self-management skills, but still did not adhere to these practices on a daily basis. Health care costs are 2.4 times higher in people with diabetes. It is estimated that every dollar spent on diabetes management programs can save as much as \$4 in health care costs. Thus, continued promotion of diabetes self-management skills is needed.

Among all of the older adult participants who completed the intervention, there were also changes in nutrition, physical activity, and physical function that are summarized below. Abundant intakes of fruits and vegetables and regular physical activity lower the risk of chronic diseases, help manage chronic conditions, and improve management of body weight.

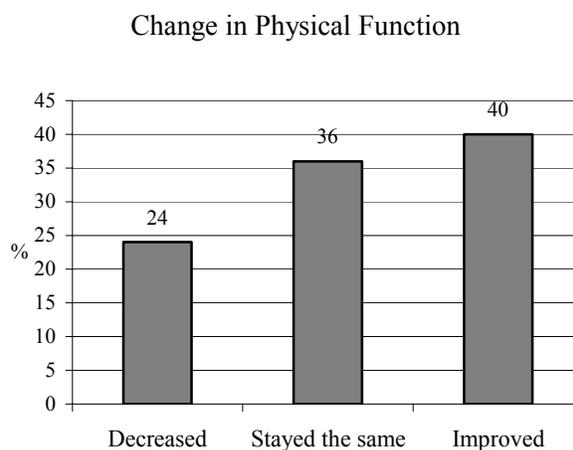
Fruit and vegetable intake	Before Intervention	After Intervention
• Know that seven or more fruits and vegetables daily are recommended for older people	11%	33%
• Consume at least five fruits and vegetables daily	58%	64%
• Ate at least one more fruit or vegetable daily following the intervention		49%

Physical activity	Before Intervention	After Intervention
• Number of days per week physically active	5.0	5.8
• Average daily minutes of physical activity	29	35
• 30 or more minutes of physical activity daily	30%	49%
• Added at least 10 more minutes per day after the intervention		37%

Regular physical activity helps maintain and improve physical function. Physical function is an indicator of how well people can perform their daily activities, remain living independently in the community, and delay or prevent placement in a nursing home. Several measures of physical function are shown in the following table and figure.

Physical function	Before Intervention	After Intervention
• Chair sit-and-reach, a measure of flexibility assessed as inches within reaching their toes from a seated position	-2.0 inches	0.7 inches
• Standing balance, highest category	44%	56%
• 8-foot-walk, measured in seconds	3.3	3.1
• Chair stands, measured as seconds to do five chair stands	13.8	14.4
• Poor physical function (score 0 to 5)	13%	15%
• Moderate physical function (score 6 to 9)	51%	41%
• Good physical function (score 10 to 12)	36%	44%

The tandem stand, 8-foot-walk, and chair stand measures can be combined into an overall physical function score, such that people are assessed as having poor, moderate, or good physical function. The poor category has a 3.6 times higher risk of nursing home placement (Guralnik et al., 1994). This improved physical function may lead to substantial cost savings, because the average cost for a private room in a nursing home is \$203 per day, or \$74,095 annually (American Association of Home and Services for the Aging, 2006). Thus, even preventing 10 people from entering a nursing home could save over \$740,950 in annual nursing home costs (\$74,095/year x 10 admissions). Cost savings may be quite large, especially when the intervention programs reach several hundred people in our communities. The number of participants whose function decreased, stayed the same or improved is shown in the figure.



There were also many other improvements in healthy behaviors in the participants.

After attending the Heart Health, Fall and Fracture and physical activity programs, have you done any of the following?	
• Increased your physical activity	70%
• Tried to follow a healthier diet	96%
• Eat more calcium rich foods	73%
• Learned the warning signs of a heart attack	93%
• Learned the warning signs of a stroke	93%
• Had your medications reviewed	90%
• Taken your medications as recommended by a doctor	93%
• Made your home a safer place to prevent falls	93%

Overall these programs were well received and the majority of participants rated the interventions as good, very good or excellent.

	Poor	Fair	Good	Very Good	Excellent
Satisfaction with health education programs (%)	0	4	21	35	40
Satisfaction with physical activity programs (%)	1	5	26	42	26

Heart of Georgia
Live Healthy Georgia - Seniors Taking Charge: A Community Intervention Report

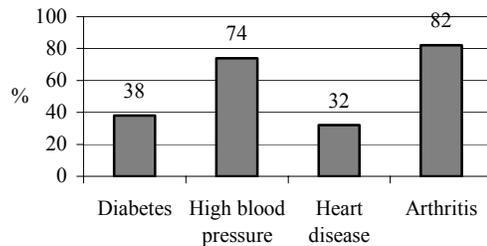
Among the major challenges related to aging and chronic diseases are controlling health care costs and maintaining independence and quality of life.

To begin to address some of these challenges, a Community Intervention called “Seniors Taking Charge!” that supports the Live Healthy Georgia campaign was undertaken in our local senior centers. The goal of the Community Intervention is to improve physical activity, nutrition, heart health, and prevent falls and fractures. The evaluation included pre-tests, interventions, and post-tests designed to measure improvements in lifestyle and self-management skills. The senior centers and characteristics of the participants who completed the evaluation are shown below. The participants had many chronic conditions that can be prevented and managed through improved nutrition, physical activity, and other changes in self-care.

Senior centers in the evaluation:
 Dodge, Evans, and Johnson Counties

Number of people in the evaluation	76
• Age	75
• Men	24%
• Women	76%
• White	57%
• African American	42%
• Other	1%

Chronic Conditions (Self-reported)



Food security is a major issue for older adults as well. Food security data are analyzed by senior center to show the needs in your area.

Food Security	Before Intervention	After Intervention
• Food insecure in Dodge County	19%	21%
• Food insecure in Evans County	8%	14%
• Food insecure in Johnson County	21%	28%

Calcium Intake	Before Intervention	After Intervention
• Get a stomachache, gas, or diarrhea from drinking milk	31%	30%
• Know that three or more servings of milk products daily are recommended for older people	28%	59%
• Consume at least three calcium rich foods daily	47%	61%
• Ate at least one more calcium rich food daily following the intervention		34%
• Consume a calcium supplement daily	38%	46%
• Consume a vitamin D containing supplement daily	52%	60%

Fall and Fracture Prevention	Before Intervention	After Intervention
• Removed things you might trip over	76%	92%
• Put grab bars next to your toilet and in the tub or shower	47%	48%
• Used non-slip mats in the bathtub and on shower floors	62%	66%
• Improved the lighting in your home	49%	90%
• Had handrails and lights put in on all staircases	56%	80%
• Wear shoes both inside and outside the house	81%	75%

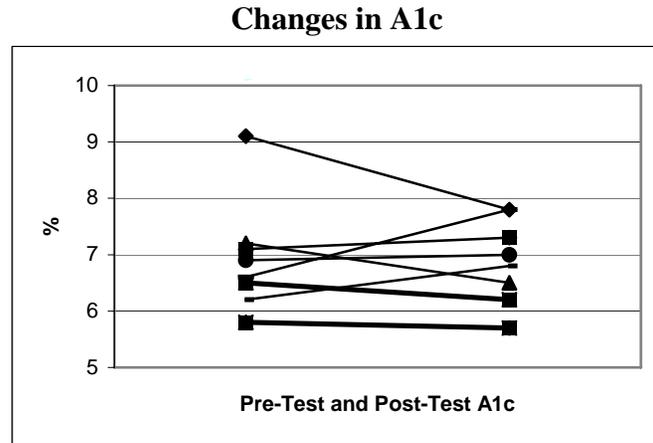
Medication Management	Before Intervention	After Intervention
• Go to one pharmacy for all your medications	93%	94%
• Keep a written list of all your medications	58%	69%
• Had a health professional look at all your medications in the past 6 months	66%	77%
• Know the name of each of your medications	27%	42%
• Know what each of your medications is for	73%	81%
• Know the possible side effects of each of your medications	42%	47%

Screenings	Before Intervention	After Intervention
• Bone mineral density test in the past year	14%	36%
• Blood cholesterol checked within the past year	94%	83%
• Blood pressure checked within the past month	97%	97%
• Visited an eye care professional in the past year	66%	65%
• Visited an ear care professional in the past year	42%	47%
• Feet checked by health care professional in the past year	51%	59%

Signs/Symptoms of Heart Attacks and Stroke	Before Intervention	After Intervention
• Number of heart attack signs or symptoms known (6 maximum)	4.4	4.8
• Number of stroke signs or symptoms known (6 maximum)	5.0	5.1
• Know to call 911 if someone is having a heart attack or a stroke	91%	80%

Many participants with diabetes had their A1c measured. High A1c shows poor control of diabetes over the past few months.

