



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 an overview of the Iowa Congregate Nutrition Program, 2010 Census ranking of older Iowans, smart shopping for veggies and fruits, AoA funds new National Resource Center on Nutrition, Scare Crow Contest at Seneca, and Medicare preventative services. This issue has a large number of resources on various topics.



The Iowa Congregate Nutrition Program Overview

The Older American Act was passed in 1965 to address inadequate community social services for older persons. One of the major emphases was on nutrition and as a result the congregate and home delivered nutrition programs were created. The purpose of the OAA nutrition program is to:

- Reduce hunger and food insecurity
- Promote socialization of older adults
- Promote the health and well-being of older individuals by assisting such individuals to gain access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health and sedentary behavior.

The nutrition program targets adults who are 60 years of age or older in greatest economic and/or social need, with particular attention to low-income minorities, those in rural areas and those with limited English proficiency.

Proper nutrition plays a key role in both the prevention and treatment of many chronic diseases. Nutrition also has an integral role in keeping older adults healthy and independent in the community by preventing malnutrition, reducing the risk of disabilities related to chronic illnesses, supporting better mental and physical functioning, and managing common chronic diseases. Under nutrition is prevalent in hospitalized patients and older adults with as many as half being under nourished. A multitude of studies have verified that undernourished older adults are at risk for poor outcomes. Older adults with protein-calorie malnutrition can have devastating effects on physical

and mental functioning. After the age of 60 years approximately 30% of people are affected by a loss of muscle mass. The loss increases with age so by the time they are 75 years, people lose about 15% of their muscle mass a year. This is a cause for concern because it is linked to several negative outcomes:

- Reduced muscle strength
- Impaired functioning
- Increased risk of falling and fractures
- Increased physical disability and frailty
- Increased dependency
- Decreased quality of life
- Increased morbidity and mortality.

Older adults who have lost muscle mass may become increasingly sedentary, which in turn causes further loss of muscle mass. The loss of muscle strength affects the ability to perform IADLs and ADLs.

Nationally, the congregate and home delivered nutrition program is the largest food and nutrition assistance program targeting older adults. It is also the largest AoA program and is a key foundation service with a history of documented, substantial contributions to the health and social well being of its participants. The National Nutrition Program Evaluation (1995) documents meal participants consume healthier meals and the meals help them maintain their health and independence.

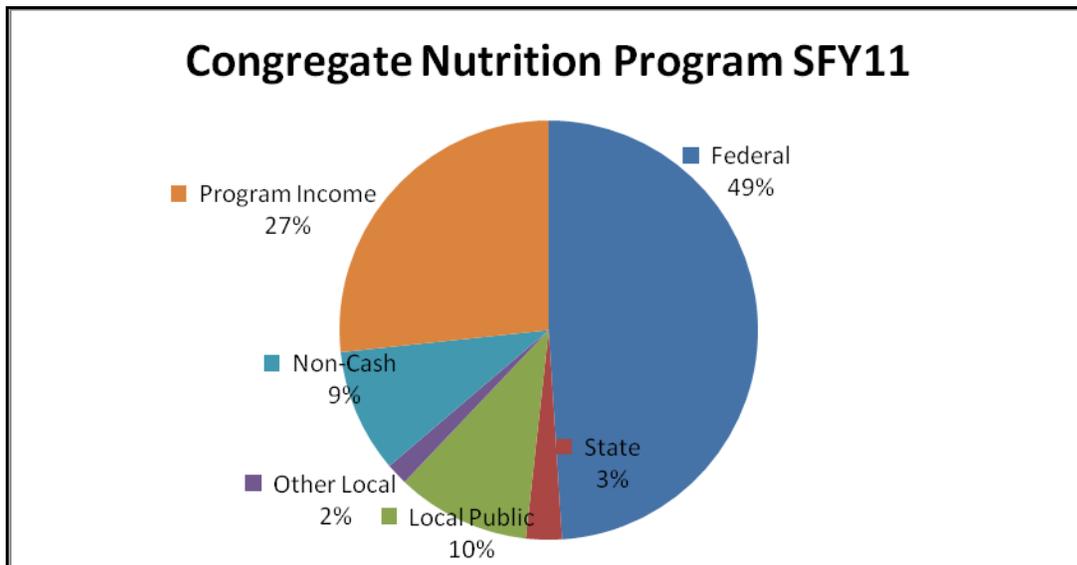
In Iowa, the nutrition program is administered by the Iowa Department on Aging through 13 Area Agencies on Aging. In SFY 2011, 41,425 individuals received 1.6 million meals providing on average 37.5 meals per person. The number of meal participants has declined over the past several years but this past year increased slightly. There are 457 meal sites across the state. Several small rural meal sites have not been able to continue due to low participation and inadequate funding.

