



# 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 and health promotion activities. This issue provides information on the 2010 Dietary Guidelines and information from OAA. It also includes information about activities from several AAAs, efforts to reduce sodium, Better Choices, Better Health On-Line Program, identifying depression and a milk quality check list. This issue has many resources for health promotion.



### 2010 Dietary Guidelines- Food and Nutrients to Increase

(Information accessed from <http://www.health.gov/DietaryGuidelines/>)

A wide variety of nutritious foods are available in the United States. However, many Americans do not eat the array of foods that will provide all needed nutrients while staying within calorie needs. In the United States, intakes of vegetables, fruits, whole grains, milk and milk products, and oils are lower than recommended. As a result, dietary intakes of several nutrients—potassium, dietary fiber, calcium, and vitamin D—are low enough to be of public health concern.

### Key Recommendations

Individuals should meet the following recommendations as part of a healthy eating pattern while staying within their calorie needs:

- Increase vegetable and fruit intake.
- Eat a variety of vegetables, especially dark-green and red and orange vegetables and beans and peas.
- Consume at least half of all grains as whole grains. Increase whole-grain intake by replacing refined grains with whole grains.

- Increase intake of fat-free or low-fat milk and milk products, such as milk, yogurt, cheese, or fortified soy beverages.
- Choose a variety of protein foods, which include seafood, lean meat and poultry, eggs, beans and peas, soy products, and unsalted nuts and seeds.
- Increase the amount and variety of seafood consumed by choosing seafood in place of some meat and poultry.
- Replace protein foods that are higher in solid fats with choices that are lower in solid fats and calories and/or are sources of oils.
- Use oils to replace solid fats where possible.
- Choose foods that provide more potassium, dietary fiber, calcium, and vitamin D, which are nutrients of concern in American diets. These foods include vegetables, fruits, whole grains, milk and milk products.

**Individuals ages 50 years and older:** Consume foods fortified with vitamin B12, such as fortified cereals, or dietary supplements.

## Grains

In the U.S. marketplace, consumers have a wide variety of grain-based food options. Although Americans generally eat enough total grains, most of the grains consumed are refined grains rather than whole grains. Some refined grain foods also are high in solid fats and added sugars.



Whole grains are a source of nutrients such as iron, magnesium, selenium, B vitamins, and dietary fiber. Whole grains vary in their dietary fiber content. Moderate evidence indicates that whole-grain intake may reduce the risk of cardiovascular disease and is associated with a lower body weight. Limited evidence also shows that consuming whole grains is associated with a reduced incidence of type 2 diabetes. Consuming enough whole grains helps meet nutrient needs. Choosing whole grains that are higher in dietary fiber has additional health benefits.

### Whole, refined, and enriched grains: what's the difference?

**Whole grains** include the entire grain seed, usually called the kernel. The kernel consists of three components—the bran, germ, and endosperm. If the kernel has been cracked, crushed, or flaked, then, to be called a “whole grain” a food must retain the same relative proportions of these components as they exist in the intact grain. Whole grains are consumed either as a single food (e.g., wild rice or popcorn) or as an ingredient in foods (e.g., in cereals, breads, and crackers). Some examples of whole-

grain ingredients include buckwheat, bulgur, millet, oatmeal, quinoa, rolled oats, brown or wild rice, whole-grain barley, whole rye, and whole wheat.

**Refined grains** have been milled to remove the bran and germ from the grain. This is done to give grains a finer texture and improve their shelf life, but it also removes dietary fiber, iron, and many B vitamins.

**Enriched grains** are grain products with B vitamins (thiamin, riboflavin, niacin, folic acid) and iron added. Most refined-grain products are enriched.

At least half of recommended total grain intake should be whole grains. (See Chapter 5 for specific information and recommendations.) Less than 5 percent of Americans consume the minimum recommended amount of whole grains, which for many is about 3 ounce-equivalents per day. On average, Americans eat less than 1 ounce-equivalent of whole grains per day.

### **Recommendations for Dietary Intake**

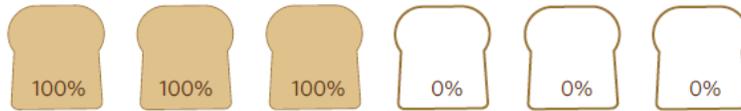
Americans should aim to replace many refined-grain foods with whole-grain foods that are in their nutrient-dense forms to keep total calorie intake within limits. When refined grains are eaten, they should be enriched. Individuals may choose to consume more than half of their grains as whole grains. To ensure nutrient adequacy, individuals who consume all of their grains as whole grains should include some that have been fortified with folic acid, such as some ready-to-eat whole-grain cereals.