Diabetes was poorly controlled among many participants before the intervention, as shown by the blood A1c measures in the figure. A1c is considered the “gold standard” test of blood sugar and diabetes management. Poor control of diabetes occurs in those with A1c > 7.0% and very poor control is seen in those with A1c > 8.0%. A decrease in A1c of as little as 1% translates into an 18% decrease in risk of fatal and non-fatal heart attacks and a 35% reduction in the risk for diabetes-related complications, such as heart disease, stroke, amputation, kidney failure, nerve damage, and blindness (American Diabetes Association, 2002).



Following the intervention, those with diabetes reported improvements in their ability to manage their diabetes.

Has this diabetes education program helped you improve your ability to do any of the following?	
• Maintain your blood sugar levels	96%
• Maintain portion control	92%
• Space carbohydrates over the day	88%

In summary, many of the older adults with diabetes improved their diabetes self-management skills, but still did not adhere to these practices on a daily basis. Health care costs are 2.4 times higher in people with diabetes. It is estimated that every dollar spent on diabetes management programs can save as much as \$4 in health care costs. Thus, continued promotion of diabetes self-management skills is needed.

Among all of the older adult participants who completed the intervention, there were also changes in nutrition, physical activity, and physical function that are summarized below. Abundant intakes of fruits and vegetables and regular physical activity lower the risk of chronic diseases, help manage chronic conditions, and improve management of body weight.

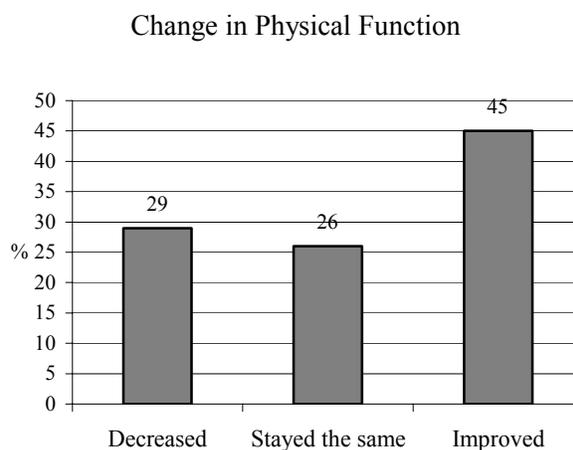
Fruit and vegetable intake	Before Intervention	After Intervention
• Know that seven or more fruits and vegetables daily are recommended for older people	25%	46%
• Consume at least five fruits and vegetables daily	50%	72%
• Ate at least one more fruit or vegetable daily following the intervention		58%

Physical activity	Before Intervention	After Intervention
• Number of days per week physically active	4.7	5.0
• Average daily minutes of physical activity	41.9	25
• 30 or more minutes of physical activity daily	33%	42%
• Added at least 10 more minutes per day after the intervention		25%

Regular physical activity helps maintain and improve physical function. Physical function is an indicator of how well people can perform their daily activities, remain living independently in the community, and delay or prevent placement in a nursing home. Several measures of physical function are shown in the following table and figure.

Physical function	Before Intervention	After Intervention
• Chair sit-and-reach, a measure of flexibility assessed as inches within reaching their toes from a seated position	-4.1 inches	-2.7 inches
• Standing balance, highest category	40%	52%
• 8-foot-walk, measured in seconds	3.5	3.8
• Chair stands, measured as seconds to do five chair stands	14.3	13.3
• Poor physical function (score 0 to 5)	22%	29%
• Moderate physical function (score 6 to 9)	44%	39%
• Good physical function (score 10 to 12)	34%	32%

The tandem stand, 8-foot-walk, and chair stand measures can be combined into an overall physical function score, such that people are assessed as having poor, moderate, or good physical function. The poor category has a 3.6 times higher risk of nursing home placement (Guralnik et al., 1994). This improved physical function may lead to substantial cost savings, because the average cost for a private room in a nursing home is \$203 per day, or \$74,095 annually (American Association of Home and Services for the Aging, 2006). Thus, even preventing 10 people from entering a nursing home could save over \$740,950 in annual nursing home costs (\$74,095/year x 10 admissions). Cost savings may be quite large, especially when the intervention programs reach several hundred people in our communities. The number of participants whose function decreased, stayed the same or improved is shown in the figure.



There were also many other improvements in healthy behaviors in the participants.

After attending the Heart Health, Fall and Fracture and physical activity programs, have you done any of the following?	
• Increased your physical activity	69%
• Tried to follow a healthier diet	95%
• Eat more calcium rich foods	69%
• Learned the warning signs of a heart attack	89%
• Learned the warning signs of a stroke	86%
• Had your medications reviewed	82%
• Taken your medications as recommended by a doctor	95%
• Made your home a safer place to prevent falls	94%

Overall these programs were well received and the majority of participants rated the interventions as good, very good or excellent.

	Poor	Fair	Good	Very Good	Excellent
Satisfaction with health education programs (%)	0	6	28	34	32
Satisfaction with physical activity programs (%)	0	5	31	31	33

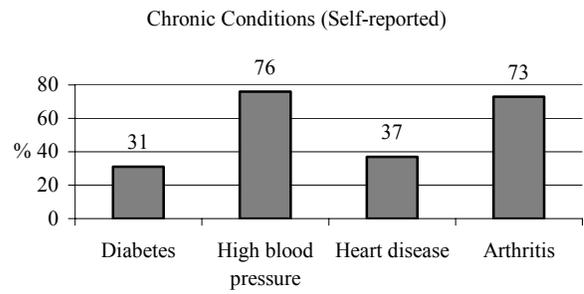
**Lower Chattahoochee
Live Healthy Georgia - Seniors Taking Charge: A Community Intervention Report**

Among the major challenges related to aging and chronic diseases are controlling health care costs and maintaining independence and quality of life.

To begin to address some of these challenges, a Community Intervention called “Seniors Taking Charge!” that supports the Live Healthy Georgia campaign was undertaken in our local senior centers. The goal of the Community Intervention is to improve physical activity, nutrition, heart health, and prevent falls and fractures. The evaluation included pre-tests, interventions, and post-tests designed to measure improvements in lifestyle and self-management skills. The senior centers and characteristics of the participants who completed the evaluation are shown below. The participants had many chronic conditions that can be prevented and managed through improved nutrition, physical activity, and other changes in self-care.

Senior centers in the evaluation:
Taylor, Stewart, and Randolph Counties

- | | |
|------------------------------------|-----|
| Number of people in the evaluation | 59 |
| • Age | 77 |
| • Men | 15% |
| • Women | 85% |
| • White | 26% |
| • African American | 74% |
| • Other | 0% |



Food security is a major issue for older adults as well. Food security data are analyzed by senior center to show the needs in your area.

Food Security	Before Intervention	After Intervention
• Food insecure in Taylor County	36%	22%
• Food insecure in Stewart County	41%	54%
• Food insecure in Randolph County	29%	29%

Calcium Intake	Before Intervention	After Intervention
• Get a stomachache, gas, or diarrhea from drinking milk	33%	17%
• Know that three or more servings of milk products daily are recommended for older people	21%	63%
• Consume at least three calcium rich foods daily	37%	58%
• Ate at least one more calcium rich food daily following the intervention		34%
• Consume a calcium supplement daily	27%	38%
• Consume a vitamin D containing supplement daily	52%	53%

Fall and Fracture Prevention	Before Intervention	After Intervention
• Removed things you might trip over	81%	92%
• Put grab bars next to your toilet and in the tub or shower	48%	48%
• Used non-slip mats in the bathtub and on shower floors	74%	90%
• Improved the lighting in your home	73%	81%
• Had handrails and lights put in on all staircases	33%	67%
• Wear shoes both inside and outside the house	76%	79%

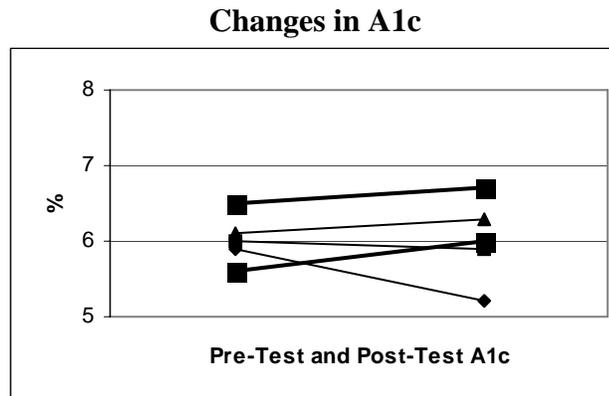
Medication Management	Before Intervention	After Intervention
• Go to one pharmacy for all your medications	91%	94%
• Keep a written list of all your medications	43%	59%
• Had a health professional look at all your medications in the past 6 months	70%	93%
• Know the name of each of your medications	28%	35%
• Know what each of your medications is for	64%	88%
• Know the possible side effects of each of your medications	29%	32%

Screenings	Before Intervention	After Intervention
• Bone mineral density test in the past year	58%	86%
• Blood cholesterol checked within the past year	86%	94%
• Blood pressure checked within the past month	90%	92%
• Visited an eye care professional in the past year	71%	76%
• Visited an ear care professional in the past year	48%	30%
• Feet checked by health care professional in the past year	54%	55%

Signs/Symptoms of Heart Attacks and Stroke	Before Intervention	After Intervention
• Number of heart attack signs or symptoms known (6 maximum)	3.1	4.8
• Number of stroke signs or symptoms known (6 maximum)	3.9	5.1
• Know to call 911 if someone is having a heart attack or a stroke	71%	79%

Many participants with diabetes had their A1c measured. High A1c shows poor control of diabetes over the past few months.

