Healthy Aging Update

Iowa Department of Elder Affairs

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In This Issue

Welcome

This issue of Healthy Aging Update continues to provide information on the Dietary Guidelines for Americans with this issue focusing on the meal patterns with the recommended amounts of food to eat for good health. Additional information is included to serve as a resource for providing nutrition and health promotion services to older adults.

USDA Meal Patterns: Dietary Guidelines for Americans

The following information on the recommended number of servings within food groups for various calorie levels is from the U.S. Department of Health and Human Services www.health.gov/DietaryGuidelines/

Overview

The USDA Food Guide in the following table shows the suggested amounts of food to consume for good health to reflect the Dietary Guidelines for Americans. The table is organized by basic food groups, subgroups, and oils to meet recommended nutrient intakes at 6 different calorie levels. It is assumed that nutrient-dense forms of foods are used such as lean meats and fat-free milk. The table also shows the discretionary calorie allowance or the extra calories that remain after eating the recommended foods.

Daily Amount of Food From Each Group (vegetable subgroup amounts are per week)						
Calorie Level	1,000	1,200	1,400	1,600	1,800	2,000
Food Group[1]	Food group amounts shown in cup (c) or ounce-equivalents (oz-eq), with number of servings (srv) in parentheses when it differs from the other units. See note for quantity equivalents for foods in each group.[2] Oils are shown in grams (g).					
Fruits	1 c (2 srv)	1 c (2 srv)	1.5 c (3 srv)	1.5 c (3 srv)	1.5 c (3 srv)	2 c (4 srv)
Vegetables[3]	1 c	1.5 c	1.5 c	2 c	2.5 c	2.5 c

	(2 srv)	(3 srv)	(3 srv)	(4 srv)	(5 srv)	(5 srv)
Dark green veg.	1 c/wk	1.5 c/wk	1.5 c/wk	2 c/wk	3 c/wk	3 c/wk
Orange veg.	.5 c/wk	1 c/wk	1 c/wk	1.5 c/wk	2 c/wk	2 c/wk
Legumes	.5 c/wk	1 c/wk	1 c/wk	2.5 c/wk	3 c/wk	3 c/wk
Starchy veg.	1.5 c/wk	2.5 c/wk	2.5 c/wk	2.5 c/wk	3 c/wk	3 c/wk
Other veg.	4 c/wk	4.5 c/wk	4.5 c/wk	5.5 c/wk	6.5 c/wk	6.5 c/wk
Grains[4]	3 oz-eq	4 oz-eq	5 oz-eq	5 oz-eq	6 oz-eq	6 oz-eq
Whole grains	1.5	2	2.5	3	3	3
Other grains	1.5	2	2.5	2	3	3
Lean meat and beans	2 oz-eq	3 oz-eq	4 oz-eq	5 oz-eq	5 oz-eq	5.5 oz-eq
Milk	2 c	2 c	2 c	3 c	3 c	3 c
Oils[5]	15 g	17 g	17 g	22 g	24 g	27 g
Discretionary calorie allowance[6]	165	171	171	132	195	267

1. Food items included in each group and subgroup:

- **Fruits** - All fresh, frozen, canned, and dried fruits and fruit juices. For example: oranges and orange juice, apples and apple juice, bananas, grapes, melons, berries, raisins. In developing the food patterns, only fruits and juices with no added sugars or fats were used. *See note 6 on discretionary calories if products with added sugars or fats are consumed.*
- **Vegetables** - In developing the food patterns, only vegetables with no added fats or sugars were used. *See note 6 on discretionary calories if products with added fats or sugars are consumed.*
    - Dark green vegetables - All fresh, frozen, and canned dark green vegetables, cooked or raw. For example: broccoli, spinach, romaine, collard, turnip, and mustard greens.
    - Orange vegetables - All fresh, frozen, and canned orange and deep yellow vegetables, cooked or raw. For example: carrots, sweet potatoes, winter squash, and pumpkin.
    - Legumes - All cooked dry beans and peas and soybean products. For example: pinto beans, kidney beans, lentils, chickpeas, tofu. (dry beans and peas) (See comment under meat and beans group about counting legumes in the vegetable or the meat and beans group.)
    - Starchy vegetables - All fresh, frozen, and canned starchy vegetables. For example: white potatoes, corn, green peas.
- **Grains** - In developing the food patterns, only grains in low-fat and low-sugar forms were used. *See note 6 on discretionary calories if products that are higher in fat and/or added sugars are consumed.*
    - Whole grains - All whole-grain products and whole grains used as ingredients. For example: whole-wheat and rye breads, whole-grain cereals and crackers, oatmeal, and brown rice.

- Other grains - All refined grain products and refined grains used as ingredients. For example: white breads, enriched grain cereals and crackers, enriched pasta, white rice.

See note 6 on discretionary calories if higher fat products are consumed. Dry beans and peas and soybean products are considered part of this group as well as the vegetable group, but should be counted in one group only.

- **Milk, yogurt, and cheese** (milk) - All milks, yogurts, frozen yogurts, dairy desserts, cheeses (except cream cheese), including lactose-free and lactose-reduced products. Most choices should be fat-free or low-fat. In developing the food patterns, only fat-free milk was used. *See note 6 on discretionary calories if low-fat, reduced-fat, or whole milk or milk products-or milk products that contain added sugars are consumed.* Calcium-fortified soy beverages are an option for those who want a non-dairy calcium source.

2. Quantity equivalents for each food group:

- Grains - The following each count as 1 ounce-equivalent (1 serving) of grains: ½ cup cooked rice, pasta, or cooked cereal; 1 ounce dry pasta or rice; 1 slice bread; 1 small muffin (1 oz); 1 cup ready-to-eat cereal flakes.
- Fruits and vegetables - The following each count as 1 cup (2 servings) of fruits or vegetables: 1 cup cut-up raw or cooked fruit or vegetable, 1 cup fruit or vegetable juice, 2 cups leafy salad greens.
- Meat and beans - The following each count as 1 ounce-equivalent: 1 ounce lean meat, poultry, or fish; 1 egg; ¼ cup cooked dry beans or tofu; 1 Tbsp peanut butter; ½ ounce nuts or seeds.
- Milk - The following each count as 1 cup (1 serving) of milk: 1 cup milk or yogurt, 1½ ounces natural cheese such as Cheddar cheese or 2 ounces processed cheese. Discretionary calories must be counted for all choices, except fat-free milk.

3. Explanation of vegetable subgroup amounts: Vegetable subgroup amounts are shown in this table as weekly amounts, because it would be difficult for consumers to select foods from each subgroup daily. A daily amount that is one-seventh of the weekly amount listed is used in calculations of nutrient and energy levels in each pattern.

4. Explanation of grain subgroup amounts: The whole grain subgroup amounts shown in this table represent at least three 1-ounce servings and one-half of the total amount as whole grains for all calorie levels of 1,600 and above. This is the minimum suggested amount of whole grains to consume as part of the food patterns. More whole grains up to all of the grains recommended may be selected, with offsetting decreases in the amounts of other (enriched) grains. In patterns designed for (1,000, 1,200, and 1,400 calories), one-half of the total amount of grains is shown as whole grains.

5. Explanation of oils: The fat shown in this table represent the amounts that are added to foods during processing, cooking, or at the table. Oils and soft margarines include vegetable oils and soft vegetable oil table spreads that have no *trans* fats. The amounts of oils listed in this table are not considered to be part of discretionary calories because they are a major source of the vitamin E and polyunsaturated fatty acids, including the essential fatty acids, in the food pattern. In contrast, solid fats are listed separately as discretionary calories because, compared with oils, they are higher in saturated fatty acids and lower in vitamin E and polyunsaturated and monounsaturated fatty acids, including essential fatty acids. The amounts of each type of fat in the food intake pattern were based on 60% oils and/or soft margarines with no *trans* fats and 40% solid fat. The amounts in typical American diets are about 42% oils or soft margarines and about 58% solid fats.

6. Explanation of discretionary calorie allowance: The discretionary calorie allowance is the remaining amount of calories in each food pattern after selecting the specified number of nutrient-dense forms of foods in each food group. The number of discretionary calories assumes that food items in each food group are selected in nutrient-dense forms (that is, forms that are fat-free or low-fat and that contain no added sugars). Solid fat and sugar calories always need to be counted as discretionary calories, as in the following examples:

- The fat in low-fat, reduced fat, or whole milk or milk products or cheese and the sugar and fat in chocolate milk, ice cream, pudding, etc.
- The fat in higher fat meats (e.g., ground beef with more than 5% fat by weight, poultry with skin, higher fat luncheon meats, sausages).
- The sugars added to fruits and fruit juices with added sugars or fruits canned in syrup.
- The added fat and/or sugars in vegetables prepared with added fat or sugars.
- The added fats and/or sugars in grain products containing higher levels of fats and/or sugars (e.g., sweetened cereals, higher fat crackers, pies and other pastries, cakes, cookies).

