



# Healthy Aging Update

Iowa Department of Elder Affairs

June 2, 2008

Volume 3, Issue 4

## In This Issue

- OAA Nutrition Program: Food and Nutrition for Independent Living
- OAA medical information
- Iowa *Healthy Links*
- Medical Nutrition Therapy
- Americans Living Longer
- Stroke Awareness
- Generations Salute to Seniors
- Resources

## Welcome

This issue of Healthy Aging Update highlights the role of OAA nutrition programs in helping older adults maintain independent lifestyles. This article includes excerpts from the paper presented at the 4<sup>th</sup> State Units on Aging Nutritionists and Administrators' Conference, August 2006. Additional information in this newsletter is intended to serve as a resource for providing nutrition and health promotion services to older adults.

## Older Americans Act Nutrition Program: Providing Consumers and Caregivers with Food and Nutrition Choices for Healthy, Independent Long Term Living

### *Introduction*

The Older Americans Act (OAA) Nutrition Program is a cost effective service that assists older persons to fully engage in society and community life, maintain their health and independence, and stay in their own homes and communities for as long as feasible.<sup>i,ii</sup> The Nutrition Program supports the OAA vision and meets performance outcomes and indicators established by the US Administration on Aging (AoA).

Food and good nutrition are key factors in successful aging. Together, they help reduce disease related disability, promote health and support increased mental and physical functioning and active engagement with life. Research shows that consuming a healthy diet and being physically active are more important than genetic factors in avoiding declines associated with aging. The role of nutrition in maintaining the health of older adults involves both the prevention of malnutrition and the management of common chronic conditions. Nutrition therapy is cost effective.

### *The Role of Nutrition in Keeping Older Adults Healthy*

Nutrition keeps older adults healthier by reducing the risk of chronic diseases and related disabilities. Nutrition is central to chronic disease treatment and management. All top nine chronic health conditions in older persons have dietary and nutritional implications. Further, all are greatly exacerbated by malnutrition, either as obesity or undernutrition.

Of these nine chronic conditions, heart disease, stroke, cancer and diabetes are among most common and costly diseases. These chronic conditions coupled with obesity have been behind almost all Medicare spending over the past 15 years. Diet modification and nutrition therapy help control the high costs of disease treatment and hospitalizations through risk reduction, delayed disease onset and symptom management. In doing so, nutrition improved the efficacy and effectiveness of the associated medical, pharmaceutical, and rehabilitative treatments.

***Relationship between nutritional status, malnutrition and functionality***

Nutritional status is closely associated with an older person's functionality and ability to remain independent. There is no single "norm" or standard definition of acceptable nutritional status given the vast heterogeneity among older persons and the variety of settings in which they live. Thus, the goal of improving nutritional status through adequate dietary intake and quality is to prevent the occurrence of malnutrition from obesity and underweight. These two serious conditions have the greatest impact on health and also impede functionality and independent living. Functional status is often measured by the ability to ambulate, grip strength, lift heavy objects and perform Activities of Daily Living (ADLs, e.g., eating, dressing, walking across a room), and Instrumental Activities of Daily Living (IADLs, e.g., preparing meals, shopping). Malnourished older adults have limited muscle strength, more exhaustion and reduced physical activity placing them risk for falls and hip fractures. This increases healthcare costs and threatens independence.

Undernutrition in older adults is far more problematic to resolve. Some chronic diseases are risk factors (e.g., cancer, COPD, Alzheimer's). Unintended weight loss that goes undetected contributes to frailty. Research shows an independent relationship between the amount and quality of dietary intake and frailty. Without the appropriate nutritional therapies and other long term care services to support recovery, individuals are at risk for premature nursing home placement. Unaddressed, undernutrition and frailty may result in costly long term care services. Malnutrition, unintentional weight loss and inadequate hydration are serious risk factors for the development of pressure ulcers. Depending upon level of progression, pressure ulcers need aggressive nutrition therapy, medication management, nursing care and sufficient time to heal.