Sixty-four percent of meal participants are over 75 years of age. This percentage has been stable over the past two years as has the percentage of those over 85 years of age at 24 percent. The nutrition program is serving more needy individuals. The percent of meal participants at/or below federal poverty increased from 19 percent to 34 percent over the past year.

Program Funding

The nutrition program is supported by a variety of funding sources. The Administration on Aging provided \$8.9 M in FFY 2011 for both congregate and home delivered nutrition programs which leveraged other funds to support the program. Participants are provided the opportunity to make a voluntary contribution towards the cost of the meal. Program income reflects participants' contributions. Iowa meal participants contribute approximately 27 percent which is more than the national average.

Congregate Nutrition Program SFY11



FY 2011	Congregate Meals	FY 2010	Congregate Meals
Federal	\$ 5,426,352	Federal	\$ 5,402,376
State	\$ 305,049	State	\$ 234,573
Local Public	\$ 1,145,109	Local Public	\$ 831,537
Other Local	\$ 186,614	Other Local	\$ 168,485
Non-Cash	\$ 1,057,862	Non-Cash	\$ 1,367,404
Program Income	\$ 2,955,260	Program Income	\$ 2,884,004
Total	\$ 11,076,246	Total	\$ 10,888,379

Federal funding has been flat funded and has not kept up with the increase in food costs over that past several years. It is becoming more difficult to financially support the program. Some AAA's have had to reduce funding allocated to local meal providers and to close some meal sites. When funding is limited, the nutrition program is hesitant to promote the program and encourage additional eligible people to participate. Limited funding also prevents renovation of meal sites to make the meal sites appealing to participants and updating of kitchen equipment to realize improved efficiencies and allow them to maintain food safety requirements.

Think about how the cost of a gallon of milk has increased over the past few years. Rising food costs and the price of gas impact the funding needed to provide congregate and home delivered meals to low-income older adults.

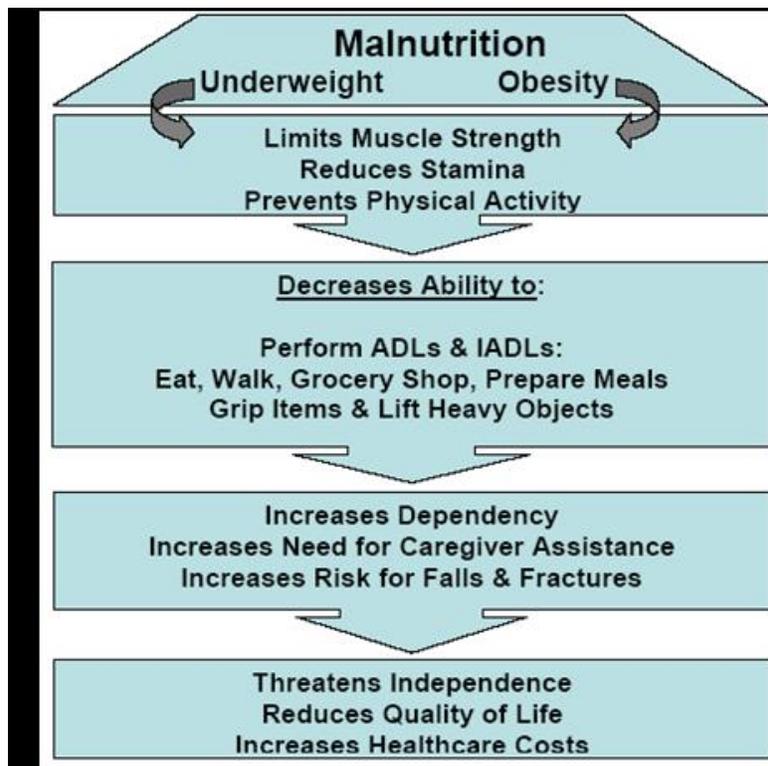
Transfer of funds out of OAA Title III C1 (congregate) in FY 2012 was 18% and 24% for two of the 13 area agencies on aging. Statewide this represents seven percent of OAA Title III funding transferred from the congregate program to home delivered program. One area agency transferred some supportive services funding to the congregate and home delivered meal program.

Nutritional Status

Diet quality and quantity play major roles in preventing, delaying onset, and managing chronic diseases associated with aging. National nutrition program evaluation found

that for congregate meal participants, the one meal they received provided 46 percent of the meat/protein foods, 62 percent of grain products and 35 percent of the fruit they ate for the day.

The congregate nutrition program has a positive impact on the nutritional status of participants. Of the Iowa participants, eighty-one percent who were assessed to be at high nutrition risk either maintained or improved their nutrition risk scores based on annual nutrition risk assessments. The program is a proven, cost effective means of helping older persons maintain their health and independence, fully engaged in society and community life, and stay in their own homes and communities for as long as possible.



