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Healthy Aging Update

IowaAging.gov

The Link to Nutrition Program and Healthy Aging Information

In this Issue:

Heritage Area Agency Provides Serve-Safe Training

With the State of Iowa's upcoming adoption of the 2009 Food Code and the 2011 Supplement in January, 2014, the Heritage Agency on Aging made the decision to become part of the solution in making the change. The new requirement is that each responsible party/point of contact at each location be certified as a Certified Food Protection Manager.

The Heritage Agency established a policy requiring the Nutrition and Healthy Living Program Coordinator to maintain a Serve Safe certification. So Tim Getty went through the process to become a certified Serve Safe instructor and test proctor.

This will allow the Heritage Agency to realize savings by providing the training instead of having to help partner providers pay approximately $125-$150 per person per class. The cost for the Heritage in-house training will be around $100 per student when obtaining a complete manual or around $40 when using a loaner manual that is not taken home. Heritage is currently envisioning purchasing a small lending library of manuals. There will be some upfront costs such as purchasing the instructor manuals and materials and videos. The cost of these items will be paid for by the savings realized from the cost of training. The Heritage Agency hopes to have the Serve Safe training program up and running in the next month or so.

To become a certified trainer and or test proctor, one must have a current Serve Safe certification. A completed application to the National Restaurant Association (who owns the Serve Safe program) and justification for becoming an instructor/proctor are also required. In addition, an instructor applicant must pass two on-line certification exams after viewing several on-line tutorials. There is no cost to take the exams and watch the tutorials. There is a cost for the materials. Once certified the trainer must follow very specific guidelines while teaching the Serve Safe course and proctoring exams. The National Restaurant Association provides tests and is responsible for grading them.

Any questions about the Serve Safe instructor and/or proctor certification can be directed to Tim Getty at The Heritage Agency, phone (319) 398-5559.

Changes in the Food Code: Inspection Guidelines

The Iowa Department of Inspections and Appeals will be implementing the 2009 Food Code at http://www.fda.gov/Food/GuidanceRegulation/RetailFoodProtection/FoodCode/UCM2019396.htm along with the 2011 Food Code Supplement. No hard copies will be provided.

Notice of Intended Action was submitted for publication in the Iowa Administrative Code Bulletin (August 16 or August 28). Public comment on the changes can be made until October 8, 2013. Changes to the supplement can be accessed at http://www.fda.gov/Food/GuideanceRegulation/RetainFoodProtection/FoodCode/ucm272584.htm.

The AAA's and meal providers should take note on the emphasis of Active Managerial Control Section in Annex 4.

1. **How can foodborne illness be reduced?**

   The Centers for Disease Control and Prevention (CDC) Surveillance Report for 1993-1997, "Surveillance for Foodborne-Disease Outbreaks - United States," identifies the most significant contributing factors to foodborne illness. Five of these broad categories of contributing factors directly relate to food safety concerns within retail and food service establishments and are collectively termed by the FDA as "foodborne illness risk factors." These five broad categories are:

   - Food from Unsafe Sources
   - Inadequate Cooking
   - Improper Holding Temperatures
   - Contaminated Equipment
   - Poor Personal Hygiene

2. **To effectively reduce the occurrence of foodborne illness risk factors,** operators of retail and food service establishments must focus their efforts on achieving active managerial control. The term "active managerial control" is used to describe industry's responsibility for developing and implementing food safety management systems to prevent, eliminate, or reduce the occurrence of foodborne illness risk factors.