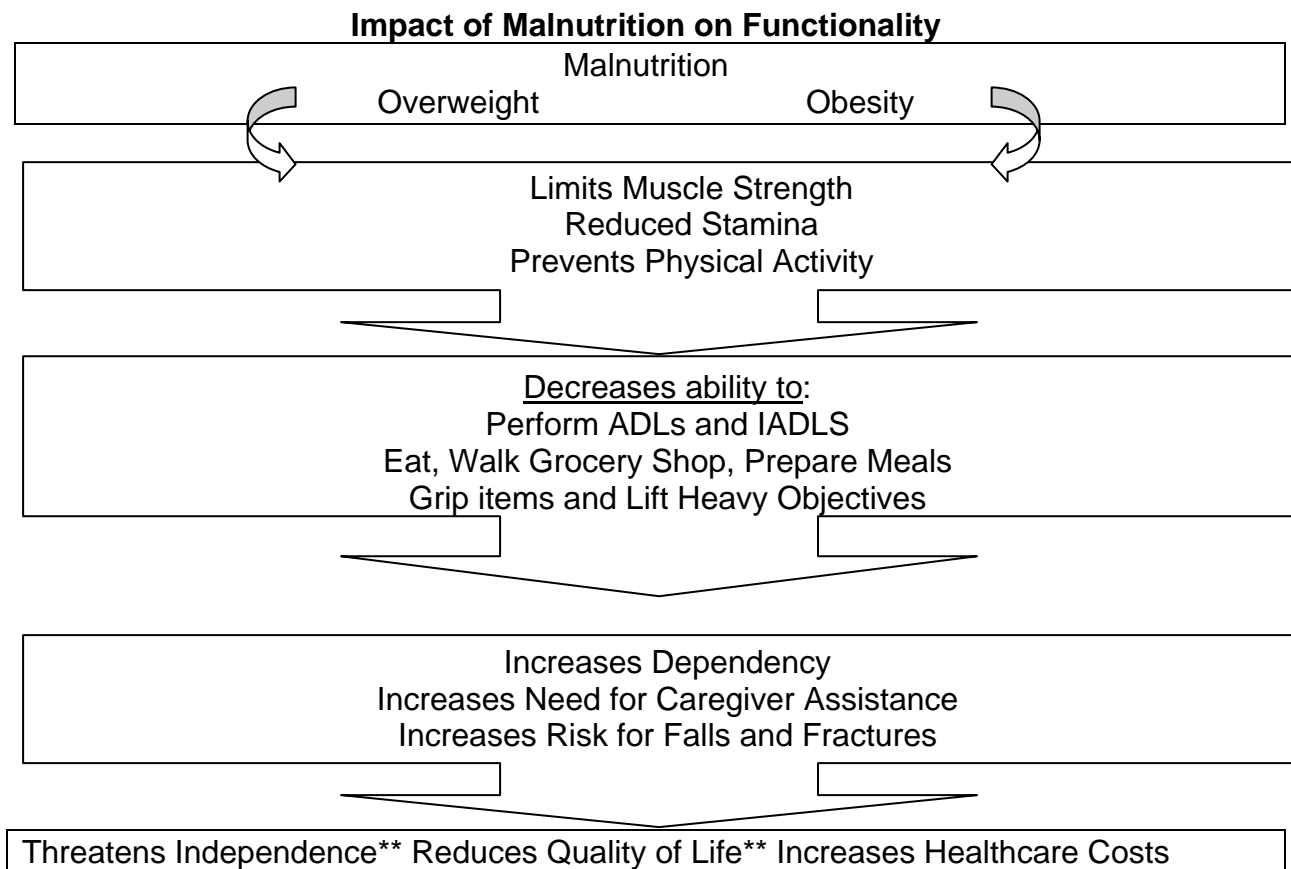
A nutrition screening, assessment and intervention process will detect and prevent malnutrition. The Nutrition Screening Initiative (NSI), a national partnership consisting of health and social service organizations, promotes routine screening and intervention as a cost effective way to promote health and manage disease in older adults. (*INAPIS uses the ten NSI nutrition screening questions.*) Nutrition screening and targeted interventions help keep older adults in their communities and reduce the costs associated with medications, hospital care and nursing home stays.

Although they may have serious impairments and chronic conditions, older adults would prefer to be at home rather than in a nursing facility. Thus, the OAA Aging Network becomes the first line of defense in monitoring malnutrition risk and implementing a care plan to improve nutritional status and prevent obesity and unintended weight loss. The

development of state and local area plans should include nutrition expertise and provide for the range of diverse nutritional needs of consumers and their families as the rebalanced long term living system is brought into place.