The recommendation to consume at least half of total grains as whole grains can be met in a number of ways (Figure 4-1). The most direct way to meet the whole grain recommendation is to eat at least half of one's grain-based foods as 100% whole-grain foods. If the only grains in the ingredients list are whole grains, the food is a 100% whole-grain food. The relative amount of grain in the food can be inferred by the placement of the grain in the ingredients list. The whole grain should be the first ingredient or the second ingredient, after water. For foods with multiple whole-grain ingredients, they should appear near the beginning of the ingredients list.

Many grain foods contain both whole grains and refined grains. These foods also can help people meet the whole grain recommendation, especially if a considerable proportion of the grain ingredients is whole grains. For example, foods with at least 51 percent of the total weight as whole-grain ingredients contain a substantial amount of whole grains. Another example is foods with at least 8 grams of whole grains per ounce-equivalent. Some product labels show the whole grains health claim or the grams of whole grain in the product. This information may help people identify food choices that have a substantial amount of whole grains.

**FIGURE 4-1. Three Ways to Make at Least Half of Total Grains Whole Grains<sup>a</sup>**

1. 3 ounces of 100% whole grains and 3 ounces of refined-grain products



2. 2 ounces of 100% whole grains, 2 ounces of partly whole-grain products,<sup>b</sup> and 2 ounces of refined-grain products



3. 6 ounces of partly whole-grain products



a. Each one-ounce slice of bread represents a 1 ounce-equivalent of grains: 1 one-ounce slice bread; 1 ounce uncooked pasta or rice; 1/2 cup cooked rice, pasta, or cereal; 1 tortilla (6" diameter); 1 pancake (5" diameter); 1 ounce ready-to-eat cereal (about 1 cup cereal flakes). The figure uses an example for a person whose recommendation is 6 ounces

of total grains with at least 3 ounces from whole grains per day. b. Partly whole-grain products depicted are those that contribute substantially to whole-grain intake. For example, products that contain at least 51% of total weight as whole grains or those that provide at least 8 grams of whole grains per ounce-equivalent.

## Older Americans Act – Area Plans Section 306

(4)(B) provide assurances that the area agency on aging will use outreach efforts that will—

(i) identify individuals eligible for assistance under this Act, with special emphasis on—

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement;