   Active managerial control means the purposeful incorporation of specific actions or procedures by industry management into the operation of their business to attain control over foodborne illness risk factors. It embodies a preventive rather than reactive approach to food safety through a continuous system of monitoring and verification. Elements of an effective food safety management system may include the following:

- Certified food protection managers who have shown a proficiency in required information by passing a test that is part of an accredited program
- Standard operating procedures (SOPs) for performing critical operational steps in a food preparation process, such as cooling
- Recipe cards that contain the specific steps for preparing a food item and the food safety critical limits, such as final cooking temperatures, that need to be monitored and verified
- Purchase specifications
- Equipment and facility design and maintenance
- Monitoring procedures
- Record keeping
- Employee health policy for restricting or excluding ill employees
- Manager and employee training
- On-going quality control and assurance
- Specific goal-oriented plans, like Risk Control Plans (RCPs) that outline procedures for controlling foodborne illness risk factors.

Helpful tools can be found in "A Guide to Food Safety" developed by Iowa State University and provided to each AAA several years ago. The ISU material has excellent monitoring procedure and record keeping forms including: refrigerator and freezer temperatures, dishwasher temperatures or chemical sanitizer strength. Documentation of this type of information is an important step in managing food safety.

Check out the ISU Food Safety website for glove use: http://www.extension.iastate.edu/foodsafety/

Look at Annex Form 3A for model food inspection report, the report will be formatted specifically for Iowa. There will be a slight change from previous inspections in that the focus will be on the critical events that are most likely to lead to food borne illness. Form 1B will need to be completed by each employee demonstrating they know when they are ill and need to stay away from food preparation.

Other changes include:

- License fees will be based on food costs. (Discussions with DIA indicate AAA's can use total contributions if this is well documented)
- Updates on inspection frequencies (30.8)
- Clarifies procedures for immediate license suspension (30.10)
- Gradual implementation of requirement for Certified Food Protection Manager (31.1(3))

"…potential for dietary changes to improve health in the United States is impressive."

Nutrition Counseling

Generations AAA shared an example of how nutrition counseling benefited a client. In June, 2013 the AAA had a meal site participant who requested some information about a diet dealing with a recently diagnosed thyroid condition. The meal participant was offered nutritional counseling by a dietitian. He said he couldn't pay for it. He was informed that it was available on a contribution basis. The AAA contacted their contract dietitian. The dietitian scheduled an appointment with the meal participant. To help meet his needs, the dietitian also included a trip to the grocery store showing him what to purchase and a home visit showing him how to prepare healthy meals that met his needs. The meal participant called the AAA twice to report how happy he was with the nutrition counseling. He said "the dietitian exceeded his expectations 1,000 per cent doing a heck of a good job and he would never forget what she did for him". He described it as a wonderful service. Another happy customer!!

Poor Diet Risk Factor for Premature Death

A landmark study comparing the burden of disease across 187 nations worldwide has found that the United States continues to lose ground on key measures of health compared to people in other nations, with obesity and related diseases a primary factor. Researchers found that poor dietary habits now surpass smoking as the most important risk factor associated with years of life lost to disability and to premature death. In an editorial commenting on the study, Institute of Medicine President Harvey Fineberg noted that "the potential for dietary changes to improve health in the United States is impressive."

Supplemental Poverty Measure

The official poverty measure was created in the early 1960s and has been used by the Census Bureau to estimate poverty rates. This measure may be outdated and some policy makers have debated that it no longer reflects individuals' incomes or financial resources.

In response, the Census Bureau released an alternative measure for the first time in 2011, known as the supplemental poverty measure. The Census Bureau has reported that poverty rates among those ages 65 and older are higher under the supplemental poverty measure (15%) than under the official poverty measure (9%), which is due in large part to the fact that the former deducts health expenses from income.

- ***Poverty thresholds*.** The supplemental measure bases poverty thresholds on more recent patterns of expenditures on basic necessities (with a small additional allowance) and adjusts them to reflect homeownership status and regional differences in housing prices. Unlike the official poverty threshold, the supplemental poverty threshold does not differentiate between adults above and below age 65.

- ***Resources*.** When measuring family resources, the supplemental measure adds to monetary income the value of tax credits and in-kind government benefits (such as food stamps) received. It deducts job-related expenses and taxes from income, as well as out-of-pocket expenses on health care. In 2009, half of seniors spent at least 16% of their income on health care.