Chronic Conditions

The Key Indicators of Wellbeing (2010) reported the hypertension was the leading chronic health condition among those 65+ years. Arthritis and heart disease were the next highest. Studies have shown that lowering sodium intake improves hypertension. One study resulted in 30-50% decrease in negative health outcomes attributed to 25 percent reduction in sodium and/or an eight pound weight loss in obese individuals. The DASH diet found that diet alone can lower blood pressure. If blood pressure is lowered it would reduce incidence of strokes by 14 percent and heart disease by 9 percent and overall mortality by 7 percent.

The Iowa congregate nutrition program provides a lower sodium diet with less than 1000 mg sodium per meal based on weekly average.

The following diseases have been found to affect the relative risk of nursing home placement over the next 20 years for individuals who are 45-64 years of age.

- High blood pressure 1.35
- High blood pressure + inactivity 1.89
- Diabetic 3.25
- Diabetic + inactivity 4.55

Determine Checklist Nutrition Risk Screening Tool in INAPIS

The Nutrition Screening Initiative DETERMINE Checklist consists of ten screening questions to identify nutrition risk; each question is associated with potential malnutrition in older adults. The screening tool is a self reported tool and is used nationally in all Older American Act programs.

An older adult with a high score (above 6) is identified at risk for malnutrition. Each screening question has suggested interventions to help reduce the nutritional risk score. The Iowa nutrition programs provide education and referrals for high risk meal participants and improvement in nutrition risk scores has been documented.

Twenty-one percent of Iowa congregate nutrition program participants have been identified as high nutrition risk. For both the Iowa congregate and home delivered nutrition programs, eighty percent of the high nutrition risk meal participants have shown improved or maintained their nutrition risk scores. For the individual screening questions, the most significant improvements have been noted in the following percentages:

- 25% "I eat fewer than two meals per day"
- 23% "I eat few fruits or vegetables, or milk products"
- 39% "I have three or more drinks of beer, liquor or wine most days"
- 35% "I don't always have enough money to buy the food I need"
- 32% "Without wanting to, lost or gained ten pounds in the last six months"

The Iowa 2009 BRFSS reports those individuals who consume five servings of fruits and vegetables per day which contain essential nutrition for health and independence is highest among older adults; 65-74 years at 20 percent and 75 years+ at 29 percent. Individuals with the lower intake of fruits and vegetables are in the lower income brackets including the targeted groups of the OAA nutrition program.

The INAPSI data shows that the Iowa OAA nutrition program does make a significant improvement in the nutritional intake of meal participants.

Food Insecurity

Growing older generally increases nutrition risk. Illnesses and diseases, physical, cognitive, and social challenges, racial, ethnic, and linguistic differences, and low socioeconomic status can further complicate the situation. Low socioeconomic status often leads to food insecurity which is the limited or intermittent access to nutritionally adequate, safe, and acceptable food accessed in socially acceptable ways. Nationally, households with older adults have food insecurity rates of 8.1% and 8.8% for households with older adults living alone. As the number of older adults increases, food

insecurity will be a growing concern. The percent of Iowa congregate meal participants at/or below federal poverty increased from 19 percent to 34 percent over the past year.

Food insecurity results in lower intakes of nutrients, more health problems, and functional limitations related to loss of independence. Marginal food insecure older adults will be able to perform activities of daily living as if they were 14 years older. In other words, for someone that is 64 years of age, research shows they will be able to care for themselves as if they were 78 years old (The Causes, Consequences, and Future of Senior Hunger in American, 2008)

Reduction of food insecurity is addressed in Healthy People 2020 which “envisions a society in which all people live long, healthy lives.” Food security is the linchpin of healthful living.

Access to Healthy Food

Access to healthy foods is limited in poorer neighborhoods or in rural area because stores are less likely to carry nutritious foods and those for special dietary needs. Many rural towns have lost their only grocery store creating a “food desert” requiring more than a 10 mile drive to the nearest grocery store. Additionally, physical disability, transportation problems, and limited finances contribute to food insecurity and lower nutrient intake. Older adults eating convenient low nutrient-dense foods have higher caloric and lower nutrient intakes. Obesity is more prevalent in low-income households as less expensive foods (typically energy-dense, nutrient-poor) are more commonly eaten.

Service Needs of Older Iowans

The *Service Needs of Older Iowans: 2008 Survey of Older Iowans in 16 Planning and Service Areas* report identified within the next two years, 15-35% of them indicated they would be at least somewhat likely to need congregate meals. Thirteen to 22 percent identified they would be at least somewhat likely to need home delivered meals. This research shows there will be an increased need for the nutrition program.

