



Healthy Aging Update

Iowa Department of Elder Affairs

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Welcome

This issue of Healthy Aging Update highlights a variety of topics from the ARRA funding, the MOWAA Rural Initiative, the Matter of Balance program that can reduce the incidence of falls, the Connect the Dots program that can help meal sites and senior centers become more involved in offering wellness programs. Additional information in this newsletter is intended to serve as a resource for providing nutrition and health promotion services to older adults.

ARRA Funds

The ARRA funding for Iowa congregate and home delivered meals is available June 1, 2009. The funding ranged from \$25,324 to \$175,713 per area agency on aging. The Administration on Aging has encouraged the prompt use of the funding.

Here are some ways other states are using their funds:

- * To provide extra meals for participants who are at high nutritional risk.
- * To provide frozen or shelf meals as extra meals for weekends and holidays.
- * To support a demonstration project with a local hospital which allows the hospital to prepare meals and have volunteers deliver the meals to individuals who are being discharged from the hospital and/or are on the waiting list at a Senior Center.
- * To open new congregate nutrition sites
- * Eliminate a waiting list for home delivered meals
- * Create new jobs
- * Keep eight congregate sites opened five days a week instead of four
- * Provide breakfast in addition home delivered meal noon meal. The breakfast delivery is once a week and contains several breakfasts meals. Breakfast includes items such as a box of cereal, quart of milk, bag of fresh fruit or container of fruit juice, jar of peanut butter, etc. to meet the menu requirements.

The Rural Initiative of the Meals on Wheels Association of American

Because of the current economic situation and the changing demographics, most home delivered meal programs across the national are struggling to provide nutritious meals to the many seniors who need them. Programs serving homebound seniors in rural communities, however, face a set of unique challenges. Among these are the additional

time and significant distances involved in making deliveries, higher meal costs than those in urban and suburban areas, supplies and services more difficult to obtain, shrinking volunteer resources as current volunteers age and younger individuals move away from rural areas, diminishing donor bases, and growing numbers of seniors wanting and needing to “age in place” in the communities they call home. The demand for services in rural communities is rapidly outpacing the financial and human resources rural-based programs have to provide nutritious meals to seniors who need them.

The Meals on Wheels Association of America has an initiative to explore the issues and develop a blue print to ensure rural older adults receive the meals they need. Representative from Iowa participated in briefing to the Iowa congressional delegation in Washington, DC on April 22, 2009. Iowa attendees included: Sally Myers, Hawkeye Valley; Beth Bahnson, Elderbridge; Barb Morrison, Southwest 8 Senior Services; Barb Krall, Senior Resources of Muscatine; Myrt Bowers, Witwer Center, Cedar Rapids and Carlene Russell, Iowa Department of Elder Affairs.

More information can be accessed at <http://www.mowaa.org/Page.aspx?pid=183>.

Area XIV participated in a video documenting the issues of rural nutrition programs. The video featuring Steve Bolie and Lily Ripperger can be viewed at <http://www.mowaa.org/Page.aspx?pid=244>.



Congressman Loebbeck and MOWAA members Myrt Bowers and Barb Krall



Congressman Braley speaking during the Rural Initiative meeting at the Capitol



Iowa Administrative Code

321—7.18(231) Special dietary needs. The AAA shall ensure that special dietary needs of program participants are met where feasible and appropriate, including the particular requirements arising from the health, religious, or ethnic backgrounds of eligible participants.

7.18(1) The following criteria shall be used to determine feasibility and appropriateness:

a. Sufficient numbers of elders who have special dietary needs exist to make the provision practical;

b. Skills and food necessary to provide the special menus are available.

7.18(2) Special dietary and therapeutic menus must be planned under the supervision of a licensed dietitian in accordance with a current diet manual approved by the director and supplied to each AAA by the department. Certified menus must be submitted to the department at least two weeks prior to the initial use of the menus.

7.18(3) A written physician's order for each elder requesting a therapeutic diet shall be obtained prior to the elder's receipt of the meal and kept on file where the meal is prepared and served. The order shall be interpreted by a licensed dietitian and the individual's physician.

