



# Healthy Aging Update

Iowa Department of Elder Affairs

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## In This Issue

- Sodium and Potassium
- OAA Nutrition Program
- CMS Bus Tour
- Alzheimer's Disease
- Nutrition Education
- Malnourished
- Resources

## Welcome

This issue of Healthy Aging Update continues to provide information on the Dietary Guidelines for Americans 2005 with this issue focusing on sodium and potassium. Additional information provided in the newsletter is to serve as a resource for providing nutrition and health promotion services to older adults.

## Sodium and Potassium: Dietary Guidelines for Americans

The following information on sodium and potassium is from the U.S. Department of Health and Human Services [www.health.gov/DietaryGuidelines/](http://www.health.gov/DietaryGuidelines/)

### Overview

On average, the higher an individual's salt (sodium chloride) intake, the higher an individual's blood pressure. Nearly all Americans consume substantially more salt than they need. Decreasing salt intake is advisable to reduce the risk of elevated blood pressure. Keeping blood pressure in the normal range reduces an individual's risk of coronary heart disease, stroke, congestive heart failure, and kidney disease. Many American adults will develop hypertension (high blood pressure) during their lifetime. Lifestyle changes can prevent or delay the onset of high blood pressure and can lower elevated blood pressure. These changes include reducing salt intake, increasing potassium intake, losing excess body weight, increasing physical activity, and eating an overall healthful diet.

### KEY RECOMMENDATIONS

- Consume less than 2,300 mg (approximately 1 tsp of salt) of sodium per day.
- Choose and prepare foods with little salt. At the same time, consume potassium-rich foods, such as fruits and vegetables.

## Key Recommendations for Specific Population Groups

- *Individuals with hypertension, blacks, and middle-aged and older adults.* Aim to consume no more than 1,500 mg of sodium per day, and meet the potassium recommendation (4,700 mg/day) with food.

## Discussion

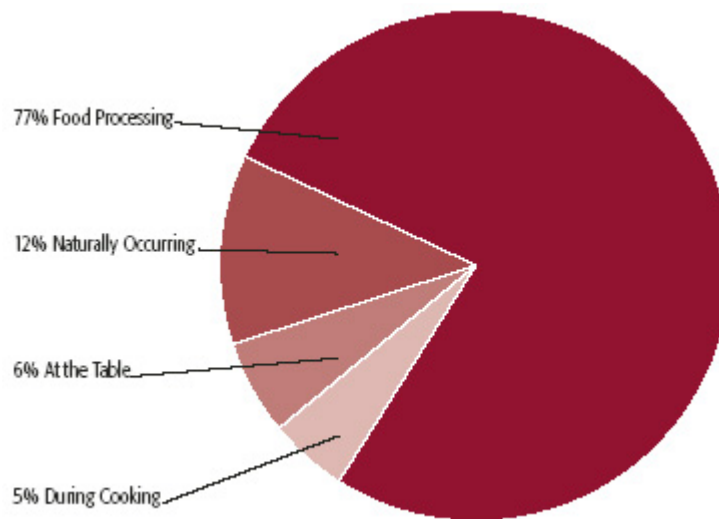
Salt is sodium chloride. Food labels list sodium rather than salt content. When reading a Nutrition Facts Panel on a food product, look for the sodium content. Foods that are low in sodium (less than 140 mg or 5 percent of the Daily Value [DV]) are low in salt.

Common sources of sodium found in the food supply are provided in [figure 4](#). On average, the natural salt content of food accounts for only about 10 percent of total intake, while discretionary salt use (i.e., salt added at the table or while cooking) provides another 5 to 10 percent of total intake. Approximately 75 percent is derived from salt added by manufacturers. In addition, foods served by food establishments may be high in sodium. It is important to read the food label and determine the sodium content of food, which can vary by several hundreds of milligrams in similar foods. For example, the sodium content in regular tomato soup may be 700 mg per cup in one brand and 1,100 mg per cup in another brand. Reading labels, comparing sodium contents of foods, and purchasing the lower sodium brand may be one strategy to lower total sodium intake (see [table 15](#) for examples of these foods).

