



# Healthy Aging Update

## Iowa Department on Aging

December 3, 2009

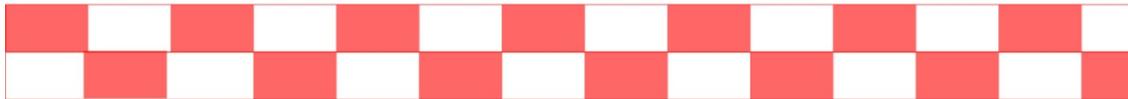
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### In This Issue

- Chef Charles Nutrition Education
- Step Up to Healthy Aging
- Benefits of Vitamin D
- Get Smart: When Antibiotics Work
- Fruit and Vegetable Report
- Center on Nutrition Leadership
- MOWAA New Hunger Study
- Reaching out to Home Delivered Meal Participants
- Exercise for Knee Pain
- Diverticulosis
- Resources

### Welcome

The Healthy Aging Update is designed to support Iowa Area Agencies on Aging in administering the Nutrition Program. This issue provides an update of the Chef Charles Club nutrition education program; provides more information on vitamin D; introduces new programs for educating people about the use of antibiotics; Meals on Wheels Association of America Leadership program and their new study on senior hunger. The information on exercise for knee pain and the diverticulosis article may be used as nutrition education materials.



### Chef Charles Nutrition Education Program

Chef Charles is a nutrition education program for congregate meal sites based on a monthly newsletter. The newsletter is developed by Iowa Nutrition Network through collaboration with Iowa State Extension, the Iowa Department of Public Health and the Iowa Department on Aging. Funding comes from the USDA Supplemental Nutrition Assistance Program or SNAP-ED and is intended for individuals who might qualify for Food Assistance (food stamps). The program was designed to provide 30 minutes of interactive discussion about the newsletter and sampling a recipe featured in the newsletter. Physical activity and healthy eating are encouraged through a monthly bingo card designed to be used at home.

Education research has shown that adults retain new knowledge in relation to the following learning modes:

- 10% of what they read
- 20% of what they hear
- 30% of what they see
- 50% of what they see and hear
- 70% of what they say
- 90% of what they do

So involving congregate meal participants in a discussion (see, hear and say) about the Chef Charles newsletter as guided by the Chef Charles Leaders Guide along with having them taste the recipe or complete the Chef Charles Bingo Card (do) will maximize learning and improve or change health behaviors. Meal sites that are participating in the Iowa Department of Public Health's BASICS grant program also receive incentive items, i.e. shopping bags, food thermometers, measuring cups, cutting boards, etc. to reinforce key nutrition and physical activity messages.

How the program is presented at the meal sites and who actually provides the education vary considerably. There are three primary models:

- A community partner, such as Extension, applies for BASICS funding from the Iowa Department of Public Health. They use the USDA federal reimbursement to fund an educator who travels to meal sites to deliver education. The educator presents the education program several times each month to several sites. The education session usually involves tasting the featured recipe or snack. The on-line instructor guide is used to prepare the lesson but the educator may enrich the suggested activities based on experience and knowledge of the audience.
- An Area Agency on Aging is primarily responsible for coordinating the program at meal sites with assistance from a community partner. They participate in BASICS so there is additional funding for the program. Dietitians and other health professionals may deliver some of the lessons, but the primary responsibility for teaching Chef Charles falls to meal site managers who rely on the instructor guide for teaching tips. Food samples are provided during education sessions and in some cases, popular recipes are incorporated into the meal site's menu.
- The congregate meal sites qualify, but there is not a community partner willing or able to apply for BASICS funding so all activities and food samples for tasting must come out of their meal site budgets. The meal site provides the newsletter to clients, and the meal site manager or volunteer educator. Because there is no outside funding for food sampling, the meal sites have to be more creative in how they involve clients in education sessions food tasting opportunities.