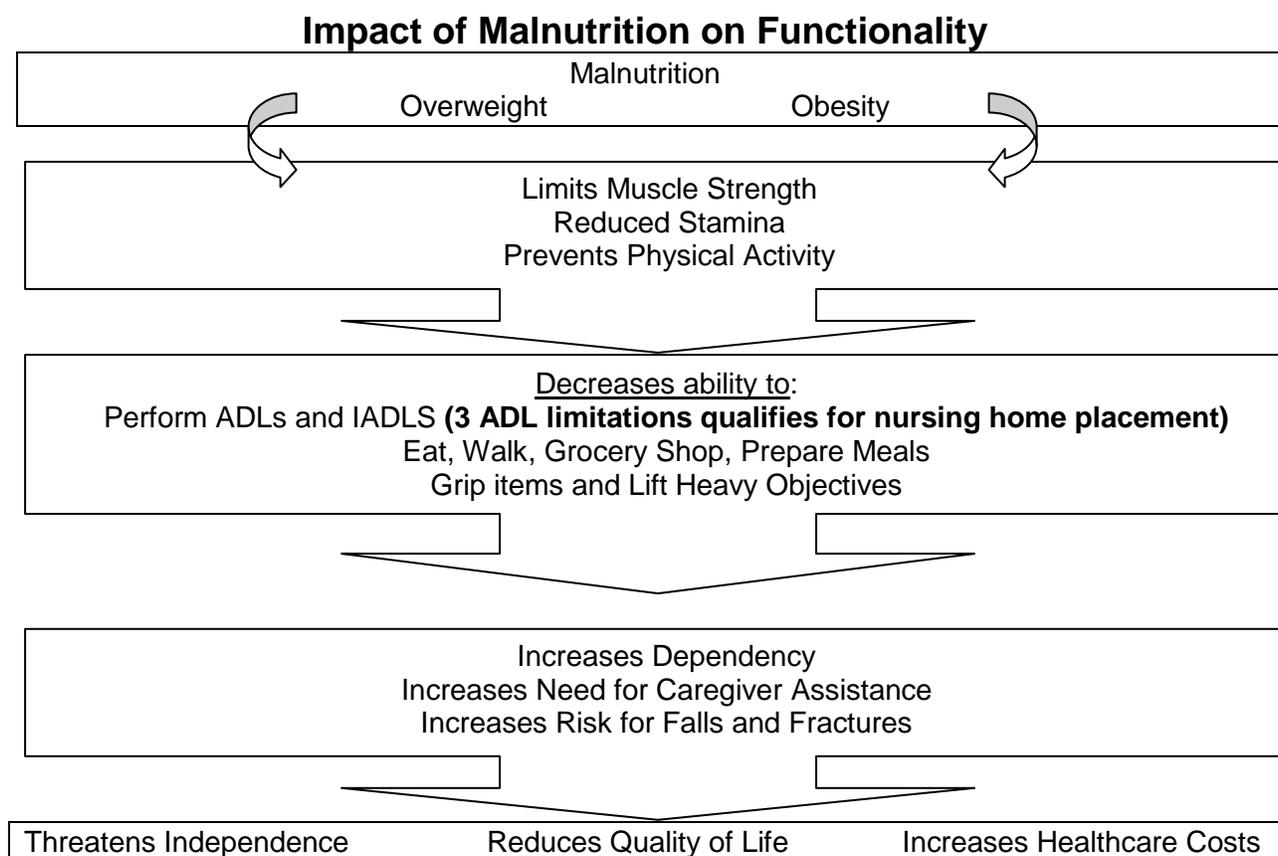


## Guidance on Citizenship/Alien Status as Applicable to Older Americans Act and other Programs Administered by the Aging Network

**POLICY:** Non-citizens, regardless of their alien status, must not be banned from services authorized by the Older Americans Act and wholly or partially funded with Federal resources based solely on their alien status.

### Risk for Institutional placement

High nutrition risk leads to declining health, loss of independence and risk for institutional placement.



**NAPIS Nutrition Related Data-** Usually we report nutrition program outcomes as the percentage improved or maintained nutrition risk score. This is just a different way of looking at NAPIS data regarding high nutrition risk. The following shows that a good number of meal participants actually improve nutrition score so they are no longer considered to be a nutrition risk (not just improved score but still at nutrition risk).

Over the past year, 39 percent of the congregate participants who were at high nutrition risk at the first screening were no longer at high nutrition risk at the second screening. For home delivered meal participants 25.9 percent were no longer at high nutrition risk at the second screening (usually 6 months). The data supports that the largest impact on improving nutrition outcomes and potentially reducing risk for institutionalization is with individuals receiving congregate meals.

## Generations AAA Celebrated VE Day at GenAge Cafes



New Age Andrew Sisters were put together to entertain the GenAge Cafes and honor the talents of the original Andrew Sisters, immensely talented singers who helped boost the World War II morale of many of the seniors we serve today. Generations hosted a Victory Celebration Dinner on May 11th at all of the GenAge Cafes in Scott and Clinton Counties that commemorated the 66th Anniversary of the WWII Victory in Europe (May 8, 1945.) GenAge Cafes served recipes that reflected WWII rationing of those days. This event received recognition in the Quad City Times newspaper.



**Catherine Pratscher-Woods**, Assistant Director **Jan Harper**, Program Coordinator for Choices Connection, a community partnership with local hospitals for advance healthcare directives. **Wendi Laake**, Family Caregiver, **Sandy Tinker**, Lead Employment Specialist for the Senior Internship Program. **Cheryl Badolato**, Case Management Director.

## Heritage AAA Revitalizing Experience by Tim Getty

After the historic Floods of 2008, The Heritage Agency's partner providers had facilities that were either heavily damaged or destroyed, losing most of their contents. In the rebuilding and redevelopment, there was some opportunity to revitalize the meal site and enhance the participants' dining experience. The Witwer Center lost every plastic tray that their participants used on a daily basis. In working with the Witwer Center, the Heritage Agency suggested that the Witwer Center consider using china plates instead of purchasing replacement trays. This concept was used to modernize their program. The cost of the dishware was not much more than the trays, in fact, the Witwer Center ended up receiving more dishware for the same amount of money they would have used to purchase plastic trays. The participants like the china and participation has increased. The Witwer Center is in the process of switching its nine dining sites to china where possible. A partnership was established with a local restaurant supply company, who donated some customer returns. Witwer purchased the vast majority of the china with recovery funds.

## Seneca AAA Volunteer Recognition Day

by Pam O'Leary

The Leisure Lounge Senior Center in Albia held their annual Volunteer Appreciation Brunch on Friday, April 29<sup>th</sup>. Each spring, during National Volunteer month, local volunteers are invited to gather for recognition of the time and dedication they have shown to the Senior Center. In keeping with this year's theme, "Volunteers are Rays of Sunshine!" the decorations included a 5-foot sun, complete with "rays" and clouds. It was a big hit! Bright-colored tablecloths and fresh flowers were also used.