Diabetes was controlled among many participants before the intervention, as shown by the blood A1c measures in the figure. A1c is considered the “gold standard” test of blood sugar and diabetes management. Poor control of diabetes occurs in those with A1c > 7.0% and very poor control is seen in those with A1c > 8.0%. A decrease in A1c of as little as 1% translates into an 18% decrease in risk of fatal and non-fatal heart attacks and a 35% reduction in the risk for diabetes-related complications, such as heart disease, stroke, amputation, kidney failure, nerve damage, and blindness (American Diabetes Association, 2002).



Following the intervention, those with diabetes reported improvements in their ability to manage their diabetes.

Has this diabetes education program helped you improve your ability to do any of the following?	
• Maintain your blood sugar levels	92%
• Maintain portion control	93%
• Space carbohydrates over the day	87%

In summary, many of the older adults with diabetes improved their diabetes self-management skills, but still did not adhere to these practices on a daily basis. Health care costs are 2.4 times higher in people with diabetes. It is estimated that every dollar spent on diabetes management programs can save as much as \$4 in health care costs. Thus, continued promotion of diabetes self-management skills is needed.

Among all of the older adult participants who completed the intervention, there were also changes in nutrition, physical activity, and physical function that are summarized below. Abundant intakes of fruits and vegetables and regular physical activity lower the risk of chronic diseases, help manage chronic conditions, and improve management of body weight.

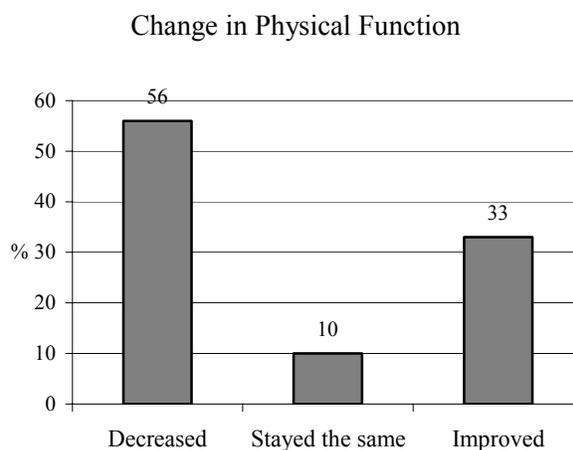
Fruit and vegetable intake	Before Intervention	After Intervention
• Know that seven or more fruits and vegetables daily are recommended for older people	10%	65%
• Consume at least five fruits and vegetables daily	41%	66%
• Ate at least one more fruit or vegetable daily following the intervention		58%

Physical activity	Before Intervention	After Intervention
• Number of days per week physically active	3.0	5.0
• Average daily minutes of physical activity	23.8	27.1
• 30 or more minutes of physical activity daily	31%	46%
• Added at least 10 more minutes per day after the intervention		51%

Regular physical activity helps maintain and improve physical function. Physical function is an indicator of how well people can perform their daily activities, remain living independently in the community, and delay or prevent placement in a nursing home. Several measures of physical function are shown in the following table and figure.

Physical function	Before Intervention	After Intervention
• Chair sit-and-reach, a measure of flexibility assessed as inches within reaching their toes from a seated position	-1.6 inches	-0.1 inches
• Standing balance, highest category	38%	38%
• 8-foot-walk, measured in seconds	4.7	4.0
• Chair stands, measured as seconds to do five chair stands	11.5	10.0
• Poor physical function (score 0 to 5)	26%	42%
• Moderate physical function (score 6 to 9)	45%	29%
• Good physical function (score 10 to 12)	29%	29%

The tandem stand, 8-foot-walk, and chair stand measures can be combined into an overall physical function score, such that people are assessed as having poor, moderate, or good physical function. The poor category has a 3.6 times higher risk of nursing home placement (Guralnik et al., 1994). This improved physical function may lead to substantial cost savings, because the average cost for a private room in a nursing home is \$203 per day, or \$74,095 annually (American Association of Home and Services for the Aging, 2006). Thus, even preventing 10 people from entering a nursing home could save over \$740,950 in annual nursing home costs (\$74,095/year x 10 admissions). Cost savings may be quite large, especially when the intervention programs reach several hundred people in our communities. The number of participants whose function decreased, stayed the same or improved is shown in the figure.



There were also many other improvements in healthy behaviors in the participants.

After attending the Heart Health, Fall and Fracture and physical activity programs, have you done any of the following?	
• Increased your physical activity	78%
• Tried to follow a healthier diet	94%
• Eat more calcium rich foods	72%
• Learned the warning signs of a heart attack	86%
• Learned the warning signs of a stroke	86%
• Had your medications reviewed	87%
• Taken your medications as recommended by a doctor	98%
• Made your home a safer place to prevent falls	96%

Overall these programs were well received and the majority of participants rated the interventions as good, very good or excellent.

	Poor	Fair	Good	Very Good	Excellent
Satisfaction with health education programs (%)	0	0	10	52	38
Satisfaction with physical activity programs (%)	0	0	13	52	35

Middle Georgia
Live Healthy Georgia - Seniors Taking Charge: A Community Intervention Report

Among the major challenges related to aging and chronic diseases are controlling health care costs and maintaining independence and quality of life.

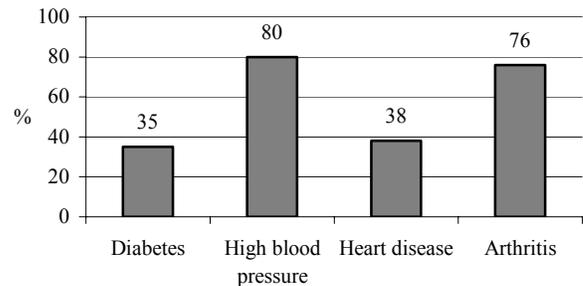
To begin to address some of these challenges, a Community Intervention called “Seniors Taking Charge!” that supports the Live Healthy Georgia campaign was undertaken in our local senior centers. The goal of the Community Intervention is to improve physical activity, nutrition, heart health, and prevent falls and fractures. The evaluation included pre-tests, interventions, and post-tests designed to measure improvements in lifestyle and self-management skills. The senior centers and characteristics of the participants who completed the evaluation are shown below. The participants had many chronic conditions that can be prevented and managed through improved nutrition, physical activity, and other changes in self-care.

Senior centers in the evaluation:

Peach, Jones, and Houston Counties

Number of people in the evaluation	75
• Age	73
• Men	16%
• Women	84%
• White	48%
• African American	52%
• Other	0%

Chronic Conditions (Self-reported)



Food security is a major issue for older adults as well. Food security data are analyzed by senior center to show the needs in your area.

Food Security	Before Intervention	After Intervention
• Food insecure in Peach County	57%	35%
• Food insecure in Jones County	60%	30%
• Food insecure in Houston County	25%	21%

Calcium Intake	Before Intervention	After Intervention
• Get a stomachache, gas, or diarrhea from drinking milk	41%	38%
• Know that three or more servings of milk products daily are recommended for older people	14%	60%
• Consume at least three calcium rich foods daily	16%	48%
• Ate at least one more calcium rich food daily following the intervention		53%
• Consume a calcium supplement daily	33%	43%
• Consume a vitamin D containing supplement daily	51%	63%

Fall and Fracture Prevention	Before Intervention	After Intervention
• Removed things you might trip over	89%	89%
• Put grab bars next to your toilet and in the tub or shower	41%	45%
• Used non-slip mats in the bathtub and on shower floors	66%	76%
• Improved the lighting in your home	100%	95%
• Had handrails and lights put in on all staircases	71%	83%
• Wear shoes both inside and outside the house	75%	87%

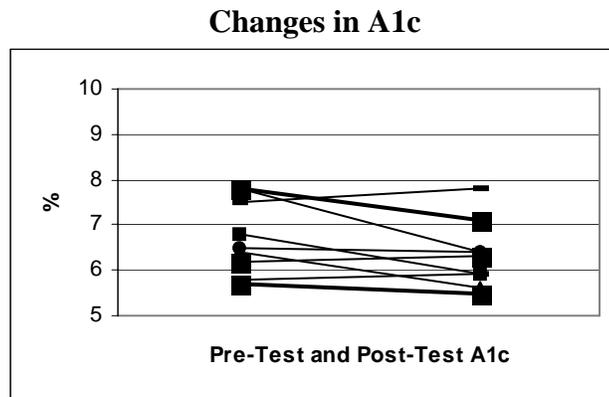
Medication Management	Before Intervention	After Intervention
• Go to one pharmacy for all your medications	90%	86%
• Keep a written list of all your medications	57%	73%
• Had a health professional look at all your medications in the past 6 months	88%	92%
• Know the name of each of your medications	61%	60%
• Know what each of your medications is for	89%	94%
• Know the possible side effects of each of your medications	58%	68%

Screenings	Before Intervention	After Intervention
• Bone mineral density test in the past year	27%	47%
• Blood cholesterol checked within the past year	97%	97%
• Blood pressure checked within the past month	81%	74%
• Visited an eye care professional in the past year	90%	88%
• Visited an ear care professional in the past year	17%	38%
• Feet checked by health care professional in the past year	59%	57%

Signs/Symptoms of Heart Attacks and Stroke	Before Intervention	After Intervention
• Number of heart attack signs or symptoms known (6 maximum)	3.7	4.5
• Number of stroke signs or symptoms known (6 maximum)	3.8	4.6
• Know to call 911 if someone is having a heart attack or a stroke	71%	88%

Many participants with diabetes had their A1c measured. High A1c shows poor control of diabetes over the past few months.

