



Healthy Aging Update

Iowa Department on Aging

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Welcome

The Healthy Aging Update is designed to support Iowa Area Agencies on Aging in administering the Nutrition Program. This issue provides information on two AAAs and the awards they have received, requirements for standardized recipes and information about the process for standardizing a recipe. A summary of Health Care Reform is provided as well some health information on brushing teeth and vitamin D intake. This issue has a large number of resources on various topics.



Witwer Center Nutrition Program Receives MOWAA Magnet Accredited Program Award

Information provided by Tim Getty



Similar to the Better Business Bureau's (BBB) seal of approval, Meals on Wheels Association of American (MOWAA) Magnet Accreditation is a clear indication that a local senior nutrition program operates according to the highest standards for program safety, program quality and program efficiency.

This is the first program in Iowa, 6th in the Nation and the first AAA funded organization to receive this recognition. This past year, in collaboration with Heritage AAA, the Witwer Center has provided over 190,000 meals to 16 Linn County Cities and 9 Community Dining Sites located in Cedar Rapids, Marion, Hiawatha, Lisbon-Mt. Vernon, Springville, Walford, and Ely.

MOWAA Magnet Accreditation uses criteria designed to measure the program's performance according to a set of universal performance standards. The rigorous accreditation process examines the program's performance in several key areas, including resource development, operations management, meal and nutrition services, fiscal management, governance, and others.

Congratulations to Myrt Bowers and Witwer Center Nutrition Program for receiving this award.

Hawkeye Valley Program Received Two Awards at N4A

Information provide by Sally Myers

The Hawkeye Elderly Nutrition Food Box Program was recognized with the n4a's highest honor, the *Aging Innovations Award* for the Elderly Nutrition Food Box Program. This program is a partnership between Hawkeye Valley and the Northeast Iowa Food Bank. The program provides older residents in rural areas, who are living on a fixed income and at risk of malnutrition, with nutritious food options. Funded by a United Way grant, this program includes monthly food boxes delivered to home delivered meal recipients and weekend food bags given to congregate meal recipients every other week.



Janet Buls, HVAAA Livable Communities Coordinator with N4A display.

Packed by the Food Bank, these boxes and bags are filled with non-perishable foods, staples, and fresh produce when available. The Food Bank delivers the boxes and bags to the senior centers for delivery and distribution.

Hawkeye Valley was also honored with an *Aging Achievement Award* for providing menu choices as it serves as a model for other agencies seeking new and effective approaches to address the needs of older residents and their families in local communities.

The planning for the program began when Hawkeye Valley noticed that there was a decrease in the number of congregate meals served. It was suggested to offer two menu choices and let the consumers choose which meal they would like thus improving their nutritional intake. This program started with congregate meal consumers having a choice three days a week. One day is a different entree but the same side foods, one day is a "lighter" menu with salads or soup and sandwich, and the third day is a "Chef Special". Consumers choose the day before. Menu choices are posted at congregate meal sites, on program calendars, and in the agency newsletter. Each consumer is given a checker based on their menu selection when they arrive so servers know which meal to give them. In January, 2008 options became available five days a week and home delivered meal consumers began receiving choices in September. A menu is given to home delivered consumers by volunteers delivering the meals on the third Monday of the month. Consumers are asked to mark their preference and returned it via the volunteer by the end of that week. If their menu is not returned, they automatically get the first menu choice.

As a result of the Choices Program, consumers are happier, they have a chance to make a choice, the number of complaints received has decreased to almost none because they made the choice and if they didn't like it, they know the next time not to order it. Hawkeye Valley has increased in congregate meal numbers and opened five new satellites during the past year. Hawkeye Valley hopes to see nutritional risk scores improve through this program.

Many of the Hawkeye Valley staff were skeptical of this change at first but in a few months admitted it is better for the consumer and not as much work as they thought it would be. Any agency should be able to replicate this program with the help of all the parties that need to be involved and if they keep in mind older adults need and want choices and they are the consumers so let's give them what they want.