A nutritious brunch was served. "Beach Boys" music played during the meal and the drawing of door prizes. Door prizes were provided by the generosity of Julia Harrell Miller memorial trust fund. With over 50 door prizes, ranging from chocolate truffles, lawn chairs and gift certificates to bird feeders, tomato plants and summer essentials (sunscreen, chap stick and a visor), each guest won a prize. The program concluded with an announcement that included a specially written thank you note. The local newspaper has posted an article and photos from the celebration. The volunteers expressed their thankfulness for the recognition.

## Mapleton Tornado Puts Meal Site in Spotlight

by Vicky Lohry,  
Nutrition Administration Assistant, Siouxland Aging Services

Sunday April 10, 2011, Mapleton Iowa was hit by a tornado. Some newspaper quotes: "Tornado takes everything but lives"; "It's like Katrina without the boats".

Amazingly with all the destruction, our meal site at the community center and the church were two buildings left untouched by Mother Nature's forces. The community center was immediately set up as the command center for the Red Cross so congregate meals were put on hold for several days. During that time Hy-Vee had donated food and meals for anyone who needed them (all ages). The health inspector checked the kitchen and required the contents of the refrigerator be discarded due to loss of power, so loss was minimal. The food supplies in the storeroom and freezers were safe to use. AAA concerns: 1) The volunteers that had been donating their time and efforts were getting meals from the Red Cross. When the congregate site reopened, what would be the funding source for volunteers' meals? Thankfully after some discussion we were able to feed them through the congregate site using SLP funds. 2) How to use the food donations? The best solution was to give the donated food to the Red Cross for distribution to the citizens of Mapleton.

On Monday April 25<sup>th</sup>, congregate meals were restarted. On the upside, with the Mapleton Meal Site being command central for a week, there is not a person in Mapleton who is not familiar with our congregate meal site now. We anticipate seeing an upswing in meal counts.

## Efforts Continue to Reduce Sodium in our Foods

### Cheese types vs. National Sodium Reduction Initiative (NSRI) targets

Sodium levels in cheeses	Sodium Study* Average Sodium			NSRI 2012 Target			NSRI 2014 Target		
	mg/100g	mg/1oz serving	% DV	mg/100g	mg/1oz serving	% DV	mg/100g	mg/1oz serving	% DV
Cheddar	615	174	7	630	179	7	600	170	7
Mozzarella	666	189	8	630	179	7	600	170	7
Process Singles	1242	352	15	1250	354	15	1040	295	12

% DV = % Daily Value



\*Agarwal S, McCoy D, Graves W, Gerard PD, Clark S. Sodium Content in Retail Cheddar, Mozzarella and Process Cheeses Varies Considerably in the United States, *Journal of Dairy Science*, March 2011.

The 2010 Dietary Guidelines for Americans recommend older adults consume less than 1500 mg sodium daily. Unfortunately, much of the sodium in our food is hidden and is beyond our control. To reduce our sodium consumption it will be essential for food manufactures and restaurants to get involved and help us out. Currently, food packaging labels must identify the amount of sodium in a serving so you can select lower sodium food choices. Restaurants (with 20+ locations) have a new requirement to identify nutrients including sodium in their foods. There are many large food manufacturers like Kraft who are in the National Sodium Reduction Initiative that have pledged to reduce the sodium in their products. The following articles provide examples of the sodium content in some foods.

#### Wendy's Natural Cut Fries: Better Tasting, Yes. Natural, No

Wendy's new French fries contain 500 milligrams of sodium in a medium sized order, up 43 percent from the chain's previous recipe. Bnet (4/15)

<http://www.bnet.com/blog/food-industry/wendy-8217s-natural-cut-fries-better-tasting-yes-natural-no/2923>

#### Subway Cuts Salt in 'Fresh Fit' Sandwiches

This article highlights Subway's plan to cut the sodium levels of its "Fresh Fit" sandwiches by 28 percent and includes a video segment comparing salt levels in common foods. Good Morning America (4/18)

<http://abcnews.go.com/Health/subway-cuts-salt-fresh-fit-sandwiches/story?id=13399837>

### [Burger Chain Creates a Whopper of a Sandwich with Chicken, Beef, and Bacon](http://www.independent.co.uk/life-style/food-and-drink/burger-chain-creates-a-whopper-of-a-sandwich-with-chicken-beef-and-bacon-2269315.html)

Burger King recently introduced a new sandwich with 69 grams of fat, 24 grams of saturated fat, and 2,300 milligrams of sodium. The Independent (4/17)

<http://www.independent.co.uk/life-style/food-and-drink/burger-chain-creates-a-whopper-of-a-sandwich-with-chicken-beef-and-bacon-2269315.html>

