

healthy aging UPDATE



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Nutrition plays a key role in transitional care according to Affordable Care Act

Although the Affordable Care Act continues to inspire much debate among groups in Washington, D.C., and across the United States, health care and social service organizations still need to make sense of it in order to effectively provide services to consumers.

According to a webinar presented on Jan. 22 by the National Resource Center for Nutrition and Aging, one piece of the law that is gaining additional attention involves how home and community-based services need to be positioned in transitional care planning.

Because Accountable Care Organizations, hospitals, skilled nursing facilities and physicians are incentivized under the Affordable Care Act for providing quality care and reducing readmission rates, transitional care planning is key to ensuring optimal performance outcomes. This has the potential to significantly impact all home and community-based services, but the webinar specifically addressed how offering a comprehensive nutrition program instead of a traditional meal delivery program may be especially attractive to medical providers in the coming years.

Following a thorough assessment of the consumer, a comprehensive nutrition program would provide meals designed to meet his or her nutritional needs, track meal consumption, provide daily assessments and report changes or declines in clinical status. As a result, a



consumer's medical provider would be able to provide early intervention and prevent readmission, thus positively impacting their Medicare reimbursement.

To demonstrate how such a program could positively impact readmission rates and potentially save health care providers money, the webinar provides tools to help home and community-based service providers calculate the return on investment for moving away from meal delivery toward comprehensive nutritional programming.

For more information about nutrition's ever-increasing role in transitional care planning, watch the webinar at <https://attendee.gotowebinar.com/recording/8305298883382441730>.

Leverage National Nutrition Month® to help promote local programming

In an effort to focus attention on the importance of making informed food choices and developing sound eating and physical activity habits, the Academy of Nutrition and Dietetics has designated March National Nutrition Month.

This year's theme – "Bite into a Healthy Lifestyle" – encourages individuals to adopt eating and physical activity plans that are focused on consuming fewer calories, making informed food choices and getting daily exercise in order to achieve and maintain a healthy weight, reduce the risk of chronic disease and promote overall health.

Because the Academy of Nutrition and Dietetics takes a holistic approach to health and wellness rather than focusing on just one course of action or a single nutritional approach, National Nutrition Month can be effectively leveraged by organizations throughout the United States that are working to improve the health outcomes of the populations they serve.

A number of professionally designed printed materials and promotional items are available through www.eatright.org/nnm, many of which can be customized with an agency's logo or contact information to cross-promote local nutrition and wellness programs to the community. In addition, the site offers a toolkit, tip sheets and handouts, sample proclamations, press releases and a variety of interactive games, quizzes and videos.



Refrigerators may pose food safety hazards

Although we all know refrigerating food is important to preserve its freshness and keep it from spoiling, it may surprise you to learn that some microorganisms can actually grow in cold temperatures.

According to the Centers for Disease Control and Prevention, more than 20 percent of food-borne illness outbreaks result from food consumed in the home, and findings from three recent studies suggest many of those illnesses may be traced back to the refrigerator.

The 2013 NSF International Household Germ Study found meat and vegetable compartments in refrigerators were some of the "germiest" places in the kitchen, often testing positive for *Salmonella*, *Listeria* and *E. coli* bacteria as well as yeast and mold.

Similarly, a study by Tennessee State



University found that 42 percent of refrigerators observed had conditions in which cross-contamination of pathogens was possible, mostly due to poor cleaning habits. Refrigerators should be cleaned regularly with soap and hot water – including the walls, undersides of shelves and rubber seal around the door – and food and beverage spills should always be wiped up immediately to prevent the growth of microorganisms.

In addition, it is very important to maintain a refrigerator temperature at or below 40

degrees F (as measured by an appliance thermometer) to ensure optimal food safety. According to a home-delivered meal study conducted by Rutgers University and the Meals on Wheels Association, 20 percent of participants' refrigerators were set at temperatures above 40 degrees, a condition the FDA says directly contributes to food-borne illness.

A fact sheet about refrigerator food safety is available to download at <http://www.fda.gov/downloads/ForConsumers/ConsumerUpdates/UCM241723.pdf>.