The varied methods for presenting the program pose significant challenges to the staff of the Iowa Nutrition Network who are responsible for evaluating program impact. In 2009, older adults who participated in Chef Charles responded to a survey that asked them to reflect on their experiences with the nutrition education program. These findings are presented in the following table.

<b>Chef Charles Post-survey responses</b>	<b>% Group A n=261</b>	<b>% Group B n=82</b>	<b>p Value</b>
<i>Group A = read newsletter and participated in group activities Group B = read newsletter, no group activities</i>			
<i>As a result of participating in the Chef Charles Program, I:</i>			
• <i>Learned new nutrition information.</i>	81.6	53.7	.01
• <i>Tasted fruits and vegetables that were new to me.</i>	66.5	39.5	.01
• <i>Tried new recipes provided at the meal site.</i>	60.2	34.6	.01
• <i>Tried new recipes at home.</i>	41.9	23.5	.01
• <i>Eat more fruits and vegetables at meals.</i>	56.7	40.2	.01
• <i>Eat more fruit and vegetable snacks.</i>	50.8	39.0	.05
• <i>Am more physically active.</i>	37.5	21.0	.01
• <i>Drink milk more often with my meals.</i>	37.5	32.1	NS
• <i>Eat more calcium-rich foods or calcium-fortified foods.</i>	40.4	23.5	.01
• <i>Set personal goals to improve my diet and physical activity.</i>	48.3	24.7	.01

The results showed positive trends for the Chef Charles participant who read the newsletter **and** participated in group activities compared to those who did not participate in group activities. Significant improvements were reported for fruit and vegetable consumption and exposure to new recipes.

The BASICS contractors anecdotally reported successful outcomes of the Chef Charles program. Eastern Iowa Community College and their partners at Generations Area Agency on Aging reported that Chef Charles recipes for numerous fresh fruits and vegetables, smoothies, salads, vegetable dishes, and even desserts have “spiced” up congregate menus that had grown repetitive and boring. Each month, as the older adults sampled one or two of the BASICS recipes they would give thumbs-up or a thumbs-down for the recipe to become a future menu item.

The opportunity exists for more congregate meal sites to participate in the Chef Charles program. Contact Carlene Russell at [carlene.russell@iowa.gov](mailto:carlene.russell@iowa.gov) for more information.

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## Iowa Administrative Code- Citations for a Dietitian

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321—7.12(231) Nutrition services.

(1) Purposes of the program. The purposes of the nutrition services program are to:

- a. Provide meals and other nutrition-related services, including outreach and education to elders;
- b. Provide information and referral services, health and human service counseling, recreation activities, and access to nutrition services to participants when services are needed; and
- c. Provide activities of interest to elders on each day the congregate meal site is open including a monthly nutrition education program under the supervision of a **licensed dietitian** if the nutrition education provides medically oriented information.

7.12(6) **Licensed dietitian.** Each AAA must utilize the services of a licensed dietitian to provide technical assistance in nutrition program management and to ensure that the project provides meals that comply with the RDA/AI.

7.15(1) Each AAA shall establish and implement written procedures, in consultation with a **licensed dietitian**, on handling foods prepared for a meal but not served. The procedures shall address which foods may be saved, which foods need to be destroyed, and instructions on cooling and storing foods for reuse.

7.17(1) All menus shall be planned for a minimum of four weeks, computer analyzed to ensure 331/3 percent of the RDA/AI is provided in each meal, certified in writing by the **licensed dietitian** whose services are utilized by the AAA, and submitted to the department for review at least two weeks prior to the initial use of the menu. For purposes of audit, AAA shall keep copies of the certified menus on file for a period of one year.

7.17(2) All certified menus shall be posted in a conspicuous location in each congregate meal site and regularly provided to home-delivered meal recipients. The certified menus may be modified occasionally if the provisions of rule 7.15(231) are maintained and a **licensed dietitian** or nutrition director is consulted prior to the change.

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.

