

## Family and Consumer Science



#### **Cooperative Extension Service**

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Nan Montgomery Nan Montgomery

**Agent for Family & Consumer Sciences** 

## Rainbow Pasta Salad



- 8 ounces small whole-wheat pasta (shells, mini bowties, elbow macaroni, rotini, etc.)
- 6 ounces (or 4 cups, packed) fresh baby spinach leaves, roughly chopped 2 cups sliced strawberries
- 1 can (15 ounces) mandarin oranges in 100% juice or water, drained
- 1 can (10 ounces) pineapple tidbits in 100% juice, drained with juice reserved • 1 cup chopped pecans, cashews,
- almonds (optional)

#### Salad dressing:

- 1/4 cup olive oil
- 1/3 cup apple cider vinegar
- · Reserved pineapple juice 1/2 teaspoon onion powder
- 1/2 teaspoon black pepper
- 1/2 teaspoon salt
- Wash hands with warm water and soap, scrubbing for at least 20 seconds.
- Cook pasta according to package directions. Drain and rinse under cold running water to cool. Set aside to continue draining.

- Wash fresh produce under cool running water and dry. Cut to prepare for the recipe.
- In a large bowl, combine the cooked pasta, spinach, strawberries, oranges, and pineapple.
- Top with chopped nuts, if using.
- Combine the salad dressing ingredients in a separate small bowl or jar with a lid. Whisk or shake to combine. Add salad dressing to the pasta salad right before serving and toss. Or, serve dressing on the side to keep salad crisp for several days.
- Refrigerate leftovers within 2 hours.

Note: Add grilled chicken to make this an entrée salad

Makes: 7 servings Serving Size: 1 1/2 cups Cost per recipe: \$12.87 Cost per serving: \$1.84



equal opportunity provider. This material was partially funded by USDA's Supplemental Nutrition Assistance Program — SNAP.

#### **Nutrition facts** per serving:

250 calories: 9g total fat; 1g saturated fat; Og trans fat; Omg cholesterol; 190mg sodium; 41g total carbohydrate; 5g dietary fiber; 14g total sugars; Og added sugars; 6g protein; 0% Daily Value of vitamin D; 4% Daily Value of calcium; 10% Daily Value of iron; 8% Daily Value of potassium.

### Source:

Brooke Jenkins, Extension Specialist, University of Kentucky Cooperative Extension Service

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#### **Cooperative Extension Service**

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LEXINGTON, KY 40546



# Homemaker Happenings

Thought of the Day: "Volunteers don't get paid, not because they're worthless, but because they're priceless." Sherry Anderson

Roll Call: April is National Volunteer Month. What is your favorite way to volunteer?

## **Dates to Remember:**

April 10th - last day to make reservations for KEHA state meeting

April12th- Homemaker Council 9:30

April 27th-29th- Homemaker Yard Sale

May 9th-11th- KEHA State Meeting

May 14th – Mother's Day

May 29th- Memorial Day (Extension Office closed)

Ohio County Homemakers are growing?! Did you know we now have 93 members!

## Workshops

April 11th- Homemade pizza crust 1:00pm

April 18th Disaster preparedness Forsdville Fire Department 1:00 pm

April 21st Disaster preparedness, Ohio Co Senior Center 9:00 am

April 25st- Cupcake decorating -Cost \$10 5:00 pm

If you are interested in these workshops, please call 270-298-7441 to sign up!

## 2023 KEHA STATE MEETING Lodging Information

May 9-11, 2023



Make your reservations by April 10, 2023 to secure the conference rate.

#### Crowne Plaza Louisville Airport Expo Center

830 Phillips Lane, Louisville, Kentucky 40209 866-888-0620 (group code PZ5 for conference rate)

Standard Room \$124 + Tax (1-4 people)

Mark your calendar for the Ohio County Homemaker yard sale in April. Please bring in items to the Extension Office on April 27<sup>th</sup> to be sold at the yard sale. We will have sign ups for the yard sale shifts on homemaker council meeting.

Set up April 27th 9:00-1:00 April 28th 8:00-4:00 April 29th 9:00 to Noon

Congratulations to Sara Smith, Barbara Howard, Marsha Young and Wilma Boswell their entries will be moving on to State Cultural Arts contest! I am proud to have them representing Ohio County Homemakers!







