

October 17, 2013  
Volume 8, Issue 5

# Healthy Aging Update

## IowaAging.gov

### The Link to Nutrition Program and Healthy Aging Information

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#### **Fall Prevention**

Monday, September 23, 2013 the Iowa Falls Prevention Coalition hosted a proclamation-signing and Tai Chi demonstration on the West Terrace of the Iowa State Capitol. The event included displays from public and private sector organizations with lots of good information about preventing falls. Barb McClintock, the Coalition Chair welcomed participants. She was followed with remarks from Joel Wulf, Assistant Director of the Iowa Department on Aging; Lt. Governor Kim Reynolds; Dr. Mariannette Miller-Meeks, Director of the Iowa Department of Public Health; and Governor Branstad. After the presentation of the proclamation, the group (including the Governor, Lt. Governor and Dr. Miller-Meeks!) participated in a Tai Chi demonstration with Sherry Levine. It was a beautiful fall morning with a light breeze. There were several media present and around 50 people in attendance (including representatives from the Advisory Council on Brain Injuries, Older Iowans Legislature, and Trauma System Advisory Committee). For more information visit:

<http://www.radioiowa.com/2013/09/23/20-percent-increase-in-injuries-deaths-from-falls-in-iowa-over-past-decade/>



*Assistant Director Joel Wulf talks about the importance of falls prevention.*

# State of Iowa

## Executive Department

IN THE NAME AND BY THE AUTHORITY OF THE STATE OF IOWA

### PROCLAMATION

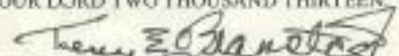
- WHEREAS,** falls are the leading cause of injury deaths in Iowa, averaging over 2,000 annually; and
- WHEREAS,** falls among older adults are a significant problem and pose a major threat to health and independence resulting in high personal and economic direct costs; and
- WHEREAS,** falls are a contributing factor for nursing home placements, which may end an older citizen's ability to live independently; and
- WHEREAS,** ensuring that health care providers screen for fall risk among older adults and provide resource material to older adults, their families and caregivers are steps that can help reduce the number of injuries due to falls; and
- WHEREAS,** promoting the use of evidence-based classes to improve strength and balance has been shown to reduce fall risk among older adults; and
- WHEREAS,** the Iowa Department of Public Health and the Iowa Department on Aging have fostered partnerships across the aging network to help with resources and training to prevent falls:

**NOW, THEREFORE,** I, Terry E. Branstad, Governor of the State of Iowa, do hereby proclaim September 23, 2013, as


### FALLS PREVENTION AWARENESS DAY



IN TESTIMONY WHEREOF, I HAVE HERE-  
UNTO SUBSCRIBED MY NAME AND CAUSED  
THE GREAT SEAL OF THE STATE OF IOWA TO  
BE AFFIXED. DONE AT DES MOINES THIS  
23<sup>rd</sup> DAY OF SEPTEMBER IN THE YEAR OF  
OUR LORD TWO THOUSAND THIRTEEN.

  
TERRY E. BRANSTAD  
GOVERNOR OF IOWA

ATTEST:

  
MATT SCHULTZ  
SECRETARY OF STATE



- Falls are the leading cause of injury death, ahead of motor vehicle crashes.
- The total charges for fall-related hospitalizations in Iowa average \$134.7 million annually.
- 20 to 30% of people who fall suffer moderate to severe injuries such as lacerations, hip fractures or head traumas.

## Falls in Iowa – A Policy Brief

### The problem:

Injuries and deaths from falls have risen 20% over the last decade in Iowa. Our death rate from falls – 9.4 per 100,000 - is higher than the US rate (7.8/100,000). 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. With the number of older Iowans growing rapidly, these rates will likely increase and result in many people losing their independence.

### What are the costs?

Among community-dwelling older adults, fall-related injury is one of the 20 most expensive medical conditions.

The cost of fall-related hospitalizations is the largest of any injury and is high due to the large number of hospitalizations.

The total charges for hospitalizations in Iowa due to falls are \$135 million per year. The average charge per hospitalization is around \$26,200.

### How does it impact someone's life?

In addition to medical costs, falls also contribute to a decreased ability to perform household tasks, a reduced quality of life, and may result in loss of independence for those over 65.

Falls are the most common cause of traumatic brain injuries (TBI).

Most fractures among older adults are caused by falls.

Many people who fall develop a fear of falling, which may cause them to limit their activities leading to reduced mobility and loss of physical fitness, which in turn increases their actual risk of falling.

### Who is at risk?

The chances of falling and of being seriously injured in a fall increase with age. Between 2008-2012, the rate of fall injuries for adults 85 and older was almost four times that for adults 65 to 84. The rate of death from falls was 7 times greater for adults over 85.

People 75 and older who fall are four to five times more likely than those age 65 to 74 to be admitted to a long-term care facility for a year or longer.

Rates of fall-related fractures among older women are more than twice those for men.

For more information, visit <http://www.idph.state.ia.us/FallPrevention/>

## What can older adults do to prevent falls?

### They can:

- Exercise regularly to increase leg strength and improve balance.
- Consume a healthy diet with adequate protein and vitamin D.
- Review medicines with a doctor or pharmacist to identify ones that may cause side effects such as dizziness.
- Be properly evaluated and fitted for adaptive equipment, including shoes or walking devices.
- Make their homes safer by reducing tripping hazards, adding grab bars and railings in baths and on stairs, and improving lighting

## What can be done to reduce falls in Iowa?

Health care providers can identify a patient's risk for falls, assess the scope of risk, introduce tailored interventions and provide effective referrals through use of a screening tool.