## Step Up to Healthy Aging *submitted by Cynthia Beauman*

Northwest Aging Association implemented a preventive health/wellness initiative called Step Up to Healthy Aging. The program was designed and implemented over the nine county service area covered by the agency including Buena Vista, Clay, Dickinson, Emmet, Lyon, O'Brien, Osceola, Palo Alto, and Sioux counties.

Over 100 persons aged 60 and older participated in the twelve week sessions. Each class was limited to no more than 15 participants. Each session addressed an area of wellness and prevention, including topics on exercise, flexibility, balance, nutrition, shopping, cooking, social activities, etc. There was a trip to the grocery store to read labels and shop for good picks of fruits and vegetables.



*Getting active with Wii bowling*



*Step Up To Healthy Aging Facilitator, Melissa Dean, helping tend the garden.*

The program was designed for the rural northwest Iowa area and residents, and led by an individual with a degree in health and wellness with a special focus on kinesiology. The agency believes that having a dedicated staff person facilitate the classes made a difference with participation and attendance as well as outcomes. Baseline measurements were taken at the beginning and the end of the session. 69% lost weight, 55% decreased their blood pressure, and 76% increased their flexibility. In addition, they all increased their socialization. Average age of the participants was 80 with the oldest being 91.

One overweight gentleman lost 17 pounds during the 12 week class. A four month follow-up found he was still losing weight. An 86 year young lady in the class experienced difficulties with balance. At the end of the class, she exclaimed with a broad smile that she was able to stand up and put on her pants one leg at a time. One class kept sessions going beyond the twelve weeks, even planting and caring for a garden that produced fresh vegetables for their consumption and enjoyment.

The program was funded with AoA nutrition education funding and local public funds. The participants did pay a fee to enroll in the class, with scholarships available if it was an economic hardship. The agency is looking for other grants and funding opportunities to continue the program. The evaluations by the participants were excellent and they wanted more.

## **More on the Benefits of Vitamin D**

1) Source: 2008 Webcast of Current Issues In Nutrition: Iowa State University

When individuals have adequate blood levels of Vitamin D compared to individuals with low blood levels, the following benefits have been observed:

- Improved Immunity- vitamin D allows cells to have an appropriate response which can mean the body is better able to fight off colds, flu and infections and when antibiotics are needed, the antibiotics work better in individuals with adequate blood levels of vitamin D
- Improved neuromuscular function which translates into fewer falls/fractures
- Less diabetes especially when adequate vitamin D was provided during the first year of life
- Reduced risk of cancer (breast, colon, prostate, skin, ovarian)
- Reduced risk for a cardiovascular event and other chronic diseases
- Reduced incidence of periodontal disease

Current Adequate Intake/RDA of vitamin D for individuals over 70 years of age is 15 micrograms or 600 IU daily with a safe upper limit being 2000 IU daily. Sunshine in the wintertime in Iowa cannot be depended on for making vitamin D via the skin. Research shows that significantly more vitamin D from a supplement is needed to achieve these health benefits. Blood levels of 90-100 nmol/L which have been shown to support these benefits may need a daily intake of 4000 IU of vitamin D daily.

2) Source: Good nutritional status in the elderly contributes to maintaining functionality <http://www.nestle.com/NestleResearch/NewsAndEvents/AllNewsAndEvents/Experts+present+data+that+underscores+the+benefit+of+vitamin+D+for+fracture+reduction+in+the+elderly.htm>

The consequences of hip fractures are severe: 50% of older people have permanent functional disabilities, with 15-25% requiring long-term nursing home care, and 10-20% dying within one year. It has been shown that in a population of hip fracture patients, 50% had severe vitamin D deficiency and less than 5% reached desirable vitamin D levels needed for non-vertebral fracture prevention.

Older adults are at high risk of vitamin D deficiency due to a 4-fold reduction in the ability of the skin to produce vitamin D, an avoidance of sun exposure, and institutionalization. The normal diet does not provide adequate vitamin D and vitamin D supplementation reduces falls in institutionalized and community dwelling elderly.