Illustrative Examples –
Comparing Poverty Under the Official and Supplemental Measures:

John is a 70-year-old man in Louisville, Kentucky who owns a home with a mortgage and lives alone. In 2011, his sole source of income was $17,500 in Social Security benefits. John had a stroke that year, and incurred substantial out-of-pocket health expenses of $8,000 as a result.

- **Under the official poverty measure, John does NOT fall under the poverty threshold.** In determining John's poverty status, this measure only looks at John's income of $17,500, which is higher than the nationwide official poverty threshold of about $10,800 for an elderly individual who lives alone.
- **Under the supplemental measure, however, john IS counted as being in poverty, mainly because of his high medical expenses.** In determining John's poverty status, this measure subtracts the value of his medical expenses ($8,000) from his income of $17,500, leaving resources of $9,500. The supplemental poverty threshold for a homeowner with a mortgage living alone in Louisville is about $10,700.

Doris is an 85-year-old widow who rents an apartment in Miami, Florida. In 2011, her sole source of income was $12,000 in Social Security benefits. She spent $500 on out-of-pocket health care expenses.

- **Under the official poverty measure, Helen does NOT fall under the poverty threshold**. In determining her poverty status, this measure only looks at Doris's income of $12,000. This is lower than the nationwide official poverty threshold of about $10,800 for an elderly individual who lives alone.
- **Under the supplemental measure, however, Helen IS counted as being in poverty because she lives in an area with a high cost of living.** In determining Doris's poverty status, this measure subtracts her medical expenses of $500 from her income of $12,000, resulting in $11,500 in resources. Under the supplemental poverty measure, the threshold for single renters living in Miami is about $13,600. This threshold is higher than under the official measure because the supplemental measure takes local cost-of-living into account, and renters in Doris's area have relatively high living expenses.

Source: Kaiser Family Foundation
http://kff.org/medicare/issue-brief/a-state-by-state-snapshot-of-poverty-among-seniors/)
Food Insecurity in Older Adults

Food Insecurity in Older Adults

Developed by Jean Lloyd, Nutritionist, Administration on Aging (the following reflects national information presented 2/13)

Adequate food and nutrition are necessary to promote health, decrease the risk of chronic disease, manage chronic diseases, maintain functionality, and help older adults remain independent at home in the community. This brief provides basic information on older adult food security/insecurity; older adult nutrition, health and functionality; the USDHHS Older Americans Act (OAA) Nutrition Program and its participants, as well as nutrition assistance programs administered by the US Department of Agriculture (USDA). While Section 330 of the OAA states that a purpose of the Nutrition Program is to reduce hunger and food insecurity, food insecurity is increasing among older adults. Those who are food insecure are at higher risk for health issues and decreased functionality.

1. **Food Security is defined by the USDA Economic Research Services and is measured annually for the US population.**
   - Food security means access by all members of a household at all times to enough food for an active, healthy life. The definition of hunger is more ambiguous, but includes the concept of very low food security, characterized by reduced food intake.[2]
   - Food *in*security means limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways.[3]
   - Marginal food insecurity means a person answered yes to one standard survey question, possible "threat of hunger."
   - Food insecurity means a person answered yes to three standard survey questions, food insecure.
   - Very low food security means a person answered yes to six or more standard survey questions, highest risk, "facing hunger."
2. **About 6 million older adults do not have enough food to meet their needs.[4]**
   - In 2010, OAA Nutrition Programs served about 2.6 million older adults with home-delivered (HD) and congregate (C) meals.[5]
3. **Food insecurity rates are increasing for older adults.**
   - Between 2009 and 2010, the marginally food insecure, food insecure, and very low food insecure older adult population increased.
   - In 2010, 14.85% of older adults were marginally food insecure (8.3 M); 8.00% were food insecure (4.5M); and 2.77% (1.6 M) were very low food insecure.
   - From 2001 to 2010, the number of seniors experiencing the marginal food insecurity, food insecurity, and very low food insecurity has increased by 78%, 95% and 152%, respectively.
   - Since the onset of the recession in 2007 to 2010, the number of seniors experiencing marginal food security, food insecurity, and very low food insecurity has increased by 34%, 39%, and 24%, respectively.[4]