Total discretionary calories should be limited to the amounts shown in the table at each calorie level to maintain weight and avoid weight gain. The nutrient goals for the 1,600-calorie pattern are set to meet the needs of adult women, which are higher and require that more calories be used in selections from the basic food groups.

Older American Act Nutrition Program requires compliance with the most recent Dietary Guidelines for Americans. The USDA Food Guide is a menu planning tool. For example, when planning to meet the calorie needs for an 80 year old female who is 5’4” tall, weighs 150 lbs and has less then 30 minutes of physical activity a day, use amounts in the 1600 calories (calculations via MyPyramid.gov). The number of servings provided for identified calorie level need to be

divided by three for the amount needed for one meal.

The benefit of USDA Food Guide is that it helps provide the structure for a well balanced meal that includes food groups such as whole grains and the various vegetables. In addition to the USDA Food Guide, a computer analysis of the menu is still needed to determine if specific levels of nutrients are being provided [IAC 321-7.17(1)].

Meal provider contracts that contain meal patterns need to be updated with the USDA Food Guide to reflect the Dietary Guidelines for Americans. Menu patterns and calorie levels provided should be targeted to meet the needs of the majority of meal participants.

Evidence-based Health Promotion Programs in Iowa

As a part of the Administration on Aging (AoA) emphasis on providing evidenced-based prevention and chronic disease management, AoA funded the "Empowering Older People to take Control of their Health through Evidence-based Prevention Programs" grant. Iowa was awarded funding for three years to support the *Iowa Healthy Links*. The AoA evidence-based grants are designed to mobilize the aging, public health and non-profit networks at the State and local level to accelerate the translation of HHS funded research into practice through the deployment of low-cost evidence-based disease and disability prevention programs at the community level. This initiative holds great potential for improving the quality of life of our seniors and reducing the cost of health care over the long run. One of the criteria for being evidence-based, is that these programs have already been researched and have proven their benefits in improving participant health care outcomes. The three Iowa projects are collecting program data to document that the same improved outcomes are achievable in Iowa.

Iowa Healthy Links is implementing the Stanford Chronic Disease Self Management Program (CDSMP) and EnhanceFitness which are both AoA approved evidence-based programs in three locations. Over the past year, Polk, Linn and Hawkeye Counties have trained leaders and conducted classes for the CDSMP. They are just getting started with the EnhanceFitness program. The following provides an overview of these programs.

1. Chronic Disease Self-Management Program

The Chronic Disease Self-Management Program is a workshop given two and a half hours, once a week, for six weeks, in community settings such as senior centers, churches, libraries and hospitals. People with different chronic health problems attend together. Workshops are facilitated by two trained leaders, one or both of whom are non-health professionals with a chronic diseases themselves.

Subjects covered include: 1) techniques to deal with problems such as frustration, fatigue, pain and isolation, 2) appropriate exercise for maintaining and improving

strength, flexibility, and endurance, 3) appropriate use of medications, 4) communicating effectively with family, friends, and health professionals, 5) nutrition, and, 6) how to evaluate new treatments.

Each participant in the workshop receives a copy of the companion book, *Living a Healthy Life With Chronic Conditions, 3rd Edition*, and an audio relaxation tape, *Time for Healing*.*

It is the process in which the program is taught that makes it effective. Classes are highly participative, where mutual support and success build the participants' confidence in their ability to manage their health and maintain active and fulfilling lives.

Participants benefit from significant improvements in exercise, cognitive symptom management, communication with physicians, self-reported general health, health distress, fatigue, disability, and social/role activities limitations. They also spent fewer days in the hospital, and there was also a trend toward fewer outpatient visits and hospitalizations. These data yield a cost to savings ratio of approximately 1:10. Many of these results persist for as long as three years.

2. EnhanceFitness

EnhanceFitness is led by a certified leader. Participants meet for one hour, three times a week to focus on stretching, flexibility, balance, low impact aerobics, and strength training exercises — everything needed to maintain health and function with aging.

A typical class has:

- Ten to 25 older adults with similar levels of fitness
- A certified instructor with special training in bringing out the physical best from older adults
- A 5-minute warm-up to get the blood flowing to muscles
- A 20-minute aerobics workout that gets participants moving or a walking workout to lively music.
- A 5-minute cool-down
- A 20-minute strength training workout with soft ankle and wrist weights (0 up to 20 pounds)
- A 10-minute stretch to keep muscles flexible
- Balance exercises throughout the class
- Lots of opportunities to make new friends and acquaintances

Participants benefit from increased strength, balance and flexibility. They also report having higher levels of energy and being able to do the things they want to do. There is also an elevated mood with less depression reported by program participants.