Communities can create programs to reduce seniors' risks of falls and provide consumer education on risk reduction to older adults.

Academic health care programs can include falls prevention education as a core subject area in professional courses of study.

Health care settings can include fall risk assessment for older adults and make referrals for interventions to reduce risk.

Communities can use Complete Streets initiatives that support safe walkable communities and improved access for all ages and abilities.

Legislators can approve a refundable income tax credit for up to 50 % of costs incurred for an individual to retrofit a primary residence to accommodate aging and disability access.

Community leaders can designate the first week of fall each year to be "Fall Prevention Awareness Week."

## Iowa Fall Prevention Coalition Webinar

Register for the October 22, 2-3 pm Fall Prevention Webinar: Fall Trends, Assessment and Prevention.

The one-hour webinar will cover

- *Iowa Data and Trends* – Binnie LeHew, Iowa Department of Public Health
- *Physical Assessments* – Cyndi Schmidt, Iowa Healthcare Collaborative
- *Awareness and Prevention* – Larry Readout, EMC Insurance Co.

This webinar will be of interest to health care providers, aging network personnel, and others in the field of public health and injury prevention. The Awareness and Prevention includes numerous examples of fall hazards that might exist around meal sites as well in the home environment. Reserve your Webinar seat now at: <https://www1.gotomeeting.com/register/190687065>

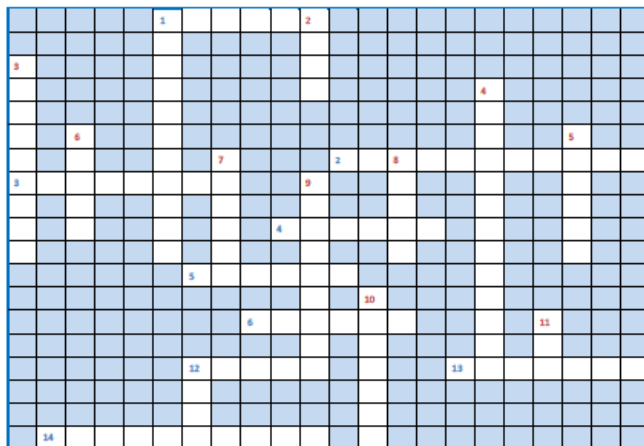
## Aging Resources Fall Prevention Activities

Aging Resources of Central Iowa made a Fall Prevention Crossword Puzzle that was distributed to close to 3000 congregate and home delivered meals clients on Friday, September 20th. Margaret DeSio of Aging Resources had a table with information at the Capital on the September 23<sup>rd</sup>.

The crossword puzzle follows on the next page.

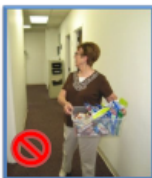


## Fall Prevention Awareness Day



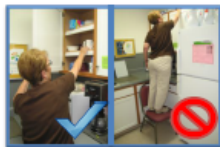
### Across

1. A program designed to reduce the fear of falling and increase activity levels among older adults: A \_\_\_\_\_ of Balance.
2. \_\_\_\_\_ such as walking, talking, and carrying objects can cause you to miss a step, crack, or hole in the ground.



### Down

1. If you take four or more of these, you should have your doctor review them for interactions or side effects such as dizziness.
2. Remove small throw \_\_\_\_\_ or use non-slip backing to keep them from slipping.



3. A good practice is to store frequently used items within \_\_\_\_\_ (2 words).

### Across

3. \_\_\_\_\_, like yoga, tai chi, and walking, helps to reduce falls by improving strength and balance.
4. \_\_\_\_\_ surfaces, such as grass and older sidewalks present a major fall hazard.
5. Take your time going up and down \_\_\_\_\_ and use a railing if it is available.



6. Areas prone to wetness are a common place for slips. Clean up \_\_\_\_\_ immediately.
12. \_\_\_\_\_ can be prevented!
13. Flexibility, balance, and \_\_\_\_\_ training improve mobility and reduce the risk for falls.
14. Hazards around the house such as \_\_\_\_\_ cords, rugs, and clutter, can be eliminated.



### Down

4. \_\_\_\_\_ leads to underreporting of fall.
5. Have your \_\_\_\_\_ checked regularly by an eye doctor. Poor vision can greatly increase your chance of falling.
6. Scan \_\_\_\_\_ when walking.
7. \_\_\_\_\_ all falls to your physician and family.
8. Wear \_\_\_\_\_ with good support and slip resistant soles.



9. Install \_\_\_\_\_ on all staircases on both sides.
10. Remove \_\_\_\_\_ (paper, boxes, books, clothing, toys) from stairs and walkways.
11. Be cautious in winter weather. Black \_\_\_\_\_ is difficult to see and can result in a fall.
12. The number of fall deaths among those 65 and older is \_\_\_\_\_ times the number of fall deaths amount all other age groups.



5835 Grand Ave, Ste 106  
Des Moines, IA 50312-1437  
515-255-1310 or 1-800-747-5352

Answers: Across - 1. Matter 2. Distractions 3. Exercise 4. Uneven 5. Stairs 6. Spills 7. Falls 13. Strength 14. Electrical Down - 1. Medications 2. Rugs 3. Arms Reach 4. Embarrassment 5. Vision 6. Ahead 7. Report 8. Shoes 9. Handrails 10. Clutter 11. Ice 12. Four

## Milestones Promoted Fall Prevention Awareness

### FALLS AWARENESS WORKSHOP

**FREE EVENT**

**REGISTER**  
by calling  
563-386-7477  
Or stop by CASI  
1035 W. Kimberly Rd.  
Davenport

### Preventing Falls - one step at a time.

**Tuesday**  
**September 24, 2013**  
Center for Active Seniors, Inc. (CASI)  
1035 W Kimberly Rd., Davenport

Individual sessions scheduled from 8:30-11:30 am.

