Presidents Message

OLDER AMERICAN’S NEED THE OAA CONGREGATE DINING PROGRAM NOW MORE THAN EVER

We have all watched, with concern over the years, participation in the OAA Title III C1 program decline. Many schools of thought exist regarding this issue. Following are reasons that have been suggested:

• Transportation, seniors cannot get to the congregate dining locations
• Programs have not kept up with the times
• Seniors continue to work well past retirement age
• Baby boomers are not interested or don’t see the need in their lives for the program
• Seniors want additional choice in the food models
• Decreasing public funding
• Potential participants do not know the program exists

Here in Northern Illinois we have zeroed in on the last suggestion concentrating on outreach in specifically defined target areas. The Area Agency on Aging offered $1000 stipends recently to amp up marketing and advertisement over a specific period of time. The intent was to grow participation in the Community Cafes within these specific areas.

In one particular service area, a new Community Café had opened recently and was sparsely attended. Over a period of three months, advertisements were placed in key senior print media. Coupons offering a first free lunch appeared a long with frequent diner cards. Staff designed speaking engagements around the community interaction of the senior demographic. For example, a Lions Club with 100% senior membership was targeted and blanketed with information and personal engagement.

The food service model at this location consists of fresh, bulk catered meals daily with a fresh/deli bar option which provides choice and projects freshness. Staff is currently working with the local senior transportation authority to create a partnership. This partnership, between the Meals on Wheels Foundation

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President’s Message
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of Northern Illinois and the older adult transportation system provides door to door roundtrip transportation for the seniors from their homes to the Community Cafes. The Foundation provides a subsidy of $6 per roundtrip which, in many cases, covers the full cost of the trip to the senior.

The Café is located in a neighborhood with a concentration of the 60 plus demographic. The facility was formally an Italian Restaurant and the décor of the restaurant has not changed. It is currently owned by an Elks Club.

This café has more than tripled in participation in the past 4 months to 38-40 per day and is remaining constant. Feedback from the participants on this model is excellent.

Cash is king in this scenario however, building partnerships and collaborations is key to success, also. The days of trying to implement community social programs of this nature in a vacuum are over. We must learn how to share our knowledge, share our resources, and build programs for those who need us the most, together.

Depression Screening  (continued from page 1)

electors and the communities we serve. We see it, we feel it, we hear it and we understand it as fact. Most Senior Centers offer similar programs or similar program lanes: Nutrition, Education, Health/Wellness, Fitness and Socialization programs. The latter is perhaps the hardest to quantify. We can easily tie metrics to the rest of listed offerings, and for far too long Nutrition has been the go to number when describing our impact on the community. Yet, Socialization is arguably the most important opportunity that we provide for aging individuals, but it is also the hardest for us to express with metric based tracking. Let’s face it, people like numbers! Donors, investors and community leaders like to see amounts of meals, pounds of food or numbers of individuals served. How can we do this when describing the impact of socialization on the people we assist?

There are numerous studies and articles that list the benefits of socialization on the aging community. We know that it can help aide in Chronic Disease Management and there is developing support showing how socialization helps delay the acquisition of some chronic diseases. The only thing missing is the ability to comparably measure these impacts in a Senior Center environment in the same way we measure our other services. Doctors often encourage elders to attend their local senior center to address mental and health issues facing their patients. Most geriatric physicians also have ways of measuring some of the progress in their elder clients in the form of medical surveys. This is especially true in regards to mental health and specifically depression. The impact of elderly depression has long been studied and diagnosed in the medical environment. It is, