

The Link to Nutrition Program and Healthy Aging Information

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Walking Programs Go Hi-TECH

Four of the area agencies on aging collaborated with the Iowa Department of Public Health *I-Walk* in using technology to assess walking conditions. Handheld global positioning systems were used. These devices are a satellite-based navigation system that provides information on locations. Walking routes were identified in the participating communities and then they were assessed for walking conditions. The *I-WALK* GPS assessments identified the location of things such as sidewalk conditions, bushes or vegetation overgrowing the walkway, problems related to crossing streets safely, and other conditions that would discourage walking. The plan is to share the information with the community so improvements can be made and walking clubs can be started. The assessment dates and locations were:

- April 30th – Carroll
- May 6th – Dyersville
- May 7th – Knoxville
- May 8th – Greenfield

Older Americans Month Walk

In celebration of Older Americans Month, Northeast Iowa Area Agency on Aging (NEI3A) once again hosted a free one mile walk on May 22. Their fifth annual event has grown from 500 walkers in 2010 to more than 1,500 ranging in age from 1 year of age to over 100. The support for the walk has continued to grow as well, with more than 60 sponsors partnering with NEI3A to provide financial, in-kind and hands-on assistance to encourage Iowans of all ages to celebrate the strength and vitality of older Iowans. Each walker received a free t-shirt, reusable shopping bag, and a safety kit with sunscreen, bandages and lip balm to help make their walks safer. NEI3A committed to encourage healthy lifestyles and to increase physical activity by offering this walk in all of the eighteen counties served by the agency.



Congratulations to all the participants in the 32 locations for the NEISA Walk!

Walkers from
Manchester sport
Older Americans
Month Walk
T-shirts



Food Insecurity

- Map the Meal Gap

Feeding America conducts the Map the Meal Gap analysis annually to better understand hunger and to help target interventions to people in need.

Take a look at the interactive map showing [the Meal Gap details in the county you call home](#)

- [The State of Senior Hunger in America 2012: An Annual Report](#),

This national report released May 2014 found that older adults continue to face increasing challenges. For three levels of food insecurity, there was an increase among those age 60 and older between 2011 and 2012. There were significant increases for poor people, whites, those who were divorced or separated, those between the ages of 75-79, the employed, the retired, and men.

- Nationally, 15.3% of seniors face the “threat of hunger”, 8.8% face the “risk of hunger”, and 3.5% are “facing hunger”.
- Those living in states in the South and Southwest, those who are racial or ethnic minorities, those with lower incomes, and those who are younger (ages 60-69) are most likely to be food insecure.



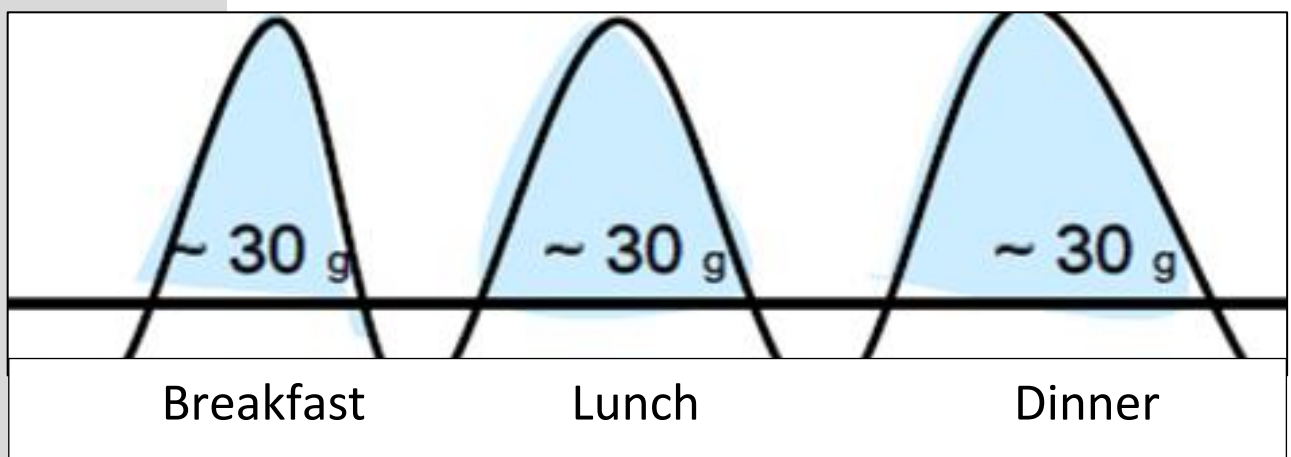
- Out of those older adults who face the threat of hunger, the majority has incomes above the poverty line and is white.
- From 2001-2012, the fraction of seniors experience the “threat of hunger”, the “risk of hunger”, and “facing hunger” has increased by 44%, 66% and 146%, respectively. The number of seniors in each group rose 98%, 130%, and 244% which also reflects the growing population of older adults.
- Since the recession (2007-2012), the number of older adults experiencing the three levels of hunger has increased by 49%, 63% and 68%.
- The 2012 Iowa level estimates for hunger for older adults are: “threat of Hunger” 12.79, “risk of hunger” 7.16, and “facing hunger” 2.42 There are more older adults going without enough food as a result of economic hardships. This has not slowed down even with the improving economy based on the findings of this report. Food insecurity is associated with a host of poor nutrition and health outcomes. This threatens to further deteriorate the health of our older adults.