This additional benefit is important as falls are a great burden to functionality at old age and are the primary cause of hip fractures.

Studies have demonstrated that weight loss in older adults is a particular risk factor for mortality. Providing interventions to address weight loss has shown to reduce relative risk of death.

### **CDC Launches the "Get Smart: Know When Antibiotics Work" Program** Published: October 9, 2009 <http://www.cdc.gov/getsmart/>

Once again it's the cold and flu season that sends many of us to our healthcare providers and pharmacies. While many of us will search for ways to obtain relief from these symptoms, antibiotics are not the answer. CDC's Get Smart: Know When Antibiotics Work program (Get Smart) is an education program about the importance of appropriate antibiotic use and the growing threat of antibiotic resistance.

#### **Antibiotic Resistance: What You Don't Know Can Hurt You**

Antibiotic resistance is the ability of bacteria to resist the effects of an antibiotic designed to treat infections. Every time a person takes an antibiotic, bacteria that normally live in our bodies are killed, but resistant germs may be left to grow and multiply. Repeated use of antibiotics can lead to an increase in dangerous bacteria that are difficult to treat. These are often referred to by the media as "superbugs."

Why is this important? Upper respiratory infections account for three quarters of all antibiotics prescribed. Although prescribing rates for respiratory infections have decreased in recent years, according to an August 2009 article in the Journal of the American Medical Association, tens of millions of antibiotics are still prescribed each year for viral conditions that do not benefit from antibiotic therapy. Providers cite diagnostic uncertainty, time pressure on providers, and patient demand and expectations as the primary reasons why antibiotics are over-prescribed. "We ask healthcare providers to prescribe antibiotics only when the patient really needs them, and for people to take antibiotics only when needed and exactly as prescribed," says Lauri Hicks, DO, medical officer and director of CDC's Get Smart: Know When Antibiotics Work campaign.

Common infections that should not be treated with antibiotics are:

- Colds
- Flu
- Most coughs and bronchitis

- Sore throats (except for those resulting from strep throat)
- Some ear infections

When antibiotics fail to work, the consequences are longer-lasting illnesses, more doctor visits or extended hospital stays, and the need for more expensive and toxic medications. Some resistant infections can even cause death.

Objectives of this program are to:

- Increase the knowledge of the general public and modify their attitudes and behaviors regarding appropriate antibiotic use and antibiotic resistance, including decreasing demand for antibiotics for upper respiratory infections among healthy adults and parents, and increasing adherence to prescribed antibiotics for upper respiratory infections,
- Decrease unnecessary prescribing of antibiotics for upper respiratory infections,
- Decrease sharing and saving of previously prescribed antibiotics, and
- Increase adherence to healthy behaviors to prevent acquiring an upper respiratory infection.

The take-home message of the campaign is that antibiotics will not cure viral infections. "During the flu pandemic it is more important than ever to recognize that antibiotic overuse is a serious problem and a threat to everyone's health," says Hicks. "It is important that patients know that antibiotics do not treat flu. To help prevent getting sick, we ask everyone to wash their hands frequently, avoid close contact with people who are sick, and keep up to date with recommended immunizations."

## **Meals on Wheels Association of America National Center for Nutrition Leadership** <http://www.mowaa.org/Page.aspx?pid=218>

MOWAA has established the National Center for Nutrition Leadership (the Center). The Center is the venue and the vehicle through which MOWAA can provide customized educational and professional development opportunities to equip Senior Nutrition Programs with the specific skills and tools they need to carry out their mission. This is becoming more important as economic pressures are limiting purchasing power and constraining the growth of nutrition programs at the same time that the need for services continues to increase. Since the first Baby Boomer came "of age" in January 2008, someone turns 60 every 7 seconds in the United States.

