



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 Dietary Guidelines for 2010, preventative services information and other ideas for healthy aging. Many resources with links to access health promotion and other types of resources are provided at the end to the newsletter.



The *Dietary Guidelines for Americans, 2010*

The Dietary Guidelines for Americans (DGA) is reviewed and updated every 5 years. These recommendations are based on the newest and best scientific information on diet and health. The guidelines become the basis of policy including the requirements for the Older American Act Nutrition Program.

The DGA recommendations reflect that a large percentage of Americans are overweight or obese and/or at risk of various chronic diseases. Therefore, the *Dietary Guidelines for Americans, 2010* is intended for Americans ages 2 years and older, including those who are at increased risk of chronic disease.

Poor diet and physical inactivity are the most important factors contributing to an obesity epidemic in the United States. The most recent data indicate that 72 percent of men and 64 percent of women are overweight or obese, with about one-third of adults being obese. Even in the absence of overweight, poor diet and physical inactivity are associated with major causes of health problems and death. These include cardiovascular disease, hypertension, type 2 diabetes, osteoporosis, and some types of cancer. These diet and health associations make a focus on improved nutrition and physical activity choices ever more urgent.

Dietary Guidelines for Americans, 2010 consists of six chapters. The Healthy Aging Update Newsletter will address each chapter in upcoming newsletters. The chapters correspond to major themes that emerged from the review of the evidence, as follows:

- Chapter 1: Background and purpose
- Chapter 2: Balancing calories to manage weight
- Chapter 3: Foods and food components to reduce
- Chapter 4: Foods and nutrients to increase
- Chapter 5: Building healthy eating patterns
- Chapter 6: Helping Americans make healthy choices

In addition to these chapters, *Dietary Guidelines for Americans, 2010* provides resources that can be used in developing policies, programs, and educational materials. These include Guidance for Specific Population Groups (Appendix 1), Key Consumer Behaviors and Potential Strategies for Professionals to Use in Implementing the 2010 Dietary Guidelines (Appendix 2), Food Safety Principles and Guidance for Consumers (Appendix 3), and Using the Food Label to Track Calories, Nutrients, and Ingredients (Appendix 4). These resources complement existing Federal websites that provide nutrition information and guidance, such as www.healthfinder.gov, www.nutrition.gov, www.mypyramid.gov, and www.dietaryguidelines.gov. The following may be used as educational material to introduce the new dietary guidelines.



Using MyPyramid in Your Life - Adults

MyPyramid in Your Life - Adults was developed to help you build an eating plan that works for you. You will find the right amount of foods to eat to meet your calorie needs and promote a healthy weight. Your eating plan also will give you the nutrients you need for good health!

Step 1: Estimate Your Daily Calorie Needs

Use the **Estimated Daily Calorie Needs** chart to find a calorie level that's right for you. Find your gender and age. Then select the activity level that best describes your lifestyle (sedentary, moderately active, or active) - see definitions on the next page.

The calorie levels in each gender and age group are based on persons of average height and at a healthy weight. If you are obese or overweight and want to lose weight, you can follow the calorie level in the chart for your gender, age, and activity level. When losing weight, adjust your calorie intake and activity level to lose no more than one pound a week. Also, be sure that you do **not** feel hungry a lot of the time. You need to eat enough healthy foods to get all of the nutrients you need!



Developed by Linda B. Bobroff, Ph.D., RD, LD/N, Professor, Department of Family, Youth and Community Sciences, University of Florida IFAS Extension, 2005; updated 2010, 2011.
<http://fyas.ifas.ufl.edu/pyramid/index.htm> For more information, visit <http://MyPyramid.gov>.