Affordable Care Act (ACA) Transitional Care

The ACA requires health care facilities to provide for the needs of patients as they transition from one care setting to another. As hospital stays become shorter, many patients are finding themselves discharged to home without the services they need to recuperate. Unfortunately, 50% of older adults discharged from the hospital are malnourished. (*Improving Outcomes in Chronic Diseases with Specialized Nutrition Intervention. Abbott Nutrition, July 2007*)

Congregate and home delivered meals are cost effective health and wellness programs that can help with the recuperation. For individuals without caregivers and unable to shop or cook, having a nutritious meal delivered to their home

Example of transition problem: A 70 year old man was discharged to his home following a week in the hospital to treat his congestive heart failure. While in the hospital he received a low sodium diet and lost ten pounds of excess fluid.

Upon discharge, he took a cab to his apartment where he lived alone. He did not have any food to eat in the house. Being weak and lacking the energy to take the bus to the grocery store, he ordered in pizza and Chinese food. These high sodium foods contributed to fluid retention. When he became very short of breath because of fluid accumulation, he called an ambulance and was readmitted to the hospital.

may help speed recovery, prevent readmission to the hospital or admission to a nursing home.

Investing in nutrition and improving the nutritional status of older adults is cost effective. Unfortunately the length of stay of undernourished patients can be at least twice as long as that of adequately nourished patients. The cost of one day in a hospital equals the cost of one year of Older Americans Act Nutrition Program meals, based on 2007 reported total expenditures and number of home-delivered meals provided by states. Similarly, the cost of one month in a nursing home equals that of providing mid-day meals five days a week for about seven years. On average, Medicaid can support three older adults and adults with disabilities in home and community based settings for every person in a nursing home. (*Position of the American Dietetic Association, American Society for Nutrition, and Society for Nutrition Education: Food and Nutrition Programs for Community-Residing Older Adults. March 2010.*)

Aging and Disability Resource Centers (ADRCs)

The ADRCs integrate community based services or long-term support programs for consumers into a single coordinated system through the use of 'one stop' entry points to long-term support services. As option counselors assess the needs for consumers, there is the opportunity to screen for nutrition risk factors and make appropriate referrals for meals, nutrition education or nutrition counseling. ADRCs in collaboration with hospitals, medical homes and nursing facilities can have an integral role in successful transitional care between medical care settings to the individual's home.

Nutrient Requirements

The OAA nutrition program is based on the Dietary Reference Intakes and Dietary Guidelines for Americans which are based on the most recent scientific evidence. The guidelines are revised every five years to reflect the most current research and are intended for use in designing and carrying out nutrition related programs. The Dietary Guidelines also serve as the basis for nutrition messages and consumer materials such as MyPlate.

Our knowledge about nutrition and health continues to grow, reflecting an evolving body of evidence. It is clear that healthy eating is essential for health, reduction of chronic disease and maximized functionality for older adults.

To meet the 2010 Dietary Guidelines, the Iowa nutrition program will need to emphasize:

- Increase fruit and vegetable 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 the amount and variety of seafood consumed by choosing seafood in place of some meat and poultry
- Use oils to replace solid fats where possible

Development of a statewide menu and recipe data base was suggested by the 2008 Nutrition Summit. This data base would assist the Iowa area agencies on aging and their meal providers with implementing the Dietary Guidelines and reducing time spend on menu development and certification.

Innovations

Some congregate meal sites are making changes to rebrand their program and attract new participants. Some of the changes include:

- Providing menus that allow participant to make a choice of what they want to eat
- Change name of meal site: Gen Age Café, Dinner Date
- Partner with grocery store/restaurants to provide non-older adult specific locations
- Activities:
 - Car-Fit
 - Fall Prevention-balance screening
 - Walk-a-thon
 - Educational presentations
 - Health screenings in partnership with local public health departments
 - Health promotion programs
- Chronic Disease Self Management
- Matter of Balance- data on falls
 - Congregate meal sites have the opportunity to help reduce the incidence of Alzheimer's disease with the food served, physical activity programs and nutrition and health promotion education. According to the Alzheimer's Association, a half-hour brisk walk appears to delay mental aging by five to seven years. Consuming foods with omega-3 fatty acids such as salmon, tuna and halibut were associated with a 20-30 percent lower risk of dementia. (Alzheimer's Risk -Special Report, Alzheimer's Association International Conference shared by Kim Kelher)
- Nutrition Education
 - Provided monthly nutrition educational materials
 - Chef Charles Club Nutrition Education- regular participants of this monthly program with a leader, activities and sample the featured recipe have shown behavior changes with higher intake of fruits and vegetables and more physical activity compared to individuals who just receive the news letter to read on their own

A recent social marketing project of CDC was to identify messages that would be attractive to older adults. Focus groups of individuals 65+yrs, 75+yrs and 85+ yrs identified that none of them felt old. The take-away message is that programs and messages need to be addressed to the general population with mention of how the program can be more useful to older individuals.

Technical Assistance

The Iowa Department on Aging provides technical assistance to the AAAs to help with the congregate nutrition program.