### [Seaboard Reduces Sodium](http://www.feedstuffs.com/ME2/dirmod.asp?sid=F4D1A9DFCD974EAD8CD5205E15C1CB42&nm=Breaking+News&type=news&mod=News&mid=A3D60400B4204079A76C4B1B129CB433&tier=3&nid=83D1F4B6110545AE8A90A08BF21C025B)

Seaboard Foods announced this week that it has reduced sodium in its line of PrairieFresh pork by 26 percent. Feedstuffs (4/21)

<http://www.feedstuffs.com/ME2/dirmod.asp?sid=F4D1A9DFCD974EAD8CD5205E15C1CB42&nm=Breaking+News&type=news&mod=News&mid=A3D60400B4204079A76C4B1B129CB433&tier=3&nid=83D1F4B6110545AE8A90A08BF21C025B>

## **Better Choices, Better Health™ Online Chronic Disease Self-Management Program**



### **How It Works**

Better Choices, Better Health™ (BCBH), the online Chronic Disease Self-Management Program developed at Stanford University, is a six-week workshop offered on a dedicated website. Classes consist of about 25 persons per workshop. BCBH does not require “real time” attendance (i.e., there are bulletin boards rather than chat rooms).

A pair of trained peer facilitators moderates each workshop. Each week, participants are asked to log on at least three times for a total of about two hours. Weekly activities include reading and interacting online, making and posting a weekly action plan, participating in problem solving and guided exercises on bulletin boards, and participating in any appropriate self-tests and activities. Participants are encouraged to post chronic disease-related problems on a bulletin board and help other group members with their problems.

### **Fostering Self-Efficacy**

As in other Stanford programs, BCBH helps participants gain a sense of control over their health-related functioning through enhanced self-efficacy.

### **For More Information**

If you would like more information about the On-Line Better Choices, Better Health™ program, please contact Jill Jackson-Ledford at: [Jill.Jackson-Ledford@ncoa.org](mailto:Jill.Jackson-Ledford@ncoa.org).

**Best teams communicate 200 times more than mediocre teams**  
*Author Unknown*



## How Do I Know If I'm Depressed?

(Information provided by Aging Resources Healthy Ideas Program)

**What Does Depression Feel Like?** In the past month, have you had little interest or pleasure in doing things? Are you feeling down, sad or hopeless? If the answer to either question is “yes,” you may suffer from depression. Depression is a feeling of sadness that lasts for many weeks and does not go away. It interferes with your daily activities and may keep you from eating, sleeping, or enjoying yourself. You may also feel more tired than usual and have difficulty concentrating or remembering.

Depression is not just “feeling blue” or “down in the dumps.” It is not just being sad or feeling grief after a loss. Depression is a medical disorder – just like diabetes, high blood pressure, or heart disease – that day after day affects your thoughts, feelings, physical health and behaviors.

**What Causes Depression?** Depression is usually caused by low levels or special brain chemicals that change the way the brain sends messages. These brain chemicals can change as we get older, but they can also change after a time of stress, after a medical illness, or after taking certain medications. Like many medical disorders, depression has an effective treatment that can relieve the bad feelings and thoughts. Treatment is available from your family doctor.

**When Should I Seek Help?** If you think you or someone you know might have depression, seek help quickly. Consider calling the Area Agency on Aging Information and Referral or ADRC person. Another option is to visit the Iowa Family Caregiver website (<http://iowafamilycaregiver.org/>) and under “search for services” enter depression then scroll down to your county for resources. The longer treatment is delayed, the more difficult depression is to treat. Remember, depression is not caused by personal weakness, laziness, or lack of will power. It is a medical illness that can be treated.

## Milk

Milk is a nutrient-rich powerhouse. Most of us like to drink it cold. Keep milk below 40 ° F will preserve quality and flavor. Shelf life of milk is shortened by 50 percent for every five degrees rise in temperature over 40°F-this includes delivery, storage and serving. Strive for 35°F- milk st fresh longest at this temperature.