Specifically, the Center regularly offers a series of continuing education courses, leading to a Certificate, and presented by some of the best faculty in the field. The five subject areas in which Certificates are offered correspond to the five key areas of Senior Nutrition Program operation:

- Leadership

- Nutrition
- Development and Fundraising
- Volunteer Management
- Communications

While local MOWAA Member programs have been and continue to be critical lifelines to the seniors they serve, what worked in the past will not be sufficient to meet the needs of the present and future. The landscape is radically changing, and the challenges programs face are daunting. And the old-old, those aged 85 and above, are the fastest growing age cohort of the U.S. population

### **Notes from Iowa attendees:**

*Tim Getty, MBA Nutrition and Health Promotions Program Coordinator  
Director, Heritage AAA*

I am participating in the MOWAA Next Leader's Program. This program consists of 13 young professionals in the nation involved in providing nutrition services to older adults. This program teaches the upcoming leaders in the nutrition network how to develop the current nutrition system into a very successful and sustainable program. Topics include: effective fundraising, older adult nutrition, networking and various other topics that position the 13 of us to become successful leaders in the field of older adult nutrition.

*Dianna Young, CDM/CFPP Director of Meals on Wheels in Cedar Rapids*

I recently attended The Meals on Wheels Association's Leadership Certificate program. The program is a series of professional development courses taught by some leading professionals in the non-profit world. It was a great learning experience that provided me with tools and information to become a more effective leader, develop new programs and to continue to grow a quality nutrition program. There were sections on board development, volunteer management, conducting effective meetings, developing vision, mission and long term strategic planning, nutrition, and others. The peer relationships I formed and the information and idea sharing will be invaluable to me going forward. I would recommend this program to anyone looking to enhance their leadership skills and develop a network of contacts sharing the same experiences they are.

### **Meals on Wheels Association of America Releases New Hunger Study**

*Senior Hunger in the United States: Differences across States and Rural and Urban Areas* is a follow-up to the groundbreaking 2008 report entitled *The Causes, Consequences and Future of Senior Hunger in America* that updates the findings on the extent and distribution of senior hunger across the nation using data from 2001-2007. The report can be accessed at <https://www.mowaa.org/hungerbystate>.

### **Are rates of senior hunger in America improving?**

No. In fact, there is a discernable upward trend in the number of seniors facing the risk of hunger. About 700,000 more seniors faced that risk in 2007 than did in 2001. Iowa ranks 41th in the nation with a rate of 3.95 and this have been increasing. For more details on Iowa data visit the MOWAA website.

### **What, other than region, do the ten highest hunger risk states have in common?**

These states tend to either have:

- higher concentrations of African Americans or Hispanics,
- higher concentrations of seniors living in poverty or near poverty,
- higher concentrations of seniors under age 70,
- higher concentrations of disabled or unemployed seniors,
- higher concentrations of seniors with 12 or fewer years of schooling, and
- higher concentrations of seniors living with grandchildren (with and without the adult parent present).

### **Are seniors living in other states relatively free from hunger risk?**

The comparative study shows that the aggregate increase in hunger risk from 2001 to 2007 was fairly widespread.

## **Reaching Out to Home Delivered Meal Clients**

*submitted by Sherri Carson*

When the Hamburg Senior Center began delivering the homebound meals, they wanted to let those seniors know that they were still a vital part of their center and of the community. What better way to acknowledge this than to honor them on their special day, their birthday. Mini bundt cakes, candles, and long stem silk roses are donated by senior center



*Hamburg meal site participants*

When a home delivered meal client has a birthday, a small group from the center goes to the home unannounced, and when the door is opened, the group sings happy birthday and presents them with their very own cake and flower. The smile is priceless.

## Exercise can help Osteoarthritis Pain in the Knees

Nikki Carrion, MA, Health Promotion Consulting Services in Waterloo, Iowa recommends exercise to help increase knee extensor muscle strength. This is also supported by a recent research article that stated exercise to strengthen the knee extensor can help reduce osteoarthritis pain in the knees.



