8:00AM Registration and Coffee

8:30AM Welcome and Introductions

Linda Miller, Iowa Department on Aging

Sarah Reisetter, Iowa Department of Public Health

Iowa Senior Hunger Partnership

Doris Montgomery, Iowa Department of Public Health

Iowa Senior Hunger Partnership

Working Together

IOWA SENIOR HUNGER PARTNERSHIP

SNAP Education

Department of Human Services; Iowa Food Assistance (SNAP)

Department of Public Health, Iowa Nutrition Network (INN)

Iowa State University Extension & Outreach

What have we been up to since our first summit in 2017?

What's next?

IOWA SENIOR HUNGER PARTNERSHIP

Community Partnerships

Source: Heritage AAA; Caregiver Wellness Day

Produce Box Project

Lee County

Community partners make it happen.

IOWA SENIOR HUNGER PARTNERSHIP

Collaboration Survey Results

BACKGROUND

A variety of organizations across Iowa work year-round to reduce food insecurity* among older adults. During 2016 and 2017, researchers from the University of Iowa studied how well the organizations work together. This report summarizes the findings.

** Food insecurity is defined as limited or uncertain access to enough nutritious and safe foods. USDA Economic Research Service.*

METHODS

Identified key partners that play a role in reducing food insecurity among Iowa seniors.

Discussed local efforts to alleviate senior food insecurity at community meetings.

Measured partner collaboration using a 20-item survey.

Key partners that help reduce food insecurity among older Iowans:

- AARP
- Area agencies on aging
- Community action groups
- Food banks
- Food security groups
- Health systems/hospitals/clinics
- Iowa Department of Public Health
- ISU Extension & Outreach
- Legislators
- Local public health departments
- Salvation Army
- United Way agencies

...and many more!

FINDINGS

While partners believed collaboration and communication were generally strong at the local level, **results revealed a need to be even more inclusive and engaged with each other.** Partners also expressed interest in joint programming and a marketing campaign promoting community-based nutrition services for older Iowans.

AREAS FOR IMPROVEMENT

- **Meet cultural and language needs** of minority seniors.
- **Develop clear community action plans** to reduce senior food insecurity.
- **Inform community at large** of current programs for food insecure older Iowans.

RECOMMENDATIONS

1 Implement a statewide campaign promoting community-based nutrition services for seniors.

2 Provide technical assistance and resources to help community partnerships:

- Develop local action plans to reduce food insecurity among seniors.
- Identify needs of food insecure minority seniors.
- Inform community members about activities to reduce senior food insecurity.
- Increase engagement among key local agencies.

3 Identify resources to sustain community-level efforts and strengthen local partnerships.

Iowa Nutrition Network
PROMOTING HEALTHY LIFESTYLES

Create a campaign to increase awareness of food insecurity and promote senior nutrition programs

Technical assistance and resources

Identify needs of seniors, address barriers to equity

Engagement

Strengthen community partnerships focused on improving food security

IOWA SENIOR HUNGER PARTNERSHIP

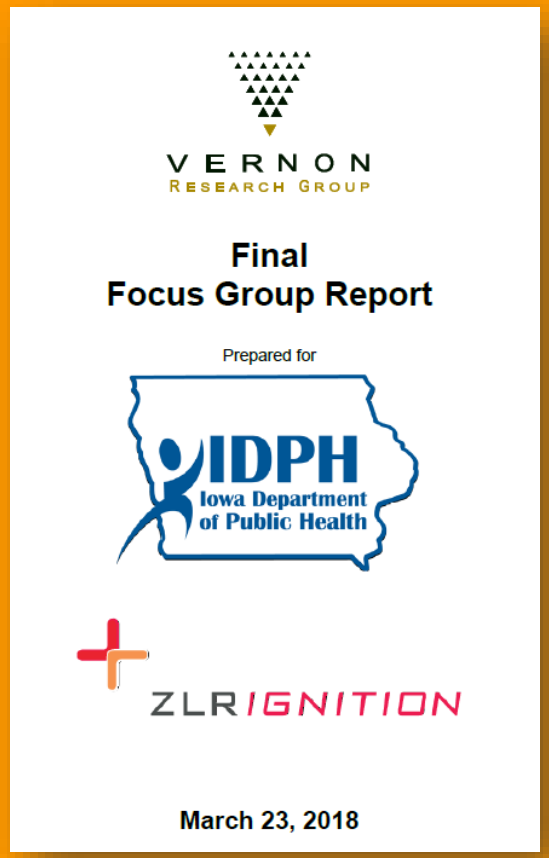
- School Grant Program
- Pick A Better Snack
- Play Your Way
- Fresh Conversations
- Iowa Senior Hunger Partnership
- Compre Saludable / Shop Healthy Iowa
- SNAP/Food Assistance

Iowa Senior Hunger Partnership

A statewide coalition working together to reduce senior food insecurity in Iowa.