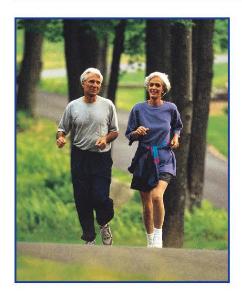
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# **Stand Up to Falling**

## Physical Activity, Exercise and Fall Prevention

Amy F. Hosier, Family Life Specialist, Department of Family Studies



Physical inactivity leads to muscle weakness and loss, and has a negative effect on flexibility and balance, increasing a person's risk of falling. To significantly minimize the chances of falling, **strength**, **balance**, and **flexibility** must be increased. This increase can be accomplished through ordinary physical activity (daily activities that involve movement, such as housework, gardening, walking, and climbing stairs) and exercise (planned activity performed for the purpose of obtaining fitness and health benefits, such as swimming, cycling, golfing, and working out at a health club).

Talk to your physician before starting an exercise program. But also talk to your doctor if you avoid activity and exercise because you fear you will fall. Your physician can work with you or recommend a physical therapist who can help you create an exercise program designed especially for you. A physical therapist can also use techniques such as electrical stimulation, massage, or ultrasound to help improve flexibility and reduce fall risks. Physicians can also help you if falling is related to a medical condition, medications, or a balance disorder.

Start slowly, set realistic goals, and listen to your body. If 10 to 30 seconds or 3 to 5 repetitions is too challenging, perform as many repetitions or hold for as long as you feel comfortable. Work your way toward more.

Regardless of the exercise you choose, your physical activity should match your needs and abilities. Some people can walk three miles without thinking twice about it, but others may be able to only walk down the hall and back. At whatever level you begin, a fall prevention program should include an appropriate exercise plan that addresses strength, balance, and flexibility. The Mayo Clinic recommends walking, water workouts, and tai chi; your routine may be as simple as walking, using hand weights, and stretching to music.

## Strength

Decreased muscle strength is associated with increased risk of falling. Because gradual muscle loss is a natural part of the aging process, physical activity and exercise habits that improve strength are



## **Falling Facts**

The risk of falling and of being seriously injured in a fall increases with age, but older adults (65+) are not falling because they are old. Some older adults may be at increased risk of falling because of a neurological disorder or a disease that causes trouble with walking, posture, and balance. Others may fall because of a number of preventable risk factors including

- Lack of exercise
- · Unsafe home environments
- Vision problems
- · Lack of balance
- Medication usage

By addressing such risk factors, a person can lower his/her chance of falling or prevent a fall from occurring.

In a given year, one in three older adults can expect to fall. Falls are the leading cause of injury and injury-related death among older adults. Falls are also the leading cause of nonfatal injuries and hospital admissions for trauma among older adults. Men age 65 and older are more likely to die from a fall; older women are more likely to experience a nonfatal fall injury, such as a hip fracture. Regardless of gender, after the age of 60, both the incidence of falling and the severity of fall-related complications increase. Such falls among seniors jeopardize health and independence.

The Kentucky Injury Prevention and Research Center (KIPRC) reports that older patients who are hospitalized for falling are six times more likely than younger patients to be discharged into a nursing home for intermediate or long-term care.

important. According to the Fall Prevention Institute, 30 to 40 percent of muscle mass is lost by age 65, and by age 70 or 80, the average loss of muscle strength in the upper thigh muscles is about 20 to 40 percent. Such muscle loss can create potential problems for people trying to stand or walk without falling. In addition, those who have experienced a fall or feel weak or unsteady on their feet might stop or decrease physical activity and exercise in order to feel safer. Disuse, however, can cause more harm than good, as muscle and tissue loss affect the muscle's ability to function properly.

The good news: It is never too late and you are never too old to begin strength training. Even though muscle mass decreases with age, research has demonstrated that older adults, even those 85 years old and older, who strength train are able to increase muscle mass and strength. In older adults, increased strength, especially in the leg muscles, often results in greater levels of independence and improvements in the ability to walk and carry out daily living activities. Strength training helps with muscle tone and balance, and it aids mobility, all of which help reduce the risk of falling.



# Leg straightening strengthens your thighs.

- Sit in a sturdy chair with your back supported by the chair. (For added comfort behind the leg, you may choose to put a rolled bath towel at the edge of the chair, under your thighs.) Breathe in slowly.
- Breathe out and slowly extend one leg in front of you as straight as possible, but don't lock your knee.
- Flex foot to point toes toward the ceiling. Hold position for 1 second.
- Breathe in as you slowly lower leg back down.
- Repeat 10 to 15 times, then switch to the other leg.
- Perform two sets of 10 to 15 repetitions on each leg.

## **Balance**

Poor balance is an important predictor of falling. Our muscles are continually making slight movements to help our body maintain a balanced position. Muscle strength, vision, and sensation are essential to good balance. Weak leg muscles, poor vision, and slow reaction time decrease an older adult's balance and increase the risk of falling. Medical complications, medications, and