Iowa Administrative Code- 17- 7.15 Food Standards

17-7.15 (231)*The AAA or contractor shall, when purchasing food and preparing and delivering meals, comply with all state and local health laws and ordinances concerning preparation, handling and serving food.*

7.15(4) *Standardized, tested quantity recipes, adjusted to yield the number of servings needed, shall be used to achieve the consistent and desirable nutrient quality and quantity of meals.*

Quality recipes for quantity food service must provide the information needed to produce a desirable product in the correct quantity, every time it is made. Standardized recipes are helpful in training new cooks or when a substitute must do the preparation. Using a standardized recipe, the exact quantity of ingredients can be ordered and the number of portions that will be prepared can be accurately predicted.

Recipe standardization is the process of making a recipe suit a specific purpose in a particular foodservice operation; including the nutrient requirements and cost restraints. Tested recipes are the easiest to standardize because they are already written using quantity food production methods and equipment. However, a tested recipe is not standardized until it is used in a specific facility. It is not possible to purchase standardized recipes. Tested recipes can be obtained, but the standardization must occur in each production unit. When a recipe is standardized for one facility, it would have to be standardized again for use when there are any changes in equipment or production methods, as well as major changes in food products purchased.

To be standardized, a recipe must be prepared in the quantity that is usually served. It is generally necessary to prepare the recipe several times to complete the standardization. The quantity prepared the first time will vary according to the yield of the original recipe because a recipe usually is increased from the original size by doubling the quantity, preparing the recipe, and evaluating it. When a satisfactory product is made in this quantity, it is ready to be increased again.

An important part of recipe standardization is selecting the portion size. The yield of the recipe is based on portions that are all the same size (using standard serving utensils or scales). The yield of the recipe being tested must be determined. To accurately count the yield in portions, extra care must be taken to make every portion the correct size. The portion size is decided on by the nutritional needs of the client and the portion size used in the nutrition analysis. Varying the portion size will invalidate the time and effort put into developing a menu and nutrient analysis that meets the menu nutrient requirements. Additionally, varying the portion size will impact food cost-larger sizes can significantly increase food costs and will also provide

additional nutrients like sodium that needs to be limited to meet the nutrient requirements. This information about menu standardization is from the Food Preparation Study Course developed by the Iowa Dietetic Association which can be obtained at <http://www.amazon.com/Food-Preparation-Study-Course-Scientific/dp/0813827116>. Standardized recipes need to be in each preparation kitchen and used. Menus with portion sizes need to be posted and used during serving to ensure IAC 7.15(4) is met.

Health Care Reform –Affordable Care Act

Information from Kathleen Sebelius, Secretary of Health & Human Services

The Affordable Care Act passed by Congress and signed by President Obama this year will provide you and your family greater savings and increased quality health care. It will also ensure accountability throughout the health care system so that you, your family, and your doctor—not insurance companies—have greater control over your care.

These are needed improvements that will keep Medicare strong and solvent. Your guaranteed Medicare benefits won't change—whether you get them through Original Medicare or a Medicare Advantage plan. Instead, you will see new benefits and cost savings, and an increased focus on quality to ensure that you get the care you need.

This brochure provides you with accurate information about the new services and benefits to help you and your family now and in the future. The Centers for Medicare & Medicaid Services (the federal agency that runs the Medicare, Medicaid, and Children's Health Insurance Program) will continue to provide you with up-to-date information about these new benefits and will ensure that your personal information is safe.

Remember—rely on your trusted sources of information when it comes to accurate information about Medicare. Don't give your personal Medicare information to anyone who isn't a trusted source.

What Stays the Same? The guaranteed Medicare benefits you currently receive will remain the same. During open enrollment this fall, you will continue to have a choice between Original Medicare and a Medicare Advantage plan. Medicare will continue to cover your health costs the way it always has, and there are no changes in eligibility. But, there are some important benefits that you and your family can take advantage of starting this year. Look for more details in your Medicare and You Handbook coming this fall.