Controlling carbohydrates is essential to a successful diabetic diet

According to the American Diabetes Association, diabetes is a disease that disproportionately affects older adults. About one out of every four Americans over the age of 60 has diabetes, the effects of which can impede an aging individual's daily functioning and increase the risk of institutionalization.

Type 2 diabetes occurs when a person's body can no longer properly use or produce insulin – a hormone made by the pancreas that helps glucose (sugar) move from the blood into the cells to be used for energy. If glucose is not able to be absorbed by the cells, it remains in the blood and may lead to high levels of blood sugar. Left untreated, hyperglycemia can damage blood vessels and lead to heart disease, stroke, nerve damage, eye problems and more.

Because consuming carbs (sugars and starches) contributes to blood glucose levels, individuals with diabetes are strongly advised to regulate the amount of carbs they eat during each day. Current diabetes treatment recommends individuals control carbs rather than stop eating them altogether, but evidence shows people prefer to have options when it comes to selecting what kind of carbs to eat.

As a result, the Iowa Simplified Diet Manual states diets for persons with diabetes should be individualized to address the number of calories needed to promote a person's ideal

weight while providing a carbohydrate allowance that enables the individual to count carbs by choice or by grams per meal. One carbohydrate choice equals 15 grams of carbohydrates, and the total grams of carbs allowed depends on an individual's nutrition therapy and blood glucose goals.

Current Dietary Reference Intakes (DRIs) recommend that 45-65 percent of a meal's total calories come from carbohydrates (information obtained from the Diet Manual and in alignment with OAA meal nutrient requirements). Given those recommendations and knowing the typical OAA meal has 550-800 calories, a diabetic individual eating a 550-calorie meal should get 245 calories or 61 grams of carbs from that meal.

An example of such a meal might include:

- 1 broiled chicken breast
- ½ cup mashed potatoes
- ½ cup mixed vegetables (no peas or corn)
- 1 dinner roll with 2 tsp butter
- ½ banana
- 1 cup skim milk

Some of the Iowa OAA nutrition program menus have the grams of carbohydrate printed on the menu or carbohydrate choices identified so meal participants with diabetes can identify what they are eating and make informed choices.

Iowa Code 17 – 7.18 (231):

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

7.18(1) The following criteria shall be used to determine feasibility and appropriateness: a. Sufficient numbers of older individuals who have special dietary needs exist to make the provision practical; b. Skills and food necessary to provide the special menus are available.

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

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

[ARC 8489B, IAB 1/27/10, effective 1/7/10; ARC 0623C, IAB 3/6/13, effective 4/10/13]



0g



15g

1 CHO
Choice



0g



15g

1 CHO
Choice



15g

1 CHO
Choice



15g

1 CHO
Choice

Older adults can enhance food flavors while reducing sodium intake



Taste perception decreases with age, so older adults need approximately twice as much seasoning to taste food as younger individuals do.

Unfortunately, many people reach for a salt shaker when they want to enhance food flavors, which can cause high blood pressure and lead to cardiovascular disease, including strokes, heart attacks and heart failure.

According to the American Heart Association, two-thirds of people aged 60 or older have high blood pressure. So what can they do to bring out the flavor in food without worrying about excess sodium?

There are a number of foods and ingredients can be added to or paired with food to enhance flavor instead of using salt or high-sodium seasonings. They include:

- ▶ Citrus fruit; lemon or lime juice
- ▶ Flavored vinegars
- ▶ Garlic
- ▶ Onions
- ▶ Mushrooms
- ▶ Ripe berries
- ▶ Concentrated fruit sauce/puree
- ▶ Dry rubs (made without salt)