Older Adults Need More Protein

Muscle loss is a natural part of aging. Usually after the age of 50, we lose 1-2% of our muscles each year. With loss of muscle there is a loss of strength and eventually loss of independence. This process accelerates to 3% after the age of 60. To slow down or prevent muscle loss, research is indicating that older adults need slightly more protein, 1.0 to 1.2 g protein/kg body weight/day compared to 0.8 g for younger people. Protein intake should be distributed fairly equally among three meals a day for example 20-30g protein at each meal. The amount will vary with body size. It is also important to combine protein intake with daily physical activity or exercise. [Source](#)

Examples of Protein

| | |
|---------------|------|
| 1 egg | 7 g. |
| 1 oz. meat | 7 g. |
| 1 c. milk | 8 g. |
| 1 slice bread | 2 g. |



10 tips

Nutrition Education Series

with protein foods, variety is key



10 tips for choosing protein

Protein foods include both animal (meat, poultry, seafood, and eggs) and plant (beans, peas, soy products, nuts, and seeds) sources. We all need protein—but most Americans eat enough, and some eat more than they need. How much is enough? Most people, ages 9 and older, should eat 5 to 7 ounces* of protein foods each day.

1 vary your protein food choices
Eat a variety of foods from the Protein Foods Group each week. Experiment with main dishes made with beans or peas, nuts, soy, and seafood.

2 choose seafood twice a week
Eat seafood in place of meat or poultry twice a week. Select a variety of seafood—include some that are higher in oils and low in mercury, such as salmon, trout, and herring.



3 make meat and poultry lean or low fat
Choose lean or low-fat cuts of meat like round or sirloin and ground beef that is at least 90% lean. Trim or drain fat from meat and remove poultry skin.

4 have an egg
One egg a day, on average, doesn't increase risk for heart disease, so make eggs part of your weekly choices. Only the egg yolk contains cholesterol and saturated fat, so have as many egg whites as you want.

5 eat plant protein foods more often
Try beans and peas (kidney, pinto, black, or white beans; split peas; chickpeas; hummus), soy products (tofu, tempeh, veggie burgers), nuts, and seeds. They are naturally low in saturated fat and high in fiber.



6 nuts and seeds
Choose unsalted nuts or seeds as a snack, on salads, or in main dishes to replace meat or poultry. Nuts and seeds are a concentrated source of calories, so eat small portions to keep calories in check.

7 keep it tasty and healthy
Try grilling, broiling, roasting, or baking—they don't add extra fat. Some lean meats need slow, moist cooking to be tender—try a slow cooker for them. Avoid breading meat or poultry, which adds calories.

8 make a healthy sandwich
Choose turkey, roast beef, canned tuna or salmon, or peanut butter for sandwiches. Many deli meats, such as regular bologna or salami, are high in fat and sodium—make them occasional treats only.



9 think small when it comes to meat portions
Get the flavor you crave but in a smaller portion. Make or order a smaller burger or a "petite" size steak.

10 check the sodium
Check the Nutrition Facts label to limit sodium. Salt is added to many canned foods—including beans and meats. Many processed meats—such as ham, sausage, and hot dogs—are high in sodium. Some fresh chicken, turkey, and pork are brined in a salt solution for flavor and tenderness.

* What counts as an ounce of protein foods? 1 ounce lean meat, poultry, or seafood; 1 egg; ¼ cup cooked beans or peas; ½ ounce nuts or seeds; or 1 tablespoon peanut butter.

Let's Get Healthy

The Iowa Community Transformation Grant continues working in 25 Iowa counties. Their newsletter provides an update on projects. You can access the April-May 2014 edition of the CTG bimonthly newsletter at <http://bit.ly/R9tOcu>. This edition focuses on healthy eating and features articles on the new "Let's Get Healthy" campaign, WIC at farmer's markets, and local success stories from Van Buren and Mills counties.