Improvements in Medicare You Will See Right Away

More Affordable Prescription Drugs

- If you enter the Part D “donut hole” this year, you will receive a one-time, \$250 rebate check if you are not already receiving Medicare Extra Help. These checks will begin mailing in mid-June, and will continue monthly throughout the year as beneficiaries enter the coverage gap.
- Next year, if you reach the coverage gap, you will receive a 50% discount when buying Part D-covered brand-name prescription drugs.
- Over the next ten years, you will receive additional savings until the coverage gap is closed in 2020.

Important New Benefits to Help you Stay Healthy

- Next year you can get free preventive care services like colorectal cancer screening and mammograms. You can also get a free annual physical to develop and update your personal prevention plan based on current health needs.

Improvements to Medicare Advantage

- Today, Medicare pays Medicare Advantage insurance companies over \$1,000 more per person on average than Original Medicare. These additional payments are paid for in part by increased premiums by all Medicare beneficiaries—including the 77% of seniors not enrolled in a Medicare Advantage plan.
- The new law levels the playing field by gradually eliminating Medicare Advantage overpayments to insurance companies.
- If you are in a Medicare Advantage plan, you will still receive guaranteed Medicare benefits.
- Beginning in 2014, the new law protects Medicare Advantage members by taking strong steps to ensure that at least 85% of every dollar these plans receive is spent on health care, rather than administrative costs and insurance company profits.

Improvements in Medicare You Will See Soon Better Access to Care

- Your choice of doctor will be preserved.
- The law increases the number of primary care doctors, nurses, and physician assistants to provide better access to care through expanded training opportunities, student loan forgiveness, and bonus payments.
- Support for community health centers will increase, allowing them to serve some 20 million new patients.

Better Chronic Care

- Community health teams will provide patient-centered care so you won't have to see multiple doctors who don't work together.
- If you're hospitalized, the new law also helps you return home successfully—and avoid going back—by helping to coordinate your care and connecting you to services and supports in your community.

Improvements Beyond Medicare That You and Your Family Can Count On

Improves Long-Term Care Choices

- New tools and resources in the Elder Justice Act, which was included in the new law, will help prevent and combat elder abuse and neglect, and improve nursing home quality.
- The new law creates a new voluntary insurance program called CLASS to help pay for long-term care and support at home.
- Individuals on Medicaid will receive improved home- and community-based care options, and spouses of people receiving home- and community-based services through Medicaid will no longer be forced into poverty.

Helps Early Retirees

- To help offset the cost of employer-based retiree health plans, the new law creates a program to preserve those plans and help people who retire before age 65 get the affordable care they need.

Helps People with Pre-existing Conditions

- The new law provides affordable health insurance through a transitional high-risk pool program for people without insurance due to a pre-existing condition.
- Insurance companies will be prohibited from denying coverage due to a pre-existing condition for children starting in September, and for adults in 2014.
- Insurance companies will be banned from establishing lifetime limits on your coverage, and use of annual limits will be limited starting in September.

Expands Health Coverage for Young People

- Young people up to age 26 can remain on their parents' health insurance policy starting in September.

The New Law Preserves and Strengthens Medicare

New Tools to Fight Fraud and Protect Your Medicare Benefits

- The new law contains important new tools to help crack down on criminals seeking to scam seniors and steal taxpayer dollars.
- It reduces payment errors, waste, fraud, and abuse to make Medicare more efficient and return savings to the Trust Fund to strengthen Medicare for years to come.
- You are an important resource in the fight against fraud. Be vigilant and rely only on your trusted sources of information about your Medicare benefits.
- Call 1-800-MEDICARE if you have any questions or want to report something that seems like fraud.