Limited spots available.  
Please call 563-386-7477 to reserve your spot.

Your passport to falls prevention:

- Registration
- Balance & mobility assessment.
- Pharmacy screening - bring list of prescription medications with you.
- Vision & Home Modifications
- Exercise & physical activity station with yoga, TaiChi and Zumba Gold demonstrations.
- Individualized review from a physical therapist.
- Visit health fair providers offering falls prevention products & services
- Blood pressure checks.
- Free hearing screenings.
- Giveaways.

Presented by:

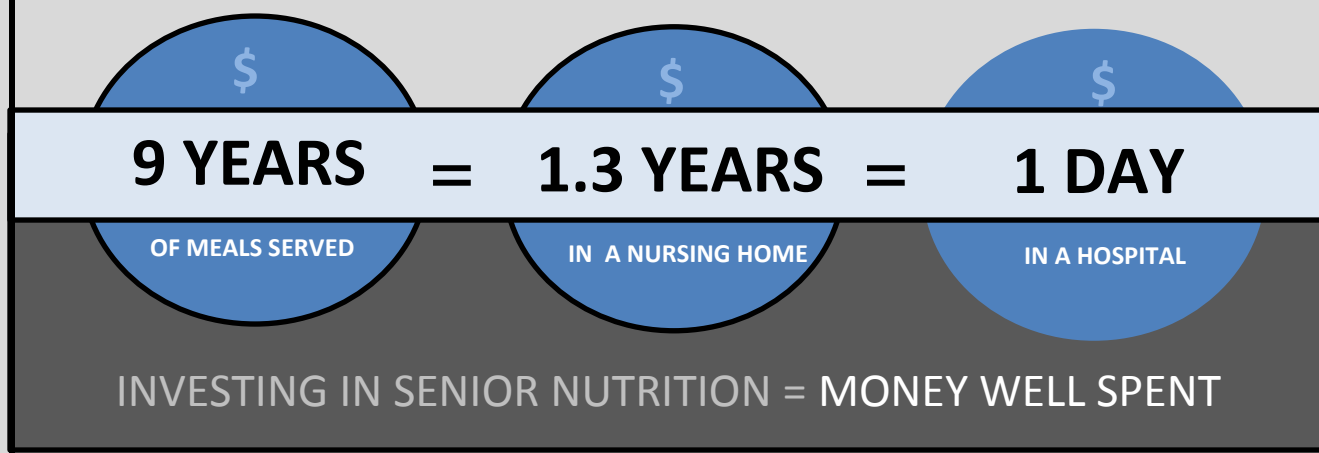


## Home delivered meals Save Health Care Costs

People receiving home delivered meals say that the meals help them continue living in their own homes. A Brown University study had a statistically significant finding that when more money was spent on home delivered meals there were fewer low-care-need nursing home residents. In other words, the home delivered meals helped older adults continue living in their own home.

Nutrition programs save health care costs when participants live at home instead of living in high cost nursing homes or needing more expensive hospitalization. Each \$1 spent on meals results in a \$50 Medicaid Savings. By providing services like the nutrition program to frail older Iowans in their own home, home delivered meals can feed an individual for nine years for what it costs to be in the nursing home for 1.3 years or one day in the hospital.

### HOME DELIVERED MEALS are GOOD BUSINESS



#### Resources:

- Administration on Aging survey- 92% of meal participants say home delivered meals help them stay in their own home.  
[http://www.aoa.gov/AoARoot/Program\\_Results/docs/2010/AoA\\_1\\_NursingHomes\\_041311.pdf](http://www.aoa.gov/AoARoot/Program_Results/docs/2010/AoA_1_NursingHomes_041311.pdf)
- [Center for Effective Government](#) (Formerly OMB Watch) April 30, 2013.
- Brown University [study](#) "Shaping Long Term Care in American Project"  
<http://ltcfocus.org/>
  - National Institute on Aging (grant PO1AG027296) and Agency for Health Care Research and Quality (grant 5T32HS000011) support research.
- Iowa Department on Aging Iowa Aging Program Information System
- Genworth 2012 Cost of Care Survey
- Iowa Hospital Association



## Transforming Meals Changed Assisted Living Programs

A study in the *Journal in Housing for the Elderly* reported that the assisted living sector found food service to be the number one driver for occupancy. So, they have changed the way they approach food service. They have been focusing on a “fresh food” strategy. Implementing changes helped increase resident satisfaction levels and improved marketability. They refocused marketing efforts to feature the meals. Their strategies included use of fresh foods or ingredients, as well as choice in menu options.

This report identified that there was an increase in food expense but providers were able to balance the increase in one area with reduced costs in others. Group purchasing has the ability to aggregate purchasing volume to drive down costs. Using fresh food that is in season can also lead to reduced costs. Successful facilities displayed or showcased the meal program changes to the residents and community. They transformed staff into chefs and made them more visible to the customers. Signs displaying new menu options and spotlighted locally grown produce featured in the menu letting the residents know what they’re eating is fresh and not processed or pre-packaged. The success in upgrading the meals in assisted living may provide a template for OAA nutrition programs. More information about the assisted living project can be accessed at <http://seniorhousingnews.com/2013/09/29/senior-living-sees-dining-as-new-driver-for-occupancy-growth/>



## Revitalizing Nutrition Sites

The National Nutrition Resource Center is facilitating the sharing of best practices to help nutrition programs. Here are some of the ideas that have been shared.