An individual's preference for salt is not fixed. After consuming foods lower in salt for a period of time, taste for salt tends to decrease. Use of other flavorings may satisfy an individual's taste. While salt substitutes containing potassium chloride may be useful for some individuals, they can be harmful to people with certain medical conditions. These individuals should consult a healthcare provider before trying salt substitutes.

Discretionary salt use is fairly stable, even when foods offered are lower in sodium than typical foods consumed. When consumers are offered a lower sodium product, they typically do not add table salt to compensate for the lower sodium content, even when available. Therefore, any program for reducing the salt consumption of a population should concentrate primarily on reducing the salt used during food processing and on changes in food selection (e.g., more fresh, less-processed items, less sodium-dense foods) and preparation.

**FIGURE 4. The relative amounts of dietary sodium in the American diet. <sup>a</sup>**



<sup>a</sup> Source: Mattes RD, Donnelly D. Relative contributions of dietary sodium sources. *J Am Coll Nutr.* 1991 Aug;10(4):383-93.

Reducing salt intake is one of several ways that people may lower their blood pressure. The relationship between salt intake and blood pressure is direct and progressive without an apparent threshold. On average, the higher a person's salt intake, the higher the blood pressure. Reducing blood pressure, ideally to the normal range, reduces the risk of stroke, heart disease, heart failure, and kidney disease.

Another dietary measure to lower blood pressure is to consume a diet rich in potassium. A potassium-rich diet also blunts the effects of salt on blood pressure, may reduce the risk of developing kidney stones, and possibly decrease bone loss with age. The recommended intake of potassium for adolescents and adults is 4,700 mg/day. Recommended intakes for potassium for children 1 to 3 years of age is 3,000 mg/day, 4 to 8 years of age is 3,800 mg/day, and 9 to 13 years of age is 4,500 mg/day. Potassium should come from food sources. Fruits and vegetables, which are rich in potassium with its bicarbonate precursors, favorably affect acid-base metabolism, which may reduce risk of kidney stones and bone loss. Potassium-rich fruits and vegetables include leafy green vegetables, fruit from vines, and root vegetables. Meat, milk, and cereal products also contain potassium, but may not have the same effect on acid-base metabolism. Dietary sources of potassium are listed in [table 5](#) and [appendix B-1](#).

### **Considerations for Specific Population Groups**

*Individuals With Hypertension, Blacks, and Middle-Aged and Older Adults.* Some individuals tend to be more salt sensitive than others, including people with hypertension, blacks, and middle-aged and older adults. Because blacks commonly have a relatively low intake of potassium and a high prevalence of elevated blood pressure and salt sensitivity, this population subgroup may especially benefit from an

increased dietary intake of potassium. Dietary potassium can lower blood pressure and blunt the effects of salt on blood pressure in some individuals. While salt substitutes containing potassium chloride may be useful for some individuals, they can be harmful to people with certain medical conditions. These individuals should consult a healthcare provider before using salt substitutes.

**TABLE 15. Range of Sodium Content for Selected Foods**

The ranges of sodium content for selected foods available in the retail market. This table is provided to exemplify the importance of reading the food label to determine the sodium content of food, which can vary by several hundreds of milligrams in similar foods.

Food Group	Serving Size	Range (mg)
Breads, all types	1 oz	95-210
Frozen pizza, plain, cheese	4 oz	450-1200
Frozen vegetables, all types	½ c	2-160
Salad dressing, regular fat, all types	2 Tbsp	110-505
Salsa	2 Tbsp	150-240
Soup (tomato), reconstituted	8 oz	700-1260
Tomato juice	8 oz (1 c)	340-1040
Potato chips <sup>a</sup>	1 oz (28.4 g)	120-180
Tortilla chips <sup>a</sup>	1 oz (28.4 g)	105-160
Pretzels <sup>a</sup>	1 oz (28.4 g)	290-560

<sup>a</sup> All snack foods are regular flavor, salted.

Source: Agricultural Research Service Nutrient Database for Standard Reference, Release 17 and recent manufacturers label data from retail market surveys. Serving sizes were standardized to be comparable among brands within a food. Pizza and bread slices vary in size and weight across brands.

Note: None of the examples provided were labeled low-sodium products.