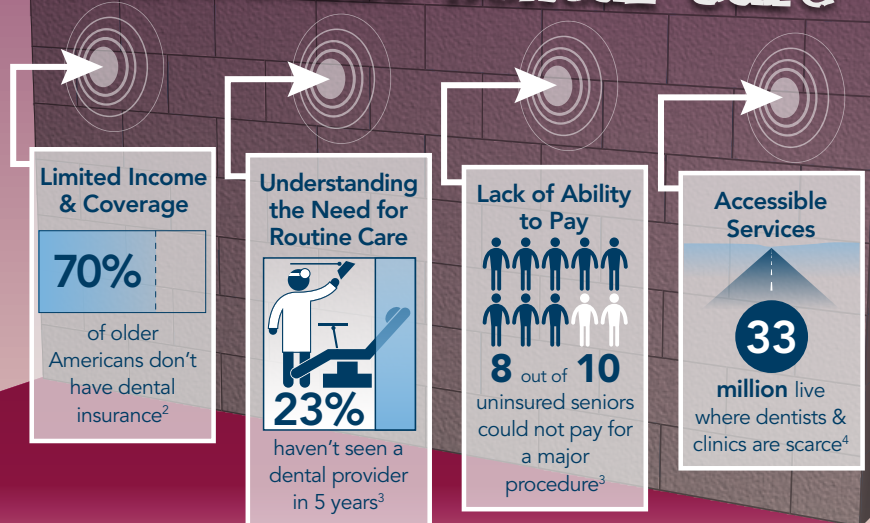
Older Adults' Oral Health in a STATE OF DECAY

By 2030, there will be **72+ MILLION** older adults in the U.S.¹

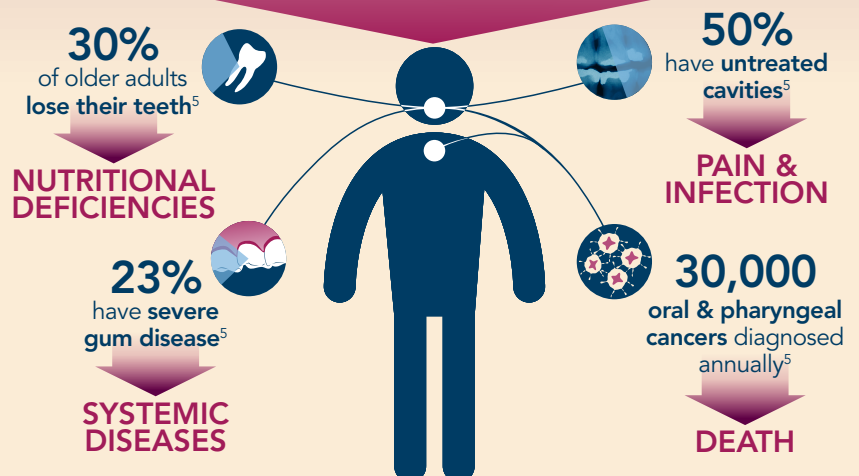


MOST won't have access to dental care, impacting overall health.

Barriers to Accessing Affordable Dental Care



Poor Oral Health and Lack of Care Can Result in Overall Health Issues



Source:

http://b3cdn.net/teeth/83b738de97bca9baec_jdm6bj8py.pdf

Federal study shows fewer low-income seniors accessing nutrition programs

In order to gear up for the White House Conference on Aging, which is scheduled to take place in 2015, conference organizers are hosting a number of nationwide regional forums as well as several webinars and teleconferences designed to engage the public.

On Jan. 29, a National Listening Session called "Nutrition = Healthy Aging and Long Term Services and Supports" was offered to provide information about the role nutrition plays in the health and wellness of older Americans. The webinar, which can be viewed online at <http://www.eatrightpro.org/resource/career/professional-development/distance-learning/nutrition-healthy-aging-and-long-term-services-and-supports>, revealed findings from a number of federally sponsored studies that show aging adults, especially those who are low-income, are not accessing nutrition programs offered through the Older American Act (OAA) to their benefit.

In fact, the Government Accounting Office reports that only about 9 percent of the country's 17.6 million low-income older adults receive OAA-funded meals. Additionally, an estimated 19 percent of low-income older adults are considered food-insecure, but almost 90 percent of them do not receive any meal services.