The opportunity exists to expand EnhanceFitness across Iowa. Fitness centers and organizations like YMCAs are starting to look for programs designed specifically for older adults. AAAs might advocate for older adults and encourage implementation of evidence-based fitness programs such as EnhanceFitness. Fitness centers or YMCAs could become certified to offer the program and better serve the older adults in the community. You may obtain more information about the program and the certification process by visiting http://www.projectenhance.org/.

Eat Better & Move More: Another Example of an Evidence-base Health Promotion Program

Several of the Area Agencies on Aging are implementing the *Eat Better & Move More Program.* Program information and materials can be accessed at http://nutritionandaging.fiu.edu/You_Can/index.asp. This program could provide structure for a Lighten Up Iowa team to meet weekly for lessons on nutrition and physical activity. The following provided by Sally Myers highlights the Hawkeye Valley Area Agency program.

Hawkeye Valley Area Agency on Aging recently received a local grant from Wheaton Franciscan Healthcare to implement the *Eat Better & Move More* program at the Cedar Falls Senior Center. *Eat Better & Move More* is a research-based disease prevention and health promotion program aimed at helping older adults achieve nutrition and physical activity success as well as showing them good nutrition is for everyone. This program shows that both a more nutritious and active lifestyle are only a few steps away.

The nine participants were very receptive and responsive to this holistic approach to health. The range of activity level among participants was quite large; some were able to walk five miles a day while others were happy to walk one mile. Everyone saw improvements well above their goals and felt a sense of pride in achieving these goals. A great feeling of team camaraderie was created when the group discussed their challenges and successes. The support of others is what helped make achieving goals fun and easy.

All of the participants, at one time or another, commented they learned more about nutrition than they thought possible and that they really appreciated the way to program was set up for success. Additionally, a participant said, “I really needed a program like this, and it may seem silly but it has made me feel better. I like seeing at the end of the day how much I have accomplished.” “Programs like this are very needed and helpful; it just shows that we can achieve goals by taking a few extra steps a day”.

This group of participants enjoyed the program so much, they have asked to participate in the second session.

Program Outcomes

- The increase in range for number of steps walked: 12%-85%.

- The average increase in steps was 50%.
- The participants increased walking from 5.5 blocks each day to over 21.
- They went from a feeling of not receiving adequate physical activity to a feeling of getting enough and making improvements in health.
- The program helped them to eat more fruits, vegetables, calcium-rich foods, and fiber.

Note: AAAs can identify OAA III D funds to support health promotion programs such as Eat Better & Move More.

Partnering with the Food Bank: Elderly Nutrition Box Program

Project information provided by Sally Myers, HVAAA

In a partnership with the Northeast Iowa Food Bank and with the help of an Altria Grant, a 15 meal food box is delivered to 510 home delivered meal clients throughout Hawkeye Valley Area Agency on Aging's (AAA) ten counties. The population targeted is rural older adults who are at risk of malnutrition, on a fixed income, and who may have transportation difficulties. These boxes are an example of services that assist older adults to remain independent and in their own home.

The food bank orders the food, arranges for the volunteers to pack boxes and delivers the boxes to senior centers. The senior centers find the volunteers to deliver the boxes to the homes.

The benefits of this program are many. The older adults have additional food which allows them to free up their dollars for other things thereby helping them to maintain their nutrition status, be independent and remain in their own home. The box program helps alleviate food insecurity which has been identified as a problem in the Hawkeye Valley area.

The food boxes are delivered in the late afternoon so Hawkeye Valley AAA has been able to tap into a whole new group of volunteers to deliver them. These include youth church groups, Boy Scouts, Girl Scouts, 4-H groups, parents and their children, service organizations, and some are delivered by the same meal delivery folks who deliver the noon meal. There are volunteers for both the food bank and Hawkeye Valley that volunteer only for this project.

Every year a survey is done and the food box program receives a lot of praise. The boxes include non-perishable foods, staples (every other month as every month was too much), baked goods, and fresh produce when available. Also included is nutrition education which is printed nutrition information.

This program is in its third year with the support of an ongoing Altria Grant. Because of its success, Hawkeye Valley AAA is seeking funding through United Way to continue this program.

Note: Counties served by Northeast Iowa Food Bank that are in Elderbridge AAA and Scenic AAA also receive food boxes.