### Good Sources of Potassium (Table 5)

- Baked white or sweet potatoes, cooked greens (such as spinach), winter (orange) squash
- Bananas, plantains, many dried fruits, oranges and orange juice, cantaloupe, and honeydew melons
- Cooked dry beans
- Soybeans (green and mature)
- Tomato products (sauce, paste, puree)

- Beet greens

## Appendix B-1. Food Sources of Potassium

Food Sources of Potassium ranked by milligrams of potassium per standard amount, also showing calories in the standard amount. (The Adequate Intake (AI) for adults is 4,700 mg/day potassium.)

Food, Standard Amount	Potassium (mg)	Calories
Sweetpotato, baked, 1 potato (146 g)	694	131
Tomato paste, ¼ cup	664	54
Beet greens, cooked, ½ cup	655	19
Potato, baked, flesh, 1 potato (156 g)	610	145
White beans, canned, ½ cup	595	153
Yogurt, plain, non-fat, 8-oz container	579	127
Tomato puree, ½ cup	549	48
Clams, canned, 3 oz	534	126
Yogurt, plain, low-fat, 8-oz container	531	143
Prune juice, ¾ cup	530	136
Carrot juice, ¾ cup	517	71
Blackstrap molasses, 1 Tbsp	498	47
Halibut, cooked, 3 oz	490	119
Soybeans, green, cooked, ½ cup	485	127
Tuna, yellowfin, cooked, 3 oz	484	118
Lima beans, cooked, ½ cup	484	104
Winter squash, cooked, ½ cup	448	40
Soybeans, mature, cooked, ½ cup	443	149
Rockfish, Pacific, cooked, 3 oz	442	103
Cod, Pacific, cooked, 3 oz	439	89
Bananas, 1 medium	422	105
Spinach, cooked, ½ cup	419	21
Tomato juice, ¾ cup	417	31
Tomato sauce, ½ cup	405	39

Peaches, dried, uncooked, ¼ cup	398	96
Prunes, stewed, ½ cup	398	133
Milk, non-fat, 1 cup	382	83
Pork chop, center loin, cooked, 3 oz	382	197
Apricots, dried, uncooked, ¼ cup	378	78
Rainbow trout, farmed, cooked, 3 oz	375	144
Pork loin, center rib (roasts), lean, roasted, 3 oz	371	190
Buttermilk, cultured, low-fat, 1 cup	370	98
Cantaloupe, ¼ medium	368	47
1%-2% milk, 1 cup	366	102-122
Honeydew melon, 1/8 medium	365	58
Lentils, cooked, ½ cup	365	115
Plantains, cooked, ½ cup slices	358	90
Kidney beans, cooked, ½ cup	358	112
Orange juice, ¾ cup	355	85
Split peas, cooked, ½ cup	355	116
Yogurt, plain, whole milk, 8 oz container	352	138

Source: Nutrient values from Agricultural Research Service (ARS) Nutrient Database for Standard Reference, Release 17. Foods are from ARS single nutrient reports, sorted in descending order by nutrient content in terms of common household measures. Food items and weights in the single nutrient reports are adapted from those in 2002 revision of USDA Home and Garden Bulletin No. 72, Nutritive Value of Foods. Mixed dishes and multiple preparations of the same food item have been omitted from this table.



**Older American Act Nutrition Program** requirements are provided below. The requirement for complying with the 2005 Dietary Guidelines for Americans translate into providing 500 mg of sodium and 1567 mg potassium in each meal. Since OAA meals nationally provide half or more of the total daily food intake for 66 percent of home delivered and 56 percent of congregate meal participants, Iowa meal programs need to limit sodium to 750-1000 mg sodium per meals. With this level of sodium it becomes even more important for good food sources of potassium to be provided in each meal for their protective benefits.