- Healthy Aging Update bi-monthly newsletter
- Individual consultation either onsite or by phone
- Marketing the nutrition program i.e. radio spot, press release

Benefit of program

The OAA nutrition program provides well balanced meals that meet nutrient requirements of older adults based on the most recent science. These meals are a part of a health and wellness program that maximizes the health and functionality of the participants. The nutrition program is a key intervention for the long term care services and supports to help older lowans remain in their community. Individuals participating in the nutrition program receive nutrition education and learn about other OAA programs to support their independent lifestyle.

Iowa Administrative Code: 17.21(2) Individual Assessments

The AAA or the home-delivered meals contractor, subject to AAA approval, shall establish and utilize procedures for the determination of an elder’s eligibility for home delivered meals, including specific criteria for:

- a. Initial and subsequent six-month assessments of the elder’s eligibility;
- b. Determination of the number of days per week the elder has a need for home-delivered meals; and
- c. Determination of the elder’s need for other home-delivered nutrition services.



Are individuals who are determined to be high nutrition risk receiving additional services? This might include having more than one meal a day or meals on week-ends. In SFY 2011, the average home delivered meal client received 103 meals for the entire year.

2010 Census Ranking of Iowa Older Adults Compared to Other States

7 th	60+
5 th	65+
4 th	75+
3 rd	85+

Nutritional Counseling

The Nutrition Services Fact Sheet using SFY 2011 NAPIS data shows that the provision of nutrition counseling increased from 61 to 113 registered clients.

10 tips
Nutrition
Education Series

smart shopping for veggies and fruits



10 tips for affordable vegetables and fruits

It is possible to fit vegetables and fruits into any budget. Making nutritious choices does not have to hurt your wallet. Getting enough of these foods promotes health and can reduce your risk of certain diseases. There are many low-cost ways to meet your fruit and vegetable needs.

1 celebrate the season

Use fresh vegetables and fruits that are in season. They are easy to get, have more flavor, and are usually less expensive. Your local farmer's market is a great source of seasonal produce.



2 why pay full price?

Check the local newspaper, online, and at the store for sales, coupons, and specials that will cut food costs. Often, you can get more for less by visiting larger grocery stores (discount grocers if available).

3 stick to your list

Plan out your meals ahead of time and make a grocery list. You will save money by buying only what you need. Don't shop when you're hungry. Shopping after eating will make it easier to pass on the tempting snack foods. You'll have more of your food budget for vegetables and fruits.

4 try canned or frozen

Compare the price and the number of servings from fresh, canned, and frozen forms of the same veggie or fruit. Canned and frozen items may be less expensive than fresh. For canned items, choose fruit canned in 100% fruit juice and vegetables with "low sodium" or "no salt added" on the label.



5 buy small amounts frequently

Some fresh vegetables and fruits don't last long. Buy small amounts more often to ensure you can eat the foods without throwing any away.

6 buy in bulk when items are on sale

For fresh vegetables or fruits you use often, a large size bag is the better buy. Canned or frozen fruits or vegetables can be bought in large quantities when they are on sale, since they last much longer.

7 store brands = savings

Opt for store brands when possible. You will get the same or similar product for a cheaper price. If your grocery store has a membership card, sign up for even more savings.

8 keep it simple

Buy vegetables and fruits in their simplest form. Pre-cut, pre-washed, ready-to-eat, and processed foods are convenient, but often cost much more than when purchased in their basic forms.



9 plant your own

Start a garden—in the yard or a pot on the deck—for fresh, inexpensive, flavorful additions to meals. Herbs, cucumbers, peppers, or tomatoes are good options for beginners. Browse through a local library or online for more information on starting a garden.



10 plan and cook smart

Prepare and freeze vegetable soups, stews, or other dishes in advance. This saves time and money. Add leftover vegetables to casseroles or blend them to make soup. Overripe fruit is great for smoothies or baking.



Go to www.ChooseMyPlate.gov for more information.

DG TipSheet No. 9
June 2011
USDA is an equal opportunity
provider and employer.

Live Healthy Iowa



It is time to start planning for the 2012 Live Healthy Iowa - 100 day wellness challenge starting January 23.

Visit http://www.livehealthyiowa.org/asp/program_pages.aspx?gpId=4

for more information. This is a great opportunity to develop a walking team and focus on healthy eating with AAA staff or meal sites.

AoA Funds New National Resource Center on Nutrition and Aging

The Administration on Aging has awarded \$315,667 to the Meals on Wheels Association of America (MOWAA) to establish a new National Resource Center on Nutrition and Aging (Center). The Center will be a new resource to enhance this critical community-based nutrition program targeted at older adults. To read the entire press release on this award, please go to

http://www.aoa.gov/AoARoot/Press_Room/For_The_Press/pr/archive/2011/October/2011_10_03.aspx

This is a good time to review your NAPIS listing of active congregate meal sites. Does this listing match what you have on your brochures, in your newsletter and on your website?