ESTIMATED DAILY CALORIE NEEDS			
This chart gives an estimate of calorie needs for specific age and gender groups. Calorie ranges are based on physical activity level, from sedentary to active.			
----- CALORIES -----			
Activity Level:	Sedentary	Moderately Active	Active
Females			
19-25 years	2,000	2,200	2,400
26-30 years	1,800	2,000	2,400
31-50 years	1,800	2,000	2,200
51-60 years	1,600	1,800	2,200
61+ years	1,600	1,800	2,000
Males			
19-20 years	2,600	2,800	3,000
21-25 years	2,400	2,800	3,000
26-35 years	2,400	2,600	3,000
36-40 years	2,400	2,600	2,800
41-45 years	2,200	2,600	2,800
46-55 years	2,200	2,400	2,800
56-60 years	2,200	2,400	2,600
61-65 years	2,000	2,400	2,600
66-75 years	2,000	2,200	2,600
76+ years	2,000	2,200	2,400

Sedentary - a lifestyle that includes only the light physical activity associated with typical day-to-day life.

Moderately active - a lifestyle that includes physical activity equivalent to briskly walking 30 to 60 minutes a day in addition to light physical activity associated with typical day-to-day life.

Active - a lifestyle that includes physical activity equivalent to briskly walking more than 60 minutes a day in addition to light physical activity associated with typical day-to-day life.



My **Estimated Daily Calorie Needs** are _____ calories. This calorie level is right for a person of average height, who is at a healthy weight. The calorie level I want to aim for in my eating plan is _____ calories. (Use this number to build your eating plan in Step 2.)



Step 2: Build Your Eating Plan

Find your calorie level at the top of the **My Eating Plan** chart. Follow the column below your calorie level to see how much food to eat from each of the food groups. There are tips for each food group below the chart. Select foods that you enjoy and that fit your lifestyle!

My Eating Plan									
Calorie Level	1,600	1,800	2,000	2,200	2,400	2,600	2,800	3,000	3,200
Fruits	1½ cups	1½ cups	2 cups	2 cups	2 cups	2 cups	2½ cups	2½ cups	2½ cups
Vegetables	2 cups	2½ cups	2½ cups	3 cups	3 cups	3½ cups	3½ cups	4 cups	4 cups
Grains	5 oz-eq	6 oz-eq	6 oz-eq	7 oz-eq	8 oz-eq	9 oz-eq	10 oz-eq	10 oz-eq	10 oz-eq
Protein foods	5 oz-eq	5 oz-eq	5½ oz-eq	6 oz-eq	6½ oz-eq	6½ oz-eq	7 oz-eq	7 oz-eq	7 oz-eq
Dairy	3 cups	3 cups	3 cups	3 cups	3 cups	3 cups	3 cups	3 cups	3 cups
Oils	5 tsp	5½ tsp	6 tsp	6½ tsp	7 tsp	7½ tsp	8 tsp	9½ tsp	11 tsp

NOTE: oz-eq means ounce-equivalents; see the Grains group and Protein foods sections below to understand how these work.

Fruit Group includes all fresh, frozen, canned, and dried fruits and fruit juices. In general, 1 cup of fruit or 100% fruit juice, or $\frac{1}{2}$ cup of dried fruit is considered 1 cup from this group.



Vegetable group includes all fresh, frozen, canned, and dried vegetables and vegetable juices. In general, 1 cup of raw or cooked vegetables or vegetable juice, or 2 cups of raw leafy greens can be considered as 1 cup from the vegetable group. Include a variety of colors and types of vegetables, such as dark green, red, and orange vegetables and beans and peas.

Grains group includes all foods made from wheat, rice, oats, cornmeal, barley, and other grains such as bread, pasta, oatmeal, breakfast cereals, tortillas, and grits. In general, 1 slice of bread, 1 cup of ready-to-eat cereal, or $\frac{1}{2}$ cup of cooked rice, pasta, or cooked cereal is considered 1 ounce equivalent from this group. At least half of all grains eaten should be whole grains.



Dairy group includes all milks, including lactose-free or reduced products, fortified soy beverages, yogurts, frozen yogurts, dairy desserts, and cheeses. Make most choices fat-free or low-fat. Foods made from milk that have little or no calcium, such as cream, cream cheese, sour cream, and butter, are not included. In general, 1 cup of milk, fortified soy beverage, or yogurt, $1\frac{1}{2}$ ounces natural cheese, or 2 ounces of processed cheese is considered 1 cup from this group.

