



# Healthy Aging Update

Iowa Department of Elder Affairs

August 7, 2008

Volume 3, Issue 5

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## Welcome

This issue of Healthy Aging Update highlights a recent article on Congress' suggestion to provide multivitamins in the OAA nutrition programs. Information is also provided on a new Iowa ADRC project, INAPIS data, changes in the food stamp program, benefit of potassium and resources to help support nutrition services and health promotion activities provided to older adults.

## Multivitamins in the Older Americans Act Nutrition Program: Not a One-Size-Fits-All Quick Fix

The American Journal of Public Health (July 2008, Vol 98, No7) has an article by Nancy Wellman and Melissa Marra challenging the suggestion of Congress that the Older American Act (OAA) Nutrition Program should provide multivitamin-mineral supplements (MVMs) in addition to meals. The entire article can be accessed at [http://www.redorbit.com/news/health/1471019/multivitaminmineral\\_supplements\\_in\\_the\\_older\\_americans\\_act\\_nutrition\\_program\\_not/](http://www.redorbit.com/news/health/1471019/multivitaminmineral_supplements_in_the_older_americans_act_nutrition_program_not/)

The following are highlights of the article:

Nutrition Program provides nutritious meals to older adults who are at higher nutritional risk than the older population in general. These individuals are older, have lower incomes, and may have more limited access to food than the older adult population as a whole and are frailer.

The OAA Nutrition Program serves about 238 million meals to 2.6 million older adults, approximately 59% of whom are homebound. The OAA Nutrition Program is the nation's largest food and nutrition assistance program targeting older adults. The purpose of the OAA Nutrition Program is to reduce hunger and food insecurity, promote socialization, and promote the health and well-being of older adults. To meet this objective, the OAA

requires that meals supply at least one third of dietary reference intakes (DRIs) and comply with the current Dietary Guidelines for Americans (DGAs).

Federal funds are for meals, not MVMs. The OAA does not allow the content of MVMs to count toward meeting the nutrient requirements for meals. If state or local funds were used to purchase MVMs, the meals would still be required by federal law to supply one third of DRIs and be in agreement with the DGAs.

The cost of providing MVMs would take away funding for healthful meals. At an estimated cost of \$0.10 per pill, providing an MVM with each of the 238 million meals served annually would cost \$24 million.

The extent to which an MVM can be effective in filling nutrient needs (gap between food intake and recommended amounts) of older adults depends, in part, on the types and amounts of nutrients a supplement provides. Because there is no standard regulatory definition, MVMs differ substantially with respect to content (i.e., types, numbers, and amounts of vitamins, minerals and nonnutrient ingredients).

Most MVMs usually contain 100% of the daily value for zinc and vitamins A, B6, C, and E and thus may fill nutrient gaps. However, even MVMs formulated specifically for older adults may not provide adequate amounts of vitamins D and K, calcium, magnesium, potassium, and fiber, and therefore they may not adequately fill nutrient gaps.

The National Institutes of Health panel concluded that "the current level of public assurance of the safety and quality of MVMs is inadequate." Possible safety of some nutrients in MVMs was a concern. Older adults because of having more health conditions and more medications use have the potential for adverse effects. Adverse events can be caused by nutrient-drug interactions, excess nutrient intakes, and use with certain health conditions and surgical procedures.

Vitamins and minerals may interact with certain drugs and result in adverse clinical outcomes caused by an increase or decrease in nutrient or drug concentrations or the synergistic effect of combined compounds. For example, both iron and calcium supplements can interfere with the absorption of thyroid hormone medications, decreasing their effectiveness. Taking an MVM containing vitamin K on an inconsistent basis could decrease the effectiveness of anticoagulant medications.

Food sources of nutrients remain the ideal way to improve nutrition intakes and meet the OAA goals. MVMs are not a one-size-fits-all quick fix for poor diets because they do not address the poor intakes of energy, protein, essential fatty acids, and fiber that may also result from inadequate food intake. Because OAA Nutrition Program meals typically provide more than half of participants' daily intakes of many nutrients, it is more important that nutrient-dense foods be incorporated into meals to best meet the needs of vulnerable older adults. Doing so requires nutrition and food-service expertise.

## Aging and Disability Resource Center Pilot Project

Iowa's Aging and Disability Resource Center (ADRC) project has moved into a new phase of implementation by recently initiating two pilot projects in Linn County and Johnson County. The



purpose of each pilot site is to provide a coordinated system of information and access in order to minimize confusion, enhance individual choice and support informed decision-making for older adults, persons with disabilities aged 18 and older, and people who inquire about, or request assistance on behalf of, members of these groups as they seek long-term services and supports.