4. **Food insecurity adversely affects the quantity and quality of food that people have available to eat, as well as their health and functionality. When compared to the general US population, older adults who are food insecure:**
   - Have significantly lower food intakes which results in poorer nutrient intakes for calories, vitamins, and minerals necessary to maintain health;
   - Are more likely to report poor or fair health;
   - Have higher body mass indexes which is a risk factor for heart disease, hypertension, cancer, and diabetes;
   - Experience higher rates of diagnosed diabetes and depression;
   - Are more likely to be socially isolated;
   - Are more likely to be hospitalized more often; and
   - Have significantly more activity of daily living impairments.[6]
5. **Researchers estimate that food insecure older adults are so functionally impaired it is as if they are chronologically 14 years older. So a 65 year old who is food insecure is functionally like a 79 year old.[6]**

Monitor your INAPIS data to identify people indicating "I do not always have enough money to buy the food I need."

Are there programs and services you can provide to help?

<u>Food Insecurity and Participants in the Older Americans Act Nutrition Program</u>

1. **Congregate (C) and home delivered (HD) Nutrition Programs target older adults who are at risk of food insecurity.**
   - 45% of HD and 34% of C participants are at poverty;*
   - 28% of HD and 26% of C participants are minority individuals; *and
   - 53% of HD and 20% of C participants are at high nutritional risk.[7]
2. **Many home delivered and congregate Nutrition Program participants do not have enough money to buy food.**
   - 26% of HD and 11% of C participants do not have enough money or food stamps to purchase enough food to eat.[8]
3. **The single meal provided by the home delivered and congregate Nutrition Programs (often only 5 days a week or less) is the primary daily source of food for most program participants.**
   - For 57% of HD and 49% of C participants, the single meal provides ½ or more of their total food for the day.[8]
4. **Home delivered and congregate participants do not participate in the USDA SNAP consistent with their reported poverty levels. Enrolling eligible OAA Nutrition Program participants in SNAP could provide additional food to older adults.**
   - Although 45% of HD participants are in poverty, only 19% of HD participants receive SNAP benefits; and
   - Although 34% of C participants are in poverty, only 8% of C participants receive SNAP benefits.[8]
5. **Many home delivered nutrition service participants choose between buying food or medications to manage chronic conditions, and paying for rent or utilities.**
   - 17% of HD participants choose between purchasing food and medications; and

- 12% of HD participants choose between purchasing food and paying rent or utilities.[8]

6. **Minority older adults and older adults in poverty participate in both home delivered and congregate Nutrition Programs at higher rates.**
   - 39% of Hispanic, 19% of African American, and 11% of white C participants eat at senior centers 5 days per week;
   - For 48% of Hispanic HD participants, the single meal provides ½ or more of their total food intake for the day; and
   - For 75% of Hispanic C participants, the single meal provides ½ or more of their total food intake for the day.
   - Medicaid covers 9% of the older US population. However, both HD and C participants are poorer than the general population.
     - 43% of African American, 44% of Hispanic and 22% of white HD participants receive Medicaid, and
     - 45% of Hispanic, 27% of African American and 13% of white C participants receive Medicaid.[8,9]

