



Healthy Aging Update

Iowa Department of Elder Affairs

October 7, 2008

Volume 3, Issue 6

In This Issue

- Food and Nutrition Choices
- OAA Disease Prevention and Healthy Promotion Definition
- Preventive Services
- Washing Hands
- Volunteers
- Resources

Welcome

This issue of Healthy Aging Update highlights the role of OAA nutrition programs in providing consumer driven choices to help older adults maintain independent lifestyles. Additional information in this newsletter is intended to serve as a resource for providing nutrition and health promotion services to older adults.

Older Americans: Making Food & Nutrition *Choices* for a Healthier Future

Executive Summary

The US Administration on Aging's (AoA) *Choices for Independence (Choices)* initiative promotes a rebalanced system away from the nursing home and facility-based Long-term care (LTC) model to a more cost effective home and community based (HCB) model with a full array of services to help older adults remain in their homes. Nutrition plays an integral role in keeping older adults healthy and independent in the community by preventing malnutrition, reducing the risk of chronic diseases and related disabilities, supporting better mental and physical functioning, and managing common chronic diseases. HCB food and nutrition programs are vital in helping older adults achieve good nutritional status and remain healthy, physically active and independent with a good quality of life. Therefore, to truly rebalance the present LTC system, food and nutrition services must be fully integrated into *Choices*. The following table highlights opportunities. The entire report can be accessed at <http://nutritionandaging.fiu.edu/>

Older Americans: Food & Nutrition Choices for a Healthier Future

**Consumer-Driven, Evidence-Based Food & Nutrition Services
in Older Americans Act Nutrition Programs**

- Community dining options at congregate sites (culturally appropriate meals, entrée choices, soup & salad bars) & restaurant vouchers to improve food & nutrient intakes;
- Home-delivered nutritionally-dense tasty meals (therapeutic meals for renal diets, etc., texture modifications, hot/frozen meals, daily/weekly deliveries, meals for older caregivers);
- Interactive nutrition education sessions on healthy eating, food labels, food safety & physical activity tailored to older adults & caregivers;
- In-depth individualized nutrition counseling for chronic disease management;
- Disease-specific group nutrition counseling sessions;
- Referrals & coordination to connect consumers & caregivers with community partners for HPDP services, in-home services, food & nutrition assistance programs, facility-based case managers for post-discharge meals, Medicaid Waivers, state/tribal funded home & community based services to delay nursing home placement.

Empower Consumers to Make Informed Choices using ADRCs	Promote Health & Prevent Disease via Evidence-Based HPDP Programs	Delay Institutionalization in High Risk & Non-Medicaid Individuals
<ul style="list-style-type: none"> • Provide 1-Stop-Shopping to reduce malnutrition & promote healthy eating via consumer-tested brochures, internet material, evidence-based interventions, info about available food & nutrition services (home-delivered meals, congregate sites, Medicare-covered diabetes treatment); • Include 2-3 key nutrition questions on the uniform I&R/assessment forms to prioritize referrals to nutrition services & interventions-- healthy meals, nutrition counseling, family caregivers support; • Reduce malnutrition & hunger via I&R to food assistance programs (Food Stamp Program, Sr Farmers' Market Nutrition Program, food banks); • Ensure food & nutrition needs are met in Medicaid Waiver or state/tribal funded HCB service options by greater availability of nutrition services & nutrition expertise; • Inform consumers about possible private pay options for food & nutrition services. 	<ul style="list-style-type: none"> • Regularly offer nutrition screening, nutrition education & nutrition counseling; • Provide integrated, evidence based HPDP nutrition & physical activity programs; • Provide I&R for consumers & families about local evidence based HPDP programs such as chronic disease self management; mental health; falls prevention; immunizations; • Partner with HPDP programs to increase accessibility at senior centers & congregate dining sites; • Offer <i>Choices</i> of appropriate HPDP programs to homebound consumers. 	<ul style="list-style-type: none"> • Train case managers & other gatekeeper assessors to screen for nutrition risk & identify the need for referral to food & nutrition services, & to RDs for nutrition assessment, diagnosis, treatment, care planning & monitoring; • Provide food & nutrition <i>Choices</i> in home delivered meals including special diets, texture modifications, hot/frozen meal choices & daily or weekly deliveries; • Collaborate with hospitals & nursing homes to ensure that food & nutrition <i>Choices</i> are provided in discharge planning as part of comprehensive nutrition services including meals, individualized nutrition counseling for disease management with follow-up for care effectiveness.