To do leg extensions start in a seated position, lay your hands over your thighs (quads). Slowly extend one leg in front of you as straight as possible. Flex foot to point toes toward head and then push forward, imagining you are pushing really hard against a wall in front of you. Each time you push you should exhale and feel your quads flexing. Slowly lower leg back down and repeat with the other leg. Alternate legs until you have done 8 to 15 repetitions with each leg. At other times you may just simply move back-and-forth at the knee. Strengthen your extensors is good, but as much movement as a possible is also good.

### Facts about our aging population (2006 Census Estimates)

- 24.6% is 0-17 years of age
- 26% is 42-60 years of age (Baby Boomers)
- 16% is 61+ years of age
- by 2050- Of the people who live to be 65 years of age, 44% will live to be 90 years of age



### Broccoli Facts

Broccoli is high in vitamin A and vitamin C.

A ½ cup of cooked broccoli has 22 calories, 2 g of fiber, 2 g of protein, 228 mg potassium, and 39 micrograms of folate.

## What are diverticulosis and diverticulitis?

source: <http://digestive.niddk.nih.gov/ddiseases/pubs/diverticulosis/>

Many people have small pouches in the lining of the colon, or large intestine, that bulge outward through weak spots. Each pouch is called a diverticulum. Multiple pouches are called diverticula. The condition of having diverticula is called diverticulosis. When the pouches become inflamed, the condition is called diverticulitis.

### Diverticulosis

Most people with diverticulosis do not have any discomfort or symptoms. However, some people may experience crampy pain or discomfort in the lower abdomen, bloating, and constipation. People with chronic symptoms should visit their doctor or health care provider.

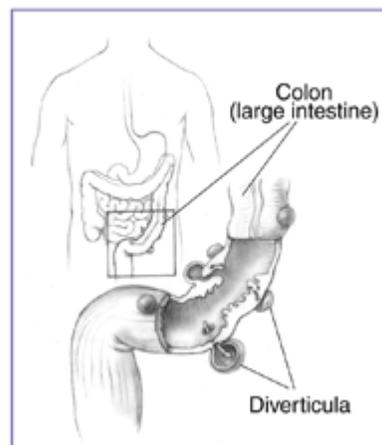
### Diverticulitis

The most common symptom of diverticulitis is abdominal pain. The most common sign on examination is tenderness in the lower left side of the abdomen. Usually, the pain is severe and comes on suddenly, but it can also be mild and become worse over several days. The intensity of the pain can fluctuate. A person may experience cramping, nausea, vomiting, fever, chills, or a change in bowel habits.

## What Is the Latest Research Regarding the Avoidance of Nuts, Seeds, Corn, and Popcorn in Diverticular Disease?

Source: Journal of American Dietetic Association, 2008

Diverticular disease is common especially among older adults. About a third of Americans develop diverticulosis by age 60 years and two thirds by age 85 years. A study published in the *Journal of the American Medical Association* (1) questioned the recommendation that people with diverticular disease should avoid nuts, corn, popcorn, and seeds. Historically it was thought the indigestible fiber from nuts, corn, popcorn, and seeds could make its way to the colon, lodge in the diverticula, and cause inflammation and infection (2).



The mechanism of diverticular disease is poorly understood but it is thought to be related to complex interactions of colon structure, intestinal motility, diet, and genetics. This study noted that nut, corn, and popcorn consumption was not associated with an increase risk of complicated diverticular disease. Instead the researchers found that eating nuts and popcorn was associated with lower risk of diverticulitis (1). The National Digestive Diseases Information Clearinghouse guidelines (3) state that eating a high-fiber diet is the only requirement highly emphasized across the medical literature. The guidelines also note that the avoidance of nuts and popcorn, as well as sunflower,