NOTE: Since the nutrition program provides meals that meet the Dietary Guidelines for American and 1/3 DRI/AIs, many of the therapeutic diet requirements are met with the regular meal provided. According to the Iowa Simplified Diet Manual, a No Added Salt Diet is 4,000 mg sodium for the day or 1,333 mg sodium per meal. The nutrition program meals are less than 1000 mg sodium per meal. A diet for diabetes is a Consistent Carbohydrate Diet that provides 50-60 percent of total calories from carbohydrate. Many of the nutrient analyses reveal the regular menu provides a range of 45-62 percent of calories from carbohydrate. The Cholesterol-Fat Restricted Diet is to be 25-35 percent of calories coming from fat. The nutrition program meals usually provide 21-30 percent of calories coming from fat. This information can be used to promote the health benefits of the nutrition program.

IAPI 2009-15 regarding menu nutrient requirements identified that sodium is to be \leq 1000 mg sodium based on weekly average. Any menu with more than 1200 mg sodium needs to be identified as a high sodium meal with a salt shaker symbol on the posted menu. The number of high sodium meals is not to exceed two per month.



Matter of Balance

A Matter of Balance: Managing Concerns About Falls emphasizes practical strategies to reduce this fear and increase activity levels. Participants learn to view falls and fear of falling as controllable; set realistic goals to increase activity; change their environment to reduce fall risk factors; and exercise to increase strength and balance. [See sample exercises.](#)

A Matter of Balance includes eight two-hour sessions for a small group led by a trained facilitator. This program was developed at the Roybal Center at Boston University, and has been nationally recognized. For additional information about the program visit http://www.mmc.org/mh_body.cfm?id=432

The Iowa Healthy Links program has partnered with the Iowans Fit for Life program of the Iowa Department of Public Health to be able to provide Matter of Balance leader training and help the program grow in Iowa. Three area agencies currently providing Iowa Healthy Links programs

Unintentional injury including falls is the 8th leading cause of death for people over the age of 65 years. Facts about older adults and falls can be accessed at www.cdc.gov/injury

will attend training in June. Following the training, Heritage, Hawkeye Valley and Siouxland will be able to train Matter of Balance coaches and conduct participant workshops.

Connect the Dots

A presentation at the 2009 ASA/NCOA conference by Scott Parkin of NCOA highlighted how a senior center can become a wellness center by partnering with public health in implementing the Connect the Dots program.

There is a link between **diabetes** and **high blood pressure**

- Adults with diabetes are two to four times more likely to have hypertension.
- Men with diabetes are three times more likely to have high blood pressure.

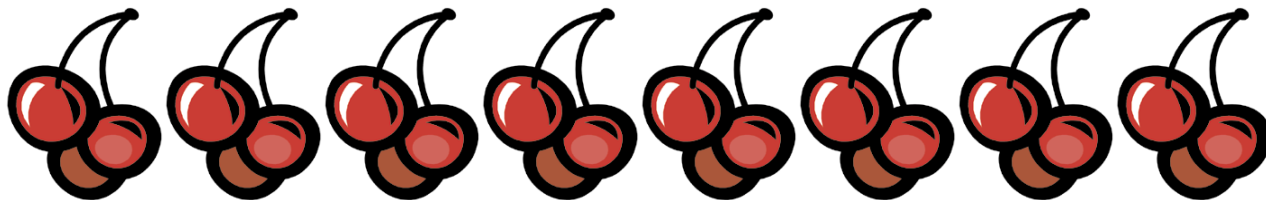
Medicare can help screen for, prevent or delay, treat and manage these conditions. Medicare Part B pays for preventive services including diabetes screening, eye and foot exams and diabetes self-management training and with supplies.

NCOA's campaign, *Connect the Dots: Diabetes and Your Heart - How Medicare Helps*, is a joint program with Medicare focused on diabetes screening, prevention, management, and wellness. The Connect the Dots tool box for Training-the-trainer and additional information about the program can be found at <http://www.ncoa.org/content.cfm?sectionID=377>.

Volunteer Best Practice

Submitted by Tim Getty, Nutrition Director, Heritage AAA.

