Iowa Department of Elder Affairs

Healthy Aging Update

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Welcome

This issue of Healthy Aging Update continues to provide information on the Dietary Guidelines with a focus on weight management. Additional information is included in this newsletter to serve as a resource for providing nutrition and health promotion services to older adults.

Weight Management: Dietary Guidelines for Americans

www.health.gov/DietaryGuidelines/

The prevalence of obesity in the United States has doubled in the past two decades. Nearly one-third of adults are obese, that is, they have a body mass index (BMI) of 30 or greater. One of the fastest growing segments of the population is that with a BMI ≥ 30 with accompanying comorbidities. Over the last two decades, the prevalence of overweight among children and adolescents has increased substantially; it is estimated that as many as 16 percent of children and adolescents are overweight, representing a doubling of the rate among children and tripling of the rate among adolescents. A high prevalence of overweight and obesity is of great public health concern because excess body fat leads to a higher risk for premature death, type 2 diabetes, hypertension, dyslipidemia, cardiovascular disease, stroke, gall bladder disease, respiratory dysfunction, gout, osteoarthritis, and certain kinds of cancers.

Ideally, the goal for adults is to achieve and maintain a body weight that optimizes their health. However, for obese adults, even modest weight loss (e.g., 10 pounds) has health benefits, and the prevention of further weight gain is very important. For overweight children and adolescents, the goal is to slow the rate of weight gain while achieving normal growth and development. Maintaining a healthy weight throughout childhood may reduce the risk of becoming an overweight or obese adult. Eating fewer calories while increasing physical activity are the keys to controlling body weight. While overweight and obesity are currently significant public health issues, not all Americans need to lose weight. People at a healthy weight should strive to maintain their weight, and underweight individuals may need to increase their weight.

Key Recommendations

To maintain body weight in a healthy range, balance calories from foods and beverages with calories expended.

To prevent gradual weight gain over time, make small decreases in food and beverage calories and increase physical activity.

Key Recommendations for Specific Population Groups

Those who need to lose weight. Aim for a slow, steady weight loss by decreasing calorie intake while maintaining an adequate nutrient intake and increasing physical activity.

Overweight adults and overweight children with chronic diseases and/or on medication. Consult a healthcare provider about weight loss strategies prior to starting a weight-reduction program to ensure appropriate management of other health conditions.

Measures of body weight

In addition to measuring weight using a scale, body mass index (BMI) and measuring the waist circumference provide measures of approximate body fat. BMI is defined as weight in kilograms divided by height, in meters, squared. For adults, weight status is based on the absolute BMI level (page 4). BMI is more accurate at approximating body fat than is measuring body weight alone. However, BMI has some limitations. BMI overestimates body fat in people who are very muscular and underestimates body fat in people who have lost muscle mass. The relationship between BMI and body fat varies somewhat with age, gender, and ethnicity. The waist circumference can approximate abdominal fat but should be measured very carefully. Fat located in the abdominal region is associated with a greater health risk than peripheral fat.

Interventions for weight loss

Some proposed calorie-lowering strategies include eating foods that are low in calories for a given measure of food (e.g., many kinds of vegetables and fruits and some soups). However, when making changes to improve nutrient intake, one needs to make substitutions to avoid excessive calorie intake. The healthiest way to reduce calorie intake is to reduce one's intake of added sugars, fats, and alcohol, which all provide calories but few or no essential nutrients.

Special attention should be given to portion sizes which have increased significantly over the past two decades. When using packaged foods with nutrient labels, people should pay attention to the units for serving sizes and how they compare to the serving sizes in the USDA Food Guide and the DASH Eating Plan.

Lifestyle change in diet and physical activity is the best first choice for weight loss. A reduction in 500 calories or more per day is commonly needed. When it comes to body weight control, it is calories that count—not the proportions of fat, carbohydrates, and protein in the diet. However, when individuals are losing weight, they should follow a diet that provides a distribution of calories from 20 to 35 percent fat, 45 to 65 percent carbohydrates, and 10 to 35 percent protein. Diets that provide very low or very high amounts of protein, carbohydrates, or fat are likely to provide low amounts of some nutrients and are not advisable for long-term use. Although these kinds of weight-loss diets have been shown to result in weight reduction, the maintenance of a reduced weight ultimately will depend on a change in lifestyle. Successful and sustainable weight loss and weight maintenance strategies require attention to both sides of the energy balance equation (i.e., caloric intake and energy expenditure).