Our community deserves healthy food options.

Eating fresh fruits and vegetables is easier when they're available in more places like convenience stores, local markets, and community gardens. Iowa communities across the state are working hard to increase access to healthy food options. For ideas on how to improve access to healthy food options in your community, visit the Iowa Community Transformation Grant at www.idph.state.ia.us/ctg/HealthyEating.aspx for more information.

LET'S GET HEALTHY

Made possible by funding from the Centers for Disease Control and Prevention

IOWA
COMMUNITY
TRANSFORMATION

Summer Food Service Program

The Summer Food Service Program (SFSP) was established to ensure that low-income children continue to receive nutritious meals when school is not in session. Free meals, that meet Federal nutrition guidelines, are provided to all children 18 years old and under at approved SFSP sites in areas with significant concentrations of low-income children. Summer Meals Food Service Program – A Simple Case Study

The Meals on Wheels Association of American newsletter featured Horizons: A Family Service Alliance and OAA meal provider in Cedar Rapids for their role in providing summer meals.

Horizons is sponsoring 20 sites this summer and have expanded to some mobile home parks and apartment complexes where there are high concentration of free and reduced eligible kids as well as a couple libraries and schools. They are working closely with the United Way who is helping recruit volunteers to make it happen. They are also partnering with a local transportation company to get the food out to the sites.

Dianna Young at Horizons is estimating an additional 600-700 meals per day will be produced in their kitchen. She says “the Summer Food Service Program is within their mission, helps generate revenue, and garner media attention while making for a busy...but really fun summer”.

For more information about the Summer Food Service Program visit <http://www.fns.usda.gov/sfsp/summer-food-service-program-sfsp>



The Food Research and Action Center just released their Annual Summer Nutrition Status Report. Iowa saw a 16.6% increase in July average daily participation, increasing from 14,224 children in 2012 to 16,585 children daily in 2013. This increase exceeded the nationwide increase of 5.7%

Iowa also saw a 3.2% increase in SFSP sponsors in July of 2013 and a 11.8% increase in SFSP sites in July. This increase also exceeded the nationwide increase of 0.8% sponsors and 6.0% sites. Although we lost 11 sponsors last summer we were able to bring on board 14 new sponsors.

One more Iowa statistic to share. Iowa increased from 220,709 lunches in July 2012 to 279,139 lunches in July 2013, a 26.5% increase. This also demonstrated an increase greater than the nationwide increase of 9.0%.

With these increases in participation, we did improve the Iowa ranking from 41st to 39th in the nation.

For information on becoming a host site, contact Stephanie.Dross@iowa.gov



IAC 17—7.6(231) Compliance with health, safety and construction requirements.

A recipient of any award from the department for a facility housing a program or service shall comply with all applicable state and local health, fire, safety, accessibility, building, zoning, and **sanitation laws**, ordinances and codes.

Some Food Code compliance issues noted on Iowa meal site Food Establishment Inspections:

- Certified Food Protection Manager
- Procedure for clean-up of vomit and diarrhea
- Adequate warewashing- test kit not available (4-302.14.4; 501.116)
- Good hygienic practices- eating and drinking was observed in food preparation area (can used covered beverage container)
- Ventilation filter dirty
- License not posted
- Bathroom not having self-closing door (6.202.14)
- Items in refrigerator or freezer not labeled and dated (3-501.17; 3-602.11B)
- No designated hand washing sink
- Hair restraints 2-402.11
- Sanitizer concentration too high or too low

These issues were identified for not meeting the Food Code. The 2009 Food Code can be accessed at [food code](#).

IAC 17—7.24 (231) Evaluation of sites. The AAA shall conduct on-site evaluations on an annual basis. The reports of these evaluations shall be kept on file for three years and shall include any areas that need additional monitoring or corrective actions.

7.24(1) At a minimum, the evaluation shall include the site's compliance with:

- a. Food acquisition, handling and safety standards;
- b. The requirement for the RDA/AI as established in this chapter;
- c. Food quality and acceptability (appearance, taste, temperature and smell);
- d. Services provided in addition to meals, such as nutrition education and counseling as appropriate, social opportunities and other activities.

7.24(2) The AAA shall provide each site a tool to guide food service personnel in a self-assessment to be conducted at midpoint between AAA on-site evaluations. This evaluation shall be conducted to document program compliance and to analyze areas for ongoing monitoring. The self-assessment reports shall be kept on file for three years.