- **References**
- 1. Older Americans Act, Section 330, http://www.aoa.gov/AoARoot/AoA_Programs/OAA/oaa_full.asp#_Toc153957694
- 2. US Department of Agriculture, Economic Research Service, http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us.aspx
- 3. Andersen SA, ed., Core Indicators of nutritional state for difficult to sample populations. *J Nutr* 120:1557S-1600S, 1990.
- 4. Ziliak J, Gundersen C. *Senior Hunger in America 2010: An Annual Report Supplement* . May, 2012. http://www.nfesh.org/#/research/4570613631
- 5. Administration on Aging, AGID Database, Data At a Glance, State Program Reports, http://www.agidnet.org/
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- 8. Administration on Aging, AGID Database, Custom Tables, National Survey of Older Americans Act Program Participants, 2011, http://www.agidnet.org/
- 9. Administration on Aging, *Profile of Older Americans 2011*, http://www.aoa.gov/AoARoot/Aging_Statistics/Profile/index.aspx

Food Assistance in Iowa

As of July 2013, the average benefit for an individual age 80+ was $59.00 per month. The highest benefit for older adults was in the 60-69 age group averaging $102.72 per month. The amount received is impacted by assets and expenses. There are a total of 25,510 Iowans over the age of 60 currently receiving Food Assistance (food stamp) benefits.

Use this information for your September 23 Fall Prevention Awareness Day Activities.

Find a local Matter of Balance workshop on line at https://www.iowaaging.gov/matter-balance-workshops

Older American Act, Title 1, Section 102 (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;

Evidence-based health promotion programs that meet guidelines for OAA Title IIID funds can be found at Title IIID Highest-Tier Criteria Evidence-based Disease Prevention and Health Promotion Programs Cost Chart. The matter of Balance program which addresses fall prevention is in the highest tier. If your agency would like information about starting a program, contact Carlene at carlene.russell@iowa.gov.

Preventing Falls – One Step at a Time
What can you do to prevent a fall?

Older adults can take steps to make falls less likely:

Get some exercise: Lack of exercise weakens legs, which increases the chance of falling. Exercise programs like Tai Chi increases strength and improves balance, making falls less likely for aging adults.

Be mindful of medications: Some medicines—or combinations of medicines— can have side effects like dizziness or drowsiness. This can make falls more likely. Have a doctor or pharmacist review all your medications to help reduce the chance of risky side effects.

Keep your vision sharp: Poor vision makes it harder to get around safely. To help make sure you're seeing clearly, have your eyes checked every year and wear glasses or contact lenses with the right prescription strength.

Remove hazards at home: About half of all falls happen at home. A home safety check helps identify fall hazards, like clutter and poor lighting that should be removed or changed.

Sign up for *A Matter of Balance*: This nationally-recognized program reduces the fear of falling and increases activity levels. Classes are held once a week for 8 weeks at convenient community locations.

Use this letter to get more involvement at the state level or adapt it to develop a local fall prevention coalition. Johnson County is an example of a local coalition.
www.livablecommunity.org

IowaAging.gov
The link to resources for older Iowans
Iowa Dept on Aging | Jessie M Parker Bldg | 510 E 12TH St, Rm 2 | Des Moines, IA 50319
515.725.3333 | 800.532.3213 | www.iowaaging.gov | www.lifelonglinks.org

FALLS FREE

August 5, 2013

Dear Potential Fall Prevention Coalition Member:

The Iowa Department on Aging invites you to join the Iowa Fall Prevention Coalition, the state public-private effort to reduce falls and fall related injuries by building awareness and providing education about fall prevention.

This is a bold goal that will only succeed if health care systems, health care professionals and individuals pull together. You are encouraged to expand your existing programs and ongoing efforts to identify older adults at risk for falling and provide interventions by:

- Increasing awareness of fall facts
- Promoting fall risk screening and assessment
- Ensuring that people at risk receive appropriate interventions
- Increasing the availability of evidence-based fall prevention programs
- Participating in the Iowa Fall Prevention Coalition or developing a local coalition

The Iowa Fall Prevention Coalition meets bi-monthly and meetings can be accessed via conference call. Meeting agendas are guided by the strategic plan and member sharing of their fall prevention activities. The Coalition also identifies and shares fall prevention resources. For additional information you may contact the Iowa Fall Prevention Coalition Chair, Barb McClintock at mcclintockbk@gmail.com

Please join us and help us recruit new partners across the public and private health sectors that will support fall prevention through a wide range of activities.