For several years, the Cedar County Senior Citizen's Center has partnered with the Tipton Senior High School to provide student volunteers for the home delivered meal program. Each semester, the senior center receives four to eight high school students which are trained by the center director and the lead cook. Students initially take a tour of their respective route, and are introduced to each participant on their route. They are also trained on confidentiality rules and emergency procedures. This program is in conjunction with the local high school's community service program. Each student is required to complete a set amount of community service hours each semester.



Nutrition Education Material

(Source <http://www.extension.iastate.edu/Publications/PM1979D.pdf>)

Nutrition Facts

Serving Size 1 cup (253g)	
Servings Per Container 4	
Amount Per Serving	
Calories 260	Calories from Fat 120
% Daily Value*	
Total Fat 13g	20%
Saturated Fat 5g	25%
Trans Fat 2g	
Cholesterol 30mg	10%
Sodium 660mg	28%
Total Carbohydrate 31g	10%
Dietary Fiber 0g	0%
Sugars 5g	
Protein 5g	
Vitamin A 4% + Vitamin C 2%	
Calcium 15% + Iron 4%	
* Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs:	
Calories:	2,000 2,500
Total Fat	Less than 65g 80g
Sat Fat	Less than 20g 25g
Cholesterol	Less than 300mg 300g
Sodium	Less than 2,400mg 2,400mg
Total Carbohydrate	300g 375g
Dietary Fiber	25g 30g
Calories per gram:	
Fat 9	Carbohydrate 4 Protein 4

Finding sodium on the Nutrition Facts Panel

Food manufacturers are required to list sodium in milligrams and Percent Daily Value (% DV) on the Nutrition Facts Panel under cholesterol.

Although the current recommendation is no more than 1,500 milligrams per day, the current % DV is based on an earlier recommendation of 2,400 mg. Thus, if you are monitoring sodium intake, it is best to use the milligrams of sodium rather than the % DV.

Dietary Guidelines recommend...

Reduce sodium, increase potassium

Diets high in sodium can increase the risk for developing high blood pressure—a condition that affects one in four Americans. High blood pressure is considered a “silent killer” because it produces no symptoms but can lead to serious health problems, such as heart attack or stroke. Regardless of whether a person has high blood pressure, the Dietary Reference Intakes recommend 1,500 milligrams sodium per day.

The most common form of sodium in the American diet is sodium chloride, or table salt, which is 40 percent sodium by weight. All foods contain some sodium that occurs naturally, but convenience foods—such as frozen dinners, pizzas, packaged mixes, canned foods, and salad dressings—are especially high in sodium because it adds flavor and acts as a preservative. One way to reduce sodium in the diet is to limit these convenience types of food and pay attention to the Nutrition Facts Panel.

Sodium/potassium connection

Potassium counteracts the effect of sodium/salt on blood pressure and may decrease the risk of developing kidney stones and bone loss that occurs with age. The Dietary Reference Intake of potassium for adolescents and adults is 4,700 mg/day.

Although the Nutrition Facts Panel is not required to include potassium, some potassium-rich food products voluntarily add the information.

These foods provide potassium:

- Leafy green vegetables (beet greens and spinach)
- Fruits, such as tomatoes, prunes, bananas, peaches, apricots, cantaloupe, and honeydew
- Root vegetables (sweet potatoes, potatoes, and carrots)
- Fish (clams, halibut, yellowfin tuna, Pacific rockfish, Pacific cod, and Rainbow trout)

Potassium also is found in meat, milk, and cereal products, but it is less readily available for absorption.

Are you sodium savvy?

1. A product containing 140 milligrams or less of sodium per serving is considered a low-sodium food.

True False

2. Eating less sodium may help reduce blood pressure in some individuals.

True False

3. Canned vegetables are higher in sodium than fresh vegetables.

True False

4. One in eight Americans has high blood pressure.

True False

5. Sodium is only found in processed foods.

True False

(Answers on back.)

Tips for reducing sodium

In addition to checking food labels, try these ideas to decrease sodium intake.