Protein foods include all meat, poultry, seafood, eggs, nuts, seeds, and processed soy products. In general, 1 ounce lean meat, poultry, or seafood, 1 egg, 1 tablespoon peanut butter, $\frac{1}{4}$ cup cooked dry beans or peas, or $\frac{1}{2}$ ounce nuts or seeds is considered 1 ounce equivalent.



Oils include vegetable, nut and fish oils and soft vegetable oil table spreads that have no *trans* fats.

Iowa Administrative Code- Citation for use of Dietary Guidelines

321—17.14(231) Nutrition performance standards.

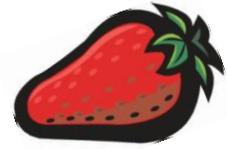
17.14(1) Each meal served by the nutrition services provider, whether at a congregate meal site, home-delivered or elsewhere, must comply with the Dietary Guidelines for Americans, published by the Secretary of Health and Human Services and the Secretary of Agriculture, and provide to each participating elder:

- A minimum of 33 $\frac{1}{3}$ percent of the RDA/AI as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences, if the program provides one meal per day;
- A minimum of 66 $\frac{2}{3}$ percent of the allowances if the program provides two meals per day; and
- One hundred percent of the allowances if the program provides three meals per day.



The Iowa Department on Aging will be reviewing the changes in the 2010 Dietary Guidelines and considering the impact on requirements for the meals provided by the Iowa Nutrition Program.

Marketing Your Nutrition Program



You are providing very nutritious meals as demonstrated by the nutrient analysis of the menus. The meals are helping participants regain their strength or stay healthy which assists them to continue living independently in the community. There are several areas in the Health Care Reform movement that provide opportunities for the services you provide. Be on the lookout for ways to advocate for the nutrition program and other programs. You might find these opportunities in the following areas:

Aging and Disability Resource Centers (ADRCs): Options Counselors can identify those in need of meals, nutrition education and nutrition counseling.

Medical Home: Physician offices are developing systems to better monitor their entire patient population. One example is that with computerized health records, the physicians' offices will be able to identify who needs preventive services such as flu shots and remind the patient. This will result in a higher percentage of the patients getting their flu shot as well as other services.

The medical home and computerized medical records can also provide the opportunity to screen patients for other services they need. This might be a Chronic Disease Self Management Program, Matter of Balance Program, home delivered meals, nutrition counseling, etc. The medical home/physician's office will need to know about your programs and services before they can be a referral source. Another important aspect is to provide some feedback to the medical home/physicians office regarding the referral so it can be entered into the computerized medical record. A card or letter might be given to the client for them to give to their physician about the program or service that they received. The information provided could also serve as a marketing tool so the medical home/physicians office is reminded of the service and can see the benefit. On your promotional materials for the nutrition program, consider using a tag line like: We Serve Heart Healthy Meals or Our Meals are Healthier than Fast Food!, etc.

Transitions: Health care reform has placed emphasis on the transitioning of a person from one care setting to another. For example, if a patient is discharged from the hospital to their home and they are readmitted to the hospital within a month, the hospital will receive less money from Medicare. Therefore, there is an incentive to provide additional care to help the patient continue to recuperate once they are discharged by providing some oversight or assistance immediately upon discharge.

Many older adults have been found to be malnourished upon discharge from the hospital. These are the individuals who are likely to be readmitted to the hospital. They would be ideal candidates for home delivered meals that start the day they come home from the hospital. Working with hospital discharge planners may facilitate this process.

New Projects at Heritage AAA

Information provided by Tim Getty

- **Medicare Diabetes Screening Project**

The Medicare Diabetes Screening Project is a nation-wide effort to market the Medicare pre-diabetes screening benefit for older adults. The MDSP is a national coalition whose purpose is to help prevent diabetes, especially among older adults.

