



Healthy Aging Update

Iowa Department of Elder Affairs

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In This Issue

- A Healthier You
- Nutrition Screening with NAPIS
- Nutritional Supplements
- Be Physically Active
- Lighten Up Iowa
- OAA: Screening, education and counseling
- Vital Vitamin B₁₂

Welcome

This issue of Healthy Aging Update continues to provide information on the Dietary Guidelines for Americans with this issue focusing on the resource materials the help older adults adopt healthy lifestyles. Additional information is included to serve as a resource for providing nutrition and health promotion services to older adults.

A Healthier You

Consumer handbook for use of the Dietary Guidelines for Americans.

One step to helping older adults improve their health is to ensure they can access, understand, and use health-related information and services to make appropriate health decisions. This book is full of practical and useful information. In addition to one chapter targeted to older adults there are worksheets for label reading, shopping lists, healthy substitutions, physical activity tracking, DASH Eating Plan, money saving tips, spices and herbs (instead of salt) and recipes. Numerous tables provide information on calories expended for physical activities, foods containing vitamin A, vitamin C, folate and potassium, trans-fats, names for added sugars just to name a few.

Some excerpts from the chapter on older adults include:

- Older adults should pay attention to certain nutrient needs. For example: Many people over the age of 50 years old have reduced absorption of vitamin B₁₂. Therefore, they should consume vitamin B₁₂ from fortified foods or a dietary supplement.
- Older adults tend to need more vitamin D to help maintain bone health. Drinking vitamin D-fortified fat-free or low-fat milk, or fortified orange juice, is a good way to get vitamin D.
- Since constipation may affect up to 20 percent of people over the age of 65, older adults should consume foods rich in fiber and drink plenty of water.
- Lifestyle changes can prevent or delay the onset of high blood pressure and can lower blood pressure. These changes include increasing potassium intake, reducing salt intake, eating an overall healthful diet, engaging in regular physical activity, and achieve a healthy weight.

Quotes from actual individuals are provided throughout *A Healthier You*. Here is a quote from Earl, age 62, “Physical activity is like a savings account. The more you put in, the more you get out of it”.

This book can serve as a resource for developing nutrition education materials. More information about *A Healthier You* can be accessed at <http://www.health.gov/dietaryguidelines/dga2005/healthieryou/contents.htm>

Nutrition Screening Using Iowa NAPIS

The nutrition questions from the NAPIS (7/06-6/07) show the needs of program participants. To help participants improve their nutritional health, services and nutrition education need to be targeted to these identified needs. Statewide NAPIS data identifies the following as the top problem areas:

Congregate Meal Participants

- 59% take 3 or more different prescribed or over the counter drugs a day
- 39% eat alone most of the time
- 22% have an illness or condition that made them change the kind and/or amount of food eaten
- 27% eat few fruits or vegetables, or milk products

Home delivered Meal Participants

- 76% take 3 or more different prescribed or over the counter drugs a day
- 60% eat alone most of the time
- 56% are not always able to physically shop, cook and/or feed themselves
- 36% have an illness or condition that made them change the kind and/or amount of food eaten

Selecting Dietary Supplements

The following information from Eat Better & Move More Part 2 Week 11 can be used for nutrition education (http://nutritionandaging.fiu.edu/You_Can/index.asp). This topic would be applicable for addressing the NAPIS question related to “taking 3 or more different prescribed or over the counter drugs a day.”

Nutrient needs should be met primarily through eating a variety of foods. In some cases, fortified foods and dietary supplements may be useful sources of nutrients that otherwise might be consumed in less than recommended amounts.

Dietary supplements are not pre-approved by the government for safety before marketing. They are also not intended to treat, diagnose, prevent, or cure diseases. We need to be aware of false claims that some supplements make. If a supplement claims “cure all” or “completely safe and natural”, it is best to avoid it. Just because something is natural, does not mean it is safe. Some supplements can react with prescription and

over-the-counter medicines. Others are very expensive and may not work. How do we know if we need to take a supplement? We can talk to our healthcare provider and/or a registered dietitian. They can tell us if we are eating too much or too little of a nutrient, as well as what supplements are safe for us to take if we are on medications. Remember, supplements should not replace eating a variety of foods for overall health.

Activity

1. Complete 'Nutrition Assessment' and "General Questions about Dietary Supplement Use" in program materials provided at the *Eat Better & Move More* web site provided above. This form is in the appendix. Suggest participants take this form to their next doctor visit and discuss the use of supplements.