RESOURCES

Nutrition Program Management

- **Nutrition Service Providers Guide: Parts 1 & 2 of the Dietary Guidelines for Americans.** This document explains how to implement the Dietary Guidelines for Americans at a local provider level. The content has been approved by the ODPHP in the Office of the Assistant Secretary for Health. These are posted on the website of Florida International University at http://nutritionandaging.fiu.edu/DRI_and_DGs/nutrition_service_providers_guide.asp

Health Promotion

- **Dietary Guidelines for Americans: Additional Resources** are new and now available at http://nutritionandaging.fiu.edu/DRI_and_DGs/dg_resources.asp

    - Dietary Guidelines for Americans 2005 Older American Brochure: *Getting older. Living Healthier. Feeling Better.*
    - Older Adult Health Fact Sheets. There are eight fact sheets highlighting sections of the Dietary Guidelines.

- **NIA offers new Spanish-language website**. Making health information available to minority elders is a vital part of NIA's outreach to older adults. The older population in the United States is becoming more racially and ethnically diverse. According to the U.S. Census Bureau, the number of older Hispanic adults in the United States is expected to increase from 6 percent in 2003 to 11 percent by 2030.

  Accurate, up-to-date information on health issues affecting Hispanic seniors is now available online in Spanish from the National Institute on Aging (NIA), part of the National Institutes of Health. The user-friendly website has information on a wide range of health topics, including diseases such as Alzheimer's, cancer and diabetes. Helpful tips on choosing a doctor and maintaining a healthy lifestyle also are available at www.nia.nih.gov/Espanol .

- **Medicare Preventive Services:** The Centers for Medicare & Medicaid Services (CMS) has updated its *Quick Reference Information: Medicare Preventive Services* chart. The two-page document lists the various preventive services Medicare covers, who is eligible, beneficiary copayments, and necessary codes. Access the document at

http://www.cms.hhs.gov/MLNProducts/downloads/MPS_QuickReferenceChart_1.pdf. Note that Medical Nutrition Therapy (nutrition counseling by a registered dietitian) is one of the services.

- **Used Equipment Referral Service**: Assistive Technology equipment can be located at www.iowacompass.org/ and look on the purple column for "Used Equipment. Information can also be accessed by calling 800-779-2001.

- **Tasty, Healthy Recipes:** Individuals visiting food pantries are seeking simple healthy recipes that use many of the food items they receive in their pantry bags. The goal of this resource, Tasty Healthy Recipes, is to have a simple tool available which may aid in improving the quality of the diets of the guests of emergency food service providers or individuals benefiting from government food and nutrition programs. This resource contains basic recipes and simple tips on eating well. Food provided and consumed in a healthy way can be the foundation of better health. The Tasty Healthy Recipes resource is available by visiting http://www.worldhungeryear.org/comm_conn/images/Recipe_booklet.pdf

- **Know your risk for eye disease:** More than half of all Americans will have some form of eye disease as they get older – one out of three people by age 65, and one of two by age 80.And yet, a recent survey found that the majority of Americans do not think they are at risk for developing eye disease and do not know the risk factors associated with the diseases. Learn more about different types of eye diseases and risk factors at http://www.geteyesmart.org/eyesmart/know/index.cfm.

- **Seniors Benefit from Strategic Snacking.** The May 2007 Journal of the American Dietetic Association reported that regular snacking may actually help older adults fill the nutritional gap that often comes with aging. Older adults who have unintentionally lost weight or have a loss of appetite can benefit from eating nutritious snacks like fruit, vegetables, yogurt, and a slice of whole grain bread, toast or whole grain crackers.

Health Literacy

- **Plain & Simple: A health literacy project for Iowa:** The Iowa Department of Public Health (IDPH) has resources for helping you develop educational and promotional materials that are easy to read and clearly communicate your message. Examples of original and improved communication materials are provided. Click here to go directly to the *Plain & Simple* Web site or visit IDPH online at www.idph.state.ia.us and search for "health literacy".

Emergency Preparedness

- **Department of Homeland Security Videos:** The U.S. Department of Homeland Security's Ready Campaign has released three new demonstration videos designed to highlight the specific steps older Americans, individuals with disabilities and special needs, and pet owners should take to prepare for emergencies. The videos, which are available online at www.ready.gov, remind individuals to get an emergency supply kit, make a family emergency plan and be informed about the different types of emergencies while considering the unique needs of these individuals, their families and caregivers.