New Jersey feels that there are too many people who are unaware of the program so they are working on marketing the program. They developed a survey. They are also looking into voucher programs (restaurants, diners etc.), box lunches, lunch and learns.

Pennsylvania is instituting a Best Practice award, along with an ongoing Secretary’s Award, to find and highlight the best practices. Applications are submitted then rated and awarded through the Nutrition Services Advisory Committee. Some are listed at [http://www.paseniorcenters.org/staff/best-practice\\_2/index.htm](http://www.paseniorcenters.org/staff/best-practice_2/index.htm)

Linda Netterville presented at the n4a 2013 Annual Conference the session “The New Congregate Program”. The PowerPoint presentation from that session is [here](#). Co-presenters were Carol Zernial from WellMed Foundation in San Antonio and Dan Goodman from Johnson County AAA, Olathe, KS. Two good examples of what is happening within the community. The Lopez Center in San Antonio opened about 2 years ago and have over 4,000 registered participants with a daily assistance of 400+ demonstrating that the Congregate Program is not dead, only in respiratory arrest in many areas.

Wisconsin is beginning a revitalization effort to attempt to address the falling participation numbers in their congregate nutrition program. They are in the first steps of gathering information from other states and have developed the following list for their task force to consider.

<b>Fundraising Ideas</b>
<p><b>Banks:</b> Approach local banks and ask for donations to fund activities at your site/senior center; it is generally easier to obtain such donations from <b>small</b> as opposed to major banks.</p>
<p><b>Local Philanthropic Organizations:</b> Approach the following to ask if part of their mission is charitable work; if so, ask if they would include your site/senior center as a beneficiary of an upcoming fundraising project. Women's Clubs</p> <ul style="list-style-type: none"> <li>• Rotary Clubs</li> <li>• Elks Clubs</li> <li>• Lions Clubs</li> <li>• Business &amp; Professional Associations</li> <li>• Other</li> </ul>
<p><b>In – Kind Donations:</b> - Approach entities such as the following to obtain prizes, decorations, etc. to enhance your events:</p> <ul style="list-style-type: none"> <li>• Walmart/K Mart</li> <li>• Party Specialty Stores</li> <li>• Local florists</li> <li>• Funeral Homes will often donate leftover flowers which you can use to create new floral arrangements</li> <li>• Beauty Salons may donate gift certificates to their salons</li> <li>• Food Stores – donations of food store gift cards as prizes</li> </ul>
<p><b>Donation Request Letters</b> – Prepare letters for each site/senior center that staff can use to approach various entities for support</p>
<p><b>Birthday Club</b> - When clients' family members offer to host a birthday cake/party at a center, ask <u>instead</u> if they would be willing to make a donation of a needed item for the center to enjoy; or obtain caregiver (Emergency Contact) information (esp. email addresses) when clients register at the site/center; build a database and use for future mailings requesting donations</p>
<p><b>"Chair –a Tea"</b> – If, as part of your image improvement, you need to purchase chairs for your center and need to raise funds, host a "Chair – a - Tea" (tea party in which donors pay for (or contribute toward) a "chair" as their entrance fee. (Somerset)</p>
<p><b>Site Council Fundraising</b> - Create site councils; since they are not "government entities" they have less restrictions on the types of fundraising they can do (i.e., games of chance/raffles, etc.)</p>
<p><b>Gently Used Clothing Boutique</b> - Space permitting, create a "boutique" of gently used clothing, by approaching a local consignment shop and asking if they will donate any unsold items to your senior center. Sell items to clients to raise funds for the center. Note: By obtaining clothing from a consignment shop, it avoids the chance of obtaining unusable, dirty clothing from general public contributions.</p>
<p><b>Raffle:</b> Do any of your board members have connections? One county raffled off airline tickets</p>
<p><b>Wine Tasting Parties-</b> Win –Win contact local wineries, they get exposure and sell some of their products and you get donations.</p>