The Heritage Area Agency on Aging was one of twenty organizations that were selected nationally to receive grants to market the Medicare pre-diabetes screening benefit to older adults. Locally, the funding has allowed Heritage to market the program through: a television program, over 2,000 newsletters dedicated to diabetes prevention and education, presentations to various organizations and coalitions, at least one radio advertisement, media kits for each dining site, and booths and give-a-ways at several regional health fairs.

In addition, St. Luke's Hospital in Cedar Rapids is partnering with The Heritage Agency to distribute educational material to older adults on a region-wide basis. When the MDSP Project concludes in August, over 10,000 older adults will have received information on the Medicare Diabetes Screening Project and education on how to prevent and cope with diabetes.



“Could I have diabetes and not know it?”

If you are 65 or older, check off the boxes if you have any of the following:

- Family history of diabetes
- High blood pressure
- High cholesterol
- Overweight
- Diabetes during pregnancy (women)

If you marked any of the boxes above, you are eligible for a free test to check you for diabetes, covered by Medicare. Ask your doctor to check you for diabetes, and do it soon!



Supported by a grant from Novo Nordisk Inc.

- **MOWAA/Rutgers University Study**

The Heritage Area Agency on Aging was chosen by the Meals on Wheels Association of America to partner with the USDA, Rutgers University, and four other MOWAA agencies, to study food safety practices and the availability of nutritious foods of home delivered meal participants, as well as, the availability of nutritious foods in an emergency or disaster situation. The study begins in March, and will conclude sometime in early 2012. Approximately 200 home delivered meal participants will participate locally in this study.

The study involves a brief interview with the participant, as to their cooking abilities and their purchasing habits. In addition, the participant's food supply will be documented, using UPC scanners, such as the ones used in grocery stores. Finally, the study concludes with a food safety audit of their kitchen which includes monitoring of temperatures in the refrigerator and freezer, looking for potential food safety hazards, and the quality and general safety of their food supply.

This ground breaking study will provide valuable information and insight to the purchasing habits and emergency preparedness of area older adults. This information will be presented to the USDA, FEMA, MOWAA, and other agencies to illustrate the needs of older adults and their nutritional requirements.

- **New Food Safety Training Implementation**

The Heritage Agency recently created and implemented a mandatory food safety training program for Heritage-sponsored senior dining sites that have documented food safety concerns. Sites are required to attend the in-depth food safety training, based on the score of the local health department inspection and the results of the annual Heritage site visit.

The two hour long training consists of: a Power Point presentation, Serve Safe videos, interactive discussion, and visuals that demonstrate the need of proper food handling and food safety techniques in their facilities. Participants are also educated on the most common types of food-borne illness, and why older adults are considered to be especially vulnerable in becoming ill. Each participant is assigned homework, which consists of a food safety checklist, to be completed at each dining location. This assignment is due one week after the class. In addition, sites that are required to attend the training, will receive at least one additional, unannounced site visit within six months.

The Mini Nutrition Assessment (MNA)



The MNA is a new tool to support easy screening of malnutrition in the older adults.

- The new MNA®-SF is validated as a stand-alone tool and identifies the nutritional status of the older adults.
- The new MNA®-SF is quick and easy to use, enhancing its use in clinical practice as well as in community based programs.
- New data demonstrates a high prevalence of malnutrition in the elderly across health care settings. Therefore there is a need to identify these individuals early.

The MNA may be a useful tool to use in transitioning clients from institutional settings to home and community based settings. Case managers, ADRC Option Counselors and hospital discharge planners will most likely find this tool helpful. It will help identify those most in need of nutritional services. Quick identification and provision of nutritional services may reduce the need for readmission to health care facilities and will improve the quality of life for individuals receiving the nutrition services.

