



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 and meal sites in administering the Nutrition Program. This issue continues to provide information about the 2010 Dietary Guidelines and the foods that need to be reduced. The OAA definition of health promotion and disease prevention is provided to illustrate the wide variety of services that can be provided using a variety of funding sources. One AAAs is featured for their awards given and received. This issue has a large number of health promotion resources.



2010 Dietary Guidelines – Foods and Food Components to Reduce

Key Recommendations

- Reduce daily sodium intake to less than 2,300 milligrams (mg) and further reduce intake to 1,500 mg among persons who are 51 and older and those of any age who are African American or have hypertension, diabetes, or chronic kidney disease. The 1,500 mg recommendation applies to about half of the U.S. population, including children, and the majority of adults.
- Consume less than 10 percent of calories from saturated fatty acids by replacing them with monounsaturated and polyunsaturated fatty acids.
- Consume less than 300 mg per day of dietary cholesterol.
- Keep *trans* fatty acid consumption as low as possible, especially by limiting foods that contain synthetic sources of *trans* fats, such as partially hydrogenated oils, and by limiting other solid fats.
- Reduce the intake of calories from solid fats and added sugars.
- Limit the consumption of foods that contain refined grains, especially refined grain foods that contain solid fats, added sugars, and sodium.
- If alcohol is consumed, it should be consumed in moderation—up to one drink per day for women and two drinks per day for men—and only by adults of legal drinking age.

Supporting the Recommendations

The following sections expand on the recommendations and look at the evidence supporting the health risks associated with greater intake of foods that are high in sodium, solid fats, added sugars, and refined grains, and excessive alcohol consumption. The following information is summarized from the USDA 2010 Dietary Guidelines with consideration for older adults. An important underlying principle is the need to control calorie intake to manage body weight and limit the intake of food components that increase the risk of certain chronic diseases. This goal can be achieved by consuming fewer foods that are high in sodium, solid fats, added sugars, and refined grains and, for those who drink, consuming alcohol in moderation.

Sodium

Sodium is an essential nutrient and is needed by the body in relatively small quantities, provided that substantial sweating does not occur. On average, the higher an individual's sodium intake, the higher the individual's blood pressure. As sodium intake decreases, so does blood pressure. Keeping blood pressure in the normal range reduces an individual's risk of cardiovascular disease, congestive heart failure, and kidney disease. Therefore, sodium intake should be limited.

Virtually all Americans consume more sodium than they need.

Sodium is primarily consumed as salt (sodium chloride). Salt added at the table and in cooking provides only a small proportion of the total sodium that Americans consume. Most sodium comes from salt added during food processing.

Some sodium-containing foods are high in sodium, but the problem of excess sodium intake also is due to frequent consumption of foods that contain lower amounts of sodium, such as yeast breads.

Sodium is found in a wide variety of foods, and calorie intake is associated with sodium intake (i.e., the more foods and beverages people consume, the more sodium they tend to consume). Therefore, reducing calorie intake can help reduce sodium intake, thereby contributing to the health benefits that occur with lowering sodium intake.

Americans can reduce their consumption of sodium in a variety of ways:

- Read the Nutrition Facts label for information on the sodium content of foods and purchase foods that are low in sodium.
- Consume more fresh foods and fewer processed foods that are high in sodium.
- Eat more home-prepared foods, where you have more control over sodium, and use little or no salt or salt-containing seasonings when cooking or eating foods.
- When eating at restaurants, ask that salt not be added to your food or order lower sodium options, if available.

While nearly everyone benefits from reducing their sodium intake. Older adults should reduce their intake to 1,500 mg per day. This is beneficial for people of all ages with hypertension, diabetes, or chronic kidney disease, and they are advised to consult a health care professional. Given the current U.S. marketplace and the resulting excessive high sodium intake, it is challenging to meet the lower sodium recommendation.

Fats

Dietary fats are found in both plant and animal foods. Fats supply calories and essential fatty acids, and help in the absorption of the fat-soluble vitamins A, D, E, and K. Adults should aim for 20-35% of their calories coming from fat. This range is associated with reduced risk of chronic diseases, such as cardiovascular disease, while providing for adequate intake of essential nutrients.

Fatty acids are categorized as being saturated, monounsaturated, or polyunsaturated. Fats contain a mixture of these different kinds of fatty acids. *Trans* fatty acids are unsaturated fatty acids. However, they are structurally different from the predominant unsaturated fatty acids that occur naturally in plant foods and have dissimilar health effects.