Calories/Hour Expended in Common Physical Activities

Some examples of physical activities commonly engaged in and the average amount of calories a 154-pound individual will expend by engaging in each activity for 1 hour. Some of the activities can constitute either moderate or vigorous intensity physical activity depending on the rate at which they are carried out (for walking and bicycling). Calories burned per hour will be higher for persons who weigh more than 154 lbs (70 kg) and lower for persons who weigh less.

Moderate Physical Activity	**Approximate Calories/Hr for a 154 lb Person**
Hiking	370
Light gardening/yard work	330
Dancing	330
Golf (walking and carrying clubs)	330
Bicycling (<10 mph)	290
Walking (3.5 mph)	280
Weight lifting (general light workout)	220
Stretching	180
Vigorous Physical Activity	**Approximate Calories/Hr for a 154 lb Person**
Running/jogging (5 mph)	590
Bicycling (>10 mph)	590
Swimming (slow freestyle laps)	510
Aerobics	480
Walking (4.5 mph)	460
Heavy yard work (chopping wood)	440
Weight lifting (vigorous effort)	440
Basketball (vigorous)	440

Calorie Balance

Research suggests that subtracting 100 calories a day could go a long way in helping you manage your weight. There are many ways to burn calories through physical activities.

It's all about calorie balance. That means if you eat more calories than your body uses, they will be stored as fat. One pound of body fat is equal to 3,500 calories. In theory, losing one pound requires a deficit of 3,500 calories. For example, eating 500 fewer calories per day would result in losing one pound per week.

Adult BMI Chart

Locate the height of interest in the left-most column and read across the row for that height to the weight of interest. Follow the column of the weight up to the top row that lists the BMI. BMI of 18.5-24.9 is the healthy weight range, BMI of 25-29.9 is the overweight range, and BMI of 30 and above is in the obese range.

BMI	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
Height	Weight in Pounds																
4'10"	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167
4'11"	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173
5'	97	102	107	112	118	123	128	133	138	143	148	153	158	163	158	174	179
5'1"	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185
5'2"	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191
5'3"	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197
5'4"	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204
5'5"	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210
5'6"	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216
5'7"	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223
5'8"	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230
5'9"	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236
5'10"	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243
5'11"	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250
6'	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258
6'1"	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265
6'2'	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272
6'3'	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279
	Healthy Weight						Overweight					Obese					

Source: Evidence Report of Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults, 1998. NIH/National Heart, Lung, and Blood Institute (NHLBI).

Obesity in Older Adults

A recent presentation at the 2006 American Dietetic Association by Samuel Klein, MD, identified benefits of weight loss in obese older adults to include improved mobility and functioning.

The number of obese older adults has markedly increased because of both the increase in total number of older adults and in the percentage of older population who are obese. In 1991, 14% of those 60-69 years old and 11.4% of those 70 and older were obese. In 2000, this increased to 22.9% and 15.5% respectively, representing a 56% and 36% increase in less than 10 years.

Aging causes a progressive decrease in physical function because of a decline in the amount of muscle mass as well as strength, and an increase in joint dysfunction and arthritis. These changes make it more difficult to get around thus having a negative impact on quality of life. Obesity magnifies the problems. Obese older adults have a greater rate of nursing home admissions than those who are not obese.

Moderate weight loss along with physical activity can improve physical function and health-related quality of life in obese older adults, even the very old and frail. Regular physical activity is important to improve physical function and help preserve muscle and bone strength. Exercise programs need to be started gradually and must be individualized based on diseases and disability. The goals of an exercise program for obese older adults are to increase flexibility, endurance, and strength, so an exercise program including stretching, aerobic activity, and strength exercises, is recommended.