Scare Crow Contest - submitted by Seneca AAA

The Bloomfield Senior Center and the Bloomfield Care Center/Mulberry Place have been partnering every Friday. The Care Center Market Coordinator brings bingo prizes and calls bingo. Because of this relationship, Val Lubben, Care Center Market Coordinator, introduced the Scarecrow Contest and invited the Senior Center to participate. The Senior Center accepted the invitation as it was decided that this could be a way to promote the Senior Center programs.

The meal site participants donated items for this project. The Bloomfield Senior Center had two different workshops to assemble the scarecrow and the scenery. Scenery highlighted activities such as playing cards, doing exercises, lifting weights and using stretch bands; and making crafts.



Barbara Rominger served as coordinator for the scarecrow project, Char Stuckey, Ed Veatch, bus driver, Kelly Morris; cook, and Paula Dearborn, site manager all had fun and enjoyed setting up the scarecrow. Barbara used her previous experience with this type of project from being a Girl Scout leader.

There were around 20 scarecrow entries in this contest. A great turn out for The Bloomfield Care Center and Mulberry Place.

Heritage Participated in Food Drive



Heritage was one of the MOWAA affiliates that were chosen to participate in the Sam's Club Food Drive event. Heritage had staff, volunteers, and partner providers staffing the booth for three days. Food items collected were distributed to Heritage meal providers to help reduce the amount of food needed to be purchased. Here are some numbers representing donations:

- 6 large pumpkin/watermelon bins of food donated
- Approximately 380 cans, cases, etc donated
- 5 Sam's Club associates volunteered
- 3 Heritage providers sent a volunteer
- 1 executive director of a Heritage partner provider participated
- 1 new participant signed up
- 1 new volunteer
- 2 agency referrals
- Average cost per item donated: \$6.54
- Green beans, the most donated item
- Amount of cash donated, that was used to purchase food inside Sam's and added to the bins, **\$493.00**
- Total value of food donated over the three day event, **\$2,485.14**

Medicare Provides Preventive Services



Now is the time to get the most out of your Medicare. The best way to stay healthy is to live a healthy lifestyle. You can live a healthy lifestyle and prevent disease by exercising, eating well, keeping a healthy weight, and not smoking. Medicare can help. Medicare pays for many preventive services to keep you healthy. Preventive services can find health problems early, when treatment works best, and can keep you from getting certain diseases or illnesses. Your Guide to Medicare's Preventive Services can be accessed at <http://www.medicare.gov/Publications/Pubs/pdf/10110.pdf> or visit www.MyMedicare.gov to get direct access to your preventive health information—24 hours a day, every day. Visit the website, sign up, and Medicare will mail you a password to allow you access to your personal Medicare information. By visiting www.MyMedicare.gov, you can see a description of your covered preventive services, the last date that service was performed, and the next date you are eligible for that service.

What can you do to help prevent illness?

You can stay healthy, live longer, and delay or prevent many diseases by doing the following:

- Exercising**—Do any physical activity you enjoy for 20–30 minutes 5 or 6 days a week. Talk to your doctor about the right exercise program for you.
- Eating well**—Eat a healthy diet of different foods like fruits, vegetables, protein (like meat, fish, or beans), and whole grains (like brown rice). You should also limit the amount of saturated fat you eat.
- Keeping a healthy weight**—Watch your portions, and try to balance the number of calories you eat with the number you burn by exercising.
- Not smoking**—Talk with your doctor about getting help to quit smoking.
- Getting preventive services**—Delay or lessen the effects of diseases by getting preventive services like screening tests to find disease early, and shots to keep you from getting dangerous infections.

Preventive Services Covered by Medicare Include:

Abdominal Aortic Aneurysm Screening	Hepatitis B Shot
Advanced Care Planning	HIV Screening
Bone Mass Measurement	Breast Cancer Screening
Cardiovascular Screening	Medical Nutrition Therapy Services
Colon Cancer Screening	Pap Test and Pelvic Exams
Diabetes Screening	Physical Exam
Diabetes Self-Management Training	Yearly Wellness Exam
Flu Shots	Pneumococcal Shot
Glaucoma Tests	Prostate Cancer Screening
	Smoking Cessation

RESOURCES



Health Promotion

- Stroke is one of the leading causes of death in the United States. A stroke, sometimes called a brain attack, occurs when a clot blocks the blood supply to the brain or when a blood vessel in the brain bursts. Among the actions available today to reduce stroke and heart attacks are the **ABCS**:
 - Aspirin for people at risk
 - Blood pressure control
 - Cholesterol management
 - Smoking cessation