Our Goals:

- Increase partner communication at the state and local level
- Support data-driven decision making among partners
- Improve the capacity of community-based groups to effectively serve food insecure seniors
- Motivate Iowans to take action in their communities to reduce senior hunger



"We don't talk about it. It's embarrassing. I think the belief is, when you're older and retired, you should have everything."

- *Campaign Focus Group Participant*

"**I only get $708 a month to live on.** Okay, I pay rent, I pay utilities, I buy my medicine, and **what is left after that to buy groceries?**"

- *Campaign Focus Group Participant*

“We hide things. A few months ago, my daughter was coming to town, **so I went to the store and spent my entire month’s food bill at once,** filled my cupboards, so she wouldn’t know there was an issue.”

- *Campaign Focus Group Participant*

“When I go to the doctor, what’s the first thing he says? *‘Cut the bread. Cut the potatoes. Cut the crackers.’* **Well, you just named the three things I get the most of.”**

- *Campaign Focus Group Participant*

Seniors, we can help you find a food pantry, meal delivery service or meal site near you. For help finding healthy food, dial:

2-1-1

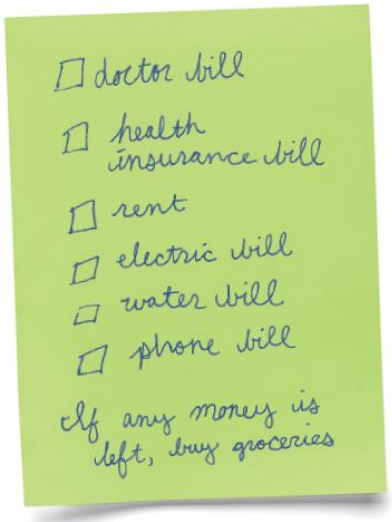
LifeLong Links: 866-468-7887

Food Assistance Hotline: 1-855-944-FOOD (3663)

IDPH Iowa Department of Public Health

IOWA SENIOR HUNGER PARTNERSHIP

This material was funded by USDA's Supplemental Nutrition Assistance Program - SNAP.



No senior should have to worry about running out of food.

Get help finding a food pantry, meal delivery service or meal site near you by dialing:

2-1-1

LifeLong Links: 866-468-7887

Food Assistance Hotline: 1-855-944-FOOD (3663)

IDPH Iowa Department of Public Health

IOWA SENIOR HUNGER PARTNERSHIP

This material was funded by USDA's Supplemental Nutrition Assistance Program - SNAP.

Fighting Food Insecurity

The Produce Box Project for Seniors

Success Stories

IOWA SENIOR HUNGER PARTNERSHIP

The Facts About Seniors and Food Insecurity

Sandy Iwen has seen the numbers growing. A nutrition/healthy aging specialist at Elderbridge Agency on Aging in northwest Iowa, she views intake forms that reflect how seniors see their own food security.

"We ask how often they're afraid of running out of food before the end of the month," Iwen says. "A lot more say 'often' or 'sometimes,' which indicates food insecurity."

In fact, according to the 2016 National Foundation to End Senior Hunger report, 16 percent of seniors face the threat of hunger in the U.S. And the people most at risk are not necessarily who you might expect. Nationwide, the majority of food-insecure seniors are white and had income levels above the federal poverty line.

Sixteen percent of seniors face the threat of hunger in the U.S.