# Food Service Resource



## Milk Quality Check List

Date: \_\_\_\_\_

School: \_\_\_\_\_

Check appropriate column: <i>Either YES, NO or N/A (not applicable in your cafeteria)</i>	YES	NO	N/A
<b>Delivery:</b> <i>Make sure you receive fresh, cold milk.</i>			
Do you test milk upon delivery for fresh smell, taste and a temperature between 35° and 40°F? ( <b>about 35°F is ideal</b> )			
• Actual temperature on delivery today is _____°F.			
Are milk containers clean and undamaged?			
Is the sell-by date far enough in advance to use milk?			
Is milk taken to refrigerated storage immediately upon delivery?			
<b>Storage – Walk-In Cooler/Reach-In Refrigerator:</b> <i>Keep milk cold and away from other foods.</i>			
Was milk rotated, with fresh milk to the back and bottom?			
Is milk stored away from all other foods? <small>(Milk develops off-flavors from other foods, especially produce.)</small>			
Is cooler/refrigerator temperature checked and recorded daily?			
Is cooler/refrigerator temperature between 35° and 40° F? ( <b>about 35°F is ideal</b> )			
• Actual temperature today is _____°F.			
Are spills wiped up immediately?			
Is cooler/refrigerator cleaned regularly?			
Is cooler door closed immediately after entering or exiting? <small>(For every minute door is left open, it takes 18 minutes to bring temperature back down.)</small>			
<b>Serving – Milk Cooler:</b> <i>Serve milk REALLY cold.</i>			
Was milk rotated, with fresh milk to the back and bottom?			
Are milk containers clean and undamaged?			
Is milk cooler temperature checked and recorded daily?			
Is milk cooler temperature between 35° and 40°F? ( <b>about 35°F is ideal</b> ) <small>(Form on back for multiple coolers.)</small>			
• Actual milk cooler temperature today is _____°F. <small>(Make sure your milk cooler thermometer is accurate by comparing with a calibrated food thermometer monthly.)</small>			
Is the temperature of milk checked daily at the beginning and end of lunch with a calibrated thermometer?			
Is the temperature of milk at the beginning and end of lunch between 35° and 40°F? ( <b>about 35°F is ideal</b> )			
• Actual milk temperature today at the beginning of lunch is _____°F.			
• Actual milk temperature today at the end of lunch is _____°F. <small>(Test milk from the highest level milk crate.)</small>			
Is milk cooler thermostat set so that milk is no warmer than 35°F at beginning of lunch service, but not cold enough to freeze?			

<b>(Milk Cooler...continued)</b>	YES	NO	N/A
Are all milk containers below load/chill line?			
Is milk cooler door kept closed until serving actually begins?			
Is milk cooler door closed during breaks in the serving line to keep milk cold?			
Are cooler curtains used on drop front coolers to maintain the cold? If yes, is the curtain clean and in good condition?			
Are fans in the serving area turned off when milk coolers are open? (Fans can pull cold air out of milk coolers, warming up milk.)			
Is milk cooler wiped out daily?			
Is milk cooler deep-cleaned at least weekly with soap and water and approved sanitizer? (Milk absorbs odor from cleaners such as ammonia and bleach; bleach damages gaskets.)			
Are drain lines flushed regularly with cleaner?			
Is milk cooler scheduled for regular maintenance?			
Are milk coolers free of holes or rust spots?			
Are gaskets smooth and pliable – not brittle, torn, split or ragged – allowing doors to close snugly with no air leaks?			
Are door latches in working order and tight?			
Are air vents and condenser unit free of dust and debris?			
Is milk cooler positioned so that air can flow freely around vent and condenser unit?			
Are electrical cords and plugs free of damage?			
Is top of cooler kept free of heavy objects that may damage lid or gaskets?			
Is milk cooler free of ice on the inside walls? (Ice decreases efficiency of cooling.)			
Are milk crates left at the lowest level possible throughout serving period? (The higher the crate, the higher the milk temperature will be.)			
<b>Other:</b>			
If milk is served at alternate site (pan of ice, milk barrel, etc.), does milk temperature remain between 35° and 40° F throughout serving period? • Actual milk temperature at beginning: _____°F; at end: _____°F.			
Are students allowed to serve themselves?			
Are unopened milk containers taken by students discarded?			

<b>MULTIPLE COOLERS</b>	<b>BOX 1</b>	<b>BOX 2</b>	<b>BOX 3</b>	<b>BOX 4</b>	<b>BOX 5</b>
Milk Cooler Temperature					
Milk Temperature – Beginning					
Milk Temperature – End					

***Did you answer “YES” to all questions? If you did,  
chances are the milk at your school is cold and tastes great!***



## RESOURCES

### Health Promotion

- **Cancer Resources:** Area Hotels to Offer Lodging for Cancer Patients

The American Cancer Society and the Iowa Lodging Association have combined resources to provide free lodging for cancer patients and their caregivers who must travel for outpatient treatment. The Patient Lodging Program is available to patients needing accommodations Sunday through Thursday nights. Room requests will be filled on a space-available basis, and may not be available on occasion because of seasonal demand. For more information about the lodging program or to check on availability, call your American Cancer Society at 1-800-ACS-2345. The May 2011 ICC Newsletter is available on-line at <http://www.canceriowa.org/Files/Newsletters/ICCNewsMay2011.aspx>