For more information visit

http://www.cdc.gov/media/releases/2011/p1027_reduce_strokes.html

- **The report, 90+ in the United States: 2006-2008**, presents an overview of this age group. The nation's 90-and-older population nearly tripled over the past three decades. To download a copy of the report, go to <http://www.census.gov/prod/2011pubs/acs-17.pdf>
- **2011 NAPIS Nutrition Services Fact Sheet**
http://www.aging.iowa.gov/Documents/Reports/NAPIS/2011/NAPIS-SFY11FactSheet_Nutrition2.pdf
- **Go4Life**, an exercise and physical activity campaign from the National Institute on Aging at NIH (National Institute of Health), is designed to help you fit exercise and physical activity into your daily life. The *Go4Life* campaign includes an evidence-based exercise guide in both English and Spanish, an exercise video, an interactive website, and a national outreach campaign. To learn more and to order the free exercise & physical activity guide and video, please go to <http://go4life.niapublications.org/>
- **Comparing Osteoarthritis Pain Medications**

A new update finds no clear differences in effectiveness of different NSAIDs, but identified potentially important differences in the risk of serious harm. Surveys indicate that 5 to 17 percent of U.S. adults have symptomatic osteoarthritis of the knee, and 9 percent have symptomatic osteoarthritis of the hip. [Comparative Effectiveness and Safety of Analgesics for Osteoarthritis - An Update of the 2006 Report](#) includes new research that better addresses the comparative effectiveness and safety of oral and topical medications for osteoarthritis.

- **The Flu Near You Challenge** is an interactive on-line map that individuals can report their flu symptoms to help create a dynamic map of the flu and its spread. Iowa Public Health Association (IPHA) is participating in the Flu Near You Challenge. The unique link for IPHA members and partners to register in this system is <http://www.flunearyou.org/?a=9251ba8813a8ef>

- **Make the Call, Don't Miss a Beat Campaign.**

Office of Women's Health at the Iowa Department of Public Health has a campaign spreading the word about Women's Heart Attack Signs and Symptoms and Calling 9-1-1 right away. You can see more about the campaign, its materials, etc. at this website: <http://www.womenshealth.gov/heartattack/>

They are currently recruiting volunteer spokespersons that will assist in spreading the word. Spokespersons (anyone that is interested, heart attack survivor or family member) will be trained and provided with plenty of professionally developed materials.

Commitments/Responsibilities by the Campaign Spokespersons are as follows:

- Attend teleconference training on December 12, 2011—4-6 hours in length.
- Arrange for and conduct between 5-8 public presentations within the surrounding community at churches, clubs, senior living facilities, health fairs, etc. HDSP and its partner organizations will assist in arranging events. These can include panels of survivor women.
- Contact newspaper, TV and radio station managers or PSA Directors to tell them about the campaign and ask them to give the campaign no cost coverage through articles based on news releases that we will provide, and personal interviews. The Office of Women's Health will provide all the PSAs, images, news releases and print ads in English, Spanish and other languages.
- Distribute, post campaign materials in communities throughout the state. The Office of Women's Health will provide posters, magnets and other materials for distribution and posting.
- Maintain a record of presentations, meetings, locations where materials are posted or distributed, and other accomplishments to be turned in to HDSP for reporting back to the Office of Women's Health.

If interested contact Terry Meek, phone 515-281-6016; email terry.meek@idph.iowa.gov

- **Fall Prevention Activities:** NCOA has developed an interactive map of State Fall Coalitions and their activities. Check out Iowa activities at <http://www.ncoa.org/improve-health/center-for-healthy-aging/falls-prevention/state-coalitions-map/>

- **Medicare Releases Patient Safety Ratings for Hospitals:** Medicare provides information on patient safety ratings for thousands of hospital on Medicare’s hospital compare website:
[http://www.hospitalcompare.hhs.gov/\(X\(1\)S\(0ovezenjtle5heutvk3qmmr3\)\)/hospital-search.aspx?AspxAutoDetectCookieSupport=1](http://www.hospitalcompare.hhs.gov/(X(1)S(0ovezenjtle5heutvk3qmmr3))/hospital-search.aspx?AspxAutoDetectCookieSupport=1)
 The site evaluates hospitals on how often patients suffer complications after surgery and death rates of surgical patients. Medical errors are also included in the evaluations.

Nutrition Education



- **Tufts University MyPlate:**
http://hnrc.tufts.edu/images/MYplate_OlderAdults.pdf
<http://www.stonehearthnewsletters.com/myplate-for-older-adults-launched-by-tufts/nutrition/>
- **Seniors Eating Well nutrition education lessons:** These lessons were designed to reach older adults at places they congregate— senior centers, low-income housing community centers, and other senior housing centers. Most are designed to be presented by para-professionals.