Diabetes was poorly controlled among many participants before the intervention, as shown by the blood A1c measures in the figure. A1c is considered the “gold standard” test of blood sugar and diabetes management. Poor control of diabetes occurs in those with A1c > 7.0% and very poor control is seen in those with A1c > 8.0%. A decrease in A1c of as little as 1% translates into an 18% decrease in risk of fatal and non-fatal heart attacks and a 35% reduction in the risk for diabetes-related complications, such as heart disease, stroke, amputation, kidney failure, nerve damage, and blindness (American Diabetes Association, 2002).



Following the intervention, those with diabetes reported improvements in their ability to manage their diabetes.

Has this diabetes education program helped you improve your ability to do any of the following?	
• Maintain your blood sugar levels	85%
• Maintain portion control	90%
• Space carbohydrates over the day	81%

In summary, many of the older adults with diabetes improved their diabetes self-management skills, but still did not adhere to these practices on a daily basis. Health care costs are 2.4 times higher in people with diabetes. It is estimated that every dollar spent on diabetes management programs can save as much as \$4 in health care costs. Thus, continued promotion of diabetes self-management skills is needed.

Among all of the older adult participants who completed the intervention, there were also changes in nutrition, physical activity, and physical function that are summarized below. Abundant intakes of fruits and vegetables and regular physical activity lower the risk of chronic diseases, help manage chronic conditions, and improve management of body weight.

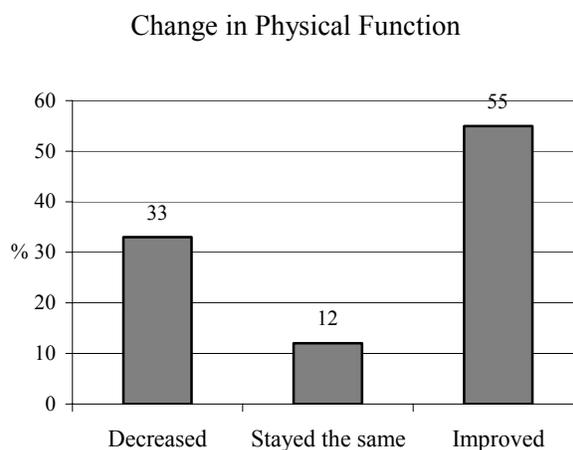
Fruit and vegetable intake	Before Intervention	After Intervention
• Know that seven or more fruits and vegetables daily are recommended for older people	8%	55%
• Consume at least five fruits and vegetables daily	45%	72%
• Ate at least one more fruit or vegetable daily following the intervention		67%

Physical activity	Before Intervention	After Intervention
• Number of days per week physically active	5.1	5.8
• Average daily minutes of physical activity	42.3	60.9
• 30 or more minutes of physical activity daily	19%	26%
• Added at least 10 more minutes per day after the intervention		45%

Regular physical activity helps maintain and improve physical function. Physical function is an indicator of how well people can perform their daily activities, remain living independently in the community, and delay or prevent placement in a nursing home. Several measures of physical function are shown in the following table and figure.

Physical function	Before Intervention	After Intervention
• Chair sit-and-reach, a measure of flexibility assessed as inches within reaching their toes from a seated position	-2.6 inches	-0.9 inches
• Standing balance, highest category	51%	64%
• 8-foot-walk, measured in seconds	3.4	3.6
• Chair stands, measured as seconds to do five chair stands	12.9	10.6
• Poor physical function (score 0 to 5)	11%	17%
• Moderate physical function (score 6 to 9)	68%	50%
• Good physical function (score 10 to 12)	21%	33%

The tandem stand, 8-foot-walk, and chair stand measures can be combined into an overall physical function score, such that people are assessed as having poor, moderate, or good physical function. The poor category has a 3.6 times higher risk of nursing home placement (Guralnik et al., 1994). This improved physical function may lead to substantial cost savings, because the average cost for a private room in a nursing home is \$203 per day, or \$74,095 annually (American Association of Home and Services for the Aging, 2006). Thus, even preventing 10 people from entering a nursing home could save over \$740,950 in annual nursing home costs (\$74,095/year x 10 admissions). Cost savings may be quite large, especially when the intervention programs reach several hundred people in our communities. The number of participants whose function decreased, stayed the same or improved is shown in the figure.



There were also many other improvements in healthy behaviors in the participants.

After attending the Heart Health, Fall and Fracture and physical activity programs, have you done any of the following?	
• Increased your physical activity	75%
• Tried to follow a healthier diet	90%
• Eat more calcium rich foods	56%
• Learned the warning signs of a heart attack	94%
• Learned the warning signs of a stroke	89%
• Had your medications reviewed	88%
• Taken your medications as recommended by a doctor	98%
• Made your home a safer place to prevent falls	87%

Overall these programs were well received and the majority of participants rated the interventions as good, very good or excellent.

	Poor	Fair	Good	Very Good	Excellent
Satisfaction with health education programs (%)	0	2	20	58	20
Satisfaction with physical activity programs (%)	1	2	34	38	25

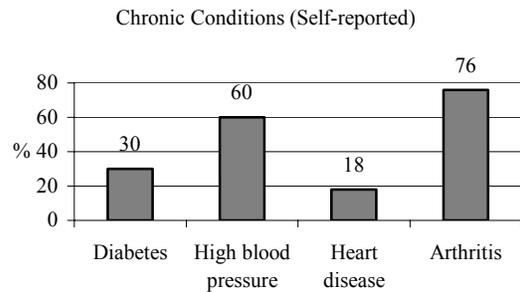
Northeast Georgia
Live Healthy Georgia - Seniors Taking Charge: A Community Intervention Report

Among the major challenges related to aging and chronic diseases are controlling health care costs and maintaining independence and quality of life.

To begin to address some of these challenges, a Community Intervention called “Seniors Taking Charge!” that supports the Live Healthy Georgia campaign was undertaken in our local senior centers. The goal of the Community Intervention is to improve physical activity, nutrition, heart health, and prevent falls and fractures. The evaluation included pre-tests, interventions, and post-tests designed to measure improvements in lifestyle and self-management skills. The senior centers and characteristics of the participants who completed the evaluation are shown below. The participants had many chronic conditions that can be prevented and managed through improved nutrition, physical activity, and other changes in self-care.

Senior centers in the evaluation:
 Jackson, Loganville (Walton), Newton, and
 Oglethorpe Counties

- | | |
|------------------------------------|-----|
| Number of people in the evaluation | 71 |
| • Age | 77 |
| • Men | 15% |
| • Women | 85% |
| • White | 69% |
| • African American | 31% |
| • Other | 0% |



Food security is a major issue for older adults as well. Food security data are analyzed by senior center to show the needs in your area.