The Nutrition Program has a grassroots approach and an infrastructure in place to offer a comprehensive array of popular consumer-driven nutrition services/intervention to meet needs of the complete older adult. They include:

- 1.) Meals: tasty and nutritionally dense to enhance food/nutrient intake;
- 2.) Congregate meal site participation: provides interaction and improves active social engagement;
- 3.) Nutrition education: empowers consumer and caregiver behavioral change and provides information about the latest nutritional buzz;
- 4.) Nutrition counseling: enhances chronic disease management for consumers and caregivers;
- 5.) Referrals and coordination: connects consumer and caregiver to community partners for health promotion/disease prevention services, to in-home services, to food and nutrition assistance programs, to facility based discharge planners for post discharge meals, to Medicaid Waiver home and community based services to delay nursing home placement.



In 2007, there were 10,101 Iowa nutrition program participants determined to be at high nutrition risk. For more details, access the Iowa Nutrition Services Fact Sheet at <http://www.state.ia.us/elderaffairs/Documents/Reports/NAPIS/2007/NAPIS-SFY07FactSheet-Nutrition.pdf>



## Older Americans Act

**Section 339 NUTRITION 2(K)** encourages individuals who distribute nutrition services under subpart 2 to provide, to homebound older individuals, available medical information approved by health care professionals, such as informational brochures and information on how to get vaccines, including vaccines for influenza, pneumonia, and **shingles**, in the individuals' communities.

### Shingles Facts

(Source: spotlightonshingles.com and <http://www.ninds.nih.gov/disorders/shingles/shingles.htm>)

- Shingles is a disease caused by the same virus that caused chickenpox.
- Once a person has had chickenpox, the virus can live, but remain inactive in certain nerve roots within your body for many years; if the virus becomes active again, usually later in life, it can cause shingles
- If you've had chickenpox (and more than 90 percent of adults in America have), you're at risk for shingles; also, the risk for shingles increases as you get older.  
Up to half of the nearly 1 million shingles cases in the U.S. each year occur in people 60 years and older.  
1 out of 2 people who live to age 85 will have shingles.
- Shingles rashes can be painful; for most people, the pain from shingles rash lessens as it heals.
- However, for some people, after the rash heals, shingles may lead to pain that can last for months or even years; this long-term nerve pain, called postherpetic neuralgia or PHN, occurs because the virus that causes shingles may damage certain nerves.
- The pain from postherpetic neuralgia can vary and may include: burning and throbbing, and stabbing and shooting; also, the older you get, the more you're at risk for long-term nerve pain.  
Long-term nerve pain hurts more and lasts longer in older adults.  
For many people with long-term nerve pain, even the touch of soft clothing against the skin can be painful.
- Other serious problems that may result from shingles include skin infection, muscle weakness, scarring, and decrease or loss of vision or hearing.
- A vaccine, Zostavax, is available for use in people 60 years and older to prevent shingles. This one time vaccination does not treat shingles once it develops. The vaccine is reimbursed through the Medicare Part D program.

- *Spotlight on Shingles: Know what you can do* is a disease education program and can be accessed at <http://www.spotlightonshingles.com/index.html>

## **Iowa *Healthy Links*: Chronic Disease Self Management**

Iowa is one of eight states awarded National Council on Aging grants to expand the Chronic Disease Self-Management Program (CDSMP) state wide. This \$300,000 grant leverages an additional \$500,000 from local partners. The three year project will begin in July with strategic planning to develop a plan for implementing and sustain the CDSMP in a minimum of 60 counties. The Iowa *Healthy Links* project, with two years of experience, will provide guidance for new projects.

## **Medicare Medical Nutrition Therapy (MNT)**

As a part of the Medicare Part B Program, nutrition services are available as a part of services to improve health. Medicare covers outpatient MNT provided by Registered Dietitians for beneficiaries with diabetes, chronic renal insufficiency/end-stage renal disease (non-dialysis renal disease) and/or post kidney transplant. Beneficiaries generally are eligible for at least three hours of MNT in the first year of care and two hours other years.