Keeps Medicare Strong and Solvent

- Over the next 20 years, Medicare spending will continue to grow, but at a slightly slower rate as a result of reductions in waste, fraud, and abuse. This will extend the life of the Medicare Trust Fund by 12 years and provide cost savings to those on Medicare.
- In 2018, seniors can expect to save on average almost \$200 per year in premiums and over \$200 per year in co-insurance compared to what they would have paid without the new law.
- Upper-income beneficiaries (\$85,000 of annual income for individuals or \$170,000 for married couples filing jointly) will pay higher premiums. This will impact about 2% of Medicare beneficiaries.

For more information about the new health care law now, visit www.medicare.gov. If you have any questions, call 1-800-MEDICARE (1-800-633-4227) or your State Health Insurance Assistance Program (SHIIP).

Benefits of Brushing Teeth

A recent study showed that individuals who do not brush their teeth twice a day have an increased risk of heart disease, a new study shows. It is known that inflammation in the body (including mouth and gums) plays an important role in the buildup of atherosclerosis.

Study participants generally had good oral hygiene practices, with 62% of participants saying they visited the dentist every six months and 71% reporting that they brushed their teeth twice a day. They found that participants who reported less frequent tooth brushing had an increased risk of heart disease compared with people who brushed their teeth twice a day.

The study suggests a possible role of poor oral hygiene in the risk of cardiovascular disease via systemic inflammation including the association between periodontal disease and the increased risk for cardiovascular disease.

Vitamin D and Mental Agility in Older Adults

Alzheimer's disease, the most common form of age-related dementia, affects about 47 percent of adults aged 85 years or older in the United States. Identifying nutritional factors that impact cognitive functioning and help preserve independent living provides economic and public health benefits.

Metabolic pathways for vitamin D have been found in the hippocampus and cerebellum areas of the brain involved in planning, processing, and forming new memories. A 2009 study involving more than 1,000 participants receiving home care suggests that vitamin D may be implicated in cognitive processes. Older adults requiring home care have a higher risk of not getting enough vitamin D because of limited sunlight exposure and other factors.

The study group participants, ages 65 to 99 years, were grouped by their vitamin D status, which was categorized as deficient, insufficient, or sufficient. Only 35 percent had sufficient vitamin D blood levels. They had better cognitive performance on the tests than those in the deficient and insufficient categories, particularly on measures of more complex functions. The study appears in the [*Journals of Gerontology, Series A, Biological Sciences and Medical Sciences*](#)



SHIP Services: You may be able to save on your prescription drug costs!

To qualify – Must be below **\$12,510** for an individual or **\$25,010** for a married couple living together. Resources include items such as bank accounts, stocks, bonds, CD's, Individual Retirement Accounts or other similar investments. Your home, car and life insurance are **NOT** counted.

Annual Income – Must be below **\$16,245** for an individual or **\$21,855** for a married couple living together. Income includes Social Security, Railroad Retirement, Veteran's benefits, pensions, annuities, or wages from employment.

Apply any time of the year. For help applying call your Local SHIP sponsor @ 800 / 351 - 4664 SHIP services are free, confidential and objective

Snacking can be good for older adults

A recent study published in the Journal of the American Dietetic Association showed that in older adults, as snacking frequency increased, daily intakes of vitamins A, C, and E and beta carotene increased. Daily intakes of magnesium, copper, and potassium also increased as snacking frequency increased. Eating healthy snacks on a regular basis, can be a good way to improve overall nutritional intake for the day.



Eating Right for Older Adults

Eating right doesn't have to be complicated. Start with the following recommendations from the *Dietary Guidelines for Americans*:

A Healthy Eating Plan:

- Emphasizes fruit, vegetables, whole grains and low-fat or fat-free milk and milk products.
- Includes lean meats, poultry, fish, beans, eggs and nuts.
- Is low in saturated fats, trans fats, cholesterol, salt (sodium) and added sugars.

Make Your Calories Count

Think nutrient-rich rather than “good” or “bad” foods. The majority of your food choices should be packed with vitamins, minerals, fiber and other nutrients—and lower in calories. Most older adults need fewer calories than in younger years. Making smart food choices can help you stay healthy, manage your weight and be physically active.