- Taste food before adding salt.
- Limit your intake of canned vegetables because sodium is added for flavor. Fresh or frozen vegetables are a better choice.
- Select unsalted nuts or seeds, dried beans, peas, and lentils.
- Limit the amount of salty snacks (like chips and pretzels) that you eat.
- Use vegetable oil instead of butter or margarine for cooking.
- Select unsalted, fat-free broths, bouillions, and soups.
- When dining out, specify what you want and how you want it prepared. Ask for your dish to be prepared without salt.
- Use seasonings and spices (instead of salt, butter, and margarine) to flavor foods. Salt-free seasonings also are available.
- Try consuming products that are sodium free, or low in sodium.



Label	Definition
Sodium Free	Less than 5 milligrams per serving
Very Low Sodium	35 milligrams or less per serving or 50 grams of food
Low Sodium	140 milligrams or less per serving or 50 grams of food
Reduced or Less Sodium	Product was nutritionally altered to contain at least 25 percent less sodium than the original product per serving and per 100 grams.

Salt-free seasonings to try

Try these with vegetables

Carrots—cinnamon, cloves, marjoram, nutmeg, rosemary, or sage

Corn—cumin, curry powder, onion, paprika, or parsley

Green beans—curry powder, dill, lemon juice, marjoram, oregano, tarragon, or thyme

Greens—onion or pepper

Peas—ginger, marjoram, onion, parsley, or sage

Potatoes—dill, garlic, onion, paprika, parsley, or sage

Summer squash—cloves, curry powder, marjoram, nutmeg, rosemary, or sage

Tomatoes—basil, bay leaf, dill, marjoram, onion, oregano, parsley, or pepper

Winter squash—cinnamon, ginger, nutmeg, or onion

Try these with meat, poultry, and fish:

Beef—bay leaf, marjoram, nutmeg, onion, pepper, sage, or thyme

Lamb—curry powder, garlic, rosemary, or mint

Pork—garlic, onion, sage, pepper, or oregano

Veal—bay leaf, curry powder, ginger, marjoram, or oregano

Chicken—ginger, marjoram, oregano, paprika, poultry seasoning, rosemary, sage, tarragon, or thyme

Fish—curry powder, dill, dry mustard, lemon juice, marjoram, paprika, or pepper



Prepared by Mary Beth Penisten, nutrition graduate student; Ruth Litchfield, Ph.D., R.D., extension nutritionist; and Diane Nelson, extension communication specialist. Design by Jane Lenahan, extension graphic designer.

File: FN 1

... and justice for all

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Many materials can be made available in alternative formats for ADA clients. To file a complaint of discrimination, write USDA, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, DC 20250-9410 or call 202-720-5964. Issued in furtherance of Cooperative Extension work, Acts of May 8 and June 30, 1914, in cooperation with the U.S. Department of Agriculture. Jack M. Payne, director, Cooperative Extension Service, Iowa State University of Science and Technology, Ames, Iowa.

Answers:
1. Time
2. Time
3. Time
4. False
5. False

A power point presentation on cooking with spices and herbs can be accessed <http://lancaster.unl.edu/food/herbspice.shtml>

RESOURCES

Health Promotion



- **AfterShingles.com** is an educational resource offering tools and information to help educate consumers about shingles and postherpetic neuralgia (PHN), or after-shingles pain, its impact on people's lives and steps to take to help manage this condition. <http://www.aftershingles.com/>
- **Cancer Screening** :The Iowa Department of Public Health's Comprehensive Cancer Control Program has developed promotional materials and placed billboards in Polk, Black Hawk, Linn and Scott counties. You may order materials by calling 319-384-1741 or e- mailing brady@canceriowa.org. Materials are also available for download on <http://www.canceriowa.org/> .
- **Cancer Survivorship Telephone Workshops**: The **CANCERcare** is providing for free (no phone charges to participate) on June 23rd, 12:30 to 1:30 pm Central Time the *Survivors Too: Family, Friends and Loved Ones: Managing the Fatigue of Caregiving* . Pre-registration is required. To register simply go to the **CANCERcare** Web site, www.cancercare.org/tew.
- **Nutrient Analysis**: The National Cancer Institute has an Automated Self-Administered 24-Hour Dietary Recall for public use at no cost. <http://asa24.westat.com/>
- **Safe Medicine Use & Poison Prevention Tips**: A Guide for Older Adults and Caregivers. Developed in partnership with the Administration on Aging, the brochure promotes the use of the Poison Help toll-free number (1-800-222-1222) as a resource for questions about medicine use and poison prevention. The brochure is available for printing online at http://www.poisonhelp.hrsa.gov/resources_campaign_info.htm. A limited number of brochures are available from the HRSA Information Center by calling 1-800-ASK HRSA or by visiting <http://ask.hrsa.gov>.
- **Older Adults and Alcohol: You Can Help** brochure is available from the National Institute on Aging www.nia.nih.gov/healthinformation. It includes:
 - You can become more sensitive to alcohol as you get older
 - Heavy drinking can make some health problems worse
 - Medicines and alcohol don't mix
 - If you think you have a drinking problem, here are some things you can do.
- **Depression Care Management: Evidenced-based Programs**. You can download a brief at www.cdc.gov/aging/. PEARL: Community-Integrated, Home-Based Depression Care is a community-based treatment program for older adults with minor depression or dysthymia. This kind of depression is