MNT improves health care outcomes, quality of life and lowers health care costs. Health professionals agree that nutrition services are one of the first treatments that individuals should received to improve diseases such as diabetes, heart disease and hypertension. Medical Nutrition Therapy can be included in the array of services provided to Older American Act Nutrition Program participants who are screened and determined to be at high nutrition risk. When appropriate, the high nutrition risk participant could be referred for MNT.

### **Medical Nutrition Therapy provided by a Registered Dietitian includes a:**

Review of what you eat and your eating habits  
Thorough review of your nutritional health and  
Personalized nutrition treatment plan

Together with the Registered Dietitian, you will set nutrition goals to improve your health. The first visit with the Registered Dietitian (RD) will generally take one hour. After that first session, the dietitian will schedule several follow up appointments to check on your progress and see if changes are needed in your nutritional goals and treatment plan.

With a physician's referral, you can make an appointment to see the dietitian at your local hospital out-patient clinic, physician clinic or the dietitian's practice near your home.

Note: AAAs might be able to arrange for a dietitian, who is a Medicare Provider to provide MNT at senior centers/ congregate meal sites for diabetes and renal disease. MNT can be used along with OAA nutrition counseling to address all types of nutrition problems that place older adults at risk for declining health.

## **Americans Living Longer Says Federal Report**

Average life expectancy continues to increase, and today's older Americans enjoy better health and financial security than any previous generation. Aging trends are reported in *Older Americans 2008: Key Indicators of Well-Being*, from the Federal Interagency Forum on Aging-Related Statistics. Highlights include:

- People who live to age 65 can expect to live 18.7 more years.
- The life expectancy of those who live to age 85 is 7.2 more years for women and 6.1 more years for men.
- More than 42 percent of people age 65+ report functional limitations.
- Twelve percent have difficulty performing one or more IADLs (but no ADL limitation). Eighteen percent had difficulty with 1-2 ADLs.
- The proportion of people with functional limitations has declined from 49 percent in 1992 to 42 percent in 2005.
- The percentage of people in nursing or long term care facilities has declined from 6 percent in 1992 to 4 percent in 2005.
- Healthy Eating Index scores indicate people 65+ are most in need of increasing intake of whole grains, dark green and orange vegetables and legumes; low fat milk products. Decreased intakes are needed especially for sodium, saturated fat, and calories from foods and beverages with solid fats, added sugar and alcohol.
- Health and well-being in addition to being affected by preventive behaviors are also affected by time spent socializing and communicating with others. For Americans age 55-64, 13 percent of leisure time was spent socializing and communicating with others compared with 10 percent for over 75 years of age.
- The percentage of people age 65+ that are obese has increased between 1988-1994 and 2005-2006, from 22 percent to 31 percent.
- After adjusting for inflation, health care costs increased significantly among older Americans from \$8,644 in 1992 to \$13,052 in 2004.

To access the update or order printed copies of *Older Americans 2008* – the document is available online at [www.AgingStats.gov](http://www.AgingStats.gov) and in limited quantities in print. Supporting data for each indicator, including complete tables, PowerPoint slides and source descriptions, can be found on the Forum's Web site. The U.S. Administration on Aging will send each State and Area Agency on Aging copies of the report. Single printed copies of *Older Americans 2008: Key Indicators of Well-Being* are available at no charge through the National Center for Health Statistics while supplies last. Requests may be made by calling 1-866-441-6247 or by sending an e-mail to [nchsquery@cdc.gov](mailto:nchsquery@cdc.gov). For multiple print copies, contact Forum staff director Kristen Robinson at (301) 458-4460 or send an e-mail request to [agingforum@cdc.gov](mailto:agingforum@cdc.gov).

## Awareness of Stroke Warning Symptoms MMWR 5-9-08. 57(18)481-485

Stroke remains the third leading cause of death after heart disease and cancer. When medication is administered within three hours of the stroke, significant benefits can be achieved. A revised objective of *Healthy People 2010* is to increase to 83% the proportion of persons who are aware of the warning symptoms of stroke and the need to telephone 9-1-1 immediately if someone appears to be having a stroke

Surveys indicate recognition of all five stroke symptoms (listed below) and the need to telephone 9-1-1 was low. There is a need to increase awareness of stroke warning signs so treatment can be provided to reduce complications that often result from a stroke.