## Older Americans Act (reauthorization language in green)

### Section. 339. NUTRITION.

A State that establishes and operates a nutrition project under this chapter shall—

**(1) solicit the expertise of a dietitian or other individual with equivalent education and training in nutrition science, or if such an individual is not available, an individual with comparable expertise in the planning of nutritional services, and**

(2) ensure that the project—

(A) provides meals that—

**(i) comply with the most recent Dietary Guidelines for Americans, published by the Secretary and the Secretary of Agriculture, and**

(ii) provide to each participating older individual

(I) a minimum of  $3\frac{1}{3}$  percent of the **dietary reference intakes** established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, if the project provides one meal per day,

(II) a minimum of  $6\frac{2}{3}$  percent of the allowances if the project provides two meals per day, and

(III) 100 percent of the allowances if the project provides three meals per day, and

(iii) to the maximum extent practicable, are adjusted to meet any special dietary needs of program participants,

(B) provides flexibility to local nutrition providers in designing meals that are appealing to program participants,

(C) encourages providers to enter into contracts that limit the amount of time meals must spend in transit before they are consumed,

(D) where feasible, encourages **joint** arrangements with schools and other facilities serving meals to children in order to promote intergenerational meal programs,

(E) provides that meals, other than in-home meals, are provided in settings in as close proximity to the majority of eligible older individuals' residences as feasible,

(F) comply with applicable provisions of State or local laws regarding the safe and sanitary handling of food, equipment, and supplies used in the storage, preparation, service, and delivery of meals to an older individual,

**(G) ensures that meal providers solicit the advice and expertise of—**

**(i) a dietitian or other individual described in paragraph (1),**

**(ii) meal participants, and**

**(iii) other individuals knowledgeable with regard to the needs of older individuals,**

(H) ensures that each participating area agency on aging establishes procedures that allow nutrition project administrators the option to offer a meal, on the same basis as meals provided to participating older individuals, to individuals providing volunteer services during the meal hours, and to individuals with disabilities who reside at home with older individuals eligible under this chapter,

(I) ensures that nutrition services will be available to older individuals and to their spouses, and may be made available to individuals with disabilities who are not older individuals but who reside in housing facilities occupied primarily by older individuals at which congregate nutrition services are provided,

**(J) provides for nutrition screening and nutrition education, and nutrition assessment and counseling if appropriate, and**

**(K) encourages individuals who distribute nutrition services under subpart 2 to provide, to homebound older individuals, available medical information approved by health care professionals, such as informational brochures and information on how to get vaccines, including vaccines for influenza, pneumonia, and shingles, in the individuals' communities.**

## CMS Bus Visits Iowa

Prevention is key to health aging. This summer the Centers for Medicare and Medicaid is driving a colorful bus across the nation to promote Medicare preventive services and to illustrate that a healthier U.S. starts with prevention. The CMS bus made a stop in Des Moines, Iowa on July 10, 2007. Over 100 individuals participated in the event at the



Northwest Senior Center to highlight preventive programs available to older Iowans.

During the Des Moines stop, participants were given the opportunity to speak with federal and state dignitaries including Health and Human Services Director Fred Schuster, Health Resources and Services, Administration Deputy Administrator, Dennis Williams, Lt. Governor Patty Judge, representatives from the offices of Tom Harkin and Chuck Grassley, as well as,

Representative Linda Upmeyer, Representative Ro Foege, Senator Jack Hatch, and Representative Ako Abdul-Samad. They discussed the importance of local programs to assist seniors. Lt. Governor Patty Judge read a proclamation from the Governor regarding the importance of wellness efforts for Iowa seniors.

Following the proclamation, participants of the Stanford Chronic Disease Self-Management Program shared how the Healthy Links grant program has benefited them. Participant quotes:



Mary Burbach- “With each class, I became aware how to handle my chronic disease. It will never be cured, but I will have learned how to deal with it and that I am not alone. Even with pain and fatigue, I will keep walking.”

Marilyn Callahan- “This turned my attitude from negative to positive. If I absolutely cannot do something, I now concentrate on what I can do and try to increase endurance.”

Unidentified Participant- “It has been a valuable experience participating in these classes. Some of the discussion has been reminders of things I had come to neglect, but some of the discussion and information have given me new ideas about how to deal with my chronic conditions.”

To learn more about the Iowa Healthy Links Program, visit the Iowa Department of Elder Affairs Web site at <http://www.state.ia.us/elderaffairs/living/nutrition.html>

## **Alzheimer’s disease**

Written by Saloni Nayar and Gale Brubaker of the Alzheimer’s Association, Iowa Chapter

When people think about staying fit, they generally think from the neck down. But the health of your brain plays a critical role in almost everything you do: thinking, feeling, remembering, working, and playing – even sleeping.