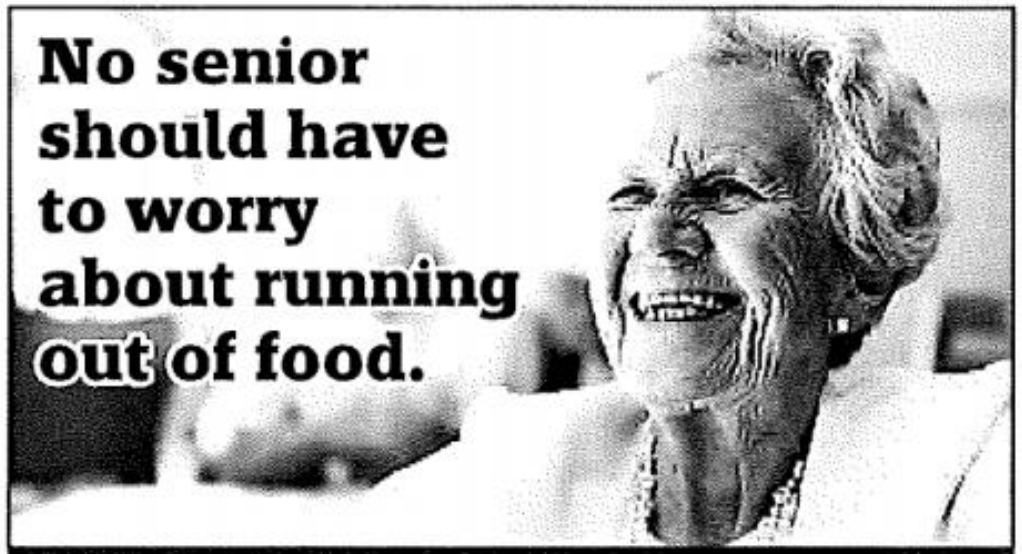
This is no surprise to Tim Getty, regional nutrition services coordinator at the Heritage Area Agency on Aging in Cedar Rapids, who sees the counterintuitive trends every day. "Someone may have $40,000 a year in income but no access to healthy foods, and they're just as much at risk."

Even in Iowa, where seniors make up nearly 16 percent of the population (ranking 12th in the U.S. for percent of population over 65 years of age), the problem of food insecurity often goes undetected. While many programs address nutrition and food insecurity issues for kids and families, seniors may be overlooked.

What causes food insecurity among seniors in a state that's known for feeding the world? Several factors are key.

Income level. In Iowa, Social Security benefits average $1,369 per month. Yet 43 percent of single retirees and 23 percent of married retirees rely on that monthly check for 90 percent or more of their monthly income.

December 2018



We can help.
Find a food pantry, meal delivery service or meal site near you by dialing:

2-1-1

LifeLong Links:
866-468-7887

Food Assistance Hotline:
1-855-944-FOOD (3663)

IDPH

Funded by USDA's Supplemental Nutrition Assistance Program - SNAP.

IOWA SENIOR HUNGER PARTNERSHIP

Collaboration

Implementing Food Security Screening and Referral for Older Patients in Primary Care

A Resource Guide and Toolkit

November 2016

A collaboration between AARP Foundation

eat right.

FROM THE ACADEMY
Position Paper

Position of the Academy of Nutrition and Dietetics: Food Insecurity in the United States

ABSTRACT

It is the position of the Academy of Nutrition and Dietetics that systematic and sustained action is needed to achieve food and nutrition security in the United States. To achieve food security, effective interventions are needed, along with adequate funding for, and increased utilization of, food and nutrition assistance programs; inclusion of nutrition education in such programs; strategies to support individual and household economic stability; and research to measure impact on food insecurity- and health-related outcomes. Millions of individuals living in the United States experience food insecurity. Negative nutritional and non-nutritional outcomes are associated with food insecurity across the lifespan, including substandard academic achievement, inadequate intake of key nutrients, increased risk for chronic disease, and poor psychological and cognitive functioning. Registered dietitian nutritionists and nutrition and dietetics technicians, registered, play key roles in addressing food insecurity and are uniquely positioned to make valuable contributions through competent and collaborative practice, provision of comprehensive food and nutrition education and training, innovative research related to all aspects of food insecurity, and advocacy efforts at the local, state, regional, and national levels.

J Acad Nutr Diet. 2017;117:1991-2002.

POSITION STATEMENT

It is the position of the Academy of Nutrition and Dietetics that systematic and sustained action is needed to achieve food and nutrition security in the United States. To achieve food security, effective interventions are needed, along with adequate funding for, and increased utilization of, food and nutrition assistance programs; inclusion of nutrition education in such programs; strategies to support individual and household economic stability; and research to measure impact on food insecurity- and health-related outcomes.

Access to enough food for an active, healthy life is a basic human need and fundamental right. Yet food insecurity, that is, the limited or uncertain availability of nutritionally adequate and safe foods, or limited or uncertain ability to acquire acceptable foods in socially acceptable ways,[1,2] continues to affect millions of households across the United States.[3] In this position paper, food insecurity and its related outcomes, spanning both individual and public health perspectives, highlight the necessity to promote, implement, and evaluate comprehensive approaches to achieve food security.[4-6]

The negative outcomes associated with food insecurity across the lifespan warrant attention. Multifaceted solutions across multiple sectors are being implemented in an effort to address this preventable public health issue. Food insecurity is being integrated into broader public health discussions and research efforts. For example, Healthy People 2020 includes two nutrition and weight status–related objectives targeting food insecurity: eliminate very-low food security among children (nutrition and weight status 12) and reduce household food insecurity and, in doing so, reduce hunger (nutrition and weight status 13).