The types of fatty acids consumed are more important in influencing the risk of cardiovascular disease than is the total amount of fat in the diet. Animal fats tend to have a higher proportion of saturated fatty acids (seafood being the major exception), and plant foods tend to have a higher proportion of monounsaturated and/or polyunsaturated fatty acids (coconut oil, palm kernel oil, and palm oil being the exceptions).

Most fats with a high percentage of saturated or *trans* fatty acids are solid at room temperature and are referred to as “solid fats,” while those with more unsaturated fatty acids are usually liquid at room temperature and are referred to as “oils.” Solid fats are found in most animal foods but also can be made from vegetable oils through the process of hydrogenation, as described below.

Saturated fatty acids

The body uses some saturated fatty acids for physiological and structural functions, but it makes more than enough to meet those needs. People therefore have no dietary requirement for saturated fatty acids. A strong body of evidence indicates that higher intake of most dietary saturated fatty acids is associated with higher levels of blood total cholesterol and low-density lipoprotein (LDL) cholesterol. Higher total and LDL cholesterol levels are risk factors for cardiovascular disease.

Lowering saturated fatty acids and replacing them with monounsaturated and/or polyunsaturated fatty acids helps lower blood cholesterol levels, and therefore a lower risk of cardiovascular disease. Major sources of saturated fatty acids in the American diet include regular (full-fat) cheese (9% of total saturated fat intake); pizza (6%); grain-based desserts (6%); dairy-based desserts (6%); chicken and chicken mixed dishes (6%); and sausage, franks, bacon, and ribs (5%).

To reduce saturated fatty acids, solid fats (e.g., butter and lard) can be replaced with vegetable oils, purchase fat-free or low-fat milk, trim fat from meat. Consider using canola, olive, safflower oils, soybean, corn, and cottonseed oils.

Trans fatty acids

Americans should keep their intake of *trans* fatty acids as low as possible.

Some *trans* fatty acids are produced by a process referred to as hydrogenation.

Hydrogenation is used by food manufacturers to make products containing unsaturated fatty acids solid at room temperature (i.e., more saturated) and therefore more resistant to becoming spoiled or rancid. Partial hydrogenation means that some, but not all, unsaturated fatty acids are converted to saturated fatty acids

Cholesterol

The body makes more than what we need. Therefore, people do not need to eat sources of dietary cholesterol. Cholesterol is found only in animal foods. The major sources of cholesterol include eggs and egg mixed dishes (25% of total cholesterol intake), chicken and chicken mixed dishes (12%), beef and beef mixed dishes (6%), and all types of beef burgers (5%).

Cholesterol intake can be reduced by limiting the consumption of the specific foods that are high in cholesterol. Evidence suggests that one egg (i.e., egg yolk) per day does not result in increased blood cholesterol levels, nor does it increase the risk of cardiovascular disease in healthy people. Consuming less than 300 mg per day of cholesterol can help maintain normal blood cholesterol levels. The potential negative effects of dietary cholesterol are relatively small compared to those of saturated and *trans* fatty acids.

Calories from solid fats and added sugars

Solid fats

Most fats high in saturated and/ or *trans* fatty acids are solid at room temperature and are referred to as “solid fats”. Common solid fats include butter, beef fat (tallow, suet), chicken fat, pork fat (lard), stick margarine, and shortening. The fat in fluid milk also is considered to be solid fat; milk fat (butter) is solid at room temperature but is suspended in fluid milk by the process of homogenization.

Although saturated and *trans* fatty acids are components of many foods, solid fats are found in many foods (e.g., shortening in a cake or hydrogenated oils in fried foods). Solid fats are abundant in the diets of Americans and contribute significantly to excess calorie intake. Some major food sources are grain-based desserts (11% of all solid fat intake); pizza (9%); regular (full-fat) cheese (8%); sausage, franks, bacon, and ribs (7%); and fried white potatoes (5%).

Intake of solid fats has been associated with increased intake of processed meats (e.g., franks, sausage, and bacon) and increased risk of colorectal cancer and cardiovascular disease.

Added sugars

Sugars are found naturally in fruits (fructose) and fluid milk and milk products (lactose). The majority of sugars in typical American diets are sugars added to foods during processing, preparation, or at the table. These “added sugars” sweeten the flavor of foods and beverages and improve their taste.