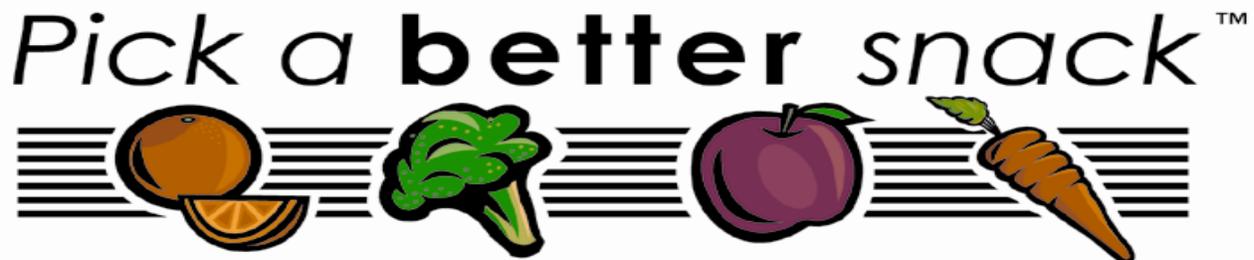
pumpkin, caraway, and sesame seeds has been recommended by physicians out of fear that food particles could enter, block, or irritate the diverticula. However, no scientific data support this treatment, so eliminating specific foods is not necessary. In addition, the guidelines state that the seeds in tomatoes, zucchini, cucumbers, strawberries, and raspberries, as well as poppy seeds, are generally considered harmless (3). It is recommended that a registered dietitian customize a meal plan taking into account the clients' tolerances. Keeping a food diary may help to identify what foods may cause symptoms. As noted by the recent study in *JAMA*, the recommendation to avoid nuts, seeds, corn, and popcorn in diverticular disease should be reconsidered (1).

### References

1. Strate LL, Liu YL, Syngal S, Aldoori WH, Giovannucci EL. Nut, corn, and popcorn consumption and the incidence of diverticular disease. *JAMA*. 2008;300:907-914.
2. Salzman H, Lillie D. Diverticular disease: Diagnosis and treatment. *Am Fam Physician*. 2005;72:1229-1234.
3. National Digestive Diseases Information Clearinghouse. Diverticulosis and diverticulitis. July 2008.  
<http://digestive.niddk.nih.gov/ddiseases/pubs/diverticulosis/index.htm>

### State Indicator Report on Fruits and Vegetables

The *State Indicator Report on Fruits and Vegetables, 2009* for the first time provides information on Iowa's fruit and vegetable (F&V) consumption and policy and environmental support. The national *Healthy People 2010* fruit objective and vegetable objective are to increase the proportion of Americans consuming daily two servings of fruit to 75% and three servings of vegetables to 50%, respectively. Iowa remains below the national average. More information about this report or Iowa's Fit for Life activities can be accessed at <http://www.idph.state.ia.us/iowansfitforlife/>.



Pick a **better** snack™ was developed in partnership with the Iowa Nutrition Network and the USDA's Food Stamp Program and Team Nutrition to encourage fruit and vegetable consumption. The programs are 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 or visit [http://www.idph.state.ia.us/nutritionnetwork/chef\\_charles.asp](http://www.idph.state.ia.us/nutritionnetwork/chef_charles.asp)

## RESOURCES

### Health Promotion



- **Downloadable hand washing posters.**  
<http://lancaster.unl.edu/food/handwashing.shtml>
- **Video clips on a variety of health issues experienced by older adults**  
<http://nihseniorhealth.gov/videolist.html#medicare>
- **8 Ways to Reduce Your Risk of Breast Cancer**  
<http://www.msnbc.msn.com/id/33080081/ns/health-cancer>
- **10 Mammogram Excuses Busted**  
<http://www.webmd.com/breast-cancer/features/10-mammogram-excuses-busted>

