

*In this Issue:*

Home Delivered Meals	1
Fact Sheet: Congregate Participation	2
Iowa Admin Code	5
Nutrition Counseling	5
Nat'l Resources Center	6
Summer Food	7
Opportunity	7
Physical Activity	7
Guidelines	8
Sodium	8
Resources	9



### Home Delivered Meals have Documented Benefits

New research demonstrates the positive impact of home delivered meals for older adults. A Brown University study compared state-level expenditures on Older Americans Act (OAA) programs with the population of "low-care" older adults in nursing homes (i.e., residents of nursing homes that might not need a lot of care that a nursing home provides). According to the analysis from a decade of spending and nursing home resident data, states that invest more on home-delivered meals to older adults have lower rates of "low-care" older adults in nursing homes.

According to these findings, home-delivered meals emerged as the most significant factor among Older American Act services that affected differences in the low-care nursing home population. Additionally, researchers found that spending above the national average on home-delivered meals led to a reduction of residents in nursing homes.

The Brown study, [Shaping Long-Term Care in America Project](#), included state spending on OAA programs and information from each state between 2000 and 2009 as well as a variety of public health and nursing home data sources.

At a time when federal and state budgets are looking for ways to cut costs, the impact of an investment in home-delivered meal programs can reap tremendous benefits, for both the older adults that receive them, and the communities that often bear the costs of supporting our seniors.

Previous studies have suggested that anywhere from 5 to 30 percent of nursing home residents have low-care needs and could perhaps be better served in the community. Iowa has one of the highest numbers of low care older adults living in nursing homes. The opportunity exists to promote the benefits of home delivered meals and help with the rebalancing efforts that will allow more older adults to remain at home and receive the services they need at home.

More information on the study is available [here](#)

The  
Congregate  
Meal Program  
has decreased  
**21%**  
since SFY 2011



## Nutrition Services Fact Sheet

The SFY 2012 report of NAPIS Nutrition Program data can be accessed at <http://www.aging.iowa.gov/services/index.html#NAPIS>. This report has a wealth of information including the report that congregate meal participation has decreased 21 percent from SFY 2011. The following information may help address this. The report "Increasing Participation at Older American Act Title III Funded Congregate Meal Sites" was developed by the Nutrition and Aging Resource Center in 2001 ([http://nutritionandaging.fiu.edu/creative\\_solutions/participation\\_in\\_AoA\\_act.asp](http://nutritionandaging.fiu.edu/creative_solutions/participation_in_AoA_act.asp)).

### Increasing Participation at Congregate Meal Sites

Much of the information in the report is still applicable and may help meal sites increase participation.

### Why is participation in the congregate meals programs important?

Participation in the congregate meals programs enhances the daily nutrient intake, nutritional status, social interactions and functionality of older adults. Improvements in these key factors for good health and quality of life generate the necessary environment for older adults to age successfully (1). The 1995 National Evaluation of the Elderly Nutrition Program (ENP) (2) showed that participation in Title III congregate meals has a very important role in the dietary intake of older adults. Each congregate meal supplies a minimum of one-third of the daily RDAs.

For many nutrients consumed, congregate meals contribute 40 to 50 percent of the RDAs. Congregate participants have significantly higher daily intakes (than non-participants) of the nutrients that are usually low in the diets of older adults including: calories, calcium, vitamin B6 and zinc. Many congregate programs also provide a variety of nutrition-related services such as nutrition education, nutrition screening and nutrition counseling that are otherwise not available to non-institutionalized older adults. Along with the nutritional benefits of consuming a congregate lunch, participants have increased opportunities for social interaction (2). Attending a meal site allows them social interaction with other older adults promoting conversation, camaraderie, support and friendship. The opportunity to connect with other older adults provides relief from loneliness, social isolation and feelings of depression. Participants have a reason to "get up and get going" and receive cognitive stimulation. Another benefit these participants derive from social interaction at the congregate site is through the opportunity to volunteer in the program. Volunteering was seen as important in the success of the program as it gave participants the feeling that they are "a part of the place." The third most important benefit reported by congregate participants was access to a variety of activities and social services. The National Evaluation showed that 70 percent of congregate participants engage in recreational activities offered at congregate sites. In addition to improving

**Congregate meal programs serve people who are at greater health and nutritional risk than their peers.**

nutrition and social well-being, these activities promote overall health and functionality for older adults

**Who are the older adults being served at congregate meal sites?**

Congregate meal programs serve people who are at greater health and nutritional risk than their peers in the general older adult population. Nationally, participants are older, poorer, more likely to be members of racial and ethnic minorities, and more likely to be socially isolated and food insecure.