Added sugars contribute an average of 16 percent of the total calories in American diets. Added sugars include high fructose corn syrup, white sugar, brown sugar, corn syrup, corn syrup solids, raw sugar, malt syrup, maple syrup, pancake syrup, fructose sweetener, liquid fructose, honey, molasses, anhydrous dextrose, and crystal dextrose.

As a percent of calories from total added sugars, the major sources of added sugars in the diets of Americans are soda, energy drinks, and sports drinks (36% of added sugar intake), grain-based desserts (13%), sugar-sweetened fruit drinks(10%), dairy-based desserts (6%), and candy (6%). Reducing the consumption of these sources of added sugars will lower the calorie content of the diet.

Refined Grains

The refining of whole grains involves a process that results in the loss of vitamins, minerals, and dietary fiber. Most refined grains are enriched with iron, thiamin, riboflavin, niacin, and folic acid before being further used as ingredients in foods. This returns some, but not all, of the vitamins and minerals that were removed during the refining process. Dietary fiber and some vitamins and minerals that are present in whole grains are not routinely added back to refined grains. Unlike solid fats and added sugars, enriched refined grain products have a positive role in providing some vitamins and minerals. However, when consumed beyond recommended levels, they commonly provide excess calories, especially because many refined grain products also are high in solid fats and added sugars (e.g., cookies and cakes).

Consumption of refined grain products that also are high in solid fats and/or added sugars, such as cakes, cookies, donuts, and other desserts, should be reduced. Major sources of refined grains in the diets of Americans are yeast breads (26% of total refined grain intake); pizza (11%); grain-based desserts (10%); and tortillas, burritos, and tacos (8%). Refined grains should be replaced with whole grains, such that at least half of all grains eaten are whole grains.

Alcohol

In the United States, approximately 50 percent of adults are current regular drinkers and 14 percent are current infrequent drinkers. Excessive drinking increases the risk of cirrhosis of the liver, hypertension, stroke, type 2 diabetes, cancer of the upper gastrointestinal tract and colon, injury, and violence. Excessive drinking over time is associated with increased body weight and can impair short-and long-term cognitive function.

How is an alcoholic drink defined? One drink is defined as 12 fluid ounces of regular beer (5% alcohol), 5 fluid ounces of wine (12% alcohol), or 1.5 fluid ounces of 80 proof (40% alcohol) distilled spirits. One drink contains 0.6 fluid ounces of alcohol.

Older Americans Act**Title 1 Section 102 Definitions:****Disease prevention and health promotion**



14) The term “disease prevention and health promotion services” means—

- (A) health risk assessments;
- (B) routine health screening, which may include hypertension, glaucoma, cholesterol, cancer, vision, hearing, diabetes, bone density, and nutrition screening;
- (C) nutritional counseling and educational services for individuals and their primary caregivers;
- (D) evidence-based health promotion programs, including programs related to the prevention and mitigation of the effects of chronic disease (including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease), alcohol and substance abuse reduction, smoking cessation, weight loss and control, stress management, falls prevention, physical activity and improved nutrition;
- (E) programs regarding physical fitness, group exercise, and music therapy, art therapy, and dance-movement therapy, including programs for multigenerational participation that are provided by—
 - (i) an institution of higher education;
 - (ii) a local educational agency, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801); or
 - (iii) a community-based organization;
- (F) home injury control services, including screening of high-risk home environments and provision of educational programs on injury prevention (including fall and fracture prevention) in the home environment;
- (G) screening for the prevention of depression, coordination of community mental health services, provision of educational activities, and referral to psychiatric and psychological services;
- (H) educational programs on the availability, benefits, and appropriate use of preventive health services covered under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.);
- (I) medication management screening and education to prevent incorrect medication and adverse drug reactions;
- (J) information concerning diagnosis, prevention, treatment, and rehabilitation concerning age-related diseases and chronic disabling conditions, including osteoporosis, cardiovascular diseases, diabetes, and Alzheimer’s disease and related disorders with neurological and organic brain dysfunction;
- (K) gerontological counseling; and
- (L) counseling regarding social services and follow up health services based on any of the services described in subparagraphs (A) through (K). The term shall not include services for which payment may be made under titles XVIII and XIX of the Social Security Act (42 U.S.C. 1395 et seq., 1396 et seq.).

Iowa Administrative Code 17—7.11 (231).

Disease prevention and health promotion under Title III-D of the Act.