common in older adults who are physically impaired or socially isolated. Visit the PEARLS website for more information at <http://depts.washington.edu/pearlspr/>

Miscellaneous Resources



- One of the greatest challenges in making health care decisions is finding reliable and practical data that can inform these decisions. The Effective Health Care Program, from the Agency for Healthcare Research and Quality (AHRQ) of the US Department of Health and Human Services, is dedicated to facilitating decision making by providing findings from high-quality research in formats for different audiences including consumers. Information on treatment for arthritis, diabetes, prostate cancer, GERD, blood pressure and others can be found at <http://www.effectivehealthcare.ahrq.gov/healthInfo.cfm?infotype=sg#subListconsumer>
- **Integrated Database**
The [Administration on Aging](http://www.data.aoa.gov/) (AoA) has posted the *Aging Integrated Database* (<http://www.data.aoa.gov/>) online. The database provides dynamic access to AoA-related program performance results, surveys, and other data files. Customized, state-based tables and reports can be produced using the information

Pick a **better** snack ***On the Go – With Sweet Corn!***



Many lowans know that “knee-high on the Fourth of July” refers to a good sign to expect a bountiful corn harvest. Sweet corn is a delicious delight for summer meals – make it part of your healthy diet! It’s cholesterol free, sodium free and a good source of fiber!

Hundreds of years ago, the Indians showed the Pilgrims the best ways to grow corn, and it quickly became a staple in American fare. Cornbread became a favorite food of travelers because it didn’t spoil as quickly as other breads. Hominy, grits and succotash resulted from this fondness of corn and still remain part of today’s contemporary diet.

When choosing sweet corn, fully ripe ears will have bright green, moist husks with stiff, dark and moist silks. The rows should be uniform and well filled with plump kernels. Refrigerate the corn immediately after taking it home to help the corn retain its natural sweetness. Typically, sweet corn is cooked before eating.

Husk. Wash. Eat. (how easy is that?)

Take Sweet Corn With You!

- Make sweet corn to take with you to your next outing. Heat water to a rapid boil and cook ears of sweet corn for 3 to 4 minutes. Its sweetness makes it delicious to eat plain, or add fat-free butter spray for additional flavor.
- Sweet corn can also be cooked quickly and easily in the microwave. Place on a microwave-safe dish, cover and cook for approximately two minutes, or until just tender. Let stand another two minutes before uncovering.
- Sweet corn is a great addition to mixed vegetables for your 4th of July picnic potluck. After cooking, slice kernels off the cob length-wise and add to your favorite mixed vegetable combination.
- For grilling corn in their husks, the ears should be soaked in water for about 20 minutes and then cooked on a grill rack or in the oven for 10-15 minutes. Grilling or roasting husked corn (for 5-7 minutes) produces a stronger flavor.
- Corn provides some fiber, vitamin C and folate.

½ cup of corn
89 calories
2 g fiber
5 mg vitamin C
38 micrograms folate

Quick Nibble:

Because corn is a member of the grass family, it is not strictly a vegetable but a grain. The sugars in the kernels of sweet corn begin to convert to starch as soon as the ear is picked so corn should be eaten as soon after harvest as possible. The average American eats about 25 pounds of corn every year.

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/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/>.

Iowa Department of Elder Affairs

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