**Why is participation declining at congregate meal sites?**

Eligible older adults cite many reasons that they stop or do not participate in congregate meals programs. Reasons for non-participation include: not recognizing that they have a need for services, inadequate transportation, impaired health, social discomfort with attending or applying for assistance, dissatisfaction with foods served and lack of awareness that the program exists.

In the focus groups (3) several barriers to attendance were identified. The most common problem encountered by older adults who wished to attend congregate lunch was lack of transportation. Getting to congregate sites by public transportation was difficult, especially in bad weather. Several participants who drive to sites complained about inadequate parking close to the site. The biggest complaint was related to reliability and scheduling of special transportation services - participants often arrive late for meals or are too frail to wait for long periods of time to be picked up.

As in studies conducted in the 1980's of non-participation (5-7), lack of awareness about the existence of the congregate meal program was another reason cited for poor attendance. Participants in the focus groups suggested increasing advertising in community newspapers, not only with news announcements, but also by highlighting personal anecdotes from site events. Other suggestions that were made were: develop an information brochure describing the program, activities offered and benefits, and ask banks and other community institutions to insert it in their mailings; post flyers in churches, synagogues and other local gathering places; and conduct door-to-door campaigns that target senior neighborhoods.

Lack of flexibility in choosing food items and serving times is another obstacle for many older adults. One AAA congregate program has piloted at a restaurant dining alternative where participants are offered the option of either a combined restaurant dine-out plus congregate meal or a dine-out only program. Participants contributed toward the cost of meal to receive a coupon to use in a local (cooperating) restaurant.

Many of the focus group participants who chose the dine-out option explained that choice is important to them because lunch is not their main meal of the day, and some said they would prefer not to eat at noontime at all. Additionally, focus group participants recommended expansion of the variety

## Key suggestions for improved participation:

- Menu choices
- Transportation
- Programs
- Promotion
- Volunteer opportunities

and number of activities offered at congregate sites. For example, at several sites participants stated their need for participating in a regular exercise program. Other participants expressed the desire for group activities that originate from the congregate site and go out to area attractions, like visiting a museum or zoo.

While the dine-out alternative addresses some of the concerns that older adults have in regard to congregate meal participation (i.e., flexibility and choices), the program has not met other needs of older adults targeted by the Older Americans Act. Because the dine-out program has limited funds, requires participants to stand in line to obtain vouchers and transport themselves to restaurants, and does not provide similar opportunities for socialization and volunteering as the congregate sites do, it has primarily served older adults who are least frail, and most economically and socially advantaged.

### What can our program do to increase participation?

The 1999 Nutrition 2030 Grassroots Survey (9) of 478 Elderly Nutrition Programs (ENP), Area Agencies on Aging (AAA) and State Units on Aging (SUA) identified the need for expanding outreach and improving marketing as key components of attracting participants to congregate sites. Other avenues to increase participation seen as important by these survey respondents were: providing transportation to sites, improving the variety of activities at sites and providing linkages to other nutrition and social services for older adults.

One final lesson to be learned for increasing congregate meal participation from the focus groups is that dining in a restaurant removed the environment of stigmas of "charity" and "aging" often associated with congregate site participation and made dine-out participants feel "more valued", i.e. equal to other restaurant consumers. Dining in an environment of mixed ages with the opportunity to see neighbors and friends made participants feel more socially acceptable.