- **The Administration on Aging** continues to share information to help our network do everything possible to prepare for potential emergencies and disasters. These reports are designed to advance emergency preparedness:

  HHS Pandemic Planning Update IV
  http://www.pandemicflu.gov/plan/panflureport4.html

  Improving Health System Preparedness for Terrorism and Mass Casualty Events Recommendations for Action
  http://www.ama-assn.org/ama1/pub/upload/mm/415/final_summit_report.pdf

  A Pharmacist's Guide to Pandemic Preparedness
  http://www.aphanet.org/AM/Template.cfm?Section=Home&CONTENTID=8219&TEMPLATE=/CM/ContentDisplay.cfm

  AoA Emergency Preparedness and Disaster Assistance Webinar Series materials can be accessed at http://www.aoa.gov/PROF/disaster_assist/webinar/webinar.htm

Physical Activity

- **Physical activity recommendations for Older Adults:** To promote and maintain their health, older adults need moderate-intensity aerobic physical activity for a minimum of 30 minutes on five days a week, as well as muscle-strengthening activities at least two days a week. This report issues recommendations on the types and amounts of physical activity needed to improve and maintain health in older adults. The report can be accessed at http://www.healthyagingprograms.org/resources/ACSM-AHA_physical_activity.pdf

Food Safety

- **Food Safety Considerations When Choosing Assisted Living Facilities**: New check list for prospective tenants and families to consider. This brochure and informational sheet was developed by Iowa State University as a part of a grant providing food safety education to assisted living facilities. It could also serve as an educational tool for all food service workers. Materials (document numbers 2038 and 2038A) can be accessed at the ISU

Extension Store site
https://www.extension.iastate.edu/store/ListItems.aspx?CategoryID=44

- **Safety First!** Food safety that is... the four basic rules are clean, separate, cook and chill.

  Clean hands, food contact surfaces, and fruits and vegetables. Do not wash or rinse meats and poultry. (Washing raw meat and poultry can spread bacteria.)

  Separate raw, cooked and ready- to-eat foods when shopping, preparing or storing foods. This prevents cross contamination from one food to another.

  Cook foods to a safe temperature in order to kill microorganisms. Use a food thermometer or an instant read thermometer to be sure.

  Chill. Refrigerate perishable foods promptly and thaw foods in the refrigerator, not on the counter. Your refrigerator should hold 40 degrees F and your freezer 0 degrees F. Use refrigerator and freezer thermometers to be sure.

  For food safety questions visit : Ask Karen - FSIS' virtual representative can answer your questions 24 hours a day, 7 days a week at www.fsis.usda.gov/Food_Safety_Education/Ask_Karen/index.asp#Question.

Did You Know?

- The Administration on Aging (AoA) Gateway has information about the new provisions of the Older Americans Act (OAA) at http://www.aoa.gov/oaa2006/.

Pick a Better Snack

On the Go – With Carrots!

Nature shows its beauty in the fall with the leaves turning brilliant colors.
Did you know that carrots used to come in every color but orange, including yellow, red, black, white and mostly purple? Purple carrots with a yellow flesh were first grown in Afghanistan in the 7th century. We have the Dutch to thank for developing today's bright orange carrot that gives us carotene to help our vision. Carrots are packed with vitamins A and C, and they're also free of fat, saturated fat and cholesterol. Plus they're low in calories and sodium.

Picking out good carrots is easy – look for carrots that are firm, smooth, evenly shaped andhave a bright orange color. Leave the flabby, crooked and cracked carrots behind. When you get them home, snap off the greens (if they have any), rinse and scrub (peeling is optional) each carrot with cold water, and pop them in your refrigerator. You can even buy baby carrots already packaged in snack sizes! They'll be ready to go when you are!

Wash. Scrub. Eat. How easy is that?

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 Carrots" are on the IDPH web site and are available for use in newsletters or newspapers (http://www.idph.state.ia.us/pickabettersnack/social_marketing.asp).

Nutrition Facts:

A medium sized carrot is an excellent source of beta-carotene, which is converted into vitamin A. Carrots are a relative good source of fiber. In additional to beta-carotene, carrots contain two other carotenoids: alpha-carotene and lutein. The carotenoids, which are responsible for the bright-orange color of carrots, have antioxidant properties and may help prevent cancer and heart disease. Lutein also has been looked at for its role in protecting the eye from free radical damage and maintaining vision.

Quick Nibble:

When the carrot was first introduced in France in the Middle Ages, people ignored the edible root and grew it for its feathery leaves, which were used to decorate hairstyles, hats and other female apparel items. – *The Carrot Cookbook*

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.

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