Be Physically Active

Older Adult Health Facts (the following is one of the six facts sheets found at http://nutritionandaging.fiu.edu/DRI_and_DGs/dg_resources.asp)

Many older people may feel that physical activity is not safe to do, or that they are too busy or too tired to be physically active. But being physically active every day is one important aspect of healthy lifestyle that can help you to continue to live independently at home in your community. Strengthening your heart, lungs, and muscles and increasing your flexibility contribute to physical fitness. Being active helps you do every day activities like climbing the stairs, shopping for groceries, and visiting with family and friends.

Research shows that regular physical activity can promote psychological well-being and aid in reducing feelings of mild to moderate depression and anxiety. On a day that you're feeling a bit tired, down, or stressed, consider taking a brisk walk.

Leading a physically active lifestyle can also help maintain a healthy weight and prevent weight gain. Balance the calories you take in as food and beverages with the calories that you use through physical activity.

People with higher levels of physical activity are at lower risk for developing chronic disease. Regular physical activity can reduce the risk of or help manage chronic diseases such as high blood pressure, stroke, coronary artery disease, type 2 diabetes, colon cancer, and osteoporosis. It can also help prevent or reduce falls.

Different intensities and types of activity provide different benefits. Generally, if you are able to talk while performing the physical activity, it's moderately intense. But if you're breathing hard and it's hard to hold a conversation, the activity is vigorously intense. Vigorously intense activity burns more calories than less vigorous activity in the same amount of time.

For most people, moderately intense physical activities include:

- Walking briskly

- Doing yard work
- Scrubbing the floor
- Actively playing with children
- Pushing a wheelchair
- Biking at a casual pace

For most people, vigorously intense activities include:

- Jogging or running
- Swimming laps
- Playing sports such as basketball or soccer
- Cross-country skiing

HERE'S WHAT YOU NEED TO KNOW:

Consult with your healthcare professional if you have certain chronic diseases or are taking specific medications that could affect your participation in physical activities. Your healthcare professional can also help determine the best level of physical activity for you, and whether you should participate in supervised or unsupervised programs. Explore physical activity programs for older adults offered by local organizations such as senior centers, recreation departments, hospitals, fitness centers, churches, community centers, and schools.

Reduce your risk for chronic disease.

Do at least 30 minutes of moderately-intense physical activity, above usual activity, on most days of the week. You don't need to do it all at once—it's all right to break up your physical activity into three, 10-minute times throughout the day. And, increasing the intensity or the amount of time that you are physically active can have even greater health benefits.

Help manage body weight and prevent weight gain.

You may need at least 60 minutes of moderately to vigorously intense activity, above usual activity, on most days of the week to manage your weight. At the same time, watch the calories in the food you eat—you can figure out the right number of daily calories for you by looking at the chapters in the *Dietary Guidelines for Americans, 2005* at www.healthierus.gov/dietaryguidelines.

Achieve physical fitness.

This includes cardiovascular conditioning (getting your heart rate up), stretching exercises for flexibility, and resistance exercises or strength training for improving muscle strength and building endurance. Combining these different types of physical activity can help you be faster and stronger. It is important for older adults to include resistance exercises at least two times a week.

What's Strength Training?

Strength training physical activity includes resistance exercises that can increase muscle strength and maintain the integrity of your bones. Strength training makes your body strong and more toned. Examples include using free weights or weight machines,

and resistance bands. They're an important part of getting your heart rate up and it's beneficial to include them 2 or more days per week. Strength training and weight bearing exercise such as walking can help reduce the risk of falls in older adults and may help reduce the risk of osteoporosis.

Fitting in Physical Activity

Finding time to be physically active can be a challenge. It is important to schedule it in and make it part of your routine. Studies show you get the same health benefits from breaking up physical activity into three to six 10-minute or two to four 15-minute intervals throughout the day. As long as you get your heart rate up and keep it up for the whole 10 or 15 minutes, it's your daily total that's important.

Hydration

Proper hydration is important when participating in physical activity. To avoid dehydration, be sure to drink plenty of water or other fluid (non-alcoholic) both during and after the activity.

Motivation

There may be times when you need extra motivation. Leveling-off periods are normal and may signal that it's time to get help from others. You can plan activities with a group, find a buddy to exercise with, record your progress, and feel good about small, consistent changes.