### Components of a Successful Program

- Choice in menu, including cultural & dietary choices
- Attractive presentation of food
- Knowledgeable & friendly staff
- Pleasant, welcoming, supportive environment
- Participant input & volunteer opportunities
- Adequate transportation & parking
- Variety of programs, services & activities
- Widespread publicity

#### Note:

Increasing the number of meals served will increase NSIP funding the following year.

## Hawkeye Valley Area Agency on Aging Renovates Meal Site

Waterloo Healthy Lifestyles Levels Up!

Submitted by Kim Hinz, HVAAA

After years of being in the lower level of the Kimball Ridge Center, the Waterloo Healthy Lifestyles Center has moved up a level. For several years we have heard from the seniors that the center is too hard to find, walking through winding basement hallways and ending up at location that has no windows to look out was no fun! Our Healthy Lifestyles Coordinator has lots of activities planned, but this was not always enough to lift their spirits.

So, in the summer of 2012 space for a new Center became available on the main floor of the Kimball Ridge Center. Excitement grew with the thoughts of windows to the outside world that would provide sunlight and glimpse to bustling outdoor activities. Renovations began in October, the staff of HVAAA and seniors were excited to see how the renovations were progressing but we had to wait. No peeking! On the 19<sup>th</sup> of November it was official. The newly relocated Healthy Lifestyles Center opened its doors. The seniors were welcomed by HVAAA staff and a Center shining bright with sunlight. No more long, winding basement hallways for seniors that like to spend their day at the Waterloo Healthy Lifestyles Center. Changes are paying off as participation rates are up 25 percent.



## Iowa Administrative Code 17.12 (4) (C) Nutrition Counseling

**7.12(4)** The AAA shall ensure that nutrition funds are used to:

c. Provide nutrition screening and counseling as appropriate and nutrition education services to address assessed needs.

**Note to dietitians:** Nutrition counseling should reflect standards of practice and be based on the Nutrition Care Process: Nutrition Screening (DETERMINE Checklist in NAPIS Registration) Nutrition Assessment; Nutrition Diagnosis; Nutrition Intervention; Nutrition Monitoring and Evaluation; and Outcomes Management System



## Nutrition Counseling

The Iowa NAPIS reported a 60 percent increase in the number of consumers that received nutrition counseling over the past year. In SFY 2012, 181 consumers received 223 units of service. There were 22 percent of congregate meal participants and 51 percent of home delivered meal participants determined to be at high nutrition risk. So the opportunity exists in providing additional nutrition counseling to those high nutrition risk individuals who are consequently at risk for institutionalization.

The following is information provided by area agencies on aging on how they are increasing nutrition counseling.

### **Aging Resources of Central Iowa**

Stephanie Labenz, MS RD LD the dietitian for Aging Resources is providing nutrition education annually at all of the meal sites. After the presentation she stays for lunch and the meal participants are getting to know her. She has great discussions at meal time. She reported that she has had clients meet with her individually for nutrition counseling after a meal when other people have left. This mainly has been nutrition counseling on the care of their diabetes. She reports having more nutrition counseling provided to individuals, where there may be a group of individuals with similar questions. Stephanie is helping meal participants, is getting positive feedback and they are getting information that they didn't have before.

### **Hawkeye Valley Area Agency on Aging**

Hawkeye Valley Area Agency on Aging contracts with a registered dietitian for nutrition counseling services in all of their counties. To the benefit of HVAAA, she used to work for HVAAA so some folks remember her. She goes to the meal sites and does presentations and then meets with individuals on a one-on-one basis. She also gets referrals through the case management program. The case manager will identify those most at nutritional risk or just need some counseling about better eating habits and will make a referral to the registered dietitian. The registered dietitian then makes a visit to the home of these clients. After each individual visit, she sends information to the client reviewing what they talked about and any additional information that could be helpful to them to maintain or improve their nutritional status. She also sends a summary to the coordinator of the center or case manager for their files.



### **The National Resources Center on Nutrition & Aging**

The Meals on Wheels Association of American (MOWAA) has a contract with the Administration on Aging to administer the National Resource Center on Nutrition and Aging. The Resource Center is hosting a series of webinars titled the Momentum: Advancing In to Future Readiness.