Obesity Rates:

Percentage Overweight or Obese Adults (18+ yrs) 60.5 %
Percentage Obese Adults 23.9%

Number of States having obesity rates over
20% in 1995=0
20% in 2005=46
30% in 2005=3

A Healthy People 2010 objective is to reduce to 15% the prevalence of obesity among adults in the United States

Source: Behavioral Risk Factor Surveillance System (BRFSS)
You can read the full article with state specific data online at:
www.cdc.gov/mmwr/preview/mmwrhtml/mm5536a1.htm#tab

Strengthening Health Promotion Programs Through Evaluation

Health promotion programs need to be evaluated regularly to identify if the program is achieving its goals. Evaluation can identify the program's strengths and weaknesses and help it maintain flexibility to better serve your community.

Program evaluation is an ongoing cycle. No one evaluation method is capable of providing the whole picture. Mixing methods allows evaluators to draw on the strengths of both quantitative and qualitative methods while minimizing the weaknesses inherent when only one method is used.

The Centers for Disease Control and Prevention has developed a "Framework for Program Evaluation in Public Health," a six-step process to guide programs through all phases of an evaluation:

Step 1: Clarify who your key stakeholders are.

Step 2: Clarify your program's activities and goals.

Step 3: Determine what the primary purpose of the evaluation is, what to evaluate, and what methods to use.

Step 4: Decide how to collect data that are high-quality, feasible to gather, and minimally burdensome on respondents.

Step 5: Analyze the findings and compare your results with agreed-upon values or standards.

Step 6: Promote maximum use of the findings by providing feedback to stakeholders and sharing recommendations and reports.

To read about the CDC framework in more detail, visit: www.cdc.gov/mmwr/preview/mmwrhtml/rr4811a1.htm. The Live Well, Live Long project has developed new chapters on program evaluation for their three health promotion and disease prevention modules. Chapter five of the "Blueprint for Health Promotion" module (available online at www.asaging.org/cdc/module1/phase5/index.cfm provides an overview of evaluation methodology and techniques. Chapter five of "Road Map to Driving Wellness" (found at www.asaging.org/cdc/module4/phase5/index.cfm) provides a more in-depth look at focus groups as one method of evaluation. Finally, chapter five of "Steps for Mental Wellness" (found at www.asaging.org/cdc/module5/phase5/index.cfm) explores how community participatory evaluation can provide a unique and valuable assessment of health promotion programs.

Visit Mypyramid.gov to identify your calorie needs and assess your dietary intake. At this web site, use MyPyramid Tracker to assess your diet quality and physical activity status. The Food Calories/Energy Balance feature automatically calculates your energy balance by subtracting the energy you expend from physical activity from your food calories/energy intake.

American Society on Aging's Health Promotion Issue Briefs

www.asaging.org/cdc/issue_briefs.cfm.

1: "Health Promotion for Older Adults: Meeting the Challenges of the Future"

www.asaging.org/cdc/issue_briefs/Issue_Brief_1.pdf

Health promotion can positively affect the aging process. This issue brief explores the underpinnings of health promotion programs and some of the challenges ahead, such as reaching older adults of culturally diverse backgrounds and elders with low literacy or visual, hearing, cognitive, or physical impairments.

2: "Program Evaluation: How to Focus Your Evaluation Using Quantitative and Qualitative Methods"

www.asaging.org/cdc/issue_briefs/Issue_Brief_2.pdf

This issue brief discusses how you can focus your program evaluation strategy by using both quantitative and qualitative evaluation methods. It provides tips on choosing the best methods for your program.

3: "Collaborations: Skill-Building for Effective Partnerships"

www.asaging.org/cdc/issue_briefs/Issue_Brief_3.pdf

This issue brief explores the challenges that collaborations pose in such areas as communicating between partners, determining leadership, building a shared vision, and creating an atmosphere of respect and competence when working with diverse communities. It provides suggestions for maintaining a new partnership or revitalizing a struggling one.

4: "Cultural Competence and Health Literacy: Making Your Health Promotion Program Accessible to Diverse Groups of Older Adults"

www.asaging.org/cdc/issue_briefs/Issue_Brief_4.pdf

This issue brief discusses how to better address low health literacy through the creation of culturally appropriate health promotion messages.