Federal and state grant funds have been made available to the pilot sites for the period between April 21, 2008 and June 30, 2009. The lead agency for the Linn County pilot site is the Linn County Senior Assistance Program. In Johnson County, the lead agency is Elder Services, Inc. The core functions required of a pilot project will provide multiple opportunities for consumers and providers of health, nutrition, and multiple other long-term support services to be involved in the pilot projects.

The goal of the pilot process is significant improvement in access to long-term services and supports by creating a standardized process that promotes improved access to long-term services and supports through the development and use of enhanced information and referral services and a "long-term supports options counselor" to assist individuals with access to these services and supports. Funds must be used in local collaboration and coordination efforts, with broad stakeholder participation.

The core functions required of a pilot project include the following elements:

- Planning and Collaboration
- Outreach, Education and Advocacy
- Information and Assistance
- Long-term Services and Supports Options Counseling

"Options counselors" will assist consumers who have intermittent and short-term service and support needs, especially at key or critical decision-making points of their lives, and provide education and outreach to help them understand their options. .

Counselors are available to:

- provide preliminary resources to help all consumers understand their options for immediate services and supports,
- offer the consumer, family member, and significant other short-term and intermittent assistance over time; developing a long-term relationship with the consumer as life events change,
- provide flexible support as directed by the consumer,
- provide support to all consumers whether they are private or public pay, living in the community or living in a facility,
- tailor information, assistance and advocacy to meet the consumer's specific needs,
- empower family caregivers to make informed decisions,

- provide the least possible intervention to meet consumer needs,
- work with both aging consumers and adult consumers with disabilities, and
- conduct an in-home assessment with the consumer to discuss options and ways to expedite access to services as needed.

Counselors are not long-term case managers and do not provide the resources for service planning. A counselor must be trained as a health or human services professional or peer/family support counselor, have at least four (4) years experience serving the target population in the service area, and be knowledgeable about the entire array of programs, services, and benefits available to support the long-term service and support needs of the consumer.

This information has been provided by Mary Anderson, Iowa Department of Elder Affairs. She may be contacted at [mary.anderson@iowa.gov](mailto:mary.anderson@iowa.gov). Lifelong Links web site [www.LifeLongLinks.org](http://www.LifeLongLinks.org).

## **Farm Bill Changes the Food Stamp Program**

The 2008 Farm Bill made numerous improvements to the Food Stamp Program that will help low-income older Iowans put food on the table. Over the 2009-2017 period, the Farm Bill will add \$7.8 billion nationally in new resources for the program. These changes represent the largest increase in the Food Stamp Program in 15 years. The major food stamp provisions will:

- Raise minimum benefits from \$10 to \$14 monthly.
- Promote saving by improving the program's resource limits and excluding tax-preferred retirement accounts and education accounts from those limits.
- Simplify food stamp administration for participants and states.
- Rename and update the program. Effective October 1, 2008, the Farm Bill renames the Food Stamp Program the Supplemental Nutrition Assistance Program (SNAP) and renames the Food Stamp Act of 1977 the Food and Nutrition Act of 2008.
- Strengthen program operations, integrity, and oversight and modernize benefit delivery, for example by creating a state option for telephonic applications and by improving oversight of state modernization efforts.



## Iowa Administrative Code

### 321—7.21(231) Home-delivered meals.

(2) *Individual assessment.* The AAA or the home-delivered meals contractor, subject to AAA approval, shall establish and utilize procedures for the determination of an elder's eligibility for home delivered meals, including specific criteria for:

- a. Initial and subsequent six-month assessments of the elder's eligibility;
- b. Determination of the number of days per week the elder has a need for home-delivered meals; and
- c. Determination of the elder's need for other home-delivered nutrition services.

### INAPIS Nutrition Program FY2007 Data (as of 5/22/08)

The 10 nutrition questions (DETERMINE Checklist) on the INAPIS is part of the individual assessment/ nutrition screening. As a part of the assessment/screening for high nutrition risk individuals, the number of meals needed rather than number of meals available should be addressed along with need for other services.