AAA shall use Title III-D funds to provide disease prevention and health promotion services and information at multipurpose senior centers, at congregate meal sites, through home-delivered meals programs or at other appropriate sites. (There are multiple funding sources that can support the list of OAA Disease Prevention and Health Promotion activities.)

MyPlate

MyPlate is part of a larger communications initiative based on *2010 Dietary Guidelines for Americans* to help consumers make better food choices.

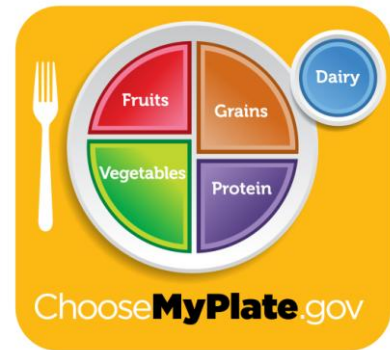
MyPlate is designed to *remind* Americans to eat healthfully; it is not intended to change consumer behavior alone.

MyPlate illustrates the five food groups using a familiar mealtime visual, a place setting .

ChooseMyPlate.gov

The website features practical information and tips to help Americans build healthier diets. It features selected messages to help consumer focus on key behaviors. Selected messages include:

- Enjoy your food, but eat less.
- Avoid oversized portions.
- Make half your plate fruits and vegetables.
- Switch to fat-free or low-fat (1%) milk.
- Make at least half your grains whole grains.
- Compare sodium in foods like soup, bread, and frozen meals—and choose foods with lower numbers.
- Drink water instead of sugary drinks.



<http://www.choosemyplate.gov/> includes much of the consumer and professional information formerly found on MyPyramid.gov.

5 Things You Should Know About Preventing Falls:

Fall Prevention Day. The Iowa Departments of Public Health and Aging are working with Governor Branstad's office for a Proclamation on Falls. This is planned for the first day of fall, September 23, 2011. There will be a media press release to highlight the significance of falls on the quality of life for older Iowans. Some of the information will include: Falls among older adults are a significant problem and pose a major threat to health and independence resulting in high personal and economic direct costs.

Falls are the leading cause of hospitalization and death and are a contributing factor for 40% of nursing home placements.

The combined direct costs of fall-related hospitalizations and emergency department visits in Iowa are 127 million dollars annually.

Falls among older adults occur in all socioeconomic and cultural groups with nearly one third of seniors experiencing a fall and those who fall once are two to three times more likely to fall again within a year.

There are effective interventions: increasing physical activity, assessing the home environment and removing fall hazards, identifying medications likely to affect balance, ensuring proper footwear and eyewear for seniors. By providing training and resource material to seniors, families, caregivers and the community, these steps that can reduce the threat and burden of falls.

Salt Has Negative Impact on Health



Seventy-two percent of the deaths in the United States are related to our diet. One of the biggest health problems is hypertension (high blood pressure). Twenty-six percent of adults have high blood pressure and 90 percent of us are at risk for developing high blood pressure. There is a direct response for higher sodium in the diet and higher systolic blood pressure. Things we can change to improve diet quality include reduce consumption of processed foods (read labels to identify sodium content), cut back on using salt and consuming more potassium which has a protective effect for the higher sodium intake. Potassium is found in a variety of foods including fruits, vegetables and dairy. (Note: Some individuals with renal disease or other medical conditions may have been told by their physician to reduce potassium). Reasons for reducing salt/sodium in our diet include lowering blood pressure and reducing risk of death from strokes by 8% and heart disease by 5%. Reducing sodium actually results in better health care outcomes than stopping smoking and weight loss.

Researchers who looked at 15 years of national health data say too much sodium and too little potassium can raise the risk of dying. At the Centers for Disease Control and Prevention, Elena Kuklina saw this in records on more than 12,000 people:
“Americans who eat a diet high in sodium and low in potassium have a 50 percent increased risk of death from any cause.” (Click on the link to hear 10 second message)
[Sodium, potassium and staying alive](#) Tue, 19 Jul 2011 00:01:00 -0500

Food Day to Promote Healthy Diets to Promote Health

A national Food Day campaign will urge Americans to “Eat Real” by celebrating delicious fruits and vegetables and by increasing Americans’ access to healthy foods. Similar to Earth Day, Food Day will be observed on October 24, 2011, and will bring together Americans from all walks of life to help solve America’s food problems. Consider ways to promote your OAA Nutrition Program on this day. <http://www.foodday.org>

Grocery Delivery to Seniors in Lewiston, Minnesota

Lewiston is a typical rural town that lost their grocery store. A study was done to identify the shopping needs of the older adults receiving congregate and home delivered meals. The home delivered meal participants were more interested in grocery shopping assistance. The nutrition program partnered with the Community Action Center to provide volunteers to either obtain shopping lists and do the shopping or take the older adult to the grocery store 11 miles away once every two weeks for a \$2 charge. The project found that the participants ate healthier with the shopping assistance. Information about the project can be obtained from Kwai Sheung Cheung at cheung01234@yahoo.com.hk.