RESOURCES

Health Promotion

Maturity Health Matters Newsletter www.fda.gov/cdrh/maturityhealthmatters.
This FDA electronic newsletter, which is published three times a year, provides readers with information about FDA-regulated products and other health information for older adults, their families and caregivers. The current issue features articles on:

* hip and knee replacement
* contact lenses
* nutrition for older adults
* Azilect to treat Parkinson's Disease
* health and safety information to use before and after hurricanes

* approval of Relenza to prevent and treat Influenza A and B in adults and children

Also included is a crossword puzzle and answers based on the newsletter's content.

Quitline Iowa is a toll-free, statewide smoking cessation telephone counseling hotline. www.public-health.uiowa.edu/itrc/quitline/default.htm. Trained counselors provide callers with information about the health consequences of tobacco use, assistance in making an individualized quit plan, and on-going support through optional follow-up calls. The Quitline is staffed from 8 a.m. to midnight, 7 days a week. The Quitline offers both English and Spanish-speaking counselors. Counseling services in an additional 150 languages are available through a translation service. Services are also provided for the hearing impaired.

5-A-Day has new web site. www.5aday.gov. Provides recipes, tips and fruits and vegetables of the month.

Food Safety

A Consumer's Guide to Food Safety: Severe Storms and Hurricanes addressing flooding and power outages, is available on FSIS' Web site, www.fsis.usda.gov. Consumers with food safety questions can "Ask Karen," the FSIS virtual representative available 24 hours a day at www.fsis.usda.gov/Food_Safety_Education/ask_Karen/index.asp#Question. The toll-free USDA Meat and Poultry Hotline 1-888-MPHotline (1-888-674-6854) is available in English and Spanish and can be reached from l0 a.m. to 4 p.m. (Eastern Time) Monday through Friday. Recorded food safety messages are available 24 hours a day.

Physical Activity

"Easy Does It!" senior fitness video fills a need for an ever growing senior population offering a 30 minute no-impact regimen designed specifically to address elderly fitness requirements while keeping safety the highest priority. www.prweb.com/releases/2006/8/prweb423490.htm

"**SilverSneakers glow as elderly rush gyms**," by Celia Storey (_Arkansas Democrat Gazette_ [Little Rock], August 21, 2006).
www.nwanews.com/adg/Style/164221/

Fall Prevention

Fall Prevention includes five lessons, complete with literature reviews, lesson plan, consumer handouts, brief PowerPoint shows to use with the Interactive Discussion and/or the Icebreaker, and reference and resource lists. A brief evaluation form is included. The lessons are:

Who's At Risk; Reducing Home Hazards; Staying Strong and Improving Balance; Lifestyle Factors Affecting Fall Risk; How to Handle a Fall

This education module can be purchased for $15 (plus tax, postage and handling) from the IFAS bookstore. Order by telephone (1-800-226-1764) or on-line: go to the Education CD ROM Module 6 section at www.ifasbooks.ufl.edu. Nationally, some state Extension Services have purchased ENAFS modules. Check out at: http://enafs.ifas.ufl.edu for additional resources.

Bath falls common among older adults, but can be prevented," (Eurekalert [American Association for the Advancement of Science], September 13, 2006).www.eurekalert.org/pub_releases/2006-09/uomh-bfc091306.php

Fall Injuries Among Adults Aged >65 Years. CDC Morbidity and Mortality Weekly Report: QuickStats: Annual Rate* of Nonfatal, Medically Attended† United States, 2001--2003 www.cdc.gov/mmwr/preview/mmwrhtml/mm5531a7.htm?s_cid=mm5531a7_e

Articles of Interest

"Prevalence of Functional Limitations Among Adults 60 Years of Age and Over: United States, 1999-2002," US National Center For Health Statistics Report. (_Advance Data From Vital and Health Statistics_, No. 375, August 2006, .pdf format, 8p.). www.cdc.gov/nchs/data/ad/ad375.pdf

Older Americans and Depression
www.aarp.org/fun/radio/pt_radio/older_americans_and_depression.html. This is an AARP Prime Time Radio show. (RealPlayer plug-in or helper application required, audio transcripts run between 24 and 30 minutes)."