Older Americans Act

Title 1 Definitions; Section. 102.

(14) **The term “disease prevention and health promotion services” means—**

- (A) health risk assessments;
- (B) routine health screening, which may include hypertension, glaucoma, cholesterol, cancer, vision, hearing, diabetes, bone density, and nutrition screening;
- (C) nutritional counseling and educational services for individuals and their primary caregivers;
- (D) evidence-based health promotion programs, including programs related to the prevention and mitigation of the effects of chronic disease (including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease), alcohol and substance abuse reduction, smoking cessation, weight loss and control, stress management, falls prevention, physical activity and improved nutrition;
- (E) programs regarding physical fitness, group exercise, and music therapy, art therapy, and dance-movement therapy, including programs for multigenerational participation that are provided by—
 - (i) an institution of higher education;
 - (ii) a local educational agency, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801); or
 - (iii) a community-based organization;
- (F) home injury control services, including screening of high-risk home environments and provision of educational programs on injury prevention (including fall and fracture prevention) in the home environment;
- (G) screening for the prevention of depression, coordination of community mental health services, provision of educational activities, and referral to psychiatric and psychological services;
- (H) educational programs on the availability, benefits, and appropriate use of preventive health services covered under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.);
- (I) medication management screening and education to prevent incorrect medication and adverse drug reactions;
- (J) information concerning diagnosis, prevention, treatment, and rehabilitation concerning age-related diseases and chronic disabling conditions, including osteoporosis, cardiovascular diseases, diabetes, and Alzheimer’s disease and related disorders with neurological and organic brain dysfunction;
- (K) gerontological counseling; and
- (L) counseling regarding social services and follow-up health services based on any of the services described in subparagraphs (A) through (K). The term shall

not include services for which payment may be made under titles XVIII and XIX of the Social Security Act (42 U.S.C. 1395 et seq., 1396 et seq.).

Clinical Preventive Services Recommended for Adults Age 50 Years and Older*

- In 2004, no more than 25% of adults between the ages of 50 and 64 had received the set of recommended vaccinations and cancer screenings given a “priority” rating by the U.S. Preventive Services Task Force.
- Of those aged 65+, 40% have never received a pneumonia vaccination and more than a third do not receive an annual flu shot.
- A 2-year-old girl is ten times more likely to be “up to date” on preventive services than her 65-year-old grandmother.

Obstacles to Delivery of Preventive Services

- Not aware of benefits
- Not aware of Medicare coverage
- Focused on seeking treatment for symptoms/pain
- Difficulty accessing, e.g., transportation
- Prevailing myths

Combining “Vote & Vax” programs has been successful in many areas

- More than 120 million Americans vote in national elections.
- Approximately 70% of the voters are over age 50.
- Fewer than 40% of adults ages 50-64 receive an annual flu shot.
- Contact your Health Department Immunization Program.
- Encourage local immunization providers to participate in “Vote and Vax”, and lead them to the web-site www.voteandvax.org.

Clinical Preventive Services Recommended for Adults Age 50+*.

	<u>Age 50-64</u>	<u>Age 65+</u>
Immunizations		
▪ Influenza Vaccine	+	+ √
▪ Pneumococcal Vaccine		+ √
▪ Tetanus/Diphtheria Vaccine	+	+ √
Screenings		
▪ Mammogram	+	+ √
▪ Pap Test	+	+ √
▪ Colorectal Cancer Screening	+	+ √
▪ Cholesterol Screening	+	+ √

*+ U.S. Preventive Services Task Force

√ Covered service under Medicare

The National Center for Health Statistics reports in 2008 for older adults:

1. 59.6% had a pneumococcal vaccination
2. This percentage has increased from 57.7% in 2007
3. Vaccinations are highest among 75+ age group at 68%

Washing Hands: Defense against colds and the flu

Unfortunately fewer Americans are regularly washing their hands despite the threat of getting sick during cold and flu season. This based on findings of an August 2008 telephone survey of 916 Americans.

- Only 85% say they always wash their hands after going to the bathroom (down from 92% in 2006).
- 46% of respondents wash their hands 15 seconds or less. The Centers for Disease Control and Prevention (CDC) and Soap and Detergent Association (SDA) recommends washing with soap at least 15-20 seconds.
- 39% surveyed seldom or never wash their hands after coughing or sneezing (compared to 36% in 2006).
- 35% don't always wash before eating lunch (in 2006, 31% failed to wash up before lunch).