Since the MNA can correctly identify older adults who are malnourished, AAAs may want to consider including this tool in policies related to developing waiting lists for nutrition services. This would allow those most in need to receive priority. Additionally the MNA could also be used to prioritize those in need of additional services, i.e. more meals per week or two meals per day. More information about the screening tool can be found at <http://mna-elderly.com/>



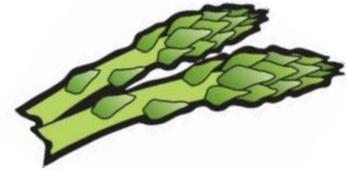
Mini Nutritional Assessment MNA[®]

Last name:		First name:		
Sex:	Age:	Weight, kg:	Height, cm:	Date:

Complete the screen by filling in the boxes with the appropriate numbers. Total the numbers for the final screening score.

Screening	
A Has food intake declined over the past 3 months due to loss of appetite, digestive problems, chewing or swallowing difficulties? 0 = severe decrease in food intake 1 = moderate decrease in food intake 2 = no decrease in food intake	<input type="checkbox"/>
B Weight loss during the last 3 months 0 = weight loss greater than 3 kg (6.6 lbs) 1 = does not know 2 = weight loss between 1 and 3 kg (2.2 and 6.6 lbs) 3 = no weight loss	<input type="checkbox"/>
C Mobility 0 = bed or chair bound 1 = able to get out of bed / chair but does not go out 2 = goes out	<input type="checkbox"/>
D Has suffered psychological stress or acute disease in the past 3 months? 0 = yes 2 = no	<input type="checkbox"/>
E Neuropsychological problems 0 = severe dementia or depression 1 = mild dementia 2 = no psychological problems	<input type="checkbox"/>
F1 Body Mass Index (BMI) (weight in kg) / (height in m ²) 0 = BMI less than 19 1 = BMI 19 to less than 21 2 = BMI 21 to less than 23 3 = BMI 23 or greater	<input type="checkbox"/>
<small>IF BMI IS NOT AVAILABLE, REPLACE QUESTION F1 WITH QUESTION F2. DO NOT ANSWER QUESTION F2 IF QUESTION F1 IS ALREADY COMPLETED.</small>	
F2 Calf circumference (CC) in cm 0 = CC less than 31 3 = CC 31 or greater	<input type="checkbox"/>
Screening score (max. 14 points)	<input type="checkbox"/> <input type="checkbox"/>
12-14 points: Normal nutritional status 8-11 points: At risk of malnutrition 0-7 points: Malnourished	

Profile of Older Americans



The 2010 issue of Profile of Older Americans, released by AoA, contains the latest key statistics on older adults. The report includes both narrative and statistical charts (http://www.aoa.gov/AoARoot/Aging_Statistics/Profile/index.aspx). Highlights include:

- The older population increased 12.5% since 1999.
- The number of Americans aged 45-64 who will reach 65 over the next two decades increased by 26% during this decade.
- Over one in every eight, or 12.9%, of the population is an older American.
- Persons reaching age 65 have an average life expectancy of an additional 18.6 years (19.9 years for females and 17.2 years for males).
- About 30% (11.3 million) of non-institutionalized older persons live alone (8.3 million women, 3.0 million men).
- About 475,000 grandparents aged 65 or more had the primary responsibility for their grandchildren who lived with them.
- The population 65 and over will increase from 35 million in 2000 to 40 million in 2010 (a 15% increase) and then to 55 million in 2020 (a 36% increase for that decade).
- Minority populations are projected to increase from 5.7 million in 2000 (16.3% of the elderly population) to 8.0 million in 2010 (20.1% of the elderly) and then to 12.9 million in 2020 (23.6% of the elderly).
- The median income of older persons in 2009 was \$25,877 for males and \$15,282 for females. Median money income (after adjusting for inflation) of all households headed by older people rose 5.8% (statistically significant) from 2008 to 2009. Households containing families headed by persons 65+ reported a median income in 2009 of \$43,702.
- Social Security constituted 90% or more of the income received by 34% of beneficiaries in 2008 (21% of married couples and 43% of non-married beneficiaries).
- Almost 3.4 million elderly persons (8.9%) were below the poverty level in 2009. This poverty rate is statistically different from the poverty rate in 2008 (9.7%).