Focus on Variety

Eat a variety of foods from all the food groups to get the nutrients your body needs. Fruits and vegetables can be fresh, frozen or canned. Include more dark green vegetables such as leafy greens and broccoli and orange vegetables like carrots and sweet potatoes. Vary your protein choices with more fish, beans and peas. And, eat at least 3 ounces of whole grain cereals, breads, crackers, rice or pasta every day.

Know Your Fats

Look for foods low in saturated fats, *trans* fats and cholesterol to help reduce the risk of heart disease. Most of the fats you eat should be polyunsaturated and monounsaturated fats. Check the Nutrition Facts panel on food labels for total fat and saturated fat.

Physical Activity for Fitness and Health

Balancing physical activity and a healthful diet is your best recipe for managing weight and promoting overall health and fitness. Set a goal to be physically active at least 30 minutes every day. You can break up your physical activity into 10 minute sessions throughout the day. If you are currently inactive, start with a few minutes of activity such as walking. Then gradually increase the minutes as you become stronger.

Need help eating right and staying active?
Visit www.eatright.org and www.MyPyramid.gov.

How Many Calories Do I Need?

The number of calories you need each day depends on your age, gender and activity level. The estimated calorie needs for adults age 51 and older are listed in the chart below.

For women who are:

Sedentary (not active) 1,600 calories/day
Moderately active 1,800 calories/day
Active 2,000 calories/day

For men who are:

Sedentary 2,000 calories/day
Moderately active 2,200 to 2,400 calories/day
Active 2,400 to 2,800 calories/day

Sample MyPyramid Plan

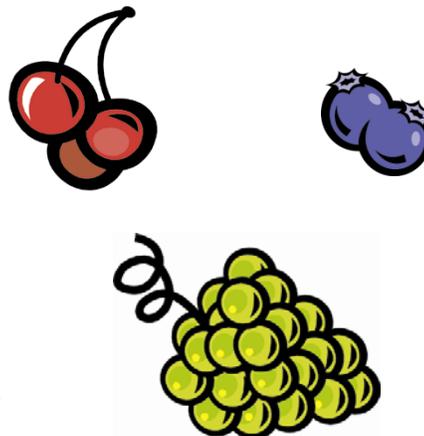
This is a sample daily eating plan for a 1,800 calorie food pattern. Your calorie needs may be more or less. For a personalized MyPyramid Plan and more information about the food groups, go to www.mypyramid.gov.

Food Group	Amount
Grains	6 ounces
Vegetables	2 ½ cups
Fruits	1 ½ cups
Milk	3 cups
Meat & Beans	5 ounce

Oils & Discretionary Calories:

Aim for 5 teaspoons of oils a day.

Limit extra fats and sugars to 195 calories a day.



Special Nutrient Needs

Calcium and Vitamin D

Older adults need more vitamin D and calcium to help maintain bone health. Include three servings of vitamin D-fortified, low-fat or fat-free milk and yogurt each day. Other calcium-rich foods are fortified cereals and fruit juices, dark green leafy vegetables and canned fish with soft bones. If you take a calcium supplement or multivitamin, choose one that contains vitamin D.

Vitamin B12

Many people over 50 years old do not get enough vitamin B12. Fortified cereal, lean meat and some fish and seafood are sources of vitamin B12. Ask your doctor or dietitian if you need a vitamin B12 supplement.

Fiber

Eat more fiber-rich foods to help stay regular. Fiber also can help lower your risk for heart disease, control your weight and prevent type 2 diabetes. Choose whole grain breads and cereals and include more beans and peas. Fruits and vegetables also provide fiber.

Potassium

Increasing your intake of potassium along with reducing sodium (salt) may lower your risk of high blood pressure. Fruits, vegetables and low-fat or fat-free milk and yogurt are good sources of potassium. Also, choose and prepare foods with little or no added salt.

For a referral to a registered dietitian and for additional food and nutrition information contact your Area Agency on Aging.