Momentum, an exciting new series of events and discussions, will explore promising practices for modernizing senior nutrition programs and engage the larger aging and nutrition networks in exploring opportunities for collaboration and knowledge sharing. The Momentum series launches February 12, 2013 with a webinar on the role of quality nutrition programs in the communities they serve led by Jean Lloyd, National Nutritionist with the Administration on Aging. For registration information, click on

<http://nutritionandaging.org/momentum>. Should you have any questions, feel



**Webinar  
February 12  
Quality Nutrition  
Programs**

free to contact the National Resource Center staff at [resourcecenter@mowaa.org](mailto:resourcecenter@mowaa.org).



## Summer Food Service Program for Children

The Summer Food Service Program (SFSP) provides nutritious meals and snacks to children during the summer months. There are many summer serving sites across the state; however the program is still vastly under-utilized with only 8% of needy children participating. There is a need for additional meal providers.

What can congregate meal sites do? Determine if there are any SFSP open sites in the community at <http://tinyurl.com/iowasummerfood>. If not, consider sponsoring a program. Nutritional requirements for the meals are similar to what is already being prepared for the congregate meals. **Each meal is reimbursed at a rate set by USDA.** An informational webinar will be held on Tuesday, February 12, 2013 from 2-3pm. Join the Iowa Department of Education to learn more about the program and what is involved in becoming a Summer Food Service Program sponsor.

To register for the webinar go to [http://educateiowa.gov/index.php?option=com\\_eventbooking&task=view\\_event&event\\_id=1632&Itemid=2716](http://educateiowa.gov/index.php?option=com_eventbooking&task=view_event&event_id=1632&Itemid=2716). For more information, contact Stephanie Dross at [stephanie.dross@iowa.gov](mailto:stephanie.dross@iowa.gov) or 515.281.4760.



## Here is an Opportunity for You

The Soyfood Council is offering TSP (Textured soy protein) a meat alternative to nutrition programs who will participate in a pilot study. They will provide recipes and the TSP then ask that you complete a follow up survey. Contact Carlene Russell at [carlene.russell@iowa.gov](mailto:carlene.russell@iowa.gov) by February 15 if you are interested in participating.

Note the December 1, 2012 Healthy Aging Update article on Strategies for Controlling Food Costs by Robert Amman discusses use of TSP. The newsletter can be accessed at: <http://www.aging.iowa.gov/Documents/Nutrition/HealthyAgingUpdate/HealthyAgingUpdate7.7.pdf>



## Fact Sheet on Physical Guidelines for Older Adults

The US Dept. of Health and Human Services has released a fact sheet for the public and health professionals on physical activity for older adults. The first page is featured on the following page. A link is provided for the full fact sheet.



# 2008 Physical Activity Guidelines for Americans Fact Sheet for Health Professionals on Physical Activity Guidelines for Older Adults



## How much physical activity do older adults need for health benefits?

Regular physical activity is one of the most important things older adults can do for their health. Physical activity can prevent many of the health problems that may come with age.

**If adults aged 65 years of age or older are generally fit**, they can follow the guidelines listed below. According to the *2008 Physical Activity Guidelines for Americans*, older adults need to do two types of physical activity each week to improve health – aerobic **and** muscle-strengthening.

**If older adults have a chronic disease or other health condition that might limit activity** and prevent them from meeting the guidelines, they should talk with their health-care provider about setting physical activity goals. They should avoid an inactive lifestyle. Inactive older adults should increase their amount of physical activity gradually. Older adults should also do exercises that maintain or improve balance if they are at risk of falling.

### Aerobic Activities

For **substantial health benefits**, adults need to do at least

- **2 hours and 30 minutes** (150 minutes) each week of relatively **moderate-intensity\*** aerobic activity,
- OR
- **1 hour and 15 minutes** (75 minutes) each week of relatively **vigorous-intensity\*** aerobic activity,
- OR
- A **mix of moderate- and vigorous-intensity** aerobic activity.

Aerobic activity should be performed for **at least 10 minutes at a time**, preferably, **spread throughout the week**.