People caring for a loved one with Alzheimer’s may sometimes have concerns about heredity and Alzheimer’s. We have identified certain genes that increase the risk of Alzheimer’s disease, and many times these cases are Early Onset Alzheimer’s- those diagnosed before the age of 65. Of all of the Alzheimer’s diagnosis, only three percent of are inherited. The good news is that there’s a lot you can do to help keep your brain healthier as you age. But unfortunately there is nothing that totally eliminates the chance of getting Alzheimer’s, but these steps minimize your risk of Alzheimer’s disease or other dementia.

**Stay mentally active-** Mentally stimulating activities strengthen brain cells and the connections between them and may even create new nerve cells

**Remain socially active-** Social activity not only makes physical and mental activity more enjoyable, it can reduce stress levels, which helps maintain healthy connections among brain cells

**Stay physically active-** Physical exercise is essential for maintaining good blood flow to the brain as well as encouraging new brain cells. It also can significantly reduce the risk of heart attack, stroke and diabetes, and thereby protect against those risk factors for Alzheimer’s and other dementias.

**Adopt a brain-healthy diet**-Research suggests that high cholesterol may contribute to brain cell damage and stroke. A low-fat, low-cholesterol diet is advisable. There is growing evidence that a diet rich in dark colored vegetables and fruits, which contain antioxidants, may help protect brain cells.

### **Caregiver Stress:**

Taking care of yourself is one of the most important ways to be a healthy caregiver. If you become so overwhelmed by taking care of your loved one that you neglect your own physical, mental and emotional well-being, you may be putting yourself at risk. Here are ten ways to be a healthy caregiver.

1. Get a diagnosis as early as possible.
2. Know what resources are available.
3. Become an educated caregiver.
4. Get help.
5. Take care of yourself.
  - a. Eat a healthy diet based on the Food Guide Pyramid
  - b. Get daily physical activity
6. Manage your level of stress.
7. Accept changes as they occur.
8. Do legal and financial planning.
9. Be realistic.
10. Give yourself credit, not guilt.

2007 marks the twenty-fifth anniversary of the Alzheimer's Association, Greater Iowa Chapter. In 1982, Alzheimer's disease was rarely diagnosed, its extent was little known and no treatments or services were available. Few scientists investigated it. There were no practical guidelines for treatment or care. Family caregivers were on their own – until some found each other and began to organize.

Now 25 years later, the Alzheimer's Association is the catalyst and leader for a generation of advancements in Alzheimer research and care. The Greater Iowa Chapter is the source for Alzheimer support and information in 63 counties in Iowa and Illinois. For support, information or education opportunities, please call the 24-hour Helpline at 1-800-272-3900.

### **10 Ways to Help a Family Living with Alzheimer's**

- 1. Stay in touch- show you care**  
A card, a call or a visit all mean a lot

- 2. Treat the person with respect and dignity**  
Focus on all that the person can do
- 3. Do the little things**  
Drop off dinner or run an errand
- 4. Be specific when offering help**  
Tackle a task on the family's To Do list
- 5. Educate yourself about Alzheimer's**  
Learn about its effects and how to respond
- 6. Get the whole family out of the house**  
Plan an activity like a picnic or dinner at your place; include the person whenever possible
- 7. Be a good listener**  
Support and accept- try not to judge
- 8. Encourage the family to stay healthy**  
Offer ideas for support and respite services
- 9. Allow the family some personal time**  
Fill in as a caregiver, when needed
- 10. Keep all family members in mind**  
From tots to elders, each reacts uniquely

## **Does Nutrition Education Work for Older Adults?**

You may have read recent news articles about the government spending lots of money on nutrition education and it is not working. These articles mainly addressed nutrition education related to the growing obesity problem. Please note a few highlights from this research article that show nutrition education does work for older adults.

[Sahyoun NR, Pratt CA, Anderson A. Evaluation of nutrition education interventions for older adults: a proposed framework. J Am Diet Assoc. 2004;104:58-69.](#)

Prevention programs to reduce chronic disease risk are now being targeted to older adults. This reflects that fact that people are living long and consequently the older population is increasing rapidly and medical expenditure is rising with the onset of several major chronic diseases. In addition knowledge of the nutritional needs for older adults has changed and it has become quite clear that the nutrient needs of the group

are different that for younger groups. The need to educate older adults to enable them to change their habits is evident.