A number of objectives within Healthy People 2020 also emphasize the importance of improving healthy food access.[7] For the first time, the 2015-2020 Dietary Guidelines for Americans[8] acknowledged the connection between food insecurity and health outcomes. In its report,[9] the Advisory Committee encouraged more-robust federal nutrition policies and equity in access to sustainable and healthy environments. This statement emphasizes a deeper understanding of the intimate connection between poor health and household food insecurity. It also reinforces the criticality of addressing food insecurity through holistic approaches to promote optimal health and well-being. Furthermore, in 2013, the Academy of Nutrition and Dietetics' House of Delegates created a

and action steps specific to the profession. The final Task Force action plan emphasized the importance of addressing food insecurity across several specialties within the dietetics profession from public health to clinical practice.[10]

Although the safety, security, and sustainability of the global food and water supply are of utmost importance, other position papers of the Academy of Nutrition and Dietetics focus on these topics.[11,12] In addition, some Position and Practice Papers include aspects of food insecurity within the scope of the paper.[13] This Position Paper concentrates on US (domestic) food insecurity as defined by the US Department of Agriculture.[14] Figure 1 summarizes key food-security–related terms.

FOOD INSECURITY: PREVALENCE AND CHARACTERISTICS

As illustrated in Figure 2,[3] household food-insecurity rates spiked during the 2008-2011 recession to 14.9% of US households. Since 2011, food-insecurity rates have trended downward, with a

2212-2672/C copyright © 2017 by the Academy of Nutrition and Dietetics

SEPTEMBER 2019

MALNUTRITION CONNECTION

Providing Information to Share on Malnutrition Awareness and Advocacy

Malnutrition Awareness Week™ is September 23-27, 2019!

Malnutrition Awareness Week™ is a multi-organizational, multi-pronged campaign created by *American Society for Parenteral and Enteral Nutrition* (ASPEN) to:

- Educate healthcare professionals to identify and treat for malnutrition earlier
- Educate consumers/patients to discuss their nutrition status with healthcare professionals
- Increase awareness of nutrition's role on patient recovery

It's a week filled with valuable educational webinars and sharing of informational materials. Continuing education credit is available for each webinar. ASPEN is accredited to provide medical, pharmacy, nursing and dietetic credits. MAW is supported by more than 47 organizations who share educational opportunities and messages with over 1 million healthcare professionals, patients, and caregivers.

Together we can reduce the incidence of malnutrition and improve patient outcomes!

Webinar Topics include:

- Malnutrition Across the Spectrum: A Care-Based Approach from the Acute to the Chronic Critically Ill Patient
- Improving Nutrition Status in the Cancer Patient with Nutritional and Pharmacological Therapies
- Implementing Nutrition Screening: Lessons Learned in Facilitation Practice Change
- Moving Beyond the Malnutrition Diagnosis: A Multi-Disciplinary, Case-Based Approach to Implementing Nutrition Interventions
- Addressing Food Insecurity in the Malnourished Patient

In Case You Missed It

A special Malnutrition Quality Improvement (MQii) Supplement for the *September Journal of the Academy of Nutrition and Dietetics (JAND)* is now available online!

MQii Supplement Scope:

- Highlights quality improvement's role in promoting better health outcomes, multidisciplinary engagement, and increased RDN visibility
- Details the evolution, measures and tools, and advancements of the MQii
- Presents real-world applications of the MQii through the abstracts