Food Security	Before Intervention	After Intervention
• Food insecure in Jackson County	4%	17%
• Food insecure in Loganville (Walton County)	0%	0%
• Food insecure in Newton County	10%	6%
• Food insecure in Oglethorpe County	0%	10%

Calcium Intake	Before Intervention	After Intervention
• Get a stomachache, gas, or diarrhea from drinking milk	21%	18%
• Know that three or more servings of milk products daily are recommended for older people	29%	63%
• Consume at least three calcium rich foods daily	49%	57%
• Ate at least one more calcium rich food daily following the intervention		40%
• Consume a calcium supplement daily	46%	53%
• Consume a vitamin D containing supplement daily	68%	59%

Fall and Fracture Prevention	Before Intervention	After Intervention
• Removed things you might trip over	87%	90%
• Put grab bars next to your toilet and in the tub or shower	55%	53%
• Used non-slip mats in the bathtub and on shower floors	63%	78%
• Improved the lighting in your home	79%	72%
• Had handrails and lights put in on all staircases	82%	80%
• Wear shoes both inside and outside the house	77%	78%

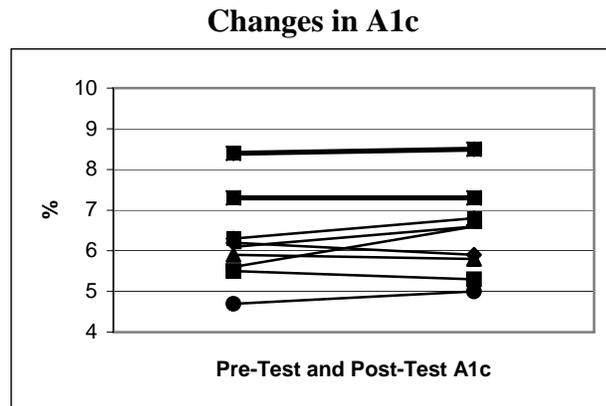
Medication Management	Before Intervention	After Intervention
• Go to one pharmacy for all your medications	86%	86%
• Keep a written list of all your medications	67%	68%
• Had a health professional look at all your medications in the past 6 months	81%	68%
• Know the name of each of your medications	45%	46%
• Know what each of your medications is for	88%	84%
• Know the possible side effects of each of your medications	51%	53%

Screenings	Before Intervention	After Intervention
• Bone mineral density test in the past year	34%	56%
• Blood cholesterol checked within the past year	77%	77%
• Blood pressure checked within the past month	85%	88%
• Visited an eye care professional in the past year	86%	84%
• Visited an ear care professional in the past year	21%	37%
• Feet checked by health care professional in the past year	33%	36%

Signs/Symptoms of Heart Attacks and Stroke	Before Intervention	After Intervention
• Number of heart attack signs or symptoms known (6 maximum)	4.0	4.3
• Number of stroke signs or symptoms known (6 maximum)	4.5	4.7
• Know to call 911 if someone is having a heart attack or a stroke	88%	91%

Many participants with diabetes had their A1c measured. High A1c shows poor control of diabetes over the past few months.

Diabetes was poorly controlled among many participants before the intervention, as shown by the blood A1c measures in the figure. A1c is considered the “gold standard” test of blood sugar and diabetes management. Poor control of diabetes occurs in those with A1c > 7.0% and very poor control is seen in those with A1c > 8.0%. A decrease in A1c of as little as 1% translates into an 18% decrease in risk of fatal and non-fatal heart attacks and a 35% reduction in the risk for diabetes-related complications, such as heart disease, stroke, amputation, kidney failure, nerve damage, and blindness (American Diabetes Association, 2002).



Following the intervention, those with diabetes reported improvements in their ability to manage their diabetes.

Has this diabetes education program helped you improve your ability to do any of the following?	
• Maintain your blood sugar levels	85%
• Maintain portion control	77%
• Space carbohydrates over the day	62%

In summary, many of the older adults with diabetes improved their diabetes self-management skills, but still did not adhere to these practices on a daily basis. Health care costs are 2.4 times higher in people with diabetes. It is estimated that every dollar spent on diabetes management programs can save as much as \$4 in health care costs. Thus, continued promotion of diabetes self-management skills is needed.

Among all of the older adult participants who completed the intervention, there were also changes in nutrition, physical activity, and physical function that are summarized below. Abundant intakes of fruits and vegetables and regular physical activity lower the risk of chronic diseases, help manage chronic conditions, and improve management of body weight.

Fruit and vegetable intake	Before Intervention	After Intervention
• Know that seven or more fruits and vegetables daily are recommended for older people	19%	38%
• Consume at least five fruits and vegetables daily	55%	50%
• Ate at least one more fruit or vegetable daily following the intervention		33%

Physical activity

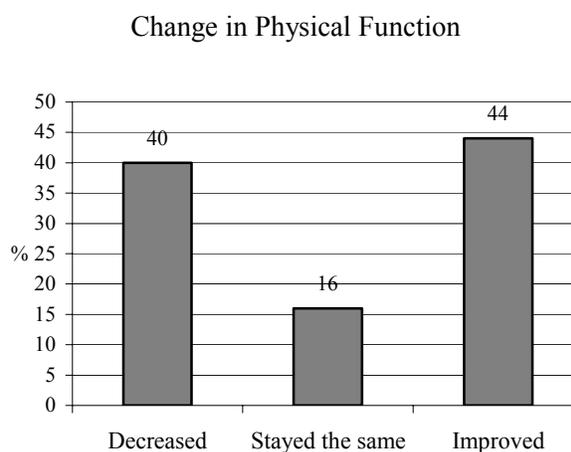
	Before Intervention	After Intervention
• Number of days per week physically active	5.8	5.3
• Average daily minutes of physical activity	46.9	35.5
• 30 or more minutes of physical activity daily	34%	31%
• Added at least 10 more minutes per day after the intervention		28%

Regular physical activity helps maintain and improve physical function. Physical function is an indicator of how well people can perform their daily activities, remain living independently in the community, and delay or prevent placement in a nursing home. Several measures of physical function are shown in the following table and figure.

Physical function

	Before Intervention	After Intervention
• Chair sit-and-reach, a measure of flexibility assessed as inches within reaching their toes from a seated position	-2.3 inches	-2.0 inches
• Standing balance, highest category	36%	53%
• 8-foot-walk, measured in seconds	3.6	3.5
• Chair stands, measured as seconds to do five chair stands	10.7	10.3
• Poor physical function (score 0 to 5)	25%	21%
• Moderate physical function (score 6 to 9)	49%	48%
• Good physical function (score 10 to 12)	26%	31%

The tandem stand, 8-foot-walk, and chair stand measures can be combined into an overall physical function score, such that people are assessed as having poor, moderate, or good physical function. The poor category has a 3.6 times higher risk of nursing home placement (Guralnik et al., 1994). This improved physical function may lead to substantial cost savings, because the average cost for a private room in a nursing home is \$203 per day, or \$74,095 annually (American Association of Home and Services for the Aging, 2006). Thus, even preventing 10 people from entering a nursing home could save over \$740,950 in annual nursing home costs (\$74,095/year x 10 admissions). Cost savings may be quite large, especially when the intervention programs reach several hundred people in our communities. The number of participants whose function decreased, stayed the same or improved is shown in the figure.



There were also many other improvements in healthy behaviors in the participants.

After attending the Heart Health, Fall and Fracture and physical activity programs, have you done any of the following?	
• Increased your physical activity	59%
• Tried to follow a healthier diet	87%
• Eat more calcium rich foods	65%
• Learned the warning signs of a heart attack	80%
• Learned the warning signs of a stroke	80%
• Had your medications reviewed	76%
• Taken your medications as recommended by a doctor	91%
• Made your home a safer place to prevent falls	87%

Overall these programs were well received and the majority of participants rated the interventions as good, very good or excellent.

	Poor	Fair	Good	Very Good	Excellent
Satisfaction with health education programs (%)	0	7	38	21	34
Satisfaction with physical activity programs (%)	0	2	52	20	26

Southeast Georgia
Live Healthy Georgia - Seniors Taking Charge: A Community Intervention Report

Among the major challenges related to aging and chronic diseases are controlling health care costs and maintaining independence and quality of life.

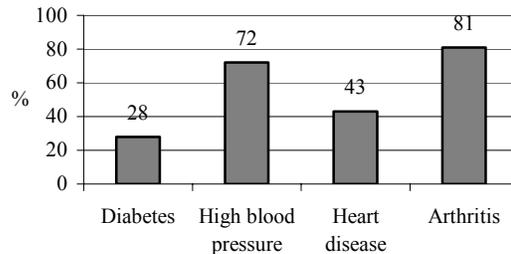
To begin to address some of these challenges, a Community Intervention called “Seniors Taking Charge!” that supports the Live Healthy Georgia campaign was undertaken in our local senior centers. The goal of the Community Intervention is to improve physical activity, nutrition, heart health, and prevent falls and fractures. The evaluation included pre-tests, interventions, and post-tests designed to measure improvements in lifestyle and self-management skills. The senior centers and characteristics of the participants who completed the evaluation are shown below. The participants had many chronic conditions that can be prevented and managed through improved nutrition, physical activity, and other changes in self-care.

Senior centers in the evaluation:

Lanier, Atkinson, Ben Hill, and Berrien Counties

- | | |
|------------------------------------|-----|
| Number of people in the evaluation | 82 |
| • Age | 74 |
| • Men | 27% |
| • Women | 73% |
| • White | 60% |
| • African American | 40% |
| • Other | 0% |

Chronic Conditions (Self-reported)



Food security is a major issue for older adults as well. Food security data are analyzed by senior center to show the needs in your area.