A review of 25 research articles found successful nutrition education programs included:

- Nutrition messages that were
  - limited to one to two messages
  - simple, practical and targeted to specific needs
- Participants with a specific health condition were generally more successful in making dietary change. In fact, programs that provided nutrition education to motivated or addressed health concerns were more successful.
- Participants set personal achievable goals for change
- Leaders used of hands-on activities and offered incentives
- Programs provided active interaction between participants and health professional

These studies showed that age does not appear to be a limiting factor in increasing one's knowledge. Increased nutrition knowledge was the most successful outcome reported, whereas behavior change, improved lab values or change in weight were quite variable.

The ultimate goal of nutrition education is to transfer knowledge so people can make educated choices about their diets and lifestyles to achieve and maintain good health. Although good habits start at a young age to achieve a healthy old age, certain diet changes are also needed in later life to adjust to the changes that occur with age. This study shows older adults can learn; we just need to use the right techniques to maximize their learning.

## Many Older Adults are Often Malnourished.

*A recent news article reported the following.* Malnutrition is a dietary condition resulting from the absence of foods necessary for health, affects people of all ages and weights.

"The image most people have of an older malnourished person is that of a frail individual living in a nursing home," says national nutritionist Jean Lloyd, who works for the Administration on Aging in the Department of Health and Human Services.

"But the truth is that most obese people are malnourished. Obesity is the most common nutritional disorder in our country. To be properly nourished is to take in the appropriate amount of nutrients, not an excess of them. Too little or too many nutrients can result in adverse health outcomes."

Lloyd says statistics gathered by the Department of Agriculture show only 19 percent of people age 65 and older eat a good diet.

There are many reasons older adults don't consume the right amount of nutrients. People with chronic conditions often have difficulty shopping, cooking or feeding themselves. Depression also affects many older adults and impacts eating habits.

Dental problems, due to gum disease, cavities or poorly fitting dentures, may affect the taste of food and make chewing difficult or impossible. Some drugs commonly prescribed for older adults can contribute to malnutrition by suppressing appetite, altering the way food tastes or interfering with absorption.

By just looking at a person, it is hard to determine their nutritional health but rather taking a look at how closely their diet matches the recommendations of the Food Guide Pyramid provides a better picture of the nutritional health of that individual.

## RESOURCES

### Nutrition Education



- Vegetable recipes. If you need some materials to hand out for Farmers Markets or add to newsletters, you might be interested in the downloadable newsletter inserts, bulletin boards, games, bookmarks, table tents and summaries. All materials are devoted to a specific vegetable (18 vegetables in all, including rutabagas, beets, and mushrooms) and include materials appropriate for several age groups.  
<http://panen.psu.edu/snap/index.html>
- Medicare Medical Nutrition Therapy. As a part of the Medicare Part B Program, you can receive nutrition services to help improve your health. Medicare Part B covers medical nutrition therapy provided by a registered dietitian for certain diseases including diabetes. You may be eligible for at least 3 hours of medical nutrition therapy in the first year and 2 hours other years. This service includes 1) review of what you eat and your eating habits, 2) thorough review of your nutritional health and 3) a personalized nutrition treatment plan. Together with the registered dietitian, you will set nutrition goals to improve your health. The first visit with the registered dietitian will generally take one hour. After the first session, the dietitian will schedule follow up appointments to check on your progress and see if changes are needed in your nutritional goals and treatment plan. Ask your doctor if a referral for medical nutrition therapy provided by a registered dietitian can improve your health. With a physician referral, you can make an appointment to see the dietitian at your local hospital out-patient clinic, physician clinic or the dietitian's practice near your home. To find a registered dietitian in your area, call the American Dietetic Association at 800-877-1600 ext 5000 or go to the "Find a Nutritional Professional" section of the ADA's Web page at [www.eatright.org/nnn](http://www.eatright.org/nnn).