Average number of meals per week received by:

- congregate meal participant- 7.4
- home-delivered meal participant- 4.5
- home-delivered meal participant at high nutrition risk- 5.1

Percentage of home-delivered meal participants at high nutrition risk receiving other services as related to change in nutrition risk:

Service	Maintained or improved	Did not improve
Case management	50%	42%
Information and assistance	15%	11%
Congregate meals	14%	11%
Nutrition education	14%	11%
Nutrition counseling	0%	0%

### INAPIS Nutrition Program FY2007 Data

Data has been reported on 9,193 home-delivered meal participants. The 6,396 with multiple assessments show improvements in the following areas of the DETERMINE Checklist.

- I eat fewer than two meals per day: 12.37% to 8.97%
- I eat few fruits or vegetables, or milk products: 35.2% to 27.8%
- I have 3 or more drinks of beer, liquor, or wine almost every day: 1.59% to 1.25%
- Without wanting to, I have lost or gained 10 pounds in the last 6 months: 24.4% to 21.4%

## Intergeneration Activity

The Bloomfield Senior Center, one of Seneca meal sites, hosted the 4-H kids from Davis County who were showing their pets in preparation for the State Fair. Thank you to Pam O'Leary for the picture.



## Where Does Your Fresh Produce Come From?

We often want to know where our apple or bunch of broccoli might have been grown. Now there is a new online resource that tracks the origins of 95 different fresh fruits and vegetables typically sold in U.S. supermarkets. The tool shows product origins and which state is the leading producer.

The new web site tool, "Where do your fresh fruits and vegetables come from?", was developed by the Leopold Center for Sustainable Agriculture and the Center for Transportation Research and Education at Iowa State University. Find it at: [www.leopold.iastate.edu/resources/fruitveg/fruitveg.php](http://www.leopold.iastate.edu/resources/fruitveg/fruitveg.php).

More than half of the tracked shipments of grapes come from California, which is our leading domestic producer of grapes, but grape shipments monitored in 2007 also came from Chile, Mexico, Brazil, Peru, Egypt, South Africa and Argentina. Locally grown food items sold in stores usually are labeled as such, and may or may not be tracked by the USDA nor included in this listing.

Other interesting findings:

- Although Florida and Texas are leading producers of grapefruit, the United States also receives grapefruit shipments from the Bahamas, Mexico, Israel and Peru.
- In 2007, the USDA tracked more kiwi shipped to the United States from Chile than from New Zealand, where growers renamed the fruit after their national bird in 1959 and began to market it abroad. The United States also markets kiwi from Italy, California, Greece, Panama and Thailand.
- China is a new and growing source of fresh produce for the United States. In 2007, the USDA tracked Chinese shipments of 17 different kinds of fresh fruit and vegetables coming into the United States.

For more information about "Where do your fresh fruits and vegetables come from?" contact Rich Pirog at (515) 294-1854, or [rspirog@iastate.edu](mailto:rspirog@iastate.edu).

## Potassium-Rich Produce Promotes Healthy Aging

New research from Tufts University suggests that fruits and vegetables rich in potassium may preserve muscle mass in older adults. Loss of muscle associated with aging leads to sarcopenia, a condition associated with frailty and increased risk for falling. The typical American diet is rich in protein, grains and other acid-producing foods; in general, such diets generate small amounts of acid each day. Foods contribute to the acid-base balance of the diet based on the residues they produce in the body rather than the acidity of the food itself, i.e. grapefruit is metabolized to alkaline residues.

With aging, a mild but slowly increasing acid level develops. This appears to trigger a muscle-losing response, which might be neutralized by alkaline-producing foods high in potassium. Older adults with higher potassium intakes have been shown to have more lean muscle mass. The recommended amount of potassium is for older adults to consume at least 4,700 milligrams daily. ([www.ajcn.org/cgi/content/abstract/87/3/662](http://www.ajcn.org/cgi/content/abstract/87/3/662))

### Good Sources of Potassium

Sweet Potatoes

Tomatoes

Beet greens

Potatoes

White beans

Prunes

Lima beans

Winter squash

Bananas

Spinach

Peaches

Apricots

Cantaloupe

Honeydew melon

Lentils

Kidney beans

Milk

## RESOURCES



### Health Promotion

- **Prevention for a Healthier America:** Investments in Disease Prevention Yield Significant Saving, Stronger Communities.