Each lesson includes lesson plans, overheads or Power Point slides, handouts, evaluation tools, and references. Many have an educational game format to make it fun and interesting. Each lesson takes 45 minutes to present. They can be taught individually or as a series. The pilots have shown positive impact—by increasing knowledge, skills/abilities, intent to change behaviors, and behavior change using 3-6 month follow-up surveys.

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Meal Planning and Decision Making Programs:

- Lesson 1 – Great Grain Discoveries
- Lesson 2 – All Star Senior Snacks
- Lesson 3 – Heart Healthy Meals

Food Preparation Programs:

- Lesson 4 – Cooking and Seasoning with Herbs
- Lesson 5 – Savory Soups
- Additional Handout - Double Strength Calcium Recipes

Social Relationships and Fitness Program:

- Lesson 6 – Fitness Fun

Diet, Health and Chronic Disease Prevention Programs:

- Lesson 7 – Evaluating Dietary Supplements for Seniors
- Lesson 8 – Dietary Fat—Fact or Fiction?
- Lesson 9 – New Concepts in Weight Control—Energy Density

Seniors Eating Well includes curriculum packet and CD of contents (*\$40 materials + \$5 shipping/handling*). Make check payable to **“Penn State”** and mail completed Order Form with payment to: Cooperative Extension, The Pennsylvania State

University, 337 Ag Administration Building, University Park, PA 16802 Phone: 814-863-6109; Fax: 814-863-7776 E-mail: exc3@psu.edu

- Nutrition Education Links. <http://www.extension.iastate.edu/food/nutrition/index.htm>
Food insecurity
http://www.extension.iastate.edu/healthnutrition/hunger/efnep_fnp.htm

Blog on Spend Smart- Eat Smart

<http://blogs.extension.iastate.edu/foodsavings/category/shop/>

- **Tiny Tastes Can Total BIG Calories** over the Winter Holidays" PowerPoint is available free and can be adapted to your group -- download at: <http://food.unl.edu/web/fnh/tiny-tastes-pp>
- **Sodium to potassium ratio:** Diets with high sodium and low potassium are associated with more heart disease and death rates. Also higher sodium intake by itself is associated with increased death rates. <http://archinte.ama-assn.org/cgi/content/short/171/13/1183>



Food Safety

The American Dietetic Association [Home Food Safety](#) website has a wealth of resources including: [Downloadable](#) presentation on preventing foodborne illness.

- Tip sheets:
 - [Four easy steps to reduce food borne illness](#)
 - [Safe Lunch study guide](#)
 - [Refrigerator storage chart](#)
 - [Memo for office refrigerator safety](#)
- Games, quizzes and a “Cookie Rookie” pledge for kids.
- Home Food Safety video PSAs in both English and Spanish to share on a blog, Facebook or Twitter or to share during a presentation.
- Link to ISU food safety resources:
<http://www.extension.iastate.edu/iowa/healthnutrition.htm>

Health Care Reform

- **Market Survey of Long-Term Care Costs**
<http://www.metlife.com/mmi/research/2011-market-survey-long-term-care-costs.html#graphic>



Did You Know?

Legumes are generally easy to prepare and can be either the main entrée or the side dish. Most of the dried legumes need to be soaked to soften, shorten cooking time and reduce intestinal gas by making them more digestible. Legumes are great sources of nutrition; high in protein, folic acid, potassium, iron, magnesium and phytochemicals. They are low in fat, high in fiber and inexpensive. Lentils are a legume that cooks quickly and goes well in soups and stews.

Autumn Red Lentil Soup

1 cup dry red lentils, rinsed and drained	2 cloves garlic, minced
¼ cup dried barley	28 oz can tomatoes, chopped with juice
5 cups beef broth	½ tsp salt
½ lb lean ground beef	½ tsp pepper
½ cup onion, chopped	1 bay leaf
2 carrots, chopped	
2 celery stalks, chopped	
1 cup corn, canned or frozen	

1. Combine lentils, barley and beef broth in large stock pot. Bring mixture to a boil, reduce heat and simmer covered for 30 minutes.
2. In a non-stick skillet, sauté beef and onions over medium-high heat, breaking up with spoon until beef is no longer pink, about five minutes.
3. Add to stockpot along with the remaining ingredients. Bring to a boil, reduce heat and simmer covered 20-30 minutes, or until vegetables are tender, stirring occasionally.
4. Remove bay leaf before serving.
5. Makes five servings. Calories 158, Protein 11 g, Carbohydrate 20 g, Dietary Fiber 4.5 g, Potassium 467 mg, Sodium 576 mg (can be reduced by omitting salt or using lower sodium broth).

Source: The Big Book of Little Lentils. Saskatchewan Pulse Crop Development Board.

Iowa Department on Aging Mission

To develop a comprehensive, coordinated and cost-effective system of long term living and community support services that help individuals maintain health and independence in their homes and communities.

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