- **Campaign Educates 50+ Women on Heart Attacks**

A woman suffers a heart attack every minute, and every minute-and-a half, a woman dies from heart disease. The U.S. Department of Health and Human Services Office of Women's Health has launched *Make the Call. Don't Miss the Beat!* Materials are available online in English and Spanish. <http://www.womenshealth.gov/heartattack/>

- **Chronic Disease Workshop Goes National**

Individuals with chronic conditions such as arthritis, diabetes, heart disease, or high blood pressure can now sign up for a free online workshop to help them learn how to manage their symptoms and take control of their health. With support from sanofi-aventis and the Atlantic Philanthropies, NCOA is making Better Choices, Better Health™ available in all 50 states. The six-week workshop is the online version of Stanford University's Chronic Disease Self-Management Program, which has been proven to help people increase their confidence, exercise more, and improve their health.

[http://www.ncoa.org/improving-health/chronic-disease/better-choices-betterhealth.html?utm\\_source=NCOAWeek\\_110419&utm\\_medium=newsletter&utm\\_campaign=NCOAWeek](http://www.ncoa.org/improving-health/chronic-disease/better-choices-betterhealth.html?utm_source=NCOAWeek_110419&utm_medium=newsletter&utm_campaign=NCOAWeek)



If you would like to help and are interested in promoting the workshop alongside your community-based offerings, NCOA has a number of flyers, e-mails, press release, and even a Web site button or widget you can use. These resources are available at:

<http://www.ncoa.org/improving-health/chronic-disease/better-choices-better-health.html>

- **Your Medication: Be Smart. Be Safe.**

You can learn more about how to take medicines safely by reading this guide. A wallet card template is provided.

<http://www.ahrq.gov/consumer/safemeds/yourmeds.htm>

- **Affordable Care Act**

If you want to learn more or have folks asking questions, here is the best website to get information from DHHS

<http://www.healthcare.gov/news/blog/Seniors03222011a.html>

- **Add Vegetables and Reduce Calories**

University of Pennsylvania Researchers dramatically lowered calories by hiding veggie purees in food. This links provides some examples:

<http://foodandhealth.com/blog/2011/03/hidden-veggies-lower-calories/>

- **Conferences:**

Meals on Wheels Association of America Annual Conference is August 30-Sept 1

<http://www.mowaa.org/conference>.

National Association of Nutrition and Aging Services Program July 7-9, 2011

<http://www.nanasp.org/upcomingconferences.html>

- **Adapting recipes for visual impairments: Large Print - Braille - Audio**

The Library for the Blind and Physically Handicapped takes special requests from registered patrons and will convert the information into audio or Braille. They also loan books (audio or Braille) containing recipes or provide free audio magazines, such as *Bon Appetit*, *Country Woman*, *Taste of Home* and more.

<http://www.idbonline.org/library/apply-library-service>



# The following is a circular from the Department of Human Services:

## How much income can we have?

Gross income means income before any deductions. Net income means gross income after deductions. SSI and FIP households do not have to meet any income test. Households with an elderly or disabled person only have to meet a net income test. All other households must meet both a gross and net income test.

For October 1, 2008, through September 30, 2009, the monthly income limits are:

People in Household	Gross Monthly Income	Net Monthly Income
1	\$1,127	\$ 867
2	1,517	1,167
3	1,907	1,467
4	2,297	1,767
5	2,687	2,067
6	3,077	2,367
7	3,467	2,667
8	3,857	2,967
More people	\$ 390	\$ 300

You can use the Internet estimator tool to see if you may be eligible, and how much you might get. The tool is at [www.foodstamps-step1.usda.gov](http://www.foodstamps-step1.usda.gov). Some libraries have computers you can use.

## What are the allowable deductions?

To determine how much you can get, we use the following deductions:

- ▲ 20 percent of earned income;
- ▲ A standard deduction of \$144 or more;
- ▲ Medical expenses over \$35 a month for elderly or disabled persons;

## What is Food Assistance?

The program helps people with little or no income to buy food for a healthy diet.

There is enough Food Assistance for everyone who is eligible.

Food Assistance helps your local economy. The Food Assistance spent in local grocery stores helps to provide jobs for people.

## How do I get Food Assistance?

You must fill out a Food Assistance application and turn it in to your Department of Human Services office. You can call toll free 1-877-DHS-5678 to find out where your Department of Human Services office is located. You may also apply online at [www.yesfood.iowa.gov](http://www.yesfood.iowa.gov).

You will be given an appointment for an interview. If you cannot come to the interview, you can send someone else or have a telephone interview. You will be asked to show proof of some things like ID, pay stubs for people in your household who work, child or adult care bills, and child-support orders.