A lack of public awareness could be to blame, as two-thirds of older adults who qualify for food assistance through the Supplemental Nutrition Assistance Program (SNAP) do not apply, meaning 5.2 million eligible seniors miss out on valuable benefits each year.

These statistics are troubling, especially since good nutrition has been attributed to helping aging adults stay happier, healthier and more independent. The webinar stated that seniors who enjoy quality nutrition experience fewer emergency room visits and hospital stays and can defer or eliminate long-term care. But the lack of adequate appropriations



to OAA nutrition programs and the decline in philanthropic dollars dedicated to aging-related causes, like senior nutrition, means the aging network needs to identify new ways to engage seniors and provide services.

The webinar went on to describe how most transitional care models for older adults who are being discharged home from the hospital lack a nutritional programming component, yet the cost of providing a year's worth of OAA meals to a senior is equivalent to just one day's care in the hospital. Furthermore, high quality nutrition has been shown to decrease the risk of hospital-related health complications in older Americans by 14 percent and decrease readmission rates by up to 28 percent.

Moving forward, it is clear that OAA nutrition programs still have a valuable part to play in maintaining the health and well-being of older adults, and the challenge to engaging the public and making seniors aware of their options and available benefits is one that health and human services organizations, aging network members, dietitians, physicians, caregivers and policymakers throughout America will have to address together.

SNAP Spotlight: Older Iowans and food assistance program use

\$85.29

The average amount of food assistance received per month by a one-person household in Iowa for individuals aged 60 or older, as of January 2015¹.

26,455

The number of Iowa households with heads of household over age 60 that received food assistance in January 2015, up from 26,136 in January 2014¹.

Less likely

Seniors are less likely than individuals in other age groups to be aware of their potential eligibility for food assistance².

Minimum

One of the key reasons seniors do not participate in food assistance is they mistakenly believe they will only receive a minimum benefit (averaging \$16 per month)³.

Sources:

¹Iowa Department of Human Services (1/06/2015)

²Government Accountability Office (GAO), "Survey of State Food Stamp Directors" (2014)

³Food Research and Action Center (FRAC), "Seniors and SNAP/Food Stamps" (2014)

What gets measured gets used: A recipe for a quality survey

One of the presentations at the 2014 N4A Conference provided information on conducting surveys. Surveys can be administered in a number of ways – in-person or over the phone, on paper or electronically, during one interview or over a period of time. But regardless of the manner in which a survey is given, a lot of advance planning is always necessary.

In addition to thinking about the time and cost it will take to develop and distribute a survey, analyze data and compile a report, it is also important to consider who will be participating in the survey, how their needs may impact results, what tools and resources could be used to enhance data analysis and how information gleaned from the survey will ultimately be used.

If a survey is designed with older adults as participants in mind, the length of time it will take to complete the survey should be kept in mind to help avoid respondent fatigue. Additionally, a printed survey may need to be in a larger-than-average font size; an in-person survey might be necessary if it is hard for respondents to hear and understand questions over the phone; and computer-based surveys might cause additional participant frustration.

Because information from surveys increases awareness and can be used for quality improvement efforts, it is also critical to ask questions that will get participants to provide the answers in the manner most useful to the research. For example, if a survey's purpose is to identify customer satisfaction with a nutrition program, direct questions related to service and experience – “Does the food taste good?” – are better than vague, subjective questions – “Are you satisfied with the meals?” Questions that ask for yes/no answers are typically preferable to those that ask for good/bad judgments.

Another way to obtain information about service is to conduct a focus group. A nutrition program focus group could include stakeholders such as current meal participants, caregivers and family members or potential meal participants. Insight provided from a diverse group of people asked the same questions can shed a lot of light on things a program is doing well and areas where it has room to improve.

When considering a survey for home-delivered meal participants, it is helpful to understand what makes receiving the meal



good. Consider what their responses may be and use their words when developing the survey tool. Some topics to ask about may include the timeliness of the meal delivery, the friendliness of the delivery person, whether the meals look and taste good and the temperature of meals when they are delivered.