Resources

Health Promotion

- **Savor the Flavor with Less Sodium:** A tips sheet entitled “Savor the Flavor with Less Sodium” can assist older adults and their caregivers with reducing sodium in the diet both through home cooking and when dining out, and may be found here:
http://www.cdc.gov/salt/pdfs/sodium_tips_older_adults.pdf.
- **Online Resources for Reducing Sodium in Congregate and Home Delivered Meals:** provides resources for reducing sodium in meals served for older adults, may be found here:
http://www.cdc.gov/salt/pdfs/sodium_resources_older_adults.pdf.
- **Improving Air Quality:** The University of Northern Iowa has information on improving air quality at <http://iwrc.org/blog/changes-improve-air-quality/> . Note that the OAA Part D Section 361 (c) addresses providing information on methods of improving indoor air quality in buildings where older adults congregate.
- **Healthy Meeting Toolkit:** Nearly half of our waking hours are spent at work, and many of those hours are spent in meetings and conferences. By adopting healthy meeting guidelines, your organization can help to create an environment that supports employees. The Healthy Meeting Toolkit, includes guidance on planning healthy meetings and can be accessed [here](#).
- **APP to Aid Stroke Victims:** The University of Northern Iowa (UNI) has released a new App, Name That!, designed to aid stroke victims with the speech therapy process. Name That! helps stroke victims suffering from Aphasia to regain access to their vocabulary. The app was featured in the [Des Moines Register](#) and at regional and international conferences. The app is available for [Apple](#) and [Android](#) devices.

Fall Prevention

- **Hospital readmissions fall by 8 percent among Medicare beneficiaries during 2011-2012.** National reductions in adverse drug events, falls, infections, and other forms of hospital-induced harm are estimated to have prevented nearly 15,000 deaths in hospitals, avoided 560,000 patient injuries, and approximately \$4 billion in health spending over the same period. Read more [here](#).

- **September 2013 report to Congress:** CMS's review of the literature found several established wellness and prevention programs with a firm evidence base. These programs typically demonstrated improvements in health behaviors and proximate health outcomes. CMS's initial evaluation of program impacts examined claims-based measures of utilization and cost for a select group of wellness and prevention programs and found some promising evidence suggesting that four nationally disseminated programs (EnhanceFitness, The Arthritis Foundation Exercise Program, The Arthritis Foundation Tai Chi Program, and Matter of Balance) may have driven down total healthcare costs for participating beneficiaries. The Chronic Disease Self-Management Program and The Arthritis Foundation Aquatic Program also demonstrated reductions in unplanned hospital costs, which may suggest a potential for future long-term savings.

Taken together, these results are promising in that they demonstrate that evidence-based community wellness and prevention programs can improve outcomes and in some cases reduce costs for Medicare beneficiaries.

- **Falls Background Information from Administration on Community Living/AoA:** The mission of ACL is to maximize the independence, well-being, and health of older adults, people with disabilities across the lifespan, and their families and caregivers. Falls can have a widespread and significant impact on health, can be deadly, and often result in high costs. One in three Americans aged 65 and older falls every year. Falls are the leading cause of both fatal and nonfatal injuries for those 65 and over. In 2012, falls in older adults resulted in over 2.4 million emergency room visits, more than 722,000 hospitalizations and about 21,700 deaths. Falls are also the most common cause of traumatic brain injuries. Most fractures among older adults are caused by falls, including 95% of hip fractures. One out of five individuals with a hip fracture dies within a year of their injury. The average hospital stay for a hip fracture is one week and one third of those with hip fractures stay in a nursing home for a year or more. In 2010, an estimated \$30 billion a year was spent on treating older adults for the effects of falls. Falls are also an enormous burden for American Indian, Alaskan Native and Native Hawaiian elders. They are the leading cause of unintentional injury deaths, and accounted for 77% of all injury hospitalizations in this population.

Research has shown that falls and falls risks can be reduced through systematic risk identification and targeted intervention, including a combination of clinical and community-based interventions. Many evidence-based community programs have been shown through randomized controlled trials to reduce falls and/or falls risk factors. **For instance, when compared with controls, the risk of falling for participants in the Tai Chi: Moving for Better Balance program was decreased 55 percent and by 31 percent for participants in the Stepping On: Building Confidence and Reducing Falls program. A Matter of Balance (MOB), a program designed to reduce the fear of falling, has been shown to significantly increase participants' activity levels and improve beliefs about preventing and managing falls and falls risks. A recent retrospective analysis also showed that MOB participation was associated with medical cost savings.**

Emergency Preparedness

- **Homeland Security website** has an article and information on preparedness for older Iowans.
http://www.homelandsecurity.iowa.gov/resource_room/HSEMD_blog.html
- **Meals On Wheels Emergency Preparedness Toolkit**
<http://www.mowaa.org/emergencypreparedness>

Volunteers

- **Recruit volunteers** with “Creating the Good with AARP Foundation” using their website tool. Learn how you can post volunteer opportunities on Create the Good’s site [here](#).