\*Intensity is the level of effort required to do an activity.

A person doing **moderate-intensity** aerobic activity can talk, but not sing, during the activity.

A person doing **vigorous-intensity** activity cannot say more than a few words without pausing for a breath.

### Muscle Strengthening Activities

Muscle strengthening should be done **2 or more days a week**.

- All major muscle groups should be worked. These are the legs, hips, back, abdomen, chest, shoulders, and arms.
- Exercises for each muscle group should be repeated 8 to 12 times per set. As exercises become easier, increase the weight or do another set.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention  
Division of Nutrition, Physical Activity, and Obesity  
Physical Activity Guidelines for Older Adults • 06/09



Find the full fact sheet:

[http://www.cdc.gov/nccdphp/dnpa/physical/pdf/PA\\_Fact\\_Sheet\\_OlderAdults.pdf](http://www.cdc.gov/nccdphp/dnpa/physical/pdf/PA_Fact_Sheet_OlderAdults.pdf)



## Sodium Reduction Campaign

The new campaign message: *Too much salt can lead to heart attack and stroke. Compare labels. Choose Less Sodium.* Be on the lookout for the message on billboards in the Des Moines area and also in Indianola, Nevada and Ames. The billboard shows two different cans of chicken noodle soup, one with 870 mg of sodium/serving and one with 240mg of sodium. You may use the message in your newsletters.

## Is Healthy Food Accessible to All Americans?

This [Robert Wood Johnson Foundation Health Policy Snapshot](#) has three key messages and provides links to the studies to back them up. They are: Millions of Americans live in urban areas and rural towns where they lack access to healthy affordable foods; people who have access to supermarkets tend to consume more fruits and vegetables and have lower risk for obesity; the benefits of new or renovated supermarkets and grocery stores go beyond health and include job creation, neighborhood revitalization, and economic development.

## RESOURCES

### Health Promotion



- **Fall Prevention Toolkit.** CDC has released the STEADI (Stopping Elderly Accidents Deaths and Injuries) toolkit. Copy and paste this web address into your browser to check it out: <http://www.cdc.gov/homeandrecreationalsafety/Falls/steady/index.html> You will find information on how to the Tool Kit and download PDF versions of the Tool Kit materials (NOTE BOX IN TOP RIGHT HAND CORNER) , view instructional videos of the 3 gait and balance assessments, and more! Additional resources, including customizable tool kit materials allowing you to add your organization's logo. Be sure to check the site periodically for these updates. You may find the toolkit more appropriate for health care providers. If this is the case, introduce the toolkit to the health care providers in your area and promote the fall prevention and exercise programs your agency provides.
- **Fall Prevention Checklist:** The Maryland Falls Prevention Advisory Group released a new falls protocol for home safety inspections for seniors transitioning home from a fall-related hospitalization. Click on the checklist within the falls protocol.
- **Learn About Herbs:** The five most searched for herbs in 2012 were evening primrose oil, St. Johns Wort, fenugreek, Echinacea, and aloe vera. A listing of herbs can be found at <http://nccam.nih.gov/health/herbsataglance.htm>; <http://nccam.nih.gov/about/offices/od/2013-01?nav=rss>
- **Join a Cancer Study:** Consider joining this cancer study (for people ages 30-65 who do not have cancer). You can read more about it at <http://www.cancer.org/research/researchprograms/funding/epidemiology-cancerpreventionstudies/cancerpreventionstudy-3/index>

- **New benefits available under the Affordable Care Act** that help Medicare patients stay healthy. To read Dr. Clancy's, Director of the Agency for Healthcare Research and Quality latest column, go to <http://www.ahrq.gov/consumer/cc/cc121412.htm>
- **Avoid Drug Interactions:** This FDA website provides a consumer-friendly video and some printable PDF tip sheets. <http://www.fda.gov/forconsumers/consumerupdates/ucm096386>

