**An Innovative Health Promotion Program to Improve Resident ADL’s & IADL’s**

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**LEARNING OBJECTIVES**

1. Describe the history and development of Bingocize®
2. Examine the research behind the benefits of Bingocize® for older adults specifically potential reductions in fall risk
3. Describe and demonstrate the many applications of the Bingocize® program for positively affecting outcomes in older adults

**Self-reported physical inactivity in adults >80 yrs. old**

Watson et al.2016
• What have you seen with your resident population as a result of inactivity?
• What methods or education have you brought in to help improve activity?
• Who are the community partners that you’ve engaged on this subject?
• What hurdles do you currently face when introducing programs that improve activity among your residents?
WHY ARE MANY OLDER ADULTS PHYSICALLY INACTIVE?

• Fear
• Poor health
• Lack of guidance
• Lack of opportunities

WHY DO SOME OLDER ADULTS CHOOSE TO BE PHYSICALLY ACTIVE?

• Socialization
• Improve health
• Guidance
• Enjoyment

What are some noted differences, (ADL's & IADL's) that you see in your resident population from residents who are inactive vs. those who are active?
**HOW DO YOU ENGAGE YOUR RESIDENTS?**

- As a profession, outcomes of the impact made with individual residents is needed.
- Often times the same 8-10 residents attend activities and are supportive of the RSC, what about the rest of your resident population?
- Resident Service Needs drive outcomes, identifying these needs can be challenging sometimes, which means we have to find innovative ways to engage residents who we may not be able to reach through conventional means.

**WAIT!**

- We know that Resident Service Coordinators are NOT activities directors.
- We understand that Bingo is not a HUD approved function of the RSC.
- We also understand that HUD is looking for outcomes... **Bingoize® provides outcomes** in a way that meets your residents needs, while still meeting HUD compliance for the RSC program.
Multi-component exercise and/or health education program strategically incorporating bingo
Cardiovascular, flexibility, balance, muscle strengthening/power
Addresses the common barriers and focuses on benefits of physical activity
Three versions to fit any facility or older adult population

**The Original**
- Original bingo game
- Strategic insertion of exercise and/or health education

**The Stand Alone**
- Modified bingo cards
- Exercise & health education
- Participant materials

**The Mobile App**
- Digital exercise and/or health education tool

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**VIEW FROM THE HILL**
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Evidence-based


Evidence-based


Evidence-based


Community Implementation...

- Meets highest level criteria for evidence-based program by U.S. Administration on Aging
- > 30 older adult facilities use program
- Assisted living, senior centers, memory care, independent living, CNF

Latest research...
RESPONSIVE RESEARCH GRANT

• Efficacy of mobile app for improving functional performance, patient activation, cognition, and health-related knowledge (a 2 year study funded by the Retirement Research Foundation)
• Recruit older adults (N=80+) for a 10-week (twice/week) community intervention study with random assignment to either an Experimental Group (Bingo + Exercise + Health Education, all guided by the app) or a Control Group (Bingo + Health Education, all guided by the app)
• DVs are measured pre- and post-intervention and include:
  • Functional Performance (via the Short Performance Physical Battery, SPPB)
  • Patient Activation (via the Patient Activation Measure, PAM; assess how active people are in taking charge of their health)
  • Fluid Cognition (via the EXAMINER battery; assesses aspects of cognition that decline with age such as fluency, inhibition, shifting, and updating)
  • Health-related knowledge: Fall Prevention & Osteoporosis Information (via a pre/post-test knowledge assessment)

RESPONSIVE RESEARCH GRANT (RETIREMENT RESEARCH FOUNDATION)

• Functional Performance (SPPB): both groups’ scores increased, F(1,64)=11.02, p<.001, ηp²=15, suggesting improvements in functional fitness; arm strength improved in both groups, but the experimental group increased more F(1,63)=4.67, p=.036, ηp²=.07.
• Chair Stand: experimental group got about 2.5 seconds faster, control group got only 0.7 seconds faster
• Patient Activation: both groups increased health activation, suggesting their perspective on health-promoting behaviors had improved, F(1,64)=9.41, p=.003, ηp²=13.
• Fluid Cognition: the experimental group increased performance on a measure of “updating” while the control group stayed the same, F(1,62) = 9.14, p<.01, ηp²=13.
• Health Knowledge: both groups improved in their knowledge of the health topics, F(1,66)=213.42, p<.001, ηp²=0.77, suggesting the program can be used to teach health topics to older adults

NEXT STEPS

NIH National Institute on Aging
Taking Discovery into Health

NIH-NIA grant received good score; awaiting decision on funding for a clinical trial
CIVIL MONEY PENALTY

• Bingocize® in 23 Kentucky nursing homes UK, UL, Morehead State, Kentucky Wesleyan College, Spalding University, Murray State, Brescia University

• **Objectives**: Train 300 CNF staff, 100 students, and impact 1000 nursing home residents over 3 years

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EXPERIENCES OF RESIDENT SERVICE COORDINATORS AND THE PARTICIPANTS

• Goals and challenges senior services coordinators face in helping older adults in the community
• Experiences with implementing Bingocize from the service coordinator’s perspective and the seniors themselves

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YOU CAN MAKE AN IMPACT IN YOUR COMMUNITY

- You have an opportunity to make an impact with the elders and disabled populations in your local community.
- Who in your community would benefit from a program such as Bingocize®?
THANK YOU!

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