## Health Promotion



- About Active Aging Week Website: [www.icaa.cc/aaw.htm](http://www.icaa.cc/aaw.htm)  
Active Aging Week is an annual event held the last week of September. The week was initiated by the International Council of Active Aging to give as many older adults as possible the means to experience activities and exercise in a safe, friendly and fun atmosphere. During the week, host organizations provide a variety of free activities, such as classes, educational seminars, access to fitness facilities, health fairs, community walks or tennis matches.
- The Cancer Information Service (CIS) provides current and accurate information to anyone with questions about cancer. Established in 1987, the CIS provides information on cancer prevention, risk factors, symptoms, all types of cancer, treatment, county resources and coping skills. They can also provide free written materials from a variety of sources. The CIS staff not only serves patients, their families and friends, but acts as an information resource for physicians, physicians assistants, nurses, social workers and other health care professionals.

Joan Felkner, Coordinator of CIS, is in charge of the Iowa Consortium for Comprehensive Cancer Control web portal, [www.canceriowa.org](http://www.canceriowa.org). For more information, see the website ([www.uihealthcare.com/depts/cancercenter/](http://www.uihealthcare.com/depts/cancercenter/)), call toll free (1-800-237-1225), send an email to [cancer-information@uiowa.edu](mailto:cancer-information@uiowa.edu), or visit offices at the Holden Comprehensive Cancer Center at the University of Iowa.

- Predicting Dementia. This recent article identifies the following as good predictors for developing dementia in the next six years. Predictors include: older age, non-white race, poor cognitive function, poor physical performance, extreme inactivity, history of bypass surgery, low body mass index and lack of alcohol consumption. For more details, check out the entire article.  
[Barnes DE, Covinsky KE, Kuller LH, Lopez OL, Yaffe K. Predicting an individuals risk of developing dementia: the Cardiovascular Health Cognition Study. Presented at: Alzheimer's Association International Conference on the Prevention of Dementia; June 8-12, 2007; Washington, DC. Abstract 01-01-02.](#)
- Predicting quality of life (QOL). This study found that financial resources, health, and meaning in life directly and positively influenced QOL. Health, emotional support, and the physical environment indirectly affected QOL through purpose in life. [Low G, Molzahn AE. Predictors of quality of life in old age: a cross-validation study. Res Nurs Health. 2007;30:141-50.](#)
- Vitamin D deficiency is common among older people and can cause mineralization defects, bone loss, and muscle weakness. Serum 25-OHD

concentrations below 20 ng/ml are associated with poorer physical performance and a greater decline in physical performance in older men and women. Because almost 50% of the population had serum 25-OHD below 20 ng/ml, public health strategies should be aimed at this group. [Wicherts IS, van Schoor NM, Boeke AJ, Visser M, Deeg DJ, Smit J, Knol DL, Lips P. Vitamin D status predicts physical performance and its decline in older persons. \*J Clin Endocrinol Metab.\* 2007;92:2058-65.](#)

- Increasing physical activity improves quality of life. Women who saw any increase in physical activity levels had higher quality-of-life scores. Among women with a clear increase in physical activity, the increase in quality-of-life and mental health scores increased. The strongest association was for role limitations due to physical problems, where women with a clear increase in physical activity had a significant improvement in the outcome. [Wolin KY, Glynn RJ, Colditz GA, Lee IM, Kawachi I. Long-term physical activity patterns and health-related quality of life in U.S. women. \*Am J Prev Med.\* 2007;32:490-9.](#)
- AFB senior site: a unique web resource on vision loss. Vision loss is one of the most common health issues associated with aging, but many people don't know where to turn for help in coping with the condition in themselves or a loved one. To remedy that situation, American Foundation for the Blind (AFB) has launched a Web site that provides tools and resources for managing vision loss later in life.

Located online at [www.afb.org/seniorsite](http://www.afb.org/seniorsite), AFB Senior Site features a national directory of low vision services that can help older adults adjust to vision loss. The directory includes information on support groups, adaptive sports leagues, low vision specialists, and more. It also connects visitors to vision rehabilitation agencies where older adults can learn techniques for performing daily living activities with vision loss. Many of these low vision tips are described in videos and articles that appear on the new Web site.