The CDC reports that each year in the United States, on average:

- More than 200,000 people are hospitalized from flu complications.
- 36,000 people die from flu.

More Education Needed

According to the CDC, cleaning our hands is the single most important thing we can do to keep from getting sick and spreading illness to others. Of those surveyed by SDA, only 56% recognize that hand washing is the number one way to prevent colds and flu. Thirty-seven percent of respondents wash their hands fewer than seven times on an average day.

How-to Wash Your Hands to Effectively Remove Germs

1. Wet hands with warm running water prior to reaching for the soap, either in bar or liquid form.
2. Rub hands together to make a lather. Do this away from running water, so the lather isn't washed away.
3. Wash the front and back of your hands, between your fingers and under the nails. Continue washing for at least 15-20 seconds.
4. Rinse hands well under warm running water.
5. Dry hands thoroughly with a clean towel or air dryer.
6. Hand sanitizers or hand wipes are useful alternatives if soap and water are not available (for example, when traveling in the car or taxi on the way to a business meeting, before eating an in-flight meal or snack, outdoor work settings, etc.). While routine handwashing is recommended throughout the day, according to SDA, hand washing is vital:

- before preparing food
- when eating meals and snacks
- after using the restroom
- after touching animals
- when hands are dirty
- when you or someone around you is ill

SDA has a variety of hand hygiene tips and educational resources available on its website, at www.cleaning101.com/handhygiene.

Volunteers

AARP examined volunteerism among members of the boomer and silent generations and offers recommendations for increasing participation. This study found that four in 10 plan to increase their volunteer work in the next five years. The following are key findings as reported in the AARP Report “More to Give”.

<http://www.aarp.org/research/family/volunteering/moretogive.html>

- Respondents are motivated to help others. Over half (52%) of respondents said that the desire to “help people in need” was an extremely important motivation for volunteering, followed by 48% who cited the desire to “stay healthy and active” as a motivation to volunteer.
- Many respondents are interested in helping the young and old. 38% are most interested in helping older people live independently.
- Greater access to education and health care are two key motivators among respondents. Nearly half of boomer respondents (47%) cited access to group health insurance as another key incentive to volunteer.
- Respondents are not impeded by health or caregiving issues. A majority of older adult respondents (53%) said they are unimpeded by health or caregiving for relatives in their home.
- Lack of time and the need to make money are perceived as barriers to volunteering. Among the chief barriers to volunteerism, include a perceived lack of time (70%) or need to make money (54%). Most Americans from the baby boomer and silent generations expressed an interest in volunteering without a regular schedule.
- Women are more likely to volunteer now and in the future. Among those surveyed, women are currently volunteering more than men (76% - 60%). Women are also more likely to increase their service in the next few years (44% - 38%), particularly among boomer women (50%).
- Boomers, Hispanics and African Americans were the most likely to expect an increase in their volunteer service, as are those who attend religious services, vote and are healthy.

Food prices to post biggest rise since 1990.

Food prices are forecasted to rise by 5-6 percent this year, making it the largest annual increase since 1990. The forecast, if correct, would be the third straight year where food prices have surged at least 4 percent. The increase for 2008 was due partly to higher costs for meat, poultry and fish, which make up about 12 percent of total food spending. Prices for fruits and vegetables which account for more than 8 percent of food spending will rise 5.5 percent. USDA also forecast increases of 9.5 percent for cereal and bakery products, a 14 percent surge for eggs and 13.5 percent hike for fats and oils. Sources: American Dietetic Association "On the Pulse".