### Nutrition Education



- **Nutrition word scrambles** based on MyPyramid along with other educational materials including PowerPoint presentations are can be found at <http://fyics.ifas.ufl.edu>
- **Growing a Healthier You: Nutrition From the Farm to the Table** – This new web page links garden and farm produce to the nutritional well-being of the public and the significance of locally grown fruits and vegetables. This web page, located at [www.cnpp.usda.gov/KnowYourFarmer.htm](http://www.cnpp.usda.gov/KnowYourFarmer.htm), will promote national initiatives, such as National Nutrition Month and feature interesting facts about specific fruits, vegetables and other foods. It will also feature What's for Dinner (or Breakfast or Lunch); Your Garden, Your Produce, Your Menus; and From Garden to Plate, Safety Matters.
- **MyFood-a-pedia** – This is a new online tool that gives consumers quick access to nutrition information for over 1,000 foods. The MyFood-a-pedia provides calorie count information on the contribution of the food to the five food groups people need to be healthy. MyFood-a-pedia, located at [www.MyFoodapedia.gov](http://www.MyFoodapedia.gov), also provides the number of "extra" calories in foods from solid fats, added sugars, and alcohol.
- **10 Tips Series** – "10 Tips" will feature a variety of topics under CNPP's Nutrition Education Series. The "10 Tips" begins with cutting back on salt and sodium, followed by tips for setting good examples to be a healthy role model for children, tips for following a vegetarian diet, and tips for making more environmentally friendly food choices. Other tips will be added regularly, and can be downloaded at [www.MyPyramid.gov](http://www.MyPyramid.gov)

## Menu Planning

- **"What's in the Foods You Eat"** search tool can be used online or downloaded. It includes familiar portion sizes for each food or beverage. Nutrient information is from USDA National Nutrient Database for Standard Reference.



<http://ars.usda.gov/Services/docs.htm?docid=17032>

- **Staple food prices trending down from year ago**—Retail food prices at the supermarket decreased slightly for the fourth consecutive quarter and are significantly lower than one year ago, according to the latest American Farm Bureau Federation Marketbasket Survey.  
<http://www.fb.org/index.php?fuseaction=newsroom.newsfocus&year=2009&file=r1005.html>
- **Nutrient Data Base-SR22**—Among the 2009 updates, as many as 3,000 values for vitamin D have been included for the first time. Vitamin D values were added for 20 species of fish and also for types of foods that may be fortified with vitamin D during manufacturing or processing, such as milk, orange juice, ready-to-eat breakfast cereals, yogurt, and some margarines. When available, values for two forms of vitamin D, vitamins D2, and D3, also were added.

SR22 also includes a new food group—Restaurant Foods. At this time, the restaurant foods group contains profiles for 38 food items obtained from family-style restaurants, Latino restaurants, and Chinese restaurants.

The ARS-BHNRC Nutrient Data Laboratory in Beltsville, Md., headed by nutritionist Joanne Holden, provides free electronic access to SR22 online from its Web site, which includes a search feature. SR22 is also available in a variety of formats which can be downloaded free of charge for use on personal computers. [http://www.ars.usda.gov/main/site\\_main.htm?modecode=12-35-45-00](http://www.ars.usda.gov/main/site_main.htm?modecode=12-35-45-00)

## Nutrition Counseling

- Medicare covers nutrition counseling for diabetes and renal disease. Medicare providers of medical nutrition therapy can be found by zip code, county or state at  
<http://www.medicare.gov/Physician/Search/chooseprovider.asp>.



## Food Safety

- **Keep It or Toss It?** How long will your favorite food or beverage stay safe and tasty? What is the best way to store it? Information on food packaging dates is included. This website provides the answers.  
<http://www.stilltasty.com/>



### **The Department on Aging Mission**

To provide advocacy, educational, and prevention services to help Iowans remain independent as they age.

IDA 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 on Aging (IDA), visit <http://www.aging.iowa.gov>. To locate resources for older adults and people with disabilities, visit <http://www.lifelonglinks.org>.

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