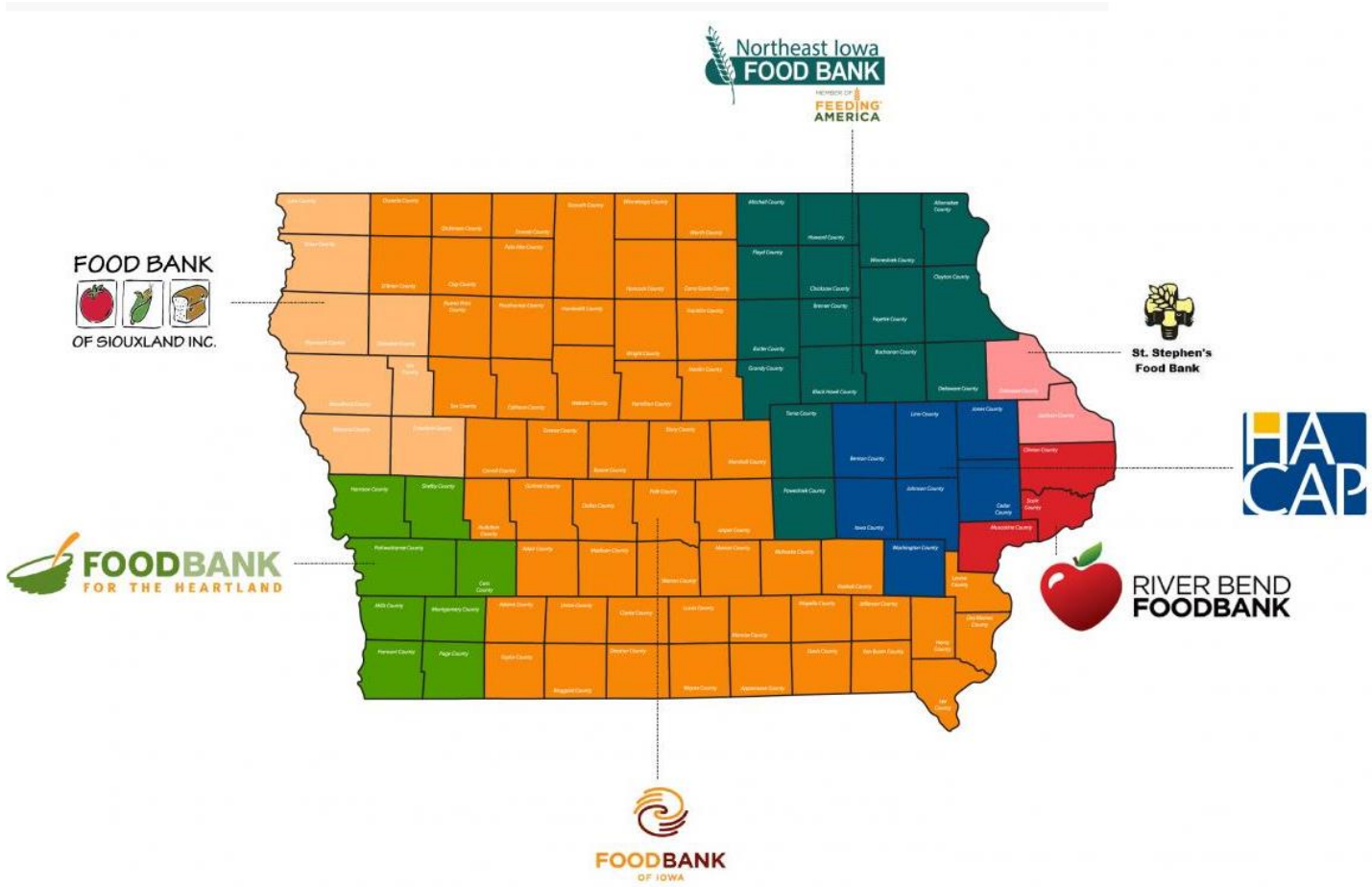
The Condition of Older Iowans' Oral Health[1]

- One of every five feel that the condition of his/her mouth is fair to poor.
- 28% report that "very often" or "occasionally" he/she has pain in their mouth.
- Over one-third (38%) have not seen a dentist within the past 5 years.
- 36% must pay for dental care out-of-pocket.
- Nearly one-third have suspected tooth decay.
- 42% need treatment from a dentist.
- 26% have had all teeth removed.