The average age of Iowa nutrition program participant is:

Congregate 78
years

RESOURCES

Health Promotion



- **Health Promotion Training:** The NCOA Center for Healthy Aging has created a five-part online training module series on health promotion for older adults. The series provides an overview of evidence-based healthy aging programming. The modules are self-paced and take about 30 minutes to complete. The training can be found on the [Center for Healthy Aging Website](http://www.healthyagingprograms.org/content.asp?sectionid=135). <http://www.healthyagingprograms.org/content.asp?sectionid=135>
- **Helping People Stay Healthy:** The Agency for Healthcare Research and Quality (AHRQ) and AARP released three new resources designed to help men and women over age 50 learn what they can do to stay healthy and prevent disease. [Men: Stay Healthy at 50+, Checklists for Your Health](#); [Women: Stay Healthy at 50+, Checklists for Your Health](#); and the [Staying Healthy at 50+ Timeline](#) show at-a-glance evidence-based recommendations from the U.S. Preventive Services Task Force regarding screening tests, preventive medicines, and healthy lifestyle behaviors for people aged 50 and older. The checklists are available in English and Spanish.
- **Investment in Health Report:** An investment of \$10 per person per year in proven community-based disease prevention programs could yield net medical cost savings of more than \$16 billion annually within five years, concludes *Prevention for a Healthier America: Investments in Disease Prevention Yield Significant Savings, Stronger Communities*. The report, released by the [Trust for America's Health](#) (TFAH), notes that implementing programs aimed at lowering

rates of diseases related to physical activity, nutrition and smoking could reduce rates of Type 2 diabetes and high blood pressure by five percent within two years; reduce heart disease, kidney disease and stroke by five percent within five years; and reduce some forms of cancer, arthritis and chronic obstructive pulmonary disease by more than two percent within 10 to 20 years. The report also contains state-by-state return-on-investment analysis for spending \$10 per person per year on prevention. The full report is available on [TFAH's Web site](#).

- **Arthritis affects 46 million adults:** Although arthritis affects people of all ages, racial and ethnic groups, it is more common among women and older adults. More than half of adults with diabetes or heart disease also have arthritis. Physical activity is a crucial element of managing these chronic conditions, but having arthritis presents barriers to increasing physical activity. Research shows that pain, fear of pain, and lack of information on how to exercise safely prevents people with arthritis from exercising. Effectively managing diabetes or heart disease in people with arthritis will require targeting these barriers to encourage increased physical activity. Visit CDC web site for the 2008 arthritis report. <http://www.cdc.gov/nccdphp/publications/aag/arthritis.htm>
- **Calendar of monthly food themes** <http://lancaster.unl.edu/food/ciqlinks.shtml>
- **Weight Management Materials:** CDC materials are available free of charge:
 - How to use fruits and vegetables to help manage your weight
 - Rethink your drink
 - How to avoid portion size pitfalls to help manage your weight
 - Eat More, Weigh Less?To order contact CDC-INFO by e-mail at cdcinfo@cdc.gov or call 1-800-CDC-INFO (232-4636). Orders are limited to 1000 copies while supplies last. For additional information on the Research to Practice Series and to view all available documents visit:
http://www.cdc.gov/nccdphp/dnpa/nutrition/health_professionals/practice/index.htm
- **State-by-State Report Card on Healthy Aging** ranks states for each health indicator, and assigns each a grade according to its performance relative to the other states. All states have more work to do on the following indicators:
 - No leisure time physical activity in past month- 0 states met the 2010 target
 - Flu vaccine in past year- 0 states met the 2010 target
 - Pneumonia vaccine -0 states met the 2010 target
 - Eating fruit and vegetables daily- 0 states met the 2010 target
 - Obesity -3 states met the 2010 target
 - Oral Health: complete tooth loss- 21 states and D.C. met the 2010 target
 - Hip fracture hospitalizations per 100,000 persons- No data for states available

Visit <http://www.cdc.gov/aging/saha.htm> to see how Iowa ranks.

- **Healthfinder.gov's [Quick Guide to Healthy Living](#)**, offers quick and easy information and tools to help people stay healthy and prevent disease. Personalized health recommendations are provided based on sex and age.
 - Tells user how to take action to improve their health using a “small-steps” approach
 - Give users positive reasons to change their behavior
 - Provide tools and encouragement, such as personal health calculators, menu planners and recipes, tips for caregivers, and printable lists of questions to take to the doctor.