The site's product directory features hundreds of helpful low vision devices that can make life easier for those with vision loss. Products like plate bumpers (to keep food from rolling off the plate), envelope and check-writing guides, and optical magnifiers allow individuals to enjoy greater freedom and independence in their daily lives. In addition, visitors to AFB Senior Site can watch and listen to inspiring video interviews with people who have vision loss and continue to enjoy favorite activities like golf and travel. Please visit the following link to access the online press kit with high resolution photography and additional press materials. <http://nt.widmeyer.com/general/AFBMediaDocs.asp>

## Food Safety

- Impact of Mentoring on Food Safety Practices and HACCP Implementation in Iowa Assisted-Living Facilities. Food safety is critical for assisted-living facilities that serve the elderly. The



findings of this study indicate that safe food handling practices improve when mentoring, including education and training programs, is provided to employees and components of Hazard Analysis and Critical Control Point Program are implemented. In the 2 years between initial and final observations, improvements were made in employee knowledge, attitudes, and food safety practices scores. Microbiological status (aerobic plate count, Enterobacteriaceae, and Staphylococcus aureus) of food contact surfaces also improved. Dietetic professionals can use results to improve food safety practices in healthcare. Topics in Clinical Nutrition. 22(2):162-174, April/June 2007.  
*Sneed, Jeannie PhD; Strohbehn, Catherine H. PhD; Gilmore, Shirley A. PhD*

## Planning for the Future

- Brain Health “Road Map”. The Centers for Disease Control and Prevention and the Alzheimer’s Association have released a National Public Health Road Map to Maintaining Cognitive Health. It is hoped that 10 priority actions will serve to focus the nation’s resources on addressing risk and protective factors for promoting cognitive health over the next 3-5 years. As a living and flexible document, the Road Map represents both a call to action and a guide for implementing an effective coordinated approach to moving cognitive health into public health practice. The document can be accessed at <http://www.cdc.gov/aging/roadmap/index.htm>.
- "Alzheimer's Cases May Quadruple by 2050" (Associated Press via \_San Francisco [California] Chronicle\_, Jun. 10, 2007). <http://www.sfgate.com/cgi-bin/article.cgi?f=/n/a/2007/06/09/national/w210133D46.DTL>



Pick a **better** snack

### **On the Go – With Honeydew Melon!**

A cool slice of honeydew melon hits the spot on a hot summer day, and summer is the ripe time to get the cream of this California crop. These light-green, juicy melons are packed with vitamin C and are a good source of potassium.



Thought to have originated in Persia, these sweet members of the muskmelon family were prized by ancient Egyptians thousands of years ago. Luckily for American honeydew enthusiasts, the melons are now grown in California and parts of the Southwest.

Honeydew melons should have a creamy yellow rind and a slightly green color with a slightly soft blossom end. Choose well-shaped melons that are heavy for their size, have a distinct and pleasant aroma and are free of bruises, dents or cracks. Honeydew melons do not ripen further after harvest. Refrigerate melons after cutting.

**Wash. Cut. Eat. (how easy is that?)**



***Take Honeydew Melon With You!***

Staying inside where it's cool to watch the PGA championship this week? Snack on fresh honeydew melon balls while you watch the experts sink their putts.

Melon slices taste great with fat-free cottage cheese or other fresh fruit.

Celebrate National Inventors Month with a honeydew snack creation contest. Add other fruits, cheeses and snack foods such as pretzels to spark creativity.

**Quick Nibble:**

The honeydew melon, one of the most popular melons, is also a favorite scented candle because of its refreshing and sweet scent.

Pick a **better** snack™ was developed in partnership with the Iowa Nutrition Network and the USDA's Food Stamp Program and Team Nutrition – equal opportunity providers and employers. For more information about the Iowa Nutrition Network or the Chef Charles nutrition education program, call the Iowa Department of Public Health at (800) 532-1579. Note that short articles like the “On the Go with Honeydew Melon” are on the IDPH web site and are available for use in newsletters or newspapers ([http://www.idph.state.ia.us/pickabetersnack/social\\_marketing.asp](http://www.idph.state.ia.us/pickabetersnack/social_marketing.asp)).

**Our Mission:**

To provide advocacy, educational, and prevention services to older Iowans so they can find Iowa a healthy, safe, productive, and enjoyable place to live and work.

**Iowa Department of Elder Affairs**

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