Tails-A-Waggin Pet Assistance Program

submitted by Tim Getty, Heritage Area Agency on Aging

In January 2010, The Heritage Agency established “Tails-A-Waggin” Pet Assistance Program and recognition an N4A innovation award. This program is in response to ongoing concerns of home delivered meal participants feeding their meals to their pets. The initiative provides food and care assistance items such as: pet food, cat litter, litter boxes, and puppy training pads. This empowers participants to care for and in some circumstances keep their only friend thus avoid isolation. The concept of “Tails-A-Waggin” is broad enough to fit a variety of unique situations encountered. The program funding stream began simply by redeeming office pop cans, which then blossomed into partnerships with Zins, a local restaurant, and The Hotel at Kirkwood Center. The establishments donate their redeemable cans and bottles, and the money is then used to support this initiative. In addition, The Heritage Agency has received grants from the Banfield Charitable Trust and the Petco Foundation.



Some examples of clients that have received support through this program include; a client facing eviction without the aid of puppy pads to help him avoid messes. Another client, referred by the ADRC, is undergoing home renovation and reeducation to help her learn skills for hoarding tendencies. Both individuals are receiving support from “Tails- A-Waggin”. This program benefits both client and pet as it promotes well balanced diets, fosters improved mental health and provides tools to keep furry loved ones with the folks that love them.

Heritage Area Agency on Aging Awarded Student Volunteers

submitted by Tim Getty

The Service to Seniors Award was given to the students and staff of Midland High School in Jones County. The students, with their guidance counselor, Ed Ahouse, volunteer to deliver meals. Every year two adults and 70 to 90 students commit to deliver meals every Wednesday during the school year. This year the service proved to be even more critical. Ed and two students were delivering meals to a client that only received a bulk delivery about every two weeks. As they approached the house and knocked on the door they heard cries for “help.” Once in the apartment they found the client lying on the floor, partially dressed. The client told them she had been there all night. While Ed called 911 the two students helped the client get some warm clothing on and covered her while they waited for emergency services. Later, Ed reported how proud he was of the “professional behavior” of the two students. They may have saved this person’s life. Because of the students and staff of Midland High School, at risk and vulnerable older adults in their community, not only receive nutritious meals, but are engaged with the young people in their community.



Thirty Year Anniversary of HIV

The Administration on Aging conducted a webinar on June 14 to provide information about HIV and to announce that September 18 is the National HIV/AIDS and Aging Awareness Day. The webinar and resource materials can be found on the AoA website provided below. Here are some facts from the webinar:

- Twenty-four percent of people living with HIV nationwide are over the age of 50. Research indicates that by 2015 half of the people living with HIV in the U.S. will be over 50 years old.
- Survival rates have improved with new medications.
- 40% of Iowa's HIV population is over 50 years of age.
- 67% are heterosexual; 24% homosexual.
- 70% live alone.
- 27% have depression; depression decreases compliance with all meds including HIV meds.
- Older adults who report having sex in past 6 months: Age 65-74 (67% M;40% F); Age 75-85 (39% M; 17% F)
- 1 in 6 new HIV diagnoses is in individuals over 50 years of age.

Lack of awareness of HIV risk factors

- Many older people may be newly single due to a death or divorce.
- Belief that HIV only affects younger people .

Unprotected sexual activity

- Menopause = No risk for pregnancy = No condom
- Unaware of safer sexual activities

Lack of HIV prevention and interventions tailored for older adults

Seniors not considered at risk: don't ask, don't tell

- Of those older adults with HIV who are sexually active, 16% engaged in high risk sexual behavior in the last 3 months
- OAA 3B funds can be used for HIV education and sex education.