- sudden numbness or weakness of the face, arm, or leg, especially on one side
- sudden confusion or trouble speaking
- sudden trouble walking, dizziness, or loss of balance
- sudden trouble seeing in one or both eyes
- severe headache with no known cause

## SALUTE TO SENIORS 2008

- Generations has been actively involved with Senior Voice's *Salute to Seniors 2008* and was a sponsor of this event. They highlighted and promoted all of their programs, with special interactive displays for the Nutrition Program with broccoli salad samples. They also had a fall prevention/balance screening assessment.
- This year's event was the 10<sup>th</sup> Anniversary. Check out the video of the event at <http://videos.qctimes.com/p/video?id=1870864>.
- Approximately 2,600 seniors attended.
- The woman speaking at the podium in the video, Lilah Bell, turns 100 this summer. She was honored as one of the first two Senior Hall of Fame inductees.
- Back by popular demand "The Dancing Grannies" provided entertainment.
- Well known and respected Ophthalmologist, Dr. Lisa Arbisser, daughter of Dr. Joyce Brothers, spoke at the event.
- The Generation booth featured a tray of real food that was served at the GenAge Cafes that day, the May menu and Senior Farmers Market distribution schedule.

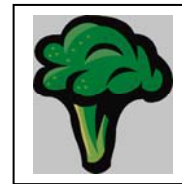


Catherine Pratscher-Woods promoting the nutrition program.

- Sodexo, Generation's food provider, provided Chef Hats to attract attention. It worked!
- The Generation booth gave out an estimated 600 samples for broccoli salad. This recipe is from the Chef Charles program and is now provided routinely in the nutrition program meals.
- Generations' staff made the salad using the following:
  - 15 pounds of broccoli
  - 4 pounds of Craisins
  - 2 ½ pounds of seeds
  - Over 1 gallon of Mayonnaise
  - 3 pounds of bacon



Director McCalley samples broccoli salad with Marvin Webb, Catherine Pratscher-Woods and Amy Porter.



*Information on the recipe handout*  
**Generations' Staff Favorite and a Chef Charles taste sample that is now on the GenAge Café menu.**

### Healthy Can Taste Good!!

**Broccoli** is highly recognized for its anti-cancer nutrients. It is a member of the cabbage family which is helpful in preventing certain types of cancer.



**Dried Cranberries** Provide antioxidant vitamins and flavonoids and helps to keep certain bacteria from sticking to cells in the urinary tract, the mouth and stomach. Cranberries are known to reduce the occurrence of infections.

## RESOURCES

### Health Promotion

- **Diabetes educational materials** for low literacy audiences is available for FREE in both English and Spanish at [www.learningaboutdiabetes.org](http://www.learningaboutdiabetes.org). Consider fact sheets on Type 2 Diabetes, What's Your A1C, Hidden Sugars and Diabetes, Nutrition Facts Label, and What is Diabetes.
- **Real Men Wear Gowns** is a campaign designed to raise awareness among men about the importance of preventive medical testing. Men are 25 percent less





likely than women to have visited the doctor within the past year and are 38 percent more likely than women to have neglected their cholesterol tests. Furthermore, men are 1.5 times more likely than women to die from heart disease, cancer and chronic lower respiratory diseases (Source: Centers for Disease Control and Prevention, 2005). The campaign encourages men to visit a comprehensive Web site, [www.ahrq.gov/realmen](http://www.ahrq.gov/realmen). The site provides the recommended ages for preventive testing (as well as a list of tests), a quiz designed to test your knowledge of preventive health care, tips for talking with your doctor, a glossary of consumer health terms, and links to online resources where you can find more medical information.

- **Vitamin D** reduces risk of falls by 23%. Vitamin D helps strengthen muscles as well as bones thereby reducing fracture risk through fall prevention. It's important to maintain adequate vitamin D levels and muscle strength. Roughly a third of women over 65 fall each year, and 6 percent of those suffer a fracture.
- **Four Simple Habits Add 14 Years to Life.** A study from the University of Cambridge Institute of Public Health identified the following healthy habits as reducing by one-quarter the risk of dying and adding the equivalent of 14 years to one's life.
  - Not smoking
  - Drinking moderately
  - Keeping physically active
  - Eating five servings of fruits and vegetables daily