Food Security	Before Intervention	After Intervention
• Food insecure in Lanier County	23%	0%
• Food insecure in Atkinson County	8%	15%
• Food insecure in Ben Hill County	5%	0%
• Food insecure in Berrien County	24%	20%
<hr/>		
Calcium Intake	Before Intervention	After Intervention
• Get a stomachache, gas, or diarrhea from drinking milk	29%	22%
• Know that three or more servings of milk products daily are recommended for older people	23%	83%
• Consume at least three calcium rich foods daily	34%	54%
• Ate at least one more calcium rich food daily following the intervention		52%
• Consume a calcium supplement daily	31%	44%
• Consume a vitamin D containing supplement daily	46%	55%
	Before	After

Fall and Fracture Prevention	Intervention	Intervention
• Removed things you might trip over	83%	86%
• Put grab bars next to your toilet and in the tub or shower	36%	51%
• Used non-slip mats in the bathtub and on shower floors	64%	71%
• Improved the lighting in your home	39%	71%
• Had handrails and lights put in on all staircases	76%	69%
• Wear shoes both inside and outside the house	80%	78%

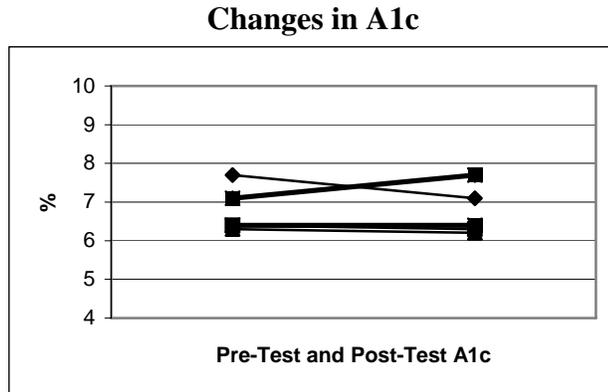
Medication Management	Before Intervention	After Intervention
• Go to one pharmacy for all your medications	96%	93%
• Keep a written list of all your medications	65%	80%
• Had a health professional look at all your medications in the past 6 months	75%	97%
• Know the name of each of your medications	35%	30%
• Know what each of your medications is for	84%	84%
• Know the possible side effects of each of your medications	41%	36%

Screenings	Before Intervention	After Intervention
• Bone mineral density test in the past year	24%	74%
• Blood cholesterol checked within the past year	78%	92%
• Blood pressure checked within the past month	88%	97%
• Visited an eye care professional in the past year	61%	62%
• Visited an ear care professional in the past year	31%	31%
• Feet checked by health care professional in the past year	36%	86%

Signs/Symptoms of Heart Attacks and Stroke	Before Intervention	After Intervention
• Number of heart attack signs or symptoms known (6 maximum)	4.1	4.7
• Number of stroke signs or symptoms known (6 maximum)	4.6	5.1
• Know to call 911 if someone is having a heart attack or a stroke	71%	95%

Many participants with diabetes had their A1c measured. High A1c shows poor control of diabetes over the past few months.

Diabetes was poorly controlled among many participants before the intervention, as shown by the blood A1c measures in the figure. A1c is considered the “gold standard” test of blood sugar and diabetes management. Poor control of diabetes occurs in those with A1c > 7.0% and very poor control is seen in those with A1c > 8.0%. A decrease in A1c of as little as 1% translates into an 18% decrease in risk of fatal and non-fatal heart attacks and a 35% reduction in the risk for diabetes-related complications, such as heart disease, stroke, amputation, kidney failure, nerve damage, and blindness (American Diabetes Association, 2002).



Following the intervention, those with diabetes reported improvements in their ability to manage their diabetes.

Has this diabetes education program helped you improve your ability to do any of the following?	
• Maintain your blood sugar levels	85%
• Maintain portion control	100%
• Space carbohydrates over the day	85%

In summary, many of the older adults with diabetes improved their diabetes self-management skills, but still did not adhere to these practices on a daily basis. Health care costs are 2.4 times higher in people with diabetes. It is estimated that every dollar spent on diabetes management programs can save as much as \$4 in health care costs. Thus, continued promotion of diabetes self-management skills is needed.

Among all of the older adult participants who completed the intervention, there were also changes in nutrition, physical activity, and physical function that are summarized below. Abundant intakes of fruits and vegetables and regular physical activity lower the risk of chronic diseases, help manage chronic conditions, and improve management of body weight.

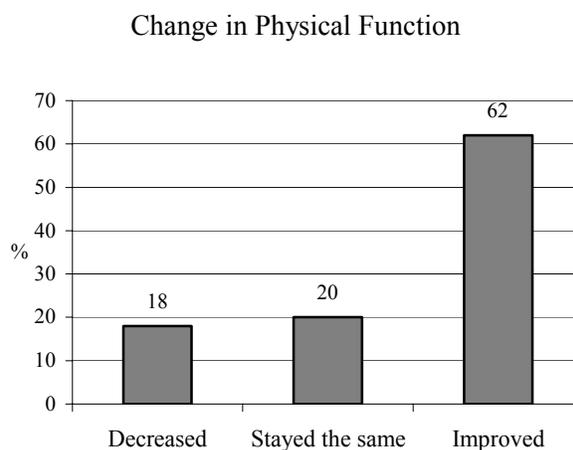
Fruit and vegetable intake	Before Intervention	After Intervention
• Know that seven or more fruits and vegetables daily are recommended for older people	6%	64%
• Consume at least five fruits and vegetables daily	61%	86%
• Ate at least one more fruit or vegetable daily following the intervention		69%

Physical activity	Before Intervention	After Intervention
• Number of days per week physically active	4.8	4.7
• Average daily minutes of physical activity	26.4	25.6
• 30 or more minutes of physical activity daily	36%	35%
• Added at least 10 more minutes per day after the intervention		29%

Regular physical activity helps maintain and improve physical function. Physical function is an indicator of how well people can perform their daily activities, remain living independently in the community, and delay or prevent placement in a nursing home. Several measures of physical function are shown in the following table and figure.

Physical function	Before Intervention	After Intervention
• Chair sit-and-reach, a measure of flexibility assessed as inches within reaching their toes from a seated position	-2.3 inches	-0.8 inches
• Standing balance, highest category	58%	59%
• 8-foot-walk, measured in seconds	2.8	2.3
• Chair stands, measured as seconds to do five chair stands	12.9	11.0
• Poor physical function (score 0 to 5)	16%	14%
• Moderate physical function (score 6 to 9)	49%	28%
• Good physical function (score 10 to 12)	35%	58%

The tandem stand, 8-foot-walk, and chair stand measures can be combined into an overall physical function score, such that people are assessed as having poor, moderate, or good physical function. The poor category has a 3.6 times higher risk of nursing home placement (Guralnik et al., 1994). This improved physical function may lead to substantial cost savings, because the average cost for a private room in a nursing home is \$203 per day, or \$74,095 annually (American Association of Home and Services for the Aging, 2006). Thus, even preventing 10 people from entering a nursing home could save over \$740,950 in annual nursing home costs (\$74,095/year x 10 admissions). Cost savings may be quite large, especially when the intervention programs reach several hundred people in our communities. The number of participants whose function decreased, stayed the same or improved is shown in the figure.



There were also many other improvements in healthy behaviors in the participants.

After attending the Heart Health, Fall and Fracture and physical activity programs, have you done any of the following?	
• Increased your physical activity	78%
• Tried to follow a healthier diet	98%
• Eat more calcium rich foods	77%
• Learned the warning signs of a heart attack	98%
• Learned the warning signs of a stroke	97%
• Had your medications reviewed	92%
• Taken your medications as recommended by a doctor	94%
• Made your home a safer place to prevent falls	92%

Overall these programs were well received and the majority of participants rated the interventions as good, very good or excellent.

	Poor	Fair	Good	Very Good	Excellent
Satisfaction with health education programs (%)	0	3	28	49	20
Satisfaction with physical activity programs (%)	0	2	35	40	23

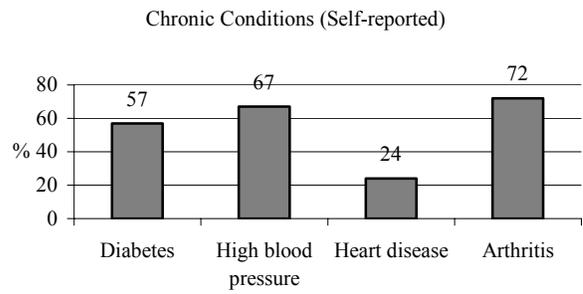
Southern Crescent
Live Healthy Georgia - Seniors Taking Charge: A Community Intervention Report

Among the major challenges related to aging and chronic diseases are controlling health care costs and maintaining independence and quality of life.