Additional information can be found at

http://www.aoa.gov/AoARoot/AoA_Programs/Special_Projects/HIV_AIDS/index.aspx

Falls Prevention Awareness Day: September 23, 2011

5 Simple Things YOU Can Do To Prevent Falls



Older adults can take several steps to protect their independence and reduce their chances of falling. They can:

1. Exercise regularly. It's important that the exercises focus on increasing leg strength and improving balance. Tai Chi programs are especially good.
2. Learn more about what you can do to prevent falls. Matters of Balance workshops provide both education and exercises to address risk of falls.
3. Ask your doctor or pharmacist to review your medicines—both prescription and over-the-counter—to reduce side effects and interactions that may cause dizziness or drowsiness.
4. Have your eyes checked by an eye doctor at least once a year and update your eyeglasses to maximize their vision.
5. Make your home safer by reducing tripping hazards, adding grab bars and railings, and improving the lighting in your homes.

Additional ways to lower hip fracture risk include:

- Getting adequate calcium and vitamin D in your diet.
- Undertaking a program of weight bearing exercise.
- Getting screened and treated for osteoporosis.

Thanks to the Centers for Disease Control and Prevention for use of their content.

This sheet can be used for AAA Fall Prevention Awareness Day for congregate and home delivered meal participants- Insert your contact information here.

RESOURCES



Health Promotion

- **Falls Prevention Awareness Day 2011:** Will be observed on the first day of fall, September 23, 2011 to promote and increase public awareness about how to prevent and reduce falls among older adults. The National Council on Aging has examples for community and state events. Consider entering photo context with your fall prevention photos. Information can be found at this link.
<http://www.healthyagingprograms.org/content.asp?sectionid=149>.
- **Matter of Balance** is an evidence-based program that addresses the fear of fall and reduces the incidence of falls. The program is being offered in numerous locations in Iowa with the assistance of the Iowa Healthy Links Program. For more information about the program visit http://www.mainehealth.org/mh_body.cfm?id=432 and for Iowa locations <http://www.IowaHealthyLinks.org>
- **Live Healthy Iowa: The Next Step** can provide a wellness challenge for your staff and volunteers. The web-based program registration begins August 1 and starts September 8. For more information visit www.livehealthyiowa.org.
- **Food Day is October 24.** To learn more about this event and identify ways you can get involved visit <http://foodday.org>. Food Day is committed to:
 - Reduce diet-related disease by promoting healthy food
 - Support sustainable farms & cut subsidies to big agribusiness
 - Expand access to food and end hunger
 - Protect the environment and farm animals by reforming factory farms
 - Promote health by curbing junk-food marketing aimed at kids
- **Iowans Fit for Life Walkability Audit:** This provides a checklist to help evaluate if an area is easy for older adults (and others) to use for walking. If need be, the checklist can be given to the city for making improvements.
http://www.idph.state.ia.us/iowansfitforlife/common/pdf/access_your_community.pdf
- **Rinsing Beans Reduces Sodium:** Health and culinary professionals and consumers increasingly seek ways to reduce sodium intake, as advised in science-based dietary guidance. They found that both draining and draining followed by rinsing significantly reduce sodium in canned beans. Draining reduced sodium of the canned beans by 36 percent and draining and rinsing reduced sodium by 41 percent.
- **National Diabetes Fact Sheet- 2011.**
http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2011.pdf

- Dairy May Help Reduce the Risk of Type 2 Diabetes**

Studies show that diet may help maintain metabolic health and reduce the risk of type 2 diabetes. They found that an increased daily intake of dairy products (especially low-fat dairy) was associated with a reduced risk of type 2 diabetes development. The diet consisted of an adequate-dairy weight maintenance diet (>3.5 servings/day and ≥1200 mg calcium/day) for 12 weeks. Results showed that an adequate intake of dairy significantly reduced both oxidative and inflammatory stress when compared to low intake. In addition, other key components of metabolic syndrome such as high blood pressure and insulin resistance were significantly improved by adequate dairy food intake levels. Check out the Dairy Research Institute [press release](#) to learn more.
- People with Medicare Receiving Free Preventive Care**

Nearly one in six people with Medicare – took advantage of one or more of the recommended preventive benefits now available under Medicare.