Thank you for your interest in preventing falls in Iowa. Your participation in the Iowa Fall Prevention Coalition will help older Iowans live longer, more independent lives.

Sincerely,

Carlene Russell, MS RD LD
Nutrition and Health Promotion Program Director
Iowa Department on Aging
Carlene.russell@iowa.gov

Iowa Fall Prevention Coalition

Prevention of falls translates to greater chance of independent living.

- One of three adults age 65 and older falls each year, but less than half talk to their healthcare providers about falling.
- The Center for Disease Control and Prevention (CDC) reports the national fall death rates has increased by 55% from 2007 to 2010.
- 20- to 30% of people who fall suffer moderate to severe injuries such as lacerations, hip fractures or head traumas.
- These injuries can make it hard to get around or live independently. They increase the risk of early death.

About

The Iowa Fall Prevention Coalition is a group of organizations dedicated to reducing falls and fall related injuries and maximizing the independence and quality of life of older Iowans. The mission is to collaborate between state, community and healthcare system partners to reduce falls by building awareness and providing education about fall prevention. Launched by the Iowa Departments on Aging and Public Health in 2011, the coalition aligns existing efforts, as well as creates new programs and partnerships, to reduce falls across communities and help older Iowans live longer, more independent lives.

The Issue

Fall-related injuries and deaths have risen 20% in the last decade in Iowa. Falls are the second leading cause of injury death, behind motor vehicle crashes. For those over the age of 65, it is the leading cause of death.

Older adults are hospitalized for fall-related injuries five times more often than they are for injuries from other causes.

In Iowa, 20% of the population is over the age of 60 and the number of older Iowans is growing rapidly. With the aging population, the rates of emergency department visits and hospitalizations due to falls most likely will increase significantly.

Our Goals for Reducing Fall Related Injuries

- Educating medical and community partners on falls data, prevention strategies, and implementation programs. This includes increasing awareness of fall facts and evidence-based strategies to prevent falls; educating employers on fall prevention strategies for the workforce; increase availability of evidence-based fall prevention programs, i.e., Matter of Balance, Arthritis Foundation Tai Chi or Tai Chi: Moving for Better Balance.
- Supporting healthcare systems and community providers in accessing tools to evaluate fall risk and initiate interventions such as the CDC STEADI program.
- Implementing fall prevention coalition plan and expand partnerships to promote fall prevention. This includes engaging key stakeholders and securing resources to support the implementation of the coalition plan.

Examples of Iowa Fall Prevention Coalition activities will include:

- Educational conferences/webinars and media press releases to increase awareness about the incidence of falls and fall prevention strategies.
- Develop a presentation for employers' workforce wellness initiatives.
- Maintain Iowa Department of Public Health's fall prevention website as a resource to the public, agencies and coalition members.
- Maintain Matter of Balance program information and offerings on the Iowa Department on Aging's website.
- Develop fall prevention materials directed to policy makers.
- Provide opportunities to bring partners together to discuss fall prevention programs.

How to Become An Iowa Fall Prevention Coalition Member

Organizational representatives interested in fall prevention are encouraged to join the Iowa Fall Prevention Coalition by contacting Barb McClintock at mcclintockbk@gmail.com.

The formation of local fall prevention coalitions is encouraged. Representatives of local coalitions are welcome to participate in the State coalition.