- ▲ Certain dependent-care costs when needed for training, education, or work;
- ▲ Legally owed child support; and
- ▲ A percentage of shelter costs.

## Choose foods to promote a healthy future at every stage of life.

- ▲ Food Assistance helps you to be able to buy and eat a variety of foods.
- ▲ Let the Pyramid guide your food choices.



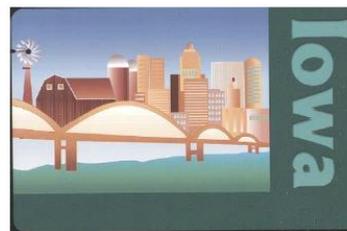
- ▲ Aim for a healthy weight.
- ▲ Be physically active each day – at least 30 minutes for adults and 60 minutes for children.
- ▲ Choose a variety of grains (especially whole grains), fruits, and vegetables daily.

Food Assistance is a program under the United States Department of Agriculture's Food and Nutrition Service. USDA is an equal opportunity provider and employer.

Comm. 229 (Rev. 5/09)



# Food Assistance Makes Iowa Stronger



## Will I have to get a social security number?

You can choose to give us the Social Security Number of each person in your household. We can give Food Assistance only to the people who give us their Social Security Number.

You don't have to give us the Social Security Number for the people you do not want Food Assistance for.

## Can legal noncitizens get Food Assistance?

Many can get Food Assistance. Even if you can't, your family members born in this country can.

Getting Food Assistance won't stop you if you want to become a citizen.

## Can I get help if I'm not working?

If you can work you must not quit a job unless you have a good reason. If you live in Polk County or Scott County and don't have a job, you must look for work, take a job offer, or go to the Employment and Training Program if asked.

If you can't work because of a mental or physical reason, tell your Food Assistance worker.

## How many assets can we have?

Households with a person who is disabled or age 60 or older may have up to \$3,000 in countable assets. Other households may have up to \$2,000.

Your home and the value of one vehicle do not count. Up to \$4,650 of the fair market value of one other vehicle is not counted. A vehicle used to carry a physically disabled person is not counted.

## If my household is eligible, how much will we get?

For April 1, 2009, through September 30, 2009, the table below shows the most you could get if you have no income. As your income goes up, the amount of Food Assistance you will get goes down.

People in Household	Maximum Monthly Allotment
1	\$ 200
2	367
3	526
4	668
5	793
6	952
7	1,052
8	1,202
More people	\$150 for each

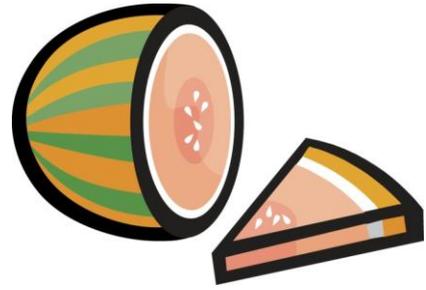
## Is Food Assistance cash?

Food Assistance comes through Electronic Benefit Transfer (EBT). You use a plastic EBT swipe card to buy food. Once your eligible food items have been totaled at the cash register, you will pass your EBT card through a point-of-sale (POS) terminal in the check out line. The cost of the food you purchase is subtracted from the amount in your Food Assistance EBT account.

## What if I have more questions?

Please call your local Department of Human Services office. If you don't know where the office is, call the toll-free number, 1-877-DHS-5678 to find out.

You can also visit "Food Assistance" on Iowa's web site at [www.dhs.state.ia.us](http://www.dhs.state.ia.us)



## Food Assistance

- **The following circular letters have been issued:**
  1. 56Z-602-ACFS, issuing Comm. 229, “Food Assistance Makes Iowa Stronger”
  2. 56Z-603-ACFS, issuing Comm. 229(S), “Food Assistance Makes Iowa Stronger” (Spanish)

[http://www.dhs.iowa.gov/policyanalysis/PolicyManualPages/Manual\\_Documents/Misc/cirlet.pdf](http://www.dhs.iowa.gov/policyanalysis/PolicyManualPages/Manual_Documents/Misc/cirlet.pdf)

## Food Resources

- **Shelf Stable ready-to-drink milk** is available in 8oz. This could be an option to using powdered milk. For information call GoodSource at 800-776-6758.

### 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

Jessie Parker Building, 510 East 12<sup>th</sup> Street, Suite 2, Des Moines, IA 50319  
Carlene Russell, MS RD LD, CSG, Nutrition Program Manager, Email Address:  
[carlene.russell@iowa.gov](mailto:carlene.russell@iowa.gov)