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RESOURCES



Health Promotion

- **Falls Prevention Awareness Day 2010:** [National Falls Prevention Awareness Day](#) is observed on the first day of fall to promote and increase public awareness about how to prevent and reduce falls among older adults. The National Council on Aging has examples for community and state events.
<http://www.healthyagingprograms.org/content.asp?sectionid=149>
- **Matter of Balance** is an evidence-based program that addresses the fear of fall and reduces the incidence of falls. The program is being offered in numerous locations in Iowa with the assistance of the Iowa Healthy Links Program. For more information about the program visit http://www.mainehealth.org/mh_body.cfm?id=432 and for Iowa locations <http://www.IowaHealthyLinks.org>
- **Tai Chi Instructor Trainings:** The Consortium for Older Adult Wellness in Colorado is offering wellness training suitable for beginners and can be taken with no prior Tai Chi experience. Visit [COAW.org](#) to enroll for classes and lodging online or contact Pam Allen Pam@COAW.org 720-331-2371.
- **Standard Part D cost-sharing amounts for 2011** and information on upcoming training opportunities on the topic of appeals... and the Center for Benefit's latest Issue Brief to help *you* help your "un-deemed" LIS clients retain and regain their Extra Help benefit. Read the [MyMedicareMatters Weekly Update](#) at <http://www.mymedicarecommunity.org/showthread.php?p=5039#post5039>.
- **Older Americans 2010: Key Indicators of Well-Being:** Today's older Americans enjoy longer lives and better health than did previous generations. These and other trends are reported in this report, a unique, comprehensive look at aging in the United States from the Federal Interagency Forum on Aging-Related Statistics. Older Americans 2010: Key Indicators of Well-Being are available online at www.agingstats.gov. Single printed copies of Older Americans 2010: Key Indicators of Well-Being are available at no charge through the National Center for Health Statistics while supplies last. Requests may be made by calling 1-866-441-6247 or by sending an e-mail to: nchsquery@cdc.gov.
- **Sodium Intake in Adults:** Less than 10 percent of American adults limit their daily sodium intake to recommended levels, according to a new report, "Sodium Intake in Adults – United States, 2005-2006," Overconsumption of sodium may have negative health effects, including increasing average levels of blood pressure. High blood pressure is a major risk factor for heart disease and stroke. This report also finds that most sodium in the American diet comes from grains and meats, foods that may not necessarily taste salty. The report can be accessed at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5924a4.htm?s_cid=mm5924a4_e%0d%0a
- **BenefitsCheckUp Adds New Food Programs:** Three federally funded food assistance programs have been added to online benefits resources—the Commodity Supplemental Food Program, the Emergency Food Assistance Program, and the Senior Farmers' Market Nutrition Program. All are integrated into the site's free comprehensive screening

process for older adults with limited means. Visit http://www.ncoa.org/press-room/press-release/benefitscheckup-beefs-up.html?utm_source=NCOAWeek

- **Tool to compare your own Health Care and coverage options:** A new on-line tool will provide new information and resources that will help access quality, affordable health care coverage. Called for by the Affordable Care Act, [HealthCare.gov](http://www.healthcare.gov) is the first website to provide consumers with both public and private health coverage options tailored specifically for their needs in a single, easy-to-use tool. As the health care market transforms, so will [HealthCare.gov](http://www.healthcare.gov). In October, 2010, price estimates for health insurance plans will be available online. In the weeks and months ahead, new information on preventing disease and illness and improving the quality of health care for all Americans will also be posted. The website also includes a series of opportunities where users can indicate whether pages were helpful to them and we will continue to seek user feedback to grow and strengthen the site at <http://www.healthcare.gov/>.