Food Safety

- **A new hand sanitizer** is effective against the Norovirus which causes “flu-like” symptoms. Norovirus is very contagious and is easily spread to other people. Germstar® Noro is certified to kill Norovirus as well as other disease causing germs. It has a 63% Ethyl alcohol base as its active ingredient and is designed to protect facilities where Norovirus is of concern, such as retirement communities.
- **Keeping Food Safe During an Emergency**
www.fsis.usda.gov/Fact_Sheets/keeping_food_Safe_during_an_emergency/index.asp
 - FSIS has available a Public Service Announcement (PSA), available in 30- and 60-second versions, illustrating practical food safety recommendations for handling and consuming foods stored in refrigerators and freezers during, and after, a power outage.
http://www.fsis.usda.gov/news/Food_Safety_Videos/index.asp.
 - News organizations and power companies can obtain hard copy (Beta and DVD) versions of the PSA by calling (301) 344-4757.
 - Consumers with food safety questions can "Ask Karen," the FSIS virtual representative available 24 hours a day at AskKaren.gov. The toll-free [USDA Meat and Poultry Hotline](http://USDA_Meat_and_Poultry_Hotline) 1-888-MPHotline (1-888-674-6854) is available in English and Spanish and can be reached from 10 a.m. to 4 p.m. (Eastern Time) Monday through Friday. Recorded food safety messages are available 24 hours a day.
- **Food Safety and HACCP Resources** along with ServSafe training information are available on-line from Iowa State University at www.iowafoodsafety.org.



Food Assistance

- **BenefitsCheckUp:** As the costs of healthcare and gas rise, older Iowans with limited incomes and resources find themselves worrying about how they can

afford their next meal. NCOA's online BenefitsCheckUp® service can be a tool to help individuals identify resources including access to food programs. [Use BenefitsCheckUp®](#).

- **Iowa Food Stamp/ Food Assistance Program has an online application.** http://www.dhs.state.ia.us/Consumers/Assistance_Programs/FoodAssistance/index.html . On a national level, the program is now called SNAP. Information on program changes can be found at <http://www.fns.usda.gov/fsp/snap.htm>.

Meal Program

- **Special priced vehicles:** Members of the Meals on Wheels Association of America (MOWAA) can access special low pricing for nutrition program trucks or van. To find out more about this MOWAA member benefit, call (703) 548- 5558 at MOWAA National Headquarters or email Jacquie Jones, MOWAA's PR Coordinator, at jacqui@mowaa.org. 
- **TV PSAs:** Richard Gere and his father Homer Gere are featured in two TV PSAs. These are available to MOWAA Members on DVD for \$8.13 or on BETA tape for \$22.13 (this includes the cost of shipping and handling) to be circulated to local TV stations. Local stations may be able to insert local contact information, as long as the MOWAA logo remains on the PSA. [Click here to see the videos](#). Click on the play button (the white forward arrow symbol) on the lower right corner of the screen.



Pick a Better Snack *On the Go* – With Apples!

Halloween is historically a celebration of the end of the harvest season that dates back more than 3,000 years. History also tells us that healthy eating and Halloween are two things you don't often hear much about. Apples have earned respect as a great healthy snack! Think of the last apple you ate – did you know it took the energy from 50 leaves to produce that one apple, which was most likely picked by hand just for you? No tricks involved – apples are a great treat, whether they're fresh, baked, microwaved, sauced or pressed for juice!

There are thousands of varieties of apples that come in all shades of reds, greens and yellows. Each has its own unique taste. Whichever type strikes your fancy, choose apples that are firm without soft or bruised spots or wrinkled skin and a pleasant smell. Always wash apples with cold water before eating. Some apples are waxed to preserve freshness and increase storage time.

Wash. Eat. How easy is that?

Take Apples With You!

- Eat apples and healthy foods before they go out to a Halloween party. Chances are you won't overindulge as much on sweets.
- Rent a Halloween movie. Munch on apple slices and popcorn during the thriller.
- Try a new, food safety friendly, version of bobbing for apples. Cut an apple into slices. Tie one end of a piece of dental floss around each apple slice. Tie the free end of the floss to a broom handle. Have each person, holding their hands behind their back, take a bite of the apple slice as it swings through the air. Use a fresh piece of floss and apple slice with each person.
- Sliced apples smeared with cream cheese or peanut butter or dipped in yogurt are a great snack.

Quick Nibbles:

- An average apple tree takes four to five years to produce its first fruit, but once it gets going, it can produce an annual harvest of about 840 lbs. of apples.
- Iowans consume more than 1.3 million bushels of fresh apples each year, with most of those coming from Washington state.
- Every single MacIntosh apple tree has a "family tree" that goes back to the very first MacIntosh, discovered by John MacIntosh growing wild on his farm in Dundas County, Ontario. That tree lived for 90 years.

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/pickabettersnack/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/>.

Iowa Department of Elder Affairs

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