March for Mayors Governor Branstad's Proclamation

Many of you have participated in this special event to increase the awareness of the home delivered meal program and to obtain additional volunteers. Governor Branstad signed a proclamation on the importance of home delivered meal program and its volunteers in Iowa. The March for Mayors is an event of Meals on Wheels Association of American (MOWAA) inviting mayors nationwide to help deliver meals on March 23, 2011.



At the proclamation signing: Carol Schmidt, Case Management Director for Aging Resources of Central Iowa; Carlene Russell, IDA Nutritionist; Donna K. Harvey, Director of Iowa Department on Aging; Governor Terry E. Branstad; Lieutenant Governor Kim Reynolds

Iowa currently has 75 mayors registered on the MOWAA website for participating this year. If you know of mayors who participated in the event and are not on the MOWAA website listing, please contact MOWAA to have them recognized. Visit the MOWAA website to see the Iowa locations that participated <http://www.mowaa.org/Page.aspx?pid=568>

Older Adults Not Getting Recommended Preventive Services

There are many Americans aged 65 years and older who are not receiving potentially lifesaving preventive services according to a new report from the U.S. Department of Health and Human Services.

The report looked at vaccinations that protect against influenza and pneumococcal disease (e.g., bloodstream infections, meningitis, and pneumonia), screenings for the early detection of breast cancer, colorectal cancer, diabetes, lipid disorders, and osteoporosis, and smoking cessation counseling.

About 10,000 Americans turn 65 every day; by 2030, about 1 in 5 Americans will be 65 or older. Prevention is necessary for healthy living and independence. The Affordable Care Act is making it easier to access preventive services by removing co-payments. But unfortunately, many may not know what services are recommended for their age group or may not know that the services are covered by Medicare. Getting the word out about preventive services can reduce unnecessary illness. To view the full report visit www.cdc.gov/aging.

USE OF CLINICAL PREVENTIVE SERVICES BY RACE AND ETHNICITY

For American Indian/Alaska Native Adults 40% need influenza vaccination, 36% need pneumococcal vaccination, 35% need colorectal cancer screening, 32% need diabetes screening, 19% need breast cancer screening

For Asian/Pacific Islander Adults 49% need colorectal cancer screening, 47% need diabetes screening, 47% need pneumococcal vaccination, 35% need influenza vaccination, 29% need breast cancer screening

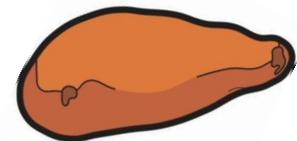
For Black Adults 47% need pneumococcal vaccination, 44% need influenza vaccination, 37% need colorectal cancer screening, 30% need diabetes screening, 14% need breast cancer screening

For Hispanic Adults 51% need pneumococcal vaccination, 47% need colorectal cancer screening, 38% need influenza vaccination, 28% need diabetes screening, 16% need breast cancer screening

For White Adults 34% need colorectal cancer screening, 31% need diabetes screening, 30% need pneumococcal vaccination, 29% need influenza vaccination, 17% need breast cancer screening

Did You Know? Pneumococcal disease is caused by bacteria and if it reaches the lungs, can sometimes lead to pneumonia. The disease causes 4,800 deaths in the United States each year. Luckily, vaccination against this disease increases protection in all age groups. Read the [recent Q&A with expert William Schaffner](#) or listen to the interview as a [podcast](#) as he raises awareness of the importance of increasing protection through immunization. Although antibiotics are available for treatment, it is better to prevent pneumonia than be sick and need treatment. <http://thenationshealth.aphapublications.org/content/41/1/7.full>