To begin to address some of these challenges, a Community Intervention called “Seniors Taking Charge!” that supports the Live Healthy Georgia campaign was undertaken in our local senior centers. The goal of the Community Intervention is to improve physical activity, nutrition, heart health, and prevent falls and fractures. The evaluation included pre-tests, interventions, and post-tests designed to measure improvements in lifestyle and self-management skills. The senior centers and characteristics of the participants who completed the evaluation are shown below. The participants had many chronic conditions that can be prevented and managed through improved nutrition, physical activity, and other changes in self-care.

Senior centers in the evaluation:
 Heard, Troup, and Coweta Counties

- Number of people in the evaluation 54
- Age 73
- Men 15%
- Women 85%
- White 81%
- African American 19%
- Other 0%



Food security is a major issue for older adults as well. Food security data are analyzed by senior center to show the needs in your area.

Food Security	Before Intervention	After Intervention
• Food insecure in Heard County	5%	9%
• Food insecure in Troup County	10%	6%
• Food insecure in Coweta County	7%	8%

Calcium Intake	Before Intervention	After Intervention
• Get a stomachache, gas, or diarrhea from drinking milk	9%	8%
• Know that three or more servings of milk products daily are recommended for older people	37%	57%
• Consume at least three calcium rich foods daily	38%	68%
• Ate at least one more calcium rich food daily following the intervention		41%
• Consume a calcium supplement daily	51%	46%
• Consume a vitamin D containing supplement daily	55%	56%

Fall and Fracture Prevention	Before Intervention	After Intervention
• Removed things you might trip over	80%	95%
• Put grab bars next to your toilet and in the tub or shower	54%	70%
• Used non-slip mats in the bathtub and on shower floors	74%	90%
• Improved the lighting in your home	83%	82%
• Had handrails and lights put in on all staircases	81%	86%
• Wear shoes both inside and outside the house	78%	80%

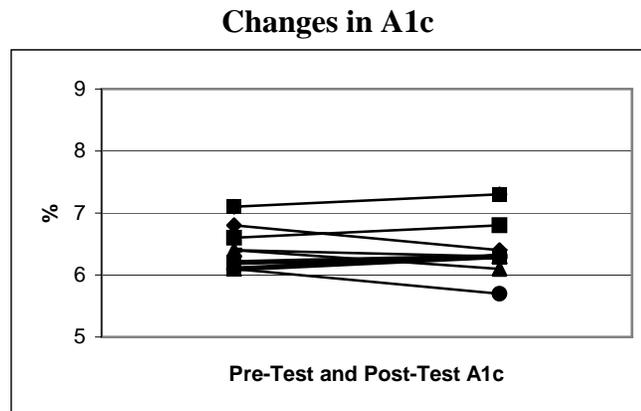
Medication Management	Before Intervention	After Intervention
• Go to one pharmacy for all your medications	90%	88%
• Keep a written list of all your medications	63%	68%
• Had a health professional look at all your medications in the past 6 months	87%	93%
• Know the name of each of your medications	62%	56%
• Know what each of your medications is for	88%	93%
• Know the possible side effects of each of your medications	67%	78%

Screenings	Before Intervention	After Intervention
• Bone mineral density test in the past year	37%	30%
• Blood cholesterol checked within the past year	93%	98%
• Blood pressure checked within the past month	94%	98%
• Visited an eye care professional in the past year	72%	70%
• Visited an ear care professional in the past year	33%	28%
• Feet checked by health care professional in the past year	52%	65%

Signs/Symptoms of Heart Attacks and Stroke	Before Intervention	After Intervention
• Number of heart attack signs or symptoms known (6 maximum)	3.9	4.6
• Number of stroke signs or symptoms known (6 maximum)	4.6	4.9
• Know to call 911 if someone is having a heart attack or a stroke	94%	98%

Many participants with diabetes had their A1c measured. High A1c shows poor control of diabetes over the past few months.

Diabetes was moderately controlled among many participants before the intervention, as shown by the blood A1c measures in the figure. A1c is considered the “gold standard” test of blood sugar and diabetes management. Poor control of diabetes occurs in those with A1c > 7.0% and very poor control is seen in those with A1c > 8.0%. A decrease in A1c of as little as 1% translates into an 18% decrease in risk of fatal and non-fatal heart attacks and a 35% reduction in the risk for diabetes-related complications, such as heart disease, stroke, amputation, kidney failure, nerve damage, and blindness (American Diabetes Association, 2002).



Following the intervention, those with diabetes reported improvements in their ability to manage their diabetes.

Has this diabetes education program helped you improve your ability to do any of the following?	
• Maintain your blood sugar levels	83%
• Maintain portion control	76%
• Space carbohydrates over the day	60%

In summary, many of the older adults with diabetes improved their diabetes self-management skills, but still did not adhere to these practices on a daily basis. Health care costs are 2.4 times higher in people with diabetes. It is estimated that every dollar spent on diabetes management programs can save as much as \$4 in health care costs. Thus, continued promotion of diabetes self-management skills is needed.

Among all of the older adult participants who completed the intervention, there were also changes in nutrition, physical activity, and physical function that are summarized below. Abundant intakes of fruits and vegetables and regular physical activity lower the risk of chronic diseases, help manage chronic conditions, and improve management of body weight.

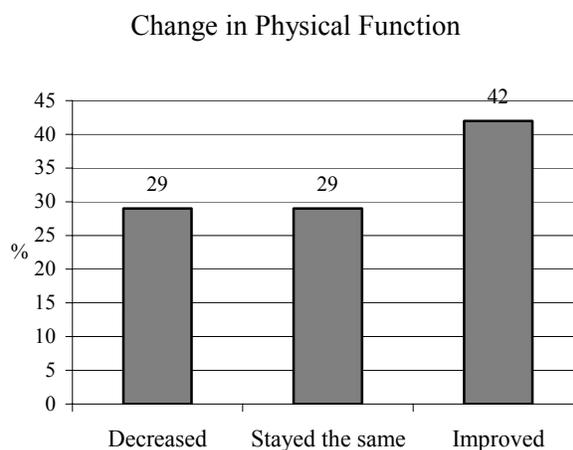
Fruit and vegetable intake	Before Intervention	After Intervention
• Know that seven or more fruits and vegetables daily are recommended for older people	15%	26%
• Consume at least five fruits and vegetables daily	60%	68%
• Ate at least one more fruit or vegetable daily following the intervention		33%

Physical activity	Before Intervention	After Intervention
• Number of days per week physically active	4.6	4.6
• Average daily minutes of physical activity	34.1	27
• 30 or more minutes of physical activity daily	31%	23%
• Added at least 10 more minutes per day after the intervention		24%

Regular physical activity helps maintain and improve physical function. Physical function is an indicator of how well people can perform their daily activities, remain living independently in the community, and delay or prevent placement in a nursing home. Several measures of physical function are shown in the following table and figure.

Physical function	Before Intervention	After Intervention
• Chair sit-and-reach, a measure of flexibility assessed as inches within reaching their toes from a seated position	2.1 inches	3.3 inches
• Standing balance, highest category	52%	76%
• 8-foot-walk, measured in seconds	2.9	4.1
• Chair stands, measured as seconds to do five chair stands	11.8	11.8
• Poor physical function (score 0 to 5)	5%	8%
• Moderate physical function (score 6 to 9)	43%	34%
• Good physical function (score 10 to 12)	52%	58%

The tandem stand, 8-foot-walk, and chair stand measures can be combined into an overall physical function score, such that people are assessed as having poor, moderate, or good physical function. The poor category has a 3.6 times higher risk of nursing home placement (Guralnik et al., 1994). This improved physical function may lead to substantial cost savings, because the average cost for a private room in a nursing home is \$203 per day, or \$74,095 annually (American Association of Home and Services for the Aging, 2006). Thus, even preventing 10 people from entering a nursing home could save over \$740,950 in annual nursing home costs (\$74,095/year x 10 admissions). Cost savings may be quite large, especially when the intervention programs reach several hundred people in our communities. The number of participants whose function decreased, stayed the same or improved is shown in the figure.



There were also many other improvements in healthy behaviors in the participants.

After attending the Heart Health, Fall and Fracture and physical activity programs, have you done any of the following?	
• Increased your physical activity	65%
• Tried to follow a healthier diet	90%
• Eat more calcium rich foods	63%
• Learned the warning signs of a heart attack	95%
• Learned the warning signs of a stroke	90%
• Had your medications reviewed	90%
• Taken your medications as recommended by a doctor	95%
• Made your home a safer place to prevent falls	93%

Overall these programs were well received and the majority of participants rated the interventions as good, very good or excellent.

	Poor	Fair	Good	Very Good	Excellent
Satisfaction with health education programs (%)	0	0	37	38	25
Satisfaction with physical activity programs (%)	0	0	35	40	25

Southwest Georgia Live Healthy Georgia - Seniors Taking Charge: A Community Intervention Report

Among the major challenges related to aging and chronic diseases are controlling health care costs and maintaining independence and quality of life.