Marketing Ideas
<b>Improve Image of the Program/Site/Senior Center</b>
Diversify Menus to offer choices including a mix of traditional foods and more youthful oriented menu items (i.e., salads, wraps, etc.)
Offer a variety of new activities (exercise & wellness, current events, cultural discussions, Lunch & Movies, Lunch & Learn events, Wii games, art classes, baking or gourmet cooking classes, etc.)
Liven up the space with more homey furniture
Consider changing the name of your facility; in Australia, they refer to their senior centers as “Autumn Clubs”
Consider changing the name of the lunch program to something more upbeat “The Café”
Offer Bus Trips (for a fee) with a (Title III) Boxed Lunch to help draw in younger seniors
<b>Use Technology to Market Centers and Special Events</b>
Develop a Facebook page with information about your facilities
Use the outgoing voice message on your facility’s phone to promote upcoming special events (i.e., You have reached the ABC Senior Center located at 123 First Avenue.....Don’t miss Tuesday’s Mardi Gras party and Thursday’s Fun & Fitness Class.....
Generate a list of clients who have come to the center infrequently. This can be done through SAMS or other data bases (like Iowa Aging Program Report System)
Personally call clients to inform them of upcoming special events; invite/encourage their participation
Recruit volunteers (perhaps those who worked in Sales/Marketing) to place the calls; if using less trained volunteers, develop a “script” to help guide the conversation
Create a Video/YouTube about your program that includes personal testimony from your clients; if possible, the video can be played in various doctors’ offices waiting rooms; will need financial support to create a video – perhaps from local corporations, pharmaceutical companies, etc.
Create a PowerPoint presentation that can be used for community presentations; it should include personal testimony from your clients; this can be played at health or community fairs, in waiting rooms, etc.
Explore online media publications who will post information about your sites/centers and their special events or will cover special events; often they include a scrapbook of photos from your special event and/or even a video clip.
Call various entities to request that you each establish links to each other’s websites to increase the number of places people can search to find information about sites/centers and their calendar of events; (i.e., websites for county/municipalities/special interest clubs, etc.)
<b>Community Networking</b>
Identify staff who can search for Key Community Leaders who interact with senior citizens on a regular basis. Call to introduce the program and request permission to add them to an email distribution list for ongoing updates on special events/monthly calendars of events.
<b>Possible Community Leaders to Contact:</b>
<ul style="list-style-type: none"> <li>• <b>Faith Based Organizations</b> (Social Concerns Committees, Eucharistic Ministers (who visit homes of homebound and can promote center to those who will likely recuperate), temples, synagogues, Parish Nurses (reach out to needy in the congregation)</li> <li>• <b>Funeral Parlor Directors:</b> can provide info about sites/centers as part of their routine bereavement counseling</li> <li>• <b>Bereavement Support groups:</b> provide info about your sites/centers with Bereavement Group Leaders who can share this info with attendees as a resource for socialization and healing</li> <li>• <b>Local Pharmacists (including those in major food stores)</b> – can distribute your fliers/program brochures to customers; this is especially good to do during flu clinics</li> <li>• <b>Food Banks</b> - provide your fliers/program brochures or create a large poster that can be displayed at the food bank promoting your program</li> </ul>

<ul style="list-style-type: none"> <li>• <b>Recreation Dept.</b> – Many offer classes for senior citizens and may be willing to work on cooperative ventures that help promote both entities; for example senior exercise classes conducted by Recreation Dept. instructors can be done at your site. This will familiarize new people to your location and service.</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Township (mailed) Newsletters</b> can list info about sites/centers</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Libraries/book stores</b> <ul style="list-style-type: none"> <li>• Create <b>bookmarks</b> that promote your facilities and/or special events; ask librarians to distribute them at the check out</li> <li>• Email or hand deliver your <b>monthly calendars</b> to be posted on their community bulletin boards (many senior citizens use the library on a daily basis)</li> <li>• Check if the library has an <b>Internet-based catalogue of community resources</b> – list information/mission about your sites/centers</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• <b>Medical Discharge Planners</b> – distribute info about sites/centers so they can add this info to their discharge planning recommendations</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Food Stamp Office</b> – provide brochures that can be distributed when clients sign up for food stamps</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Farmer's Market Fairs/Voucher Distribution points:</b> provide brochures that can be distributed when clients apply for Farmer's Market vouchers</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Real Estate agents/organizations</b> – provide info about your sites/centers that realtors can use as a selling point for moving to a particular town</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Municipal Social Workers/Senior Housing apartments</b></li> </ul>
<ul style="list-style-type: none"> <li>• <b>Affordable Housing offices</b></li> </ul>
<ul style="list-style-type: none"> <li>• <b>Doctor, Eye Doctor, Dentist, Specialty Physicians:</b> Create brochures/fliers to promote sites/center and leave at front desk or in waiting room</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Piggy Back Mailing</b> - Check if local tax office will allow you to insert a flier about your program with the tax mailing; often if your flier is only one page, it may not increase the postage for the tax office's mailing and is a way for people to connect their taxes with local services; the local tax office may be able to limit the mailing to seniors participating on the tax freeze program so you really target the seniors we need.</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Contact Corporate Human Resource Depts.</b> Request permission to insert information about your site/centers including volunteer opportunities in their employee retirement packages; provide the fliers/brochures; people may start as volunteers and eventually become active participants at your centers</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Plan a Resource Fair</b> – Invite Key Community Leaders to attend so they can learn about your service (invite clergy, funeral home directors, realtors, etc.)</li> </ul>
<b>Special Events that May Draw in New Members</b>
<p>Note: When designing invitations for any special events, you can try putting more emphasis on the event and less on the lunch unless it is a food – oriented event.</p>
<ul style="list-style-type: none"> <li>• <b>Pizza Day</b></li> </ul>
<ul style="list-style-type: none"> <li>• <b>Bridge (or) Mahjong &amp; Lunch Day</b></li> </ul>
<ul style="list-style-type: none"> <li>• <b>Bring Your Children to the Center Day</b> (Chances are an 85 year old client has a 60 year old child; by bringing both together, it exposes the younger senior to the center for future use)</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Visiting Chef Events</b> - to do food demos (use chefs from local restaurants, VoTech, your caterer, etc.)</li> </ul>
<b>Ideas for Special Menu Days with Visiting Chefs:</b> <ul style="list-style-type: none"> <li>• Soup &amp; Salad to Order Day - Chef tosses salads with a variety of ingredients that each client chooses); serve with choice of soup</li> <li>• Panini Day – Chef demonstrates how to create a Panini and then offers 2 different choices as part of the lunch.</li> <li>• Wok &amp; Roll Day – Chef demonstrates wok cookery and meal is served for lunch</li> <li>• Blueberry or Strawberry Festival – Chef cooks pancakes on site for a Pancake Brunch that features fresh blueberries/strawberries</li> <li>• Omelet to Order Day – Chef cooks omelets with a variety of ingredients that each client chooses</li> </ul>