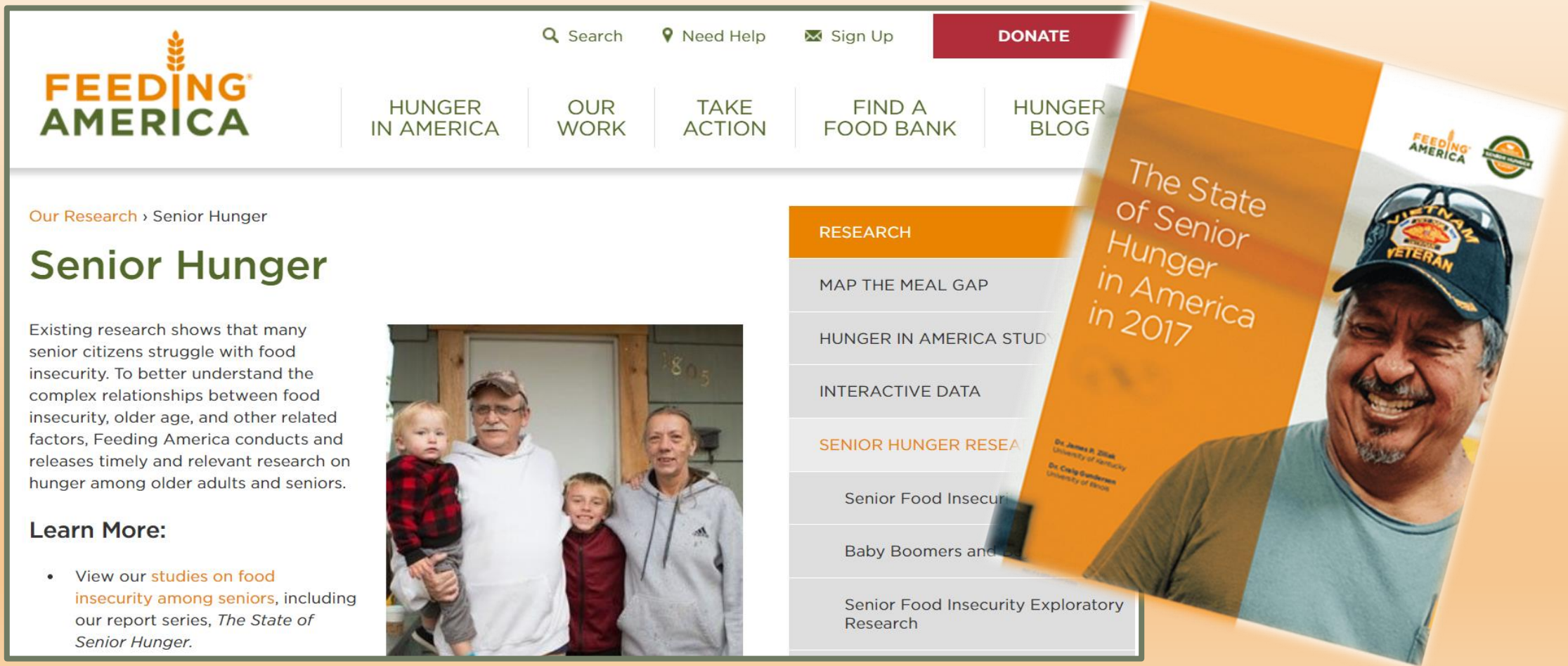
Older Iowans' Barriers to Accessing Dental Care

- 26% say they cannot find a dentist to treat them.
- 53% feel they cannot afford dental care.
- 13% are unaware they need dental care.

How are older adults served through Iowa's food banks? Can we do better?



Feeding America Senior Hunger Research



USDA Food and Nutrition Service
U.S. DEPARTMENT OF AGRICULTURE

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

SNAP Community Characteristics

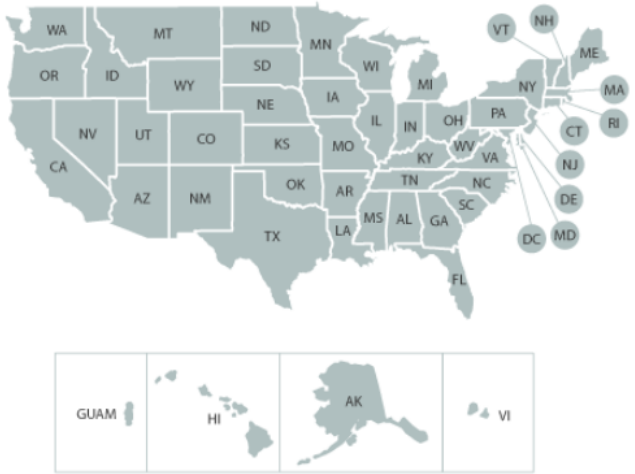
DATA & RESEARCH > RESEARCH & ANALYSIS > SNAP COMMUNITY CHARACTERISTICS

- Current Data Collections
- Demos/Grant Projects
- **SNAP Community Characteristics**
- SNAP Quality Control Data
- Study & Evaluation Plans

Spotlights

- Employment and Training
- SNAP Work Requirements

Find data about your community and its SNAP households. Click on a State to find data by congressional district.



Congressional Maps on Tables