Beginning January 1, 2011, the Affordable Care Act eliminated Part B coinsurance and deductibles for recommended preventive services, including many cancer screenings and key immunizations. There is a need for older adults to take advantage of these services to help them stay healthier. The list of services can be found at http://nasuad.org/documentation/newsroom/friday_updates/NASUAD%20Fact%20Sheet_%20Medicare's%20Preventative%20Services.pdf
- Medications to Reduce Stomach Acid can increase Hip Fracture Risk**

Proton pump inhibitors have been a common treatment for gastro esophageal reflux disease (GERD) and gastric ulcers. Up to 47% of primary care patients, mostly over 65 years of age, have been taking these meds on a long term basis. There is evidence that taking high doses- long term is associated with increased risk of hip fracture. Individuals on these meds should discuss this with their physician and also ask if they should be taking calcium and vitamin D supplements according to the FDA. (Information from article from the Arkansas Geriatric Education Center www.arkansasgeriatrics.com)
- NIA introduces Go4Life Exercise and Physical Activity Campaign**

Studies show that exercise and physical activity are associated with many health benefits and can be especially beneficial for caregivers. They can help maintain physical strength and fitness, help manage chronic diseases such as diabetes, help reduce feelings of depression, and help improve mood and overall well-being. Go4Life aims to motivate people 50 and older to incorporate exercise and physical activity into their daily lives. Resources are for older people, family members, health professionals, and organizations, professionals, and much more! Visit www.nia.nih.gov/Go4Life

- **Most Americans do not consume enough fruits and vegetables.** This is a concern because low consumption may be associated with increased risk of obesity and chronic disease. Many fruits and vegetables cost less than \$0.20 per serving. The recommended amounts can be obtained with careful budgeting and for low income households who are willing to allocate 40-50% of their food budget to fruits and vegetables they can be obtained for less than \$1.00 per day. Source: *Can Low Income Americans Afford to Satisfy MyPyramid Fruit and Vegetable Guidelines?* Journal Nutrition Education and Behavior, Vol 43, Number 3, 2011.
- **Recipes for fruit and vegetables:** This CDC website is interactive and lets you search for recipes based on a fruit or vegetable.
<http://apps.nccd.cdc.gov/dnparecipe/RecipeDetails.aspx?>
- **Nutrition Fact Sheets**
 - **Facts about Iron**
Iron is a mineral that is found in every cell in the body. It's an important part of red blood cells, which carry oxygen to all the cells. Our cells use oxygen to make energy from the food we eat. Iron also is needed to keep the immune system healthy and help brain cells work normally. Learn the facts about this important mineral. <http://edis.ifas.ufl.edu/fy217>
 - **Facts about Vitamin C**
Vitamin C, also known as ascorbic acid, has a wide variety of uses in the body. It helps slow down or prevent cell damage. It is needed to maintain healthy body tissues and the immune system. Vitamin C also helps our bodies absorb iron from plant foods. Learn the facts about this important vitamin. <http://edis.ifas.ufl.edu/fy215>
- **20 Tips to Help Prevent Medical Errors: Patient Fact Sheets**
Medical errors are one of the Nation's leading causes of death and injury. A recent report by the Institute of Medicine estimates that as many as 44,000 to 98,000 people die in U.S. hospitals each year as the result of medical errors. This means that more people die from medical errors than from motor vehicle accidents, breast cancer, or AIDS. This fact sheet tells what you can do.
<http://www.ahrq.gov/consumer/20tips.pdf>



Food Safety

- **A GloGerm kit** has been added to the IDA resource library. GloGel and GloPowder is placed on participants hands, they wash their hands and then observe hands under a black light to identify if hands were properly washed. The kit along with ServeSafe DVDs is available for checkout to the Iowa AAAs by contacting Carlene at carlene.russell@iowa.gov.

- **Iowa Food Borne Illness Report**
Check on the food borne illnesses descriptions and those reported in Iowa at <http://www.idph.state.ia.us/Cade/Foodborne.aspx>
- **Four Day Throw Away** is a food safety campaign developed by Iowa State University and University of Nebraska. View video clip at <http://www.youtube.com/watch?v=xssZBdC7kaM>

Economic Security



- **"One Away" Campaign Allows Seniors To Share Stories**
This is part of the National Council on Aging's focus on elder economic security. The campaign is intended to call attention to the fact that 13 million seniors are one event away from economic disaster. The Web site features a video with interviews with older adults. Visit <http://www.oneaway.org/>
- **Food Deserts.** Learn more about food desert (lack of easy access to healthy food) at <http://www.chronicdisease.org/nacdd-initiatives/health-equity/tools/food-deserts-to-food-oases/view>



Iowa Department on Aging Mission

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

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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