Did You Know

- **What is Your Aging IQ?** Do you think that getting older means giving up on exercise? Take the [National Institute on Aging's quiz](#).
- **What Counts as a Cup?** One cup refers to a common measuring cup (the kind used in recipes). In general, 1 cup of raw or cooked vegetables or 100% vegetable juice, or 2 cups of raw leafy greens can be considered as 1 cup from the vegetable group. Check examples at <http://www.cdc.gov/nutrition/everyone/fruitsvegetables/cup.html>

Check your serving size for beverages. Use a liquid measuring cup to measure 8 oz. of milk as identified on the menu. Pour the milk into your usual beverage glass to check that you are actually serving 8 oz.

Food Safety

Food Safety Resources from ISU “HACCP Information for Assisted Living Food Service Operations” (forms work well for OAA Nutrition Programs- the following forms are examples of what can be found in this resource.)

1. Self Inspection
2. Thermometer Calibration Record
3. Chemical Dish Machine Monitoring Form
4. Temperature Monitoring Form- one compartment high temp
5. Manual Warewashing Monitoring Form
6. Refrigerator Temperature Form
7. Service Temperature Record



Facility Name _____
 Department: _____
 Policy No: _____

Standard Operating Procedure

Self Inspection for Continuous Quality Improvement

Policy: The foodservice department will have an on-going process in place for self inspection/evaluation for the purposes of continued quality improvement.

Procedures: Members of the HACCP team will:

1. Develop a self inspection process to be used for ongoing evaluation of the foodservice department.
2. Develop forms for conducting self inspections.
3. Develop a regular schedule for conducting self inspections.
4. Conduct independent self inspections.
5. Meet after each self inspection to discuss the outcomes.
6. Develop corrective action as needed.
7. Document the process.

The foodservice manager will:

1. Participate in the HACCP team meetings as appropriate.
2. Review reports of the HACCP team.
3. Provide support for taking appropriate corrective action. This may include support for training, new equipment, etc.

THERMOMETER CALIBRATION RECORD

Month _____ 2003

| Date | Time | Thermometer identification | Use | Actual Measured Temp. (°F) | Reference temp. (°F) | Difference from reference (°F) | Calibrated by | Comments | Verified Date/ Initial |
|------|------|----------------------------|-----|----------------------------|----------------------|--------------------------------|---------------|----------|------------------------|
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Chemical Dish Machine Monitoring Form

Month _____ 2003

| Date | Meal | Initials | Wash | Final Rinse | Water Press. | Sanitizer Test Strip | Corrective Action |
|------|-------|----------|------|-------------|--------------|----------------------|-------------------|
| | B L D | | | | | | |
| | B L D | | | | | | |
| | B L D | | | | | | |
| | B L D | | | | | | |
| | B L D | | | | | | |
| | B L D | | | | | | |

**Temperature Monitoring Form
1-Compartment High Temperature**

Month _____ 2003

| Date | Meal | Initials | Wash | Final Rinse | Water Press. | Thermal Strip | Corrective Action |
|------|-------|----------|------|-------------|--------------|---------------|-------------------|
| | B L D | | | | | | |
| | B L D | | | | | | |
| | B L D | | | | | | |
| | B L D | | | | | | |
| | B L D | | | | | | |
| | B L D | | | | | | |
| | B L D | | | | | | |
| | B L D | | | | | | |
| | B L D | | | | | | |

Manual Warewashing Monitoring Form

Month _____ 2003

| Date | Meal | Initials | Sanitizer Water Temp. | OR Sanitizer Test Strip | Corrective Action |
|------|-------|----------|-----------------------|-------------------------|-------------------|
| | B L D | | | | |
| | B L D | | | | |
| | B L D | | | | |
| | B L D | | | | |
| | B L D | | | | |
| | B L D | | | | |

REFRIGERATOR TEMPERATURE RECORD

LOCATION: _____ -- Refrigerator -- Month: _____ Date: _____

| Day | Time | Recorded by | External | Internal | Corrective Action |
|-----|------|-------------|----------|----------|-------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |

SERVICE TEMPERATURE RECORD

LOCATION _____ WEEK OF _____

| Date | Menu Item | Temperature | | Temperature | | Corrective Action |
|------|-----------|-------------|----------|-------------|----------|-------------------|
| | | Start | Initials | End | Initials | |
| | | | | | | |
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