Facts about Food Production in Iowa



Below is a brief listing of facts from *Cultivating Resilience: A Food Systems Blueprint that Advances the Health of Iowans, Farms and Communities*. This new report provides a measure of the health of Iowa's food system and recommendations for improving the system. The report is available at <http://www.iowafoodscouncil.org/cultivating-resilience/>

- In 1950, there were approximately 206,000 farms on 34.8 million acres in Iowa. Today, there are fewer than 93,000 farms cultivating 30 million acres.
- The diversity of Iowa agriculture products has decreased from 34 different commodities produced in 1920 to 11 commodities produced today.
- In 1929, Iowa produced vegetables on 52,915 acres. Today, less than 10,000 acres are devoted to vegetable production.
- The U.S. has developed a greater reliance on other countries to produce food. In the last 10 ten years, imports of fresh produce have doubled.



Loneliness is Harmful to one's Health

Loneliness is no fun — and now it appears it's bad for you as well. UCLA researchers report that chronically lonely people may be at higher risk for certain types of inflammatory disease because their feelings of social isolation trigger the activity of pro-inflammatory immune cells.

In a study of 93 older adults, the researchers found some cell types responded differently in lonely individuals. In the lonely individuals, these cells produce a greater inflammatory response to tissue damage which is part of the immune system's first line of defense to tissue damage. It's this same inflammatory response that, over the long-term, can promote cardiovascular disease, cancer and neurodegeneration. The report provides further evidence of how lifestyle and social environments can affect our health.

Congregate meal sites provide the opportunity for socialization and help address problems related to loneliness.



Northwest Senior Center, Des Moines

New Food Labeling System



You may already be seeing the new Nutrition Keys labels on the front of food packages in the grocery stores. They are designed to help you make healthier choices and to be able to compare foods regarding which one would be better for you.

Eggs have lower cholesterol, more vitamin D



According to new nutrition data from the U.S. Department of Agriculture's Agricultural Research Service (USDA-ARS), eggs are lower in cholesterol than previously thought. The USDA-ARS recently reviewed the nutrient content of standard large eggs, and results show the average amount of cholesterol in one large egg is 185 mg, 14% lower than previously recorded. The analysis also revealed that large eggs now contain 41 IU of vitamin D, an increase of 64%. This information is available on the nutrient data lab website at www.ars.usda.gov/nutrientdata. The new nutrient information will also be updated on nutrition labels to reflect these changes.

RESOURCES Health Promotion



- **Diabetes Screening:** Medicare covers free screening tests for diabetes and pre-diabetes for at risk seniors. These benefits are under-utilized. For more information on Medicare coverage visit www.screenfordiabetes.org. For information on diabetes education visit www.ndep.nih.gov/sbcr.
- **My Medicare Matters:** Helps you and your clients make the most of Medicare. www.MyMedicareMatters.org provides a way to learn about and take advantage of services to stay healthy and how to get the most from their Medicare coverage. It is also available in Spanish at www.MiMedicareImporta.org.
- **High-fiber diet may reduce risk of death from diseases:** A study published in the *Archives of Internal Medicine* shows that dietary fiber may reduce the risk of death from cardiovascular, infectious, and respiratory diseases. In this study, the researchers examined dietary fiber intake in more than 388,000 adults, ages 50 to 71. During an average of nine years of follow-up, they found that dietary fiber

intake was associated with a significantly lowered risk of death. Dietary fiber intake also lowered the risk of death from cardiovascular, infectious, and respiratory diseases by 24–56% in men and by 34–59% in women. As the intake of fiber increased the fewer deaths from cancer were found in men. Dietary fiber from grains was most strongly tied to the lowered risk in the study.