The Trust for America's Health, a non-profit, non-partisan organization, found that an investment of \$10 per person per year in proven community-based programs to increase physical activity, improve nutrition, and prevent smoking and other tobacco use could save the country more than \$16 billion annually within five years. This is a return of \$5.60 for every \$1 [www.healthyamericans.org](http://www.healthyamericans.org). "Health care costs are crippling the U.S. economy. Keeping Americans healthier is one of the most important, but overlooked ways we could reduce these costs," said Jeff Levi, PhD, Executive Director of TFAH. "This study shows that with a strategic investment in effective, evidence-based disease prevention programs, we could see tremendous returns in less than five years -- sparing millions of people from serious diseases and saving billions of dollars."

## Examples of savings

<i>Brownson</i> Physical Activity Cardiovascular Disease	Of people who had access to walking trails, 38.3 percent used them. Of these users, 55.2 percent increased their amount of walking.	2000
<i>CDC</i> Physical Activity Diabetes Weight loss	By losing 5 to 7 percent of body weight and getting just 2 1/2 hours of physical activity a week, people with pre-diabetes can cut their risk for developing type 2 diabetes by about 60 percent.	2005
<i>Hamman</i> Weight Loss Diabetes	16 percent reduction in diabetes risk per kilogram of weight lost.	2006
<i>Joshiyura</i> Nutrition Cardiovascular Disease	Each additional serving of fruits or vegetables per day was associated with a 4 percent lower risk for coronary heart disease.	2001

Small changes can have a big impact on health. The research shows that even small changes in behavior can have a major impact on health.

- For individuals, a 5 to 10 percent reduction in total weight can lead to positive health benefits, such as reducing risk for type 2 diabetes.
- An increase in physical activity, even without any accompanying weight loss, can mean significant health improvements for many individuals. A physically active lifestyle plays an important role in preventing many chronic diseases, including coronary heart disease, hypertension, and type 2 diabetes.
- **Healthfinder.gov** has redesigned the consumer health information site to give more news, tips, and tools to stay healthy! The site features these new and easy-to-use features:
  - [Quick Guide to Healthy Living](#)—Discover the top five things you can do to stay healthy.
  - [myhealthfinder](#)—Find out which important screening tests you need this year. Plus: get other health recommendations based on your age and sex.
  - [Personal Health Tools](#)—How healthy are you? Take a quiz to learn about your health and lifestyle.

Give your feedback on the new site while it is in beta. Visit <http://beta.healthfinder.gov> and click on the feedback icon!

- **Maturity Health Matters:** FDA online newsletter for older adults features information about FDA-regulated products for older adults, their families and caregivers that help people live longer, more productive lives. You may view two of the most recent issues by visiting:
  - <http://www.fda.gov/cdrh/maturityhealthmatters/issue8.html> (Spring 2008)
  - <http://www.fda.gov/cdrh/maturityhealthmatters/issue7.html> (Men's health).



- **New Tip Sheet Helps Older Adults Avoid Falls** provided by The Foundation for Health in Aging. Every year, about a third of older Americans fall, suffering injuries that may require Emergency Room treatment or hospital care, result in nursing home admission, or even lead to death. To help seniors and their caregivers prevent falls the American Geriatrics Society (AGS) Foundation for Health in Aging has released a comprehensive and easy-to-understand tip sheet, "[Preventing Serious Falls: Tips for Older Adults and Their Loved Ones.](http://www.healthinaging.org/public_education/falls_tips.php)" [http://www.healthinaging.org/public\\_education/falls\\_tips.php](http://www.healthinaging.org/public_education/falls_tips.php).

Among other things, the tip sheet recommends that older adults go for regular "falls check-ups," during which their doctors or healthcare providers may check their leg strength, balance, blood pressure, and vision, and review their medications to identify and treat problems that can contribute to falls. It also offers advice on eliminating falls dangers at home, suggesting home modifications, such as installing night lights in dark hallways, "grab bars" near the toilet and bath tub, and no-slip decals or a rubber mat in the tub or shower.

The FHA's series of health tip sheets for older people is posted on the Foundation's comprehensive public education Web site. The tip sheets and all other information on the site can be printed and distributed to others at no cost.