<b>Incentive Events</b>
<b>Bring a Friend Day with Prizes</b>
<b>Prize Drawings:</b> Plan special promotions in which a ticket is added to a drawing each time a client attends the center for an end-of-month prize drawing; the more often the client attends, the better the chance of winning
<b>Food Store Partnership/Incentive Project:</b> Create a partnership with a local food store for the following initiative. Create a game card (i.e., Bingo card – See Sample). The food store can announce over its loud speaker that people (age 60+) will receive the Game Card at the checkout (automatically to all regardless of age, so no one is embarrassed). Directions would specify that people age 60+ would need to participate at their local senior center 3 times to be eligible for the reward. (Senior Center/site staff would mark the game card each time the person participated). After 3 visits, the person would bring the game card back to the food store for some sort of discount or special coupon or other incentive that you will have negotiated ahead of time. If a Bingo card format is used, various games could be played that result in greater rewards (i.e., a Full card would receive 20% discount vs. 4 – corner bingo might receive \$5 coupon).
<b>Miscellaneous</b>
<b>Post Bereavement Mailing + Invitation</b> - Have a staff person or volunteer check the Obituary pages for local elderly seniors' deaths who left behind a spouse; using the Internet, a staff member or volunteer could search for the spouse's address and would then set a tickler file for approximately 3 months later; at that point, the staff person/volunteer would send a brochure about your program + an invitation to participate. The brochure can include quotes from actual seniors who came to your center after having lost a loved one, indicating what a difference it has made in their life.
<b>Bingo Hall Marketing</b> – Plan a special event and create a flier or invitation card. Since many seniors play bingo, ask a volunteer to visit the local Bingo Hall to distribute the invitations/fliers inside (and if not allowed, place the invitations on car windows!!!)
<b>Conduct Marketing/Interest Surveys</b> – to identify what people are looking for and adjust your program as needed
<b>We Miss You Mailings/phone calls:</b> Send out “we miss you” cards to those whose participation has dropped off; or have a staff member/volunteer call the client to encourage their attendance
<b>Reduce the number of serving days</b> at your site/center to save costs and also bring more people together on remaining service days
<b>MOW to Congregate Transition</b> - Contact MOW clients who are recuperating to introduce them to the site/senior center; if possible “wean” them gradually off MOW by encouraging them to attend the site/center just 1 day/week initially; as they adjust to the center, encourage more participation and concomitantly reduce the MOW serving days.

### At Risk for Institutionalization

The following information is from the July 2010 Issue Brief “*Aging In Place*”. These are the characteristics of individuals most at risk for institutionalization.

- *Demographic characteristics:* Older individuals and those who are non-Hispanic white
- *Socioeconomic status:* Individuals with low incomes
- *Health status and physical functioning:* Those with certain health conditions (such as cognitive impairment, cancer, high blood pressure, diabetes, and a history of strokes and falls) and those who have difficulty performing activities of daily living
- *Prior health care utilization:* Individuals who have spent time in the hospital or in a nursing home
- *Living arrangements and family structure:* Those who live alone (including widowed and divorced individuals), do not own their home, and have fewer children than their peers.

## INAPIS 2013

High nutrition risk consumers with 3+ ADL impairments who received meals showed improved ADL scores.

Percentage who improved  
68% congregate meals  
62% home delivered

- *Availability of support:* Individuals who lack caregiver support

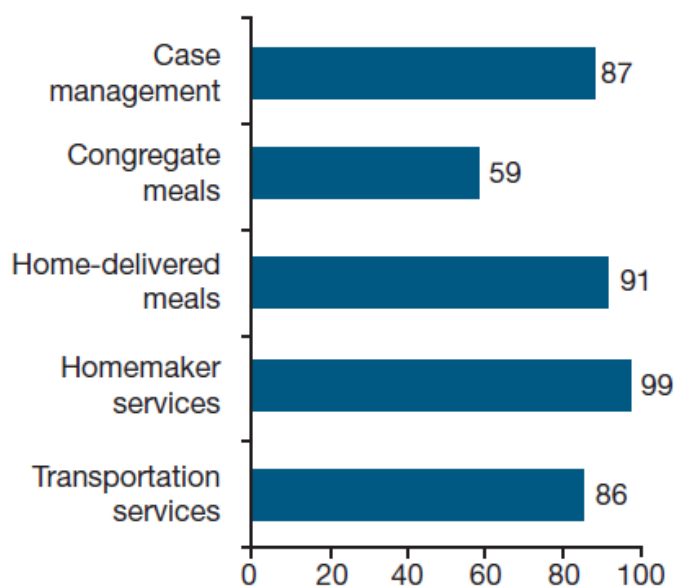
People who have difficulty performing three or more ADLs are at increased risk of nursing home placement, and Title III participants—especially those receiving home-delivered meals, case management, homemaker services, and NFCSP care recipients—are much worse off than the national population in this regard. Title III participants report that AoA services are important in allowing them to remain in their homes (Figure 3). More than 85 percent of those receiving homemaker services, case management, transportation, and home-delivered meals said this assistance helped them remain at home.

The Issue Brief data analysis confirms that AoA is effectively reaching those most at risk of institutionalization, and that Title III services play an important role in helping elderly adults remain living independently in the community.