The data collected from surveys can be communicated with meal providers and a star rating system can be developed, with the best survey responses representing a five-star rating. Together with customer satisfaction data, other program evaluation factors can help providers continue to improve on the services they offer.

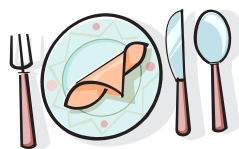
Meal contribution poster

Milestones Area Agency on Aging developed the tool shown here to help educate its congregate and home-delivered meal participants about suggested meal contribution amounts.

While contributions by participants are voluntary, this table encourages individuals to give what they can and offers suggested amounts based on monthly income. It also reinforces the fact that no one will be turned away if he or she is unable to make a contribution.

As OAA program funding and other resources continue to be stretched, a chart like this offers meal participants a friendly reminder that any contribution is valued and can make a difference.

The Senior Nutrition Program is for people age 60 and better and their spouse of any age, and is made possible in part by your contribution.



All are welcome!

The suggested contribution is voluntary.

Eligible diners are provided service even if unable to make a contribution.



- Suggested Meal Contribution -

Monthly Income	Congregate	Home Delivered
Below \$975	Give what you can.	
\$ 976 - 2,000	\$3.50	\$4.00
\$2001 - 3,500	\$5.50	\$6.00
Above \$3,500	\$7.50	\$8.00

Persons under age 60 must pay
\$8.50 to the Nutrition Center Manager.

Effective January 1, 2015

**Please make your reservation by contacting
the Nutrition Center Manager at your location.**

Tools and Resources

CHANGES IN U.S. HEALTH STATUS

[The Centers for Disease Control and Prevention \(CDC\) National Health Report](#) reviews population health in the United States and assesses progress being made toward meeting high-priority objectives. It includes some interesting tables and graphs showing changes in Americans' health status since 2005.

IPHA NEWSLETTER

The Winter 2014/2015 issue of [Public Health Matters](#), a quarterly e-newsletter produced by the Iowa Public Health Association, is now available and provides up-to-date information on public health initiatives and health-related topics.

FOOD INSECURITY DATA

Despite a decreasing national unemployment rate, the prevalence of food insecurity among U.S. households remained relatively stable from the end of the Great Recession (2007-09) through 2013. Higher general inflation, combined with higher relative food prices, offset the effect of lower unemployment. Food insecurity statistics and contributing factors are summarized in a [report](#) from the United States Department of Agriculture (USDA).

SIGNS OF MALNUTRITION

One in 10 people over the age of 65 shows some sign of malnutrition, yet only 12 percent of individuals surveyed were able to identify signs of malnutrition. This *Medical News Today* [article](#) provides guidance on recognizing symptoms of malnutrition in older friends and relatives.

FOOD WASTE REDUCTION

The Iowa Waste Reduction Center (IWRC) has developed resources and information, including a [Residential Composting](#)



[Toolkit](#), to help individuals reduce food waste at work and home. Additionally, the U.S. Environmental Protection Agency (EPA) offers [guidance](#) to combat food waste – an effort that is good for the environment and the bottom line.

REDUCING BELLY FAT AS YOU AGE

In this [article](#), HealthDay discusses the importance of incorporating weight training into a weekly exercise routine in order to reduce belly fat and improve overall muscle tone in older adults.

2013 BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

According to the [2013 Behavioral Risk Factor Surveillance System \(BRFSS\) Report](#), there has been an increase in the number of Iowans reporting elevated blood pressure, high cholesterol, lower levels of physical activity and being overweight or obese.

FOOD SAFETY ON THE GO

[“Food Safety on the Go”](#) is a food safety training program for staff, volunteers and clients of home-delivered meal programs. Created by the University of Maryland’s Department of Nutrition & Food Science, the program is made up of six modules covering topics such as food safety basics specific roles in food service delivery.

FOOD ASSISTANCE INFORMATION

The Iowa Food Bank Association travels to communities to provide information and assistance on the Food Assistance Program. For a group presentation on food assistance/food stamps and help with completing applications, contact Lindsey Haley at 515.288.3234 or www.iowafba.org.