<http://archinte.ama-assn.org/cgi/content/short/archinternmed.2011.18>

- **What you can do to prevent a fall:** This website has information about fall prevention. [What You Can Do To Prevent A Fall](http://www.ahrq.gov/consumer/cc/cc030111).
<http://www.ahrq.gov/consumer/cc/cc030111>.
- **Vision and Aging Tool kit:** This program provides health professionals with tools and guidance for educating older adults about eye health, eye diseases and conditions, and the importance of comprehensive dilated eye examinations. You can read more about the National Eye Health Education Program at <http://www.nei.nih.gov/nehep/programs/visionandaging/>
- **Hidden Sodium:** Examples of foods that often have higher amounts of sodium than the average salty snack include: breakfast cereals; some breads; cookies and other dessert items; Danish and breakfast pastries. [Hidden Sodium](http://health.msn.com/health-topics/high-blood-pressure/articlepage.aspx?cp-documentid=100269269)
<http://health.msn.com/health-topics/high-blood-pressure/articlepage.aspx?cp-documentid=100269269>
- **Falls Prevention for Older Farmers:** Farmers are at high risk for fall related injuries. This website has a webinar from the University of Kentucky that focuses on this issue.
<http://uiowa.na5.acrobat.com/p37221820/?launcher=false&fcsContent=true&pbM ode=normal>

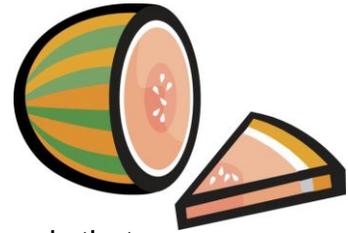
Volunteers

- **Volunteers** can be enthusiastic goodwill ambassadors for your programs—bringing in additional funding and helping you stretch your budget even further. Get practical tips on how you can effectively tap older, corporate, and virtual volunteers in NCOA's new *12 Sources of Millions & Billions for Aging Services & Programs*.



[Learn how to harness volunteers »](#)

- http://www.ncoa.org/strengthening-community-organizations/funding-sustainability/12-sources-articles/source-5.html?utm_source=NCOAWeek_110208&utm_medium=newsletter&utm_campaign=NCOAWeek#



Food Preparation

How much do fruits and vegetables cost? The DGA recommends that we consume more vegetables and fruits. Food prices, along with taste, convenience, income, and awareness of the link between diet and health, affect what we eat. The average price at retail stores of a pound and an edible cup serving of 153 commonly consumed fresh and processed fruits and vegetables was identified. The average prices ranged from less than 20 cents per edible cup to more than \$2 per edible cup. It was also found that an adult on a 2,000- calorie diet could satisfy recommendations for vegetable and fruit consumption in the 2010 Dietary Guidelines for Americans (amounts and variety) at an average price of \$2 to \$2.50 per day, or approximately 50 cents per edible cup equivalent. For the report visit <http://www.ers.usda.gov/Publications/EIB71/> or for lists of food costs visit <http://www.ers.usda.gov/Data/FruitVegetableCosts/>



Food Safety

- **IDA has a lending library of educational materials for Iowa AAAs.** The ServeSafe DVD's are available for your training. Contact Carlene Russell at carlene.russell@iowa.gov to reserve the materials.
- **Hand-washing fact sheets are now available in both English and Español!** Get Ready campaign offers [free hand-washing fact sheets](#) and materials geared for parents, caretakers, the general public, children and more. Check out the many resources available on proper hand-washing, one of the proven best ways to stay healthy and avoid the common cold.
- **Thermy:** Food Safety information- including information about all types of thermometers, educational materials and resources can be found at www.fsis.usda.gov/thermy



Assistance programs

- **ISU Resources:** This website has weekly tips on healthy eating on a budget recipes, nutrition information, grocery list and prices for a Healthy Spring dinner at [SpendSmart.EatSmart](#) .
- **Iowa Food Bank Newsletter:** The Iowa Food Bank Association has a new newsletter. The recent issue has an article about mobile access points to assist Iowans in signing up for the Food Assistance Program- SNAP (food stamps). To sign up, visit <http://iowafba.org/NewsAndEvents/News/Newsletter/JoinOurMailingList.aspx>

Iowa Department on Aging Mission

To provide advocacy, educational, prevention and health promotion services for older Iowans, their families and caregivers through partnership with Area Agencies on Aging and other stakeholders.

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

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