You may access the Issue Brief at

[http://www.aoa.gov/aoaroot/program\\_results/docs/AoA-issue1\\_Nursing%20Homes.pdf](http://www.aoa.gov/aoaroot/program_results/docs/AoA-issue1_Nursing%20Homes.pdf)

**Figure 3: Percentage Reporting That Services Allow Them to Remain in Their Home, Title III Participants**



Source: Fifth National Survey of OAA Program Participants (2009).

### Older American Act Title 1, Section 102 Definitions

(9) The term 'at risk for institutional placement' means, with respect to an older individual, that such individual is unable to perform at least 2 activities of daily living without substantial assistance (including verbal reminding, physical cuing, or supervision) and is determined by the State involved to be in need of placement in a long-term care facility.





The SFY2013 INAPIS data shows the for high nutrition risk OAA Title III C consumers, 6% of the congregate meal participants have 3+ ADL impairments. These are at risk for institutionalization and may need more services to help them remain at home.

## **Iowa Reporting Manual - Definitions**

**Nutrition Counseling (one session per consumer).** Provision of individualized advice and guidance to individuals, who are at nutritional risk, because of their health or nutritional history, dietary intake, medications use or chronic illnesses, about options and methods for improving their nutritional status, performed by a health professional in accordance with State law and policy.

**Nutrition Education (one session per consumer).** A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants and caregivers in a group or individual setting overseen by a dietitian or individual of comparable expertise.

- Nutrition Education now requires a Consumer Intake Form in the Iowa Aging Program Report System (IAPRS – formerly NAPIS). If an up-to-date form is already in the IAPRS, another entry is not needed.
- IAC 17-7.21(3)(e) Provide monthly nutrition education for home-delivered meal recipients, to include safe food handling of the delivered meals every six months.
- Note that nutrition education requires instruction. Nutrition education would be reportable only if an AAA representative entered the home and provided instruction.



## **Medicaid Elderly Waiver Home-Delivered Meals**

The Elderly Waiver program is administered by the Iowa Department of Human Services. The program manual can be accessed at:

[http://www.dhs.state.ia.us/policyanalysis/PolicyManualPages/Manual\\_Documents/Provman/eldwaiv.pdf](http://www.dhs.state.ia.us/policyanalysis/PolicyManualPages/Manual_Documents/Provman/eldwaiv.pdf).

*Home-delivered meals means meals prepared elsewhere and delivered to an HCBS elderly consumer at the consumer's residence. Each meal shall ensure the consumer receives a minimum of one-third of the daily recommended dietary allowance, as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences. The meal may also be a liquid supplement that meets the minimum one-third standard. A maximum of 14 meals is allowed per week. A unit of service is a meal.*

If there any questions or concerns about the Elderly Waiver meals or meal providers, you may contact Leann Howland at the Iowa Department of Human Services and her phone number is 515-256-4642.

## Food Displaced=WASTE

Food waste is a big problem that continues to grow. Food waste has become the #1 most prevalent disposed material in Iowa municipal landfills. 13.3% of all landfilled waste in Iowa is food waste. This is a 62% increase in the last 13 years. Rotting food in landfills produces methane gas. Methane gas traps 20-25 times as much heat in the atmosphere as carbon dioxide. Of the methane released into the atmosphere, 33% originates from landfills. We need to look for ways to reduce food making its way to the landfill- it might be working with manufactures to find uses for foods that are currently been discarded or at home or work planning better to reduce over production or food that goes bad before it can be used. For more information visit

<http://iowaenviroassist.org/index.cfm/services/food-waste/numbers/>

Five food waste reduction workshops have been scheduled throughout Iowa. Join regional experts to learn about the difficulties, successes, ideas and future of food waste reduction and diversion. Registration is only \$10, which includes lunch. [Click here to register](#)