Mental Health



- **Iowa Coalition on Mental Health and Aging** goals are to make mental wellness for older adults a priority; promote mental wellness with emphasis on prevention, early intervention, evidence based treatment and recovery, increase the number of qualified providers of evidence based mental health services to older adults; integrate health and mental health services for older lowans; and increase the capacity and impact of ICMHA and its efforts throughout the state. Sign up and view the resources at www.icmha.org and www.ncmha.org. Did you know- 1.Older adult depression is associated with the highest rate of suicide. 2. Prevention of depression in older adults is possible.

Health Care Reform



- **Health Care Reform and Family Caregivers** provides an overview of the provisions in recently-passed health care reform legislation that will have the most direct impact on family caregivers. These include provisions related to long-term care, including the CLASS Act, care quality and coordination, health insurance coverage, and health care workforce development. Information can be here: <http://caregiver.org/caregiver/jsp/content/pdfs/HCR%20provisions%20for%20caregivers-2010.pdf>
- **Spanish Health Care Reform Brochure** describing changes as a result of health care reform and other information (from several sources) can be found on the National Legal Resource Center Web site at: http://www.nlrc.aoa.gov/nlrc/Legal_Issues/Health_Care/Health_care_reform.aspx

Emergency Preparedness



- Public Health Resources: There has been no shortage of examples in the past few years to remind us how quickly you could find yourself in the middle of an emergency. Visit this Public Health website for information and resources
http://action.apha.org/site/PageNavigator/Getready_Pledge

Caregiving



- The Alzheimer's Assn has new tips for Alzheimer's caregivers concerned about their loved one's driving and safety:
http://www.alz.org/safetycenter/we_can_help_safety_driving.asp#

Outreach



- **What Works: Massachusetts Senior Benefits Expos** explores promising strategies at the Federal, State and local levels to improve outreach and enrollment in public benefits programs
<http://www.centerforbenefits.org/NCOA%20What%20Works%20MA%20Expos.pdf> .
- **Toolkit for Serving Diverse Communities:** provides the Aging Network with a replicable and easy-to-use method for providing services for any diverse community. The Toolkit can be found at:
http://www.aoa.gov/AoAroot/Press_Room/For_The_Press/pr/archive/2010/June/DiversityToolkit.aspx

Volunteers



- **Volunteering in America:** New federal report shows greatest spike in volunteers since 2003. The complete report can be accessed at <http://www.volunteeringinamerica.gov/>. To hear a video presentation about the report by the Corporation for National and Community Service, go to http://www.nationalservice.gov/about/newsroom/releases_detail.asp?tbl_pr_id=1777

Did You Know



Grains are the seeds of plants. They are usually milled before they are used as food. Milling usually means that the bran and husk surround the grain seed are removed. Then the seeds are ground in a process that converts the grain into flour or other products. The product's use and name often depend on how much of the bran is left.

Grain Glossary

Whole grains- The least processed grains. The outer husk is removed (hulled). The Dietary Guidelines for Americans encourages eating at least 3 oz. of whole grain products daily. One ounce is about one slice of bread, one cup of breakfast cereal, or ½ cup of cooked rice, cereal or pasta.

Pearled or polished grains- Grains that have the brown bran outer coating of the kernel wholly or partially removed.

Steel-cut or cracked grains- Grains that are cut into small pieces, from fine to very course.

Flakes or rolled- Grain kernels that are sliced and then flattened between rollers.

Meal-Grain that is coarsely ground to a gritty consistency.

Bran or polishing- the coarsely ground or finely shredded outer husk. It is full of B vitamins, trace minerals, and fiber.

Germ- A coarse meal made from the sprout, or embryo, found inside the kernel. It has the highest concentration of nutrients, including B vitamins, trace minerals and some proteins. It also contains fat, which increases its perishability.

Flour- Grain ground into a powder

Grains- How many different kinds do you eat?

Amaranth
Barley
Buckwheat
Corn
Flax
Millet

Oats
Quinoa
Rice
Rye
Wheat
Wild Rice

Source: Encyclopedia of Foods: A Guide to Healthy Nutrition. 2002 Dole Food Company, Inc.

Iowa 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/>.

Iowa Department on Aging

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