The Bloomfield, IA Congregate meal site regularly provides opportunity for physical activities. In this picture, the group is involved in a physical activity with the Busy Buddy Preschool children. The children join the seniors once a month for activities. Thanks to Pam O'Leary at Seneca AAA for providing the picture.

Lighten Up Iowa

If your New Year's resolution involves becoming healthier, being more active or eating right.... Consider having a Lighten Up Iowa (LUI) Team at the AAA office and at Congregate meal sites. Changing your lifestyle to become a healthier person is a challenge and one that is not easily done without support. The good news is that you do not have to do it alone; LUI encourages you to work as a team. The support of your team members will help you overcome many of the challenges over 100 days starting

January 16, 2008. Learn more about the program and register at www.lightenupiowa.org. Registration fees are \$15 which can be off set with a \$5 HyVee Coupon. The registration fee includes a subscription to a nationally recognized lifestyle health magazine.



Older American Act Nutrition Program

The purposes of the congregate meal program are—

(1) to reduce hunger and food insecurity;(2) to promote socialization of older individuals; and (3) to promote the health and well-being of older individuals by assisting such individuals to gain access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior (Part C Subpart 1 Section 330 OAA http://www.aoa.gov/OAA2006/Main_Site/)

Each nutrition program is required to—

Title III, Part C, Section 339(2) (J) provide for nutrition screening and nutrition education, and nutrition assessment and counseling if appropriate.

http://www.aoa.gov/OAA2006/Main_Site

IAC 321-7.11 Disease prevention and health promotion under Title IIID of the Act.

AAA shall use Title III-D funds to provide disease prevention and health promotion services and information at multipurpose senior centers, at congregate meal sites, through home-delivered meal programs or at other appropriate sites.

<http://www.legis.state.ia.us/Rules/Current/iac/321iac/3217/3217.pdf>

The **nutrition screening** is done using the ten nutrition questions on the NAPIS registration. A nutritional score of six or higher indicates high risk for nutritional problems. IAPI 2005-20 (June 1, 2005) provides examples for interventions to address high nutrition risk status. It is recommended the AAAs have procedures outlining how the requirements are met for providing nutrition education based on assessed needs, nutritional assessment and counseling.

Nutrition assessment is the process of obtaining adequate information in order to identify nutrition-related problems. It is initiated by a referral and/or screening and conducted by a registered/licensed dietitian.

Nutrition assessment components

- Review dietary intake that affects health conditions and nutrition risk
- Evaluate health and disease condition for nutrition-related consequences

- Evaluate psychosocial, functional, and behavioral factors related to food access, selection, preparation, physical activity, and understanding of health condition
- Evaluate individual's knowledge, readiness to learn, and potential for changing behaviors
- Identify standards by which intervention outcome data will be compared
- Identify possible problem area for making nutrition diagnosis

Nutrition counseling or nutrition intervention is a specific set of activities used to address the nutrition problem identified in the nutrition assessment. This is designed by the registered/licensed dietitian with the intent of changing a nutrition-related behavior, risk factor, environmental condition, or aspect of health status. Dietitians work collaboratively with the individual, family or caregiver to create a realistic plan that has a good probability of positively influencing the diagnosis/problem making it a client driven process. The dietitian may actually do the interventions, or may delegate or coordinate the nutritional care that others provide. All interventions are based on scientific principles.

- In FY 2006, there were 6 units of nutrition counseling reported in NAPIS. A unit is one hour.
- During FY07, there were 146 units of nutrition counseling provided under the Iowa Medicaid Elderly Waiver program. A unit is 15 minutes. On average, nutrition counseling is provided in one hour sessions.

THE VITAL VITAMIN B₁₂

The following information from Eat Better & Move More on Vitamin B₁₂ can be used for nutrition education (http://nutritionandaging.fiu.edu/You_Can/index.asp).

Vitamin B₁₂ is used to form red blood cells and to keep our nervous system healthy by maintaining the protective layer that surrounds our nerves. It is also needed for cell division, important for repairing the body.

Vitamin B₁₂ is only found in animal foods such as meat, fish, poultry, eggs and milk. Other options for obtaining this vitamin are by eating breakfast cereals fortified with B₁₂. The fortified B₁₂ is easier for our bodies to absorb. During digestion, our stomach acid frees B₁₂ from food. The B₁₂ must then bind with a protein called intrinsic factor so our body can absorb the vitamin. As we age, our bodies make less stomach acid and less intrinsic factor. The use of antacids also lowers our stomach acid. This makes it harder to get B₁₂ from food.