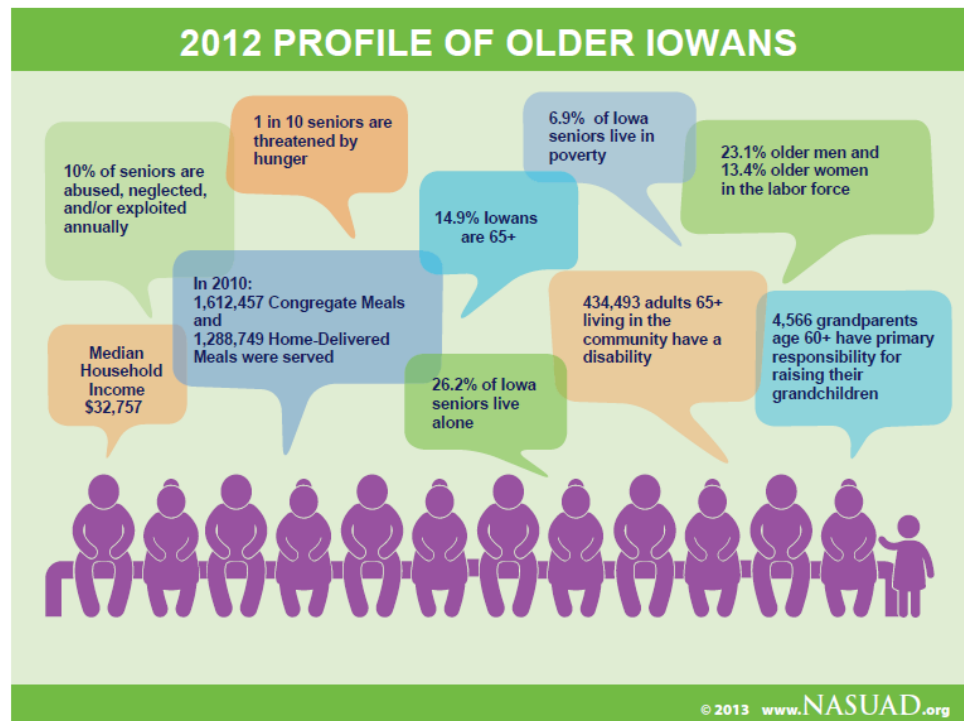


### Horizons Meals on Wheels

Dianna Young , Director of the Horizons nutrition program in Cedar Falls reports that they are using more fresh and locally grown foods. Their chef is able to develop menus that incorporate the fresh foods that are in seasons. Here is a picture of their raised garden beds planted with asparagus.

## 2012 Profile of Older Iowans

NASUAD created an infographic profiling seniors in Iowa, which complements the brochure's [2012 Profile of Older Americans](#). For more information on NASUAD's We Can Do Better campaign, and to download the shareable infographics or a printable brochure click [here](#).



## Resources

### Health Promotion

- **Visit the “brain gym.”**- [AARP](#) and [BrainHQ](#) both provide computer programs scientifically demonstrated to grow or recover age-affected brain power. Just as with exercise at a fitness center, it is important to exercise the brain.
- [Video Game Training Improves Cognitive Control in Older Adults](#)  
3-D video game improved the ability of seniors to sustain focus and multitask successfully. The results highlight the potential of the aging brain to improve certain skills.
- **Get Screened:** Less than half of men and women aged 65 years or older are up-to-date on preventive services including flu vaccine, pneumonia vaccine, colorectal cancer screening, and mammography for women.
- **Get Vaccinated:** Flu and pneumonia is the seventh leading cause of death among adults 65 years or older, despite the availability of effective vaccines. Older adults should get the flu vaccine every year and get the pneumonia vaccine at least once.
- **Flu Near You:** This web site engages people to report their flu symptoms to provide the earliest detection of the start and spread of annual flu. Visit [Flu Near You](#) for more information. Become a flu fighter: [register online](#) or install the [iPhone/iPad](#) or [Android](#) app.
- **CDSMP Findings:** An article was recently published in the *Journal of Aging and Health* on the six-month outcome findings from the CDSMP national study. Among the findings: Social/role activities limitations, depression, and communication with physicians improved significantly from baseline to 6-month follow-up. Study participants also reported significant improvements in more physical activity and less emergency room (ER) visits and hospitalization during that period.  
[View the abstract](#) | [Check out other publications](#)
- [State of Aging and Health in America 2013 \[PDF - 3 MB\]](#) provides a snapshot of our nation’s progress in promoting prevention, improving the health and well-being of older adults, and reducing behaviors that contribute to premature death and disability. The report looks at 15 key health indicators that address health status (physically unhealthy days, frequent mental distress, oral health and disability); health behaviors (physical inactivity, nutrition, obesity and smoking); preventive care and screening (flu and pneumonia vaccine, breast and colorectal cancer screening); and fall injuries for Americans aged 65 years or older. As the baby boomer population ages, it is important to take steps to ensure older adults live long and healthy lives.

## Food Service

- **Food Code 2009:** This version of the Food Code is being adopted by the Iowa Department of Inspections and Appeals. The main emphasis will be on active managerial control as identified in Annex 4 and 5. Annex 7 has forms- note that form B1 needs to be completed by all employees. The Food Code is available on line at <http://www.fda.gov/Food/GuidanceRegulation/RetailFoodProtection/FoodCode/ucm188327.htm#form1a>
- **USDA Recipe Box:** The U.S. Department of Agriculture's Food and Nutrition Service and Center for Nutrition Policy and Promotion have released a new website of quick, delicious, cost-effective recipes for every type of cook. Check out the [Recipe Box](#) for new ideas.
- [Fruits & Veggies More Matters Recipes Website:](#) Produce for Better Health Foundation's (PBH) searchable database of recipes featuring fruits and vegetables in all forms (including canned, fresh, frozen and dried) is divided into categories, including Soups, Main Dishes, Desserts, Snacks, and more. Other sections include Microwavable recipes and creations from The Culinary Institute of America. Truly, there is something here for every skill level, taste, budget and schedule, many featuring favorite canned foods, such as those highlighted in the latest [Pantry Heroes](#) fact sheet.
- [Sample Menus for a 2,000 Calorie Food Pattern:](#) A 7-day sample menu plan, this resource provides real-world guidance on how foods from various food categories can be combined into a weekly meal plan that hits all nutritional recommendations.
- [Recipes for MyPlate Success:](#) This collection of recipes from the Canned Food Alliance's website, Mealtime.org, features affordable and nutritious canned foods to help meet dietary goals. Many canned foods can also be enjoyed as a stand-alone side right out of the can or with a little bit of heating, including green beans, corn, peas, peaches and pears.
- **Calorie Cutting App:** New York City Health Department has a free app called CalCutter. This app helps cut calories in home-cooked recipes. Check it out at <http://sbne.ws/r/dVf3>.

## Food Safety

- **Guidelines for handling raw chicken:** Raw chicken should not be washed. Washing can spread bacteria. <http://www.stonehearthnewsletters.com/chicken-should-not-be-washed-prior-to-cooking-in-fact-it-is-dangerous-to-do-so-drexel-food-safety-expert/nutrition-food-safety/>