Learn More

Fall Prevention and Matter of Balance https://www.iowaaging.gov/healthy-lifestyles/fall-prevention

Fall Prevention for Iowa http://www.idph.state.ia.us/FallPrevention/

National Council on Aging Falls Free Initiative http://www.ncoa.org/improve-health/center-for-healthy-aging/falls-prevention/falls-free-initiative.html

STEADI (Stopping Elderly Accidents, Deaths and Injuries) Tool Kit for Health Care Providers
http://www.cdc.gov/homeandrecreationalsafety/Falls/steadi/index.html

Falls in Nursing homes
http://www.cdc.gov/HomeandRecreationalSafety/Falls/nursing.html

Agency for Healthcare Research and Quality National Guidelines Clearinghouse: Prevention of Falls (Acute Care). Health Care protocol
http://www.guideline.gov/content.aspx?id=36906

Resources

Using Texturized Soy Protein

Earlier this summer, four Area Agencies on Aging each had one meal site evaluate a recipe using texturized soy protein (TSP). Meal participants did not know the ingredients of the recipes. Overall, the soy recipe was acceptable.

The meal sites prepared two versions of their goulash recipe; one they typically serve and the same recipe with TSP used in place of meat. The Iowa Soy Food Council provided the TSP. Meal participants received ½ serving of each version of the goulash labeled A and B. After the meal they were asked to complete a survey.

- Preference: A regular 71 and B Soy 50
- What influenced their decision: smell, taste, flavor, sweetness, consistency, appearance, needed more onions and sauce, and too much macaroni.
- Interested in low fat/cholesterol foods: Yes 47 and No 74
- Interested in learning about healthy eating: Yes 63 and No 36

Participating area agencies on aging: Elderbridge, Seneca, Heritage and Area 14.

Nutrition programs could adjust recipes to replace a portion of ground meat with TSP. Replacing 30-50% of the meat in casserole and soup items most likely would not be noticeable. This change would lower fat and reduce meal costs.

Food Safety

- **Best Practices Food Safety in Foodservices Workshop:** The workshop agenda and presentations can be accessed at www.iowafoodsafety.org (under Hot Topics). Please take a moment to explore the ISU EO Food Safety website to find additional resources that can be of value to you. Additional Food Safety Resources and Educational Recordings can be found on at http://www.fshn.hs.iastate.edu/angela-shaw-food-safety/ .

Nutrition Education

- **State Indicator Report on Fruit and Vegetable Intake.** This reports identifies that adult Iowans report eating fruits (39.8%) and vegetables (26.9%) less than one time a day. The average intake is 1 for fruits and 1.4 for vegetables. The ChooseMyPlate.gov recommendation for adults consuming 2000 calories a day is 2 cups fruits and 2.5 cups vegetables daily.

http://www.cdc.gov/nutrition/downloads/State-Indicator-Report-Fruits-Vegetables2013.pdf?utm_source=SNEB+Members+2013&utm_campaign=b372a27850Weekly_Policy_Update06_10_13&utm_medium=email&utm_term=0_359eacdb40-b372a27850-329450849

Resources

- Healthy food does not necessarily cost more than unhealthy options. The CSPI report compared the cost of fruits and vegetables with other commonly consumed, but less healthful, snacks and side dishes. Overall, the average price per serving of healthy fruits and vegetables was less than unhealthy options for both snacks and side dishes. Sweet potatoes provide fiber, vitamin A, vitamin C, and calcium. Stove Top stuffing is mostly white flour and salt. Fruits and vegetables, better for your health and your budget.
  (Image available here: http://pinterest.com/pin/237635317810723742/)
  Two cups of fruit and 2.5 cups of veggies (the daily recommendation) may seem like a lot for one day. But it's easier than you think. Have a half cup of blueberries with yogurt and a half cup of orange juice for breakfast, a large apple as a snack, a half cup of baby carrots with your sandwich at lunch, a salad for dinner, and you've reached your goal. Your daily fruits and veggies don't have to cost much either; the Produce Marketing Association found that you can get all 9 servings for only $2.18 a day.
  http://bit.ly/fLHH7I
  http://cspinet.org/healthybargains.pdf

Health Promotion

- **Tai Chi:** This study provides evidence that, like walking and jogging, practicing Tai Chi is associated with reduced mortality - http://www.stonehearthnewsletters.com/tai-chi-extends-mortality-first-scientific-evidence-in-am-j-epidemiol/fitness-tai-chi/