The recommended daily allowance for vitamin B₁₂ is 2.4 micrograms which is 40% of the Daily Value (DV). Most labels list the % DV for B₁₂ rather than the actual amount. A food that has 5% or less of the DV is a low source of vitamin B₁₂. A food that has 10-19% of the DV is a good source. A food that has 20% or more of the DV is high in vitamin B₁₂.

Vitamin B₁₂ supplements are available. If you decide to take a supplement, choose the crystalline form of vitamin B₁₂. Always speak with your healthcare professional before taking any supplements.

Activity

1. Using cereal box labels have participants put boxes in order from high B₁₂ to low B₁₂ based on the % DV.
2. Identify a cereal that is a good source of vitamin B₁₂.

RESOURCES

Nutrition Program Management



- New Online Gateway to Older Americans Act 2006 Amendments. This Gateway will help you locate and understand the changes brought about by the OAA 2006 Amendments. To visit the new online AoA Gateway go to: <http://www.aoa.gov/oa2006/>.
- The Iowa Administrative Code for the provision of the nutrition program can be found at <http://www.legis.state.ia.us/Rules/Current/iac/321iac/3217/3217.pdf>
- AoA launches AGID: AGing Integrated Database system. <http://www.data.aoa.gov/> The **AGID** is an on-line query system that provides dynamic access to AoA-related program performance results, surveys, and other data files. The system allows users to produce customized tables from:
 - State Program Reports (SPR) - Performance information on the supportive services programs and congregate and home delivered meals programs under Title III of the Older Americans Act as well as the Title VII Elder Rights program
 - National Ombudsman Reporting System (NORS)
 - 2003-2005 National Surveys of Older Americans Act Title III Service Participants - Survey information from these surveys in which program participants assess the quality and usefulness of the services which they received
 - National Survey of Area Agencies on Aging (2005-2006) **NEW**
 - 2005-2006 Census American Community Survey - Data by state for a variety of characteristics including poverty, household types, and disabilities
 - 2000 - 2006 Census Population Estimates - By age group, sex, race/ethnicity, as well as additional demographic data.
 - Build your own custom state level database **NEW**
- UDDA Online searchable database: "Recipe Finder", includes standardized recipes, quantity recipes, USDA recipes, and recipes from industry. Search the database by ingredient, course or cuisine <http://healthymeals.nal.usda.gov/schoolmeals/Recipes/recipefinder.php>

Health Promotion



- Dietary "*Eat Better & Move More PART 2: A Guidebook for Community Programs*" is now available online. To view & download a copy of the *Guidebook* visit http://nutritionandaging.fiu.edu/You_Can/YouCanGuide_PART_2.pdf.
- Counseling improves health: A review of studies with 17,871 participants receiving dietary advice showed improvement in cholesterol levels, reduced blood pressure, increase in fruit and vegetable intake, higher fiber intake, and reduced fat intake. [Cochrane Database Syst Rev](#). 2007 Oct 17;(4):CD002128.
- Study shines more light on benefit of vitamin D in fighting cancer. 600,000 cases a year of breast and colorectal cancer could be prevented each year by adequate intake of vitamin D, according to researcher. http://www.eurekalert.org/pub_releases/2007-08/uoc--ssm082107.php
- Falls Prevention Report is designed to help community organizations develop creative programs to address falls and provide safer homes for older adults. The report spotlights 10 creative programs and practices. <http://www.healthyagingprograms.org/content.asp?sectionid=98>
- Breakfast Cereals and Risk of Heart Failure. Heart failure (HF) is the leading cause of hospitalization among the elderly population in the United States. Consumption of grain products and dietary fiber has been shown to reduce the risk of hypertension and myocardial infarction. In this study, intake of whole grain cereals was associated with a lower risk of HF. [Djousse L, Gaziano JM. Breakfast cereals and risk of heart failure in the physicians' health study I. Arch Intern Med. 2007;167:2080-5.](#)
- Smoking cessation. The Iowa Quit Line offers support and provides free patches or other products to help you stop smoking. <http://www.public-health.uiowa.edu/itrc/quitline/default.htm>
- Cancer resources can be obtained at <http://www.canceriowa.org/>

Health Literacy



- The *Quick Guide to Health Literacy and Older Adults* is designed to provide useful strategies and suggestions to professionals who work with older adults to help bridge the communication gap between professionals and older adults.