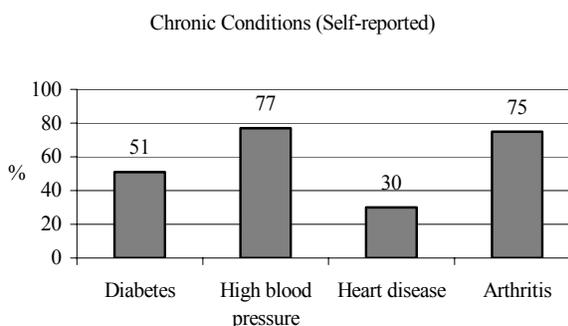
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Senior centers in the evaluation:

Baker, Lee, Worth, and Calhoun Counties

Number of people in the evaluation 71

- Age 74
- Men 14%
- Women 86%
- White 56%
- African American 44%
- Other 0%



Food security is a major issue for older adults as well. Food security data are analyzed by senior center to show the needs in your area.

Food Security	Before Intervention	After Intervention
• Food insecure in Baker County	29%	23%
• Food insecure in Lee County	11%	14%
• Food insecure in Worth County	11%	0%
• Food insecure in Calhoun County	10%	16%

Calcium Intake	Before Intervention	After Intervention
• Get a stomachache, gas, or diarrhea from drinking milk	27%	24%
• Know that three or more servings of milk products daily are recommended for older people	29%	50%
• Consume at least three calcium rich foods daily	48%	52%
• Ate at least one more calcium rich food daily following the intervention		33%
• Consume a calcium supplement daily	36%	35%
• Consume a vitamin D containing supplement daily	40%	42%

Fall and Fracture Prevention	Before Intervention	After Intervention
• Removed things you might trip over	92%	94%
• Put grab bars next to your toilet and in the tub or shower	44%	35%
• Used non-slip mats in the bathtub and on shower floors	79%	86%
• Improved the lighting in your home	86%	84%
• Had handrails and lights put in on all staircases	79%	67%
• Wear shoes both inside and outside the house	87%	90%

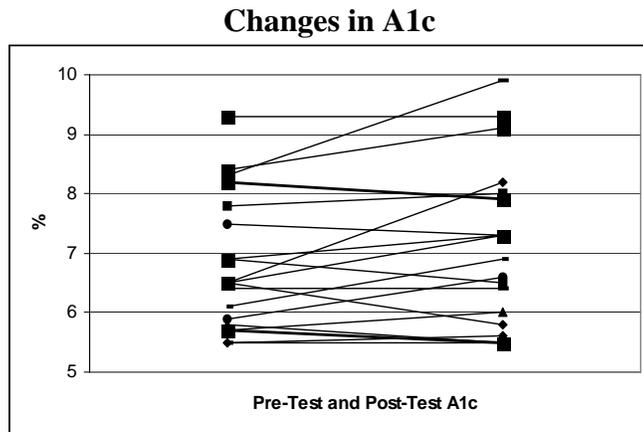
Medication Management	Before Intervention	After Intervention
• Go to one pharmacy for all your medications	94%	97%
• Keep a written list of all your medications	58%	89%
• Had a health professional look at all your medications in the past 6 months	76%	94%
• Know the name of each of your medications	49%	65%
• Know what each of your medications is for	93%	95%
• Know the possible side effects of each of your medications	66%	75%

Screenings	Before Intervention	After Intervention
• Bone mineral density test in the past year	39%	73%
• Blood cholesterol checked within the past year	92%	95%
• Blood pressure checked within the past month	99%	97%
• Visited an eye care professional in the past year	79%	87%
• Visited an ear care professional in the past year	30%	81%
• Feet checked by health care professional in the past year	69%	78%

Signs/Symptoms of Heart Attacks and Stroke	Before Intervention	After Intervention
• Number of heart attack signs or symptoms known (6 maximum)	3.7	4.4
• Number of stroke signs or symptoms known (6 maximum)	4.0	5.0
• Know to call 911 if someone is having a heart attack or a stroke	77%	95%

Many participants with diabetes had their A1c measured. High A1c shows poor control of diabetes over the past few months.

Diabetes was poorly controlled among many participants before the intervention, as shown by the blood A1c measures in the figure. A1c is considered the “gold standard” test of blood sugar and diabetes management. Poor control of diabetes occurs in those with A1c > 7.0% and very poor control is seen in those with A1c > 8.0%. A decrease in A1c of as little as 1% translates into an 18% decrease in risk of fatal and non-fatal heart attacks and a 35% reduction in the risk for diabetes-related complications, such as heart disease, stroke, amputation, kidney failure, nerve damage, and blindness (American Diabetes Association, 2002).



Following the intervention, those with diabetes reported improvements in their ability to manage their diabetes.

Has this diabetes education program helped you improve your ability to do any of the following?	
• Maintain your blood sugar levels	91%
• Maintain portion control	88%
• Space carbohydrates over the day	81%

In summary, many of the older adults with diabetes improved their diabetes self-management skills, but still did not adhere to these practices on a daily basis. Health care costs are 2.4 times higher in people with diabetes. It is estimated that every dollar spent on diabetes management programs can save as much as \$4 in health care costs. Thus, continued promotion of diabetes self-management skills is needed.

Among all of the older adult participants who completed the intervention, there were also changes in nutrition, physical activity, and physical function that are summarized below. Abundant intakes of fruits and vegetables and regular physical activity lower the risk of chronic diseases, help manage chronic conditions, and improve management of body weight.

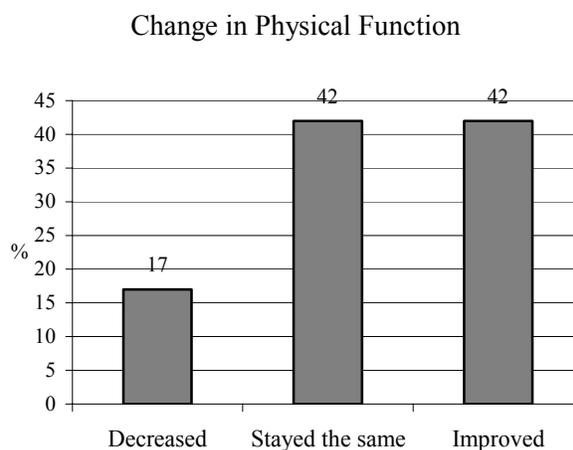
Fruit and vegetable intake	Before Intervention	After Intervention
• Know that seven or more fruits and vegetables daily are recommended for older people	11%	29%
• Consume at least five fruits and vegetables daily	56%	70%
• Ate at least one more fruit or vegetable daily following the intervention		49%

Physical activity	Before Intervention	After Intervention
• Number of days per week physically active	4.5	4.8
• Average daily minutes of physical activity	28.8	42.4
• 30 or more minutes of physical activity daily	34%	25%
• Added at least 10 more minutes per day after the intervention		42%

Regular physical activity helps maintain and improve physical function. Physical function is an indicator of how well people can perform their daily activities, remain living independently in the community, and delay or prevent placement in a nursing home. Several measures of physical function are shown in the following table and figure.

Physical function	Before Intervention	After Intervention
• Chair sit-and-reach, a measure of flexibility assessed as inches within reaching their toes from a seated position	-4.9 inches	-2.6 inches
• Standing balance, highest category	56%	79%
• 8-foot-walk, measured in seconds	4.0	3.8
• Chair stands, measured as seconds to do five chair stands	15.9	14.3
• Poor physical function (score 0 to 5)	17%	16%
• Moderate physical function (score 6 to 9)	65%	60%
• Good physical function (score 10 to 12)	17%	24%

The tandem stand, 8-foot-walk, and chair stand measures can be combined into an overall physical function score, such that people are assessed as having poor, moderate, or good physical function. The poor category has a 3.6 times higher risk of nursing home placement (Guralnik et al., 1994). This improved physical function may lead to substantial cost savings, because the average cost for a private room in a nursing home is \$203 per day, or \$74,095 annually (American Association of Home and Services for the Aging, 2006). Thus, even preventing 10 people from entering a nursing home could save over \$740,950 in annual nursing home costs (\$74,095/year x 10 admissions). Cost savings may be quite large, especially when the intervention programs reach several hundred people in our communities. The number of participants whose function decreased, stayed the same or improved is shown in the figure.



There were also many other improvements in healthy behaviors in the participants.

After attending the Heart Health, Fall and Fracture and physical activity programs, have you done any of the following?

• Increased your physical activity	79%
• Tried to follow a healthier diet	90%
• Eat more calcium rich foods	65%
• Learned the warning signs of a heart attack	95%
• Learned the warning signs of a stroke	92%
• Had your medications reviewed	95%
• Taken your medications as recommended by a doctor	100%
• Made your home a safer place to prevent falls	100%

Overall these programs were well received and the majority of participants rated the interventions as good, very good or excellent.

	Poor	Fair	Good	Very Good	Excellent
Satisfaction with health education programs (%)	0	5	25	46	24
Satisfaction with physical activity programs (%)	2	5	31	48	14