- Preventing Falls: What Works. A compendium of Effective Community-based Interventions from Around the World is available at [www.cdc.gov/ncipc/preventingfalls](http://www.cdc.gov/ncipc/preventingfalls).
- Preventing Falls: How to Develop Community-based Fall Prevention Programs for Older Adults is available at [www.cdc.gov/ncipc/preventingfalls](http://www.cdc.gov/ncipc/preventingfalls).
- **Help Older Adults Live Better, Longer: Prevent Falls and Traumatic Brain Injuries.** For more information and to register for the September 25, 2008 Public Health Grand Rounds webcast visit <http://www.publichealthgrandrounds.unc.edu/injuries/index.htm>.
- **Age Page: Foot Care.** A free publication provides information about choosing the right shoe size, common foot problems including infections, bunions, and spurs; and resources for more information. You can order by calling 800-222-2225 or going online to [www.nia.nih.gov/healthinformation](http://www.nia.nih.gov/healthinformation)
- **Stars: Steps Against Recurrent Stroke.** Within five years of a stroke, 24% of women and 42% of men will experience a recurrent stroke. A 5 minute educational video provides information on steps to take to reduce the risk of recurrent stroke, as well as information on knowing the signs and symptoms of stroke. Pamphlets and more information about STARS program can be obtained by calling 800-STROKES or visiting [www.stroke.org](http://www.stroke.org).

## Physical Activity



- **Elderly Improve With Exercise, Too.** Elderly who engage in physical activity improve their quality of life. In a recent study involving a group of 213 volunteers aged 70 to 89 years, who participated in home-based progressive strength, balance and general physical activity interventions, the better the participants' adherence to a physical activity program, the greater their improvements in physical functioning. Those who improved the most reported exercising 150 minutes or more per week (21 minutes per day). The study was published in *Medicine & Science in Sports & Exercise*.  
<http://www.ars.usda.gov/is/pr/2008/080314.htm>

## Food Safety



- **FDA Consumer Update: “Are You Storing Food Safely?”**  
Whether putting food in the refrigerator, the freezer, or the cupboard, you have plenty of opportunities to prevent foodborne illnesses. The goal is to keep yourself and others from being sickened by microorganisms such as Salmonella, E. coli O157:H7, and C. botulinum. Keeping foods chilled at proper temperatures is one of the best ways to prevent or slow the growth of these bacteria. To view these food storage tips that can help you steer clear of foodborne illnesses, go to:  
<http://www.fda.gov/consumer/updates/foodstorage072108.html>
- **Prepare for Hurricanes and Floods: Advice from FDA**  
On July 3, 2008, the FDA posted updated consumer advice about food and water safety when preparing for hurricanes and floods on its Web site. To view this information, go to:  
<http://www.fda.gov/consumer/updates/hurricane052307.html>
- **Safe and Savory at 160°.** The beef industry has a food safety education campaign which focuses on reminding consumers to cook their hamburgers to 160° F. A recent study found that 90% of consumers are not aware that 160° F is the correct internal temperature for ground beef patties. Only 15% use an instant-read meat thermometer to cook burgers – a perfect cross-marketing opportunity for the meat department? Three Food Safety Fact Sheets available at <http://customepk.com/safeandsavoryat160/>.  
Fact Sheet: Simple Summer Food Safety Tips  
Fact Sheet: Using a Meat Thermometer  
Fact Sheet: Don't Cook on “Autopilot”

There is a consumer Web site [www.safeandsavory160.com](http://www.safeandsavory160.com) which offers safe handling “how-tos”, burger recipes and video clips from Steven Raichlen.

- **Trends in Food Safety.** Article in Journal American Dietetic Association, July 2008.
  1. More meals eaten away from home.
  2. Consumers more aware of food safety.
  3. Demographics of food service work force is changing (generational differences, diversity, technology, and literacy and reading comprehension).
  4. Population is aging.
  5. Technology is changing work environments.
  6. The way food is procured is changing (move to buy more local foods, purchase convenience forms of produce which increases risk for food-borne illnesses).
  7. Risk factors continue in retail food service (improper holding temperatures and time; inappropriate hand washing, inappropriate sanitation of equipment and utensils, inappropriate bare hand contact with ready-to-eat foods and inappropriate gloved-hand contact with ready-to-eat foods).

## Meal Program



- **Chef Charles news letter.** The Chef Charles materials have been developed for nutrition education at congregate meal sites. Newsletters are available monthly. An instructors' guide provides discussion ideas and activities that highlight the information in the newsletter. This is designed to help older adults improve their health behaviors for eating more fruits and vegetables, being more physically active and preparing food safely. Chef Charles materials can be downloaded from [http://www.idph.state.ia.us/nutritionnetwork/chef\\_charles.asp](http://www.idph.state.ia.us/nutritionnetwork/chef_charles.asp)

The Iowa congregate meal sites who have incorporated the Chef Charles program into their regularly provided nutrition education may notice some changes or delays in distribution of the newsletters. The newsletters and incentive items had been stored and distribute from a warehouse in Cedar Rapids. This building was damaged by the flood. The incentive items were destroyed so it will be awhile before more are obtained. New newsletters will be temporarily distributed from Iowa Department of Public Health so you may experience slight delays.