"Elderly less likely to wake to smoke alarm," (Reuters Health, August 24, 2006). http://tinyurl.com/eex96

Planning livable communities helps the aging, by John A. Krout (_Ithaca [NY] Journal_, August 23, 2006). Note: This article is a commentary. http://tinyurl.com/fqmf5

"Boomer Bulge: Will senior centers change for baby boomers?" by Martin J. Kidston (_Helena Independent Record_, September 18, 2006). www.helenair.com/articles/2006/09/17/helena_top/a01091706_04.txt

"Caring for the elderly from a distance," by Diana McKeon Charkalis (_Los Angeles Daily News_, September 11, 2006). www.dailynews.com/entertainment/ci_4315796

Family Caregiver Alliance Report: "Caregivers Count Too! A Toolkit to Help Practitioners Assess the Needs of Family Caregivers," (June 2006, .pdf and HTML format, 98p.). http://caregiver.org/caregiver/jsp/content_node.jsp?nodeid=1698

"Study: Medical Instructions Stump Many," by Kevin Freking, Associated Press/San Francisco Chronicle, Sep 6, 2006).
http://tinyurl.com/kyxhl

"Ageism endemic in health services" (Eurekalert [American Association for the Advancement of Science], Sep. 7, 2006).
www.eurekalert.org/pub_releases/2006-09/bmj-aei090706.php

CENSUS Facts on Grandparents
www.census.gov/Press-Release/www/2006/cb06ff-13.pdf

"U.S. Health Care System Offers Good Value in Terms of Life Expectancy Gains Despite Rising Costs, Study Finds" [Kaisernetwork.org Aug 31, 2006]
www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=39563

US National Institute on Aging (NIA), Alzheimer's Disease Education and Referral Center Periodical: Connections Newsletter (Vol. 14, No. 1-2, 2006, HTML and .pdf format, 12p.).
http://tinyurl.com/q8j69

Weight Loss with Alzheimer's Disease
www.medicalnewstoday.com/medicalnews.php?newsid=51656. Study finds average rate of weight loss doubles in the year before symptoms of Alzheimer's-type dementia first become detectable.

"Dementia and diabetes," by John Fauber (_Milwaukee Journal-Sentinel_, September 10, 2006).
www.jsonline.com/story/index.aspx?id=493436

Spicy Apple-Filled Squash from www.5aday.gov

Preparation Time: 45 minutes
Number of Servings: 4
Cups of Fruits and Vegetables Per Person: 1

Ingredients:
1 acorn squash (about 1 lb)
1 golden delicious apple, peeled, cored and sliced
2 tsp, reduced-fat margarine, melted
2 tsp, brown sugar
1/8 tsp, cinnamon
1/8 tsp, nutmeg
dash ground cloves

Directions:
Heat oven to 350ºF. Grease a 1-quart baking dish. Halve squash and remove seeds; cut into quarters. Place quarters, skin side up, in dish and cover; bake 30 minutes. Meanwhile, in medium bowl, combine apple, butter, brown sugar, cinnamon, nutmeg and cloves. Turn cut sides of acorn squash up; top with apple mixture. Cover and bake 30 minutes longer or until apples are tender. **Variations**: *Quick microwave version* halve and seed squash; cut into quarters. Arrange quarters, cut side up, in microwave-safe baking dish. Microwave on high (100 percent) 6 to 7 minutes, rotating squash halfway through cooking time. Top squash with apple mixture, cover with vented plastic wrap and microwave on high 4 to 5 minutes or until apples are tender.
Diabetic Exchange: Vegetables: 2
Calories 80 **Calories from Fat** 15
Total Carbohydrate 18g **Dietary Fiber** 2g
Sodium 5mg

Our Mission:
To provide advocacy, educational, and prevention services to older Iowans so they can find Iowa a healthy, safe, productive, and enjoyable place to live and work.

If you are interested in receiving or discontinuing the healthy aging updates, contact Erin Haafke by email at erin.haafke@iowa.gov.

Iowa Department of Elder Affairs
Jessie Parker Building, 510 East 12th St, Ste 2, Des Moines, IA 50319
PHONE: 515-725-3330 or 800-532-3213
FAX: 515-725-3300
Carlene Russell, RD, LD DEA Nutritionist carlene.russell@ iowa.gov