  Tai Chi also improves memory. http://www.nextavenue.org/article/2013-07/tai-chi-new-weapon-battle-against-alzheimers

- **Bed Rest Results in Muscle Loss:** Even a few days on bed rest or being in the hospital has a significant impact on loss of muscle mass, loss of strength needed for mobility and to care for one's self. http://newoldage.blogs.nytimes.com/2013/05/30/trapped-in-the-hospital-bed-2/

- **Flu +You Toolkit:** The toolkit will be available in late August to provide educational materials www.ncoa.org/Flu

- **Fall Prevention Awareness Day:** NCOA will be hosting a webinar highlighting events that can be done to increase awareness of falls on Fall Prevention Day. Register now. The Iowa Fall Prevention Coalition encourages activities at meal sites and AAAs during the week of September 23, 2013. Get FPAD resources. A media tool kit is available at Get the toolkit.

Resources

- **Life Expectancy at age 65: Information about life expectancy can be found in** MMWR Vol. 62/No. 28. For all persons at age 65 years, the highest healthy life expectancy was observed in Hawaii (16.2 years). The report can be accessed at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6228a1.htm?s_cid=mm6228a1_e

- **AoA Listing of EB Programs**: AoA is no longer listing evidence-based (EB) program examples on the Title IIID webpage. However, the graduated three-tier set of criteria for defining EB interventions implemented through the OAA will be used, and the Title IIID Highest-Tier Criteria Evidence-Based Disease Prevention and Health Promotion Programs Cost Chart remains on the webpage. Disease prevention and health promotion (DPHP) programs do not need approval from AoA in order to be funded with OAA Title IIID dollars. As long as programs meet the evidence-based criteria, then they are an acceptable use of Title IIID funding. AoA encourages the aging network to move toward highest-level criteria and they encourage contacting the State Unit on Aging for State-specific DPHP requirements.

- **Aging and Disability EB Program**: ACL's Aging and Disability Evidence-Based Programs and Practices (ADEPP) is a new webpage to help the public learn more about available EB programs in the areas of aging and disability. ACL expects to have up to three more EB programs reviewed in 2014. Interested program administrators may check the ADEPP webpage later this year for updated information on program submission guidance.

- **Everyone Plays a Role in Suicide Prevention:** Click here to view the archived webcast of Everyone Plays a Role in Suicide Prevention. This webinar, sponsored by the National Action Alliance for Suicide Prevention (of which the Administration for Community Living is a partner), was held on June 27. The alliance is a public-private partnership that is advancing the National Strategy for Suicide Prevention.

- **Knee Replacement Increasing:** Hospitalization rates of patients undergoing knee replacement roughly doubled between 1997 and 2010 – from 329,000 to 730,000 per 10,000 population. (Source: Agency for Healthcare Research and Quality, Healthcare Cost and Utilization Project Statistical Brief #149, *Most Frequent Procedures Performed in U.S. Hospitals, 2010.)*

- **Free nicotine replacement therapy** (four weeks of patches and gum) will be available through Quitline through December 31, 2013. IDPH's efforts to reduce tobacco use also include partnerships with the Tobacco Use Prevention and Control Commission, the Healthiest State Initiative, Blue Zones, Iowa Community Transformation grantees, American Lung Association, American Heart Association, American Cancer Society and more. Information on all these programs and

partnerships may be found at www.idph.state.ia.us/TUPAC/Default.aspx. To sign up or to learn about other tools to quit smoking, including Internet-based coaching, visit www.quitlineiowa.org or call 1-800-QUIT-NOW.

Nutrition Program Management

- **Identifying the Actual Cost of a Meal and Understanding And Calculating Meal Costs**: These webinars were presented by National Resource Center for Nutrition. The webinars and other resources can be accessed at http://nutritionandaging.org/professional-developement/momentum-51064