- **Senior Nutrition Programs: Promising Practices for Diverse Populations.** A directory of innovative programs designed to generate discussion and ideas within the senior nutrition network is available at [www.state.nj.us/health/senior/nutrition/index.shtml](http://www.state.nj.us/health/senior/nutrition/index.shtml).
- **Iowa Congregate Nutrition Program Report** provides an overview of the program. The report can be accessed on the Department of Elder Affairs website at [http://www.state.ia.us/elderaffairs/Documents/Nutrition/Update%20on%20Congregate%20Nutrition%20Program%20\(6-12-08\).pdf](http://www.state.ia.us/elderaffairs/Documents/Nutrition/Update%20on%20Congregate%20Nutrition%20Program%20(6-12-08).pdf)

- **Rising Food Costs:** The Center of Nutrition Policy and Promotion (CNPP) has updated the USDA Food Plans (Thrifty, Low-Cost, Moderate-Cost, and Liberal) to June 2008 costs and posted them at [www.cnpp.usda.gov](http://www.cnpp.usda.gov). The June Thrifty Food Plan is used as the basis for maximum food stamp allotments. The June 2008 cost of the Thrifty Food Plan for the reference family of four is \$588.30. From June 2007 to June 2008, the cost of the Thrifty Food Plan for the reference family increased 8.5%. Cereal and cereal product prices increased 9.6%; fresh vegetable prices, 8.4%; milk prices, 6.9%; fresh fruit prices, 6.1%; and poultry prices, 2.8% over this time. This is the largest June-to-June increase in the Thrifty Food Plan since 1988-89, which had an 8.9% increase.



## Miscellaneous Resources

- **Freezing Sandwiches:** This information has been developed by University of Nebraska Extension. Tips may be useful to older adults and individuals living alone. They could make a meal, put leftovers in sandwiches and freeze for use later thus simplifying food preparation and saving the food budget. The material on the web site can be adapted for your own educational activities. <http://lancaster.unl.edu/food/ciq-freezing-sandwiches.shtml>

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### Pick a better snack *On the Go* – With Papaya!



Did you know papayas grow on trees? They're actually a short-lived, fast growing wood herb that grows to 10-12 feet in height. Believed to originally come from Mexico, they can now be found in every tropical country. Papayas taste is sweet and somewhat similar to cantaloupe, and they are packed with vitamin C, providing 150 percent of the daily recommended amount in just half a papaya! They're also a good source of fiber and folate.

There are two types of papayas, Hawaiian and Mexican. Hawaiian varieties are more commonly found in supermarkets. These pear-shaped fruit generally weigh about one pound and have yellow skin when ripe. Mexican papayas are much larger than the Hawaiian types and may weigh up to 10 pounds and be more than 15 inches long. Good quality papayas should be firm yet soft to the touch with unblemished skins. They should have rich yellow and dark orange colors. A papaya is ripe and ready to eat when it yields to gentle pressure and has a mildly sweet smell. To ripen at home, place in a paper bag on the countertop. Do not refrigerate papaya for longer than one hour, as it is a tropical fruit that does not like temperatures lower than 50 degrees.

**Wash. Peel. Scoop Seeds. Eat. (how easy is that?)**

## ***Take Papaya With You!***

- Make “papaya boats” by cutting two papayas in half and scooping out the seeds. Fill the “boat” with mandarin oranges, banana slices, kiwi, blueberries and strawberries. Top with a mixture of vanilla yogurt, honey and chopped fresh mint.
- Diced papaya blended with two cups of chilled pineapple juice, two tablespoons of honey and one tablespoon of lemon juice makes a refreshing juice treat.
- National Waffle Week begins August 31 – try a waffle topped with vanilla yogurt and papaya slices!

### **Quick Nibble:**

The papaya flesh (and leaves) contains papain which helps digestion and is used to tenderize meat. The edible seeds have a spicy flavor somewhat reminiscent of black pepper.

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 Pineapple” 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 help Iowans remain independent as they age.

IDEA provides over \$30 million in services through a network of 13 Area Agencies on Aging across the state. For more information on the Iowa Department of Elder Affairs (IDEA), visit <http://www.state.ia.us/elderaffairs>. To locate resources for older adults and people with disabilities, visit <http://www.lifelonglinks.org/>.

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