## Nutrition

- **Salty Foods We Eat**  
[http://www.heart.org/HEARTORG/Conditions/More/MyHeartandStrokeNews/The-Salty-Six-Are-the-Foods-You-Eat-Most-Often-High-in-Sodium\\_UCM\\_445850\\_Article.jsp](http://www.heart.org/HEARTORG/Conditions/More/MyHeartandStrokeNews/The-Salty-Six-Are-the-Foods-You-Eat-Most-Often-High-in-Sodium_UCM_445850_Article.jsp)  
  
**Infographic:**  
[http://www.heart.org/HEARTORG/Conditions/More/MyHeartandStrokeNews/The-Salty-Six-Infographic\\_UCM\\_446591\\_SubHomePage.jsp](http://www.heart.org/HEARTORG/Conditions/More/MyHeartandStrokeNews/The-Salty-Six-Infographic_UCM_446591_SubHomePage.jsp)
- **Identify nutrients of McDonalds Foods.** QR codes on food packaging will soon provide access to nutritional information via a free mobile app for your smart phone.  
<http://www.qsrweb.com/article/206841/McDonald-s-adds-QR-codes-to-packaging-for-access-to-nutritional-info>
- **March is National Nutrition Month:** The 2013 theme is “Eat Right, Your Way, Every Day”. Additional resources may be found at [www.eatright.org](http://www.eatright.org). (type in National Nutrition Month in the search box).
- **March for Mayors:** Promote your nutrition program by engaging each of the Mayors to help deliver meals. For more information visit the National Meals on Wheels Association of America website at [www.mowaa.org/page.aspx?pid=495](http://www.mowaa.org/page.aspx?pid=495)
- **Mild Vitamin B12 Deficiency Associated With Accelerated Cognitive Decline**  
<http://www.sciencedaily.com/releases/2012/12/121205102613.htm>  
Source: *Journal of the American Geriatrics Society*  
<http://onlinelibrary.wiley.com/doi/10.1111/j.1532-5415.2012.04076.x/abstract;jsessionid=6FCF26718925D1F3FA07F47CF2D554E7.d04t01>
- **Winter Emergency Preparedness:**  
Winter’s here, from storm safety to flu preparation, American Public Health Association’s Get Ready campaign has fact sheets on a variety of topics. For more information, down load fact sheets on the following page.



- [Winter storms](#)
- [Sheltering in place](#)
- [Power outages](#)
- [Floods](#)
- [Is it a cold or the flu?](#)
- [Cold and flu supplies](#)
- [Hand-washing tips](#)
- [Cold weather safety](#)
- [Spanish and customizable versions](#)

## Socialization

- **Wedding Bells**

This is one example of the benefits of socializing at meal sites.

<http://www.timesrepublican.com/page/content.detail/id/555352/Wedding-bells-on-the-twelves.html?nav=5005#.UMn7ycKEBkY.email>

## Food Safety and Sanitation

- **Paper towels vs air hand driers.** This research shows that paper towels are better

<http://online.wsj.com/article/SB10001424127887324705104578151751460513268.html>

## Hunger and Food Insecurity

- **Hunger and Nutrition in America:** This [report](#) by Generations United (GU) addressed “What’s at Stake for Children, Families and Older Adults.” The report found that 1 in 3 adults had experience with lack of food among their family, friends or neighbors, and 1 in 10 adults went without a basic need in order to provide food for another family member. 1 in 7 older adults is at risk of hunger in the US. Finally, 70% of adults agree that policymakers should prevent cuts to federal food assistance programs. <http://www.gu.org/LinkClick.aspx?fileticket=5VYHjMiKL9U%3d&tabid=157&mid=606>
- **How Do You Know if Meal Participants Are Going Hungry?** This six item survey is a validated tool designed for OAA Nutrition Program participants. Consider distributing the survey to identify the extent of food insecurity or hunger among the people you serve. Information gained from the survey will help programs target services i.e. providing additional meals or making referrals to Food Assistance programs. The survey can also be used as a follow up to people who respond yes to “I Do Not Always Have Enough Money to Buy the Food I Need” on the NAPIS Registration form. The survey can be accessed at <http://jn.nutrition.org/content/141/7/1362/T1.expansion.html>