Another study estimated that a 70 year old man who did not smoke and had normal blood pressure and weight, no diabetes and exercised two to four times per week had a 54% probability of living to age 90. A man with three strikes against him-such as sedentary lifestyle, obesity and diabetes- had only a 14% change of reaching age 90. [dx.doi.org/10.1371/journal.pmed.0050012](https://doi.org/10.1371/journal.pmed.0050012)

- **Environmental Protection Agency (EPA) Fact Sheets.** These materials outline simple and important preventative steps to reduce exposure to environmental hazards and protect ones' health. Fact sheets may be requested at no cost at [aging.info@epa.gov](mailto:aging.info@epa.gov) or calling 202-564-3651.
  - Environmental Hazards Weigh Heavy on the Heart (environmental hazards that can worsen diseases such as air pollution, smoke, drinking water quality)
  - Aging Healthier, Breathe Easier (steps to improve respiratory disease)
  - It's Too Darn Hot: Planning for Excessive Heat Events(reduce exposure to excessive heat)
  - Safe Steps to Rid Your Home and Garden of Pests (safe use of pesticides)
  - Water Works (water contaminants)

- **Medicare Preventative Services.** Medicare provides health screening benefits. Beneficiaries may have to pay a deductible, coinsurance and/or co-payment. Amounts may vary depending on Medicare health plan. Visit [MyMedicare.gov](http://MyMedicare.gov) to see a description of the preventive services.
  - Medicare pays 100%: flu shots, pneumonia shots, cardiovascular screening, diabetes screening
  - Beneficiary pays 20%: mammogram screening, one-time “Welcome to Medicare” physical exam, bone mass measurement, glaucoma test, hepatitis B shot, prostate cancer screening, medical nutrition therapy, diabetes self-management training, smoking and tobacco use cessation programs

## Physical Activity



- **Keeping in good shape harder for older women than men.** Women aged 65+ find it harder than men of the same age to preserve muscle - which probably impacts on their ability to stay as strong and fit, <http://www.sciencedaily.com/releases/2008/03/080325212834.htm>
- **Arthritis a Potential Barrier to Managing Diabetes.** Fifty-four percent of lowans have both conditions and need physical activity. Unfortunately, the painful joint condition tends to discourage regular physical activity – an important part of managing both diseases. In Iowa, more than 615,000 adults are estimated to have arthritis, while approximately 157,000 have diabetes. Approximately 34 percent of adults with both conditions are not regularly active, compared to about 15 percent of adult diabetics without arthritis. Research shows that engaging in joint-friendly activities such as walking, swimming, and biking can help manage these conditions. The Arthritis Program message is “Physical Activity is the Arthritis Pain Reliever”. For more on the diabetes and arthritis programs at IDPH visit [www.idph.state.ia.us](http://www.idph.state.ia.us). To read the full CDC report, visit [www.cdc.gov/mmwr](http://www.cdc.gov/mmwr)

## Meal Program



- **Share Iowa.** Share is a private, not-for-profit organization that builds and strengthens communities through volunteer service. Everyone who volunteers just two hours a month is welcome to participate. Once a month, Share distributes foods at local host sites, providing up to 50 percent savings on groceries including fresh fruits and vegetables, and frozen meats. For more information on a program in your area or to start a program contact [shareiowa@lisco.net](mailto:shareiowa@lisco.net) or 800-344-1107.
- **Fund Raising Ideas.** The Meals on Wheels of Salem County, Salem, NJ, sponsors a pumpkin carve annually. They invite professional and high school artists to participate. The artists carve the pumpkins during the day and at 6 pm

the pumpkins are lit and the exhibit opens to the public for judging. Admission to the event is \$5. All proceeds benefit Meal on Wheels. Attendees also enjoy other activities such as hay rides, face painting, pumpkin bake off, cookbook sales, scarecrow contest and pumpkin look-alike contest with 3,000 attendees that helped the program raise \$37,000 in 2006. Mealsonwheels05@verizon.net.