In a national assessment of health literacy, only three percent of the older adults surveyed were found to be proficient in health literacy. Persons with limited health literacy have more adverse health outcomes including less frequent use of preventive services, higher hospitalization rates, and more emergency room visits. For older Americans, difficulties with health literacy can complicate already challenging health problems since as many as 80 percent of older Americans have at least one chronic disease. For more information visit: <http://www.health.gov/communication/literacy/olderadults/default.htm>.

Food Security



- A new food assistance brochure is available from Iowa Department of Human Services. Look for 56Z-505-FHWS, Comm. 229, "Food Assistance Makes Iowa Stronger," revised at <http://www.dhs.iowa.gov/policyanalysis/PolicyManualPages/Reference.htm>

Food Safety



- Materials addressing food safety in assisted living facilities were developed by Iowa State University. Materials were distributed to the AAA case managers. An electronic copy is posted on the ISU Extension Store site <https://www.extension.iastate.edu/store/ListItems.aspx?CategoryID=44> www.extension.iastate.edu/store look for Extension Publications PM2038 and PM2038A
- **Seniors Who Get Meals Delivered Face Health Risks** *Journal of the American Dietetic Association 2001;101:1055-1057*

Many homebound seniors appear to engage in dangerous food safety practices that could place them at high risk for food-borne illness. Being frail and at high nutrition risk increases the risk for food-borne illness.

An investigation of 179 seniors, with an average age of 82, identified more than 8 in 10 of the meal recipients were at high nutritional risk. Eighty-five percent of the seniors reported that they were unable to shop, cook or feed themselves, 61% said they had an illness that changed the amount or types of food they ate, and 56% said they did not eat many fruits, vegetables or dairy products. Food safety concerns were noted for slightly more than one quarter of the seniors.

For example, more than half of the seniors did not eat their entire lunch but instead stored part or all of it. Thirty-eight percent of them stored their food in a refrigerator, but 30%, particularly those 85 and older, stored their food on the counter.

“So many elderly think they have the flu when they might have consumed foods that have not been stored or prepared properly in their homes. A focus on prevention is key in keeping America's seniors healthy.”

- FDA has issued the *"Supplement to the 2005 FDA Food Code"*. To view the Supplement, <http://www.cfsan.fda.gov/%7Edms/fc05-sup.html> .

Did You Know?

- The Iowa Nutrition Network provides a variety of nutrition resources on their web page. Visit the site and check out articles that can be inserted into your agency newsletters or local newspapers. This site also has the Chef Charles newsletters and instructors guides. You can view a list of statewide BASICS nutrition education projects. If you are currently not involved, consider becoming a BASICS partner to help fund the Chef Charles program at congregate meal sites. Visit <http://www.idph.state.ia.us/Pickabettersonack/default.asp>



Pick a **better** snack

On the Go* with *Grapefruit!

If you're still looking for a unique holiday gift, why not give a basket of citrus fruit? As little as 100 years ago, having citrus fruit in the house was a luxury due to the time and cost it took to bring the tropical fruit to the United States.

There are three major types of grapefruit available in the United States: white, pink and red. Though the color doesn't affect the flavor, the more colorful the fruit, the more beneficial it is to your body. The pink and red grapefruit get their color from carotenoids that add Vitamin A to your diet, an essential nutrient for good growth, skin development and eyesight.

When choosing grapefruit, look for plump fruit with smooth, firm, blemish-free skin. The fruit should also feel heavy for its size. Don't worry if the outside of the fruit is a little green or if there is some surface scarring. These cosmetic defects won't change the taste of the fruit.

Wash. Peel. 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 Grapefruit” are on the IDPH web site and are available for use in newsletters or newspapers (http://www.idph.state.ia.us/pickabettersonack/social_marketing.asp).



Take Grapefruit **With You!**

- Grapefruit makes a perfect breakfast for those on-the-go because it comes in a readymade bowl. Simply cut the fruit in half and scoop out the tasty flesh with a spoon.
- Add slices of grapefruit to cottage cheese for a light and healthy meal.
- If you're dreaming of warmer climates this winter, mix grapefruit slices with other tropical fruits such as bananas, oranges and papaya for a sweet and tangy fruit salad.

Quick Nibble:

Grapefruit gets its name from the way it hangs on trees in clusters, just like grapes!

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

Jessie Parker Building, 510 East 12th Street, Suite 2, Des Moines, IA 50319
Carlene Russell, MS RD LD, DEA Nutritionist, Email Address: carlene.russell@iowa.gov