- **Herbs and Spices Power Point** is available via an online slide show. Includes a handout on fresh herbs, a popular topic at Farmers' Markets right now. Use/adapt as best meets your educational needs!  
Web location: <http://lancaster.unl.edu/food/spiceherb.shtml>
- **Meals for Pets.** Does your program deliver food to clients who have pets? Does your program deliver pet food so the client does not feel the need to share their meal with their pet? Check out the opportunities to win \$2,000 to start or expand your pet food program! Information for Meals on Wheels Association of American (MOWAA) members is at <http://www.mowaa.org/>



### Miscellaneous Resources

- **Family Caregiver Navigator** is a good resource especially for those caring for a loved one in another state.  
[http://caregiver.org/caregiver/jsp/fcn\\_content\\_node.jsp?nodeid=2083](http://caregiver.org/caregiver/jsp/fcn_content_node.jsp?nodeid=2083)
- **Nursing Home Compare Web site.** The site helps families find nursing homes in their area. Information about the homes includes performance scores on quality measures, staffing information and a three-year history of the home's health, safety and fire inspection reports can be accessed at [www.medicare.gov](http://www.medicare.gov). The Web site will be updated with new information quarterly.
- **Food Stamp program** application is available on-line. Go to <https://dhssecure.dhs.state.ia.us/faweb/>.
- **AoA Multilanguage Gateway Opens Doors.** Social Security offers information in 15 languages besides English; Arabic; Armenian; Chinese; Farsi; French; Greek; Haitian-Creole; Italian; Korean; Polish; Portuguese; Spanish; Russian; Tagalog; and Vietnamese at [www.socialsecurity.gov/multilanguage](http://www.socialsecurity.gov/multilanguage).
- **Helpful links:** Consumer information regarding Iowa hospital services and charges [www.iapricepoint.org](http://www.iapricepoint.org) and Iowa hospital quality [www.ihconline.org](http://www.ihconline.org).

### Pick a Better Snack *On the Go* – With Pineapple!

After a long winter, everyone's ready for a taste of the tropics. Look no further than your local grocer for a juicy pineapple, the delicious, nutritious fruit that brings the feeling of summer.



Fresh pineapple is naturally super-sweet and a great way to satisfy a sugary craving with a healthful snack. One serving (two slices) contains only 60 calories and a quarter of your daily recommended vitamin C, in addition to containing very little sodium. Jim Dole thought pineapple was so great that he founded the Hawaiian Pineapple company in 1901, with the mission of making pineapple available in every grocery store in the United States!

Pineapple doesn't ripen any further after it is picked, so it can be enjoyed immediately after purchase. The most flavorful pineapples will be heavy for their size with dry, crisp shells and dark green crown leaves. After washing, remove the pineapple's outer shell by slicing lengthwise with a sharp knife. Then cut the fruit away from the fibrous core. Your scrumptious snack is ready to eat!

### **Wash. Cut. Eat. (how easy is that?)**

#### ***Take Pineapple With You!***

- Make skewers with pineapple, grapes, strawberries and any other yummy fruit of your choice.
- Dip slices into low-fat yogurt for a quick snack.
- Add fresh chunks of pineapple to vanilla frozen yogurt for a good-for-you goodie!

#### **Quick Nibble:**

As a Caribbean rite of manhood, barefoot youths ran through prickly-skinned pineapple plantings and were expected to endure the resulting cuts without protest.

Pick a **better** snack™ was developed in partnership with the Iowa Nutrition Network and the USDA's Food Stamp Program and Team Nutrition – equal opportunity providers and employers. For more information about the Iowa Nutrition Network or the Chef Charles nutrition education program, call the Iowa Department of Public Health at (800) 532-1579. Note that short articles like the "On the Go with Pineapple" are on the IDPH web site and are available for use in newsletters or newspapers ([http://www.idph.state.ia.us/pickabettersnack/social\\_marketing.asp](http://www.idph.state.ia.us/pickabettersnack/social_marketing.asp)).

#### **Our Mission**

To provide advocacy, educational, and prevention services to help Iowans remain independent as they age.

IDEA 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 of Elder Affairs (IDEA), visit <http://www.state.ia.us/elderaffairs>. To locate resources for older adults and people with disabilities, visit <http://www.lifelonglinks.org/>.

#### **Iowa Department of Elder Affairs**

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

<sup>i</sup> US Administration on Aging. Older Americans Act. Available at: [www.aoa.gov/about/legbudg/oa/legbudg\\_oaa.asp](http://www.aoa.gov/about/legbudg/oa/legbudg_oaa.asp)

<sup>ii</sup> US Administration on Aging. Strategic Plan. Available at: [www.aoa.gov/about/strategic/strategic.asp](http://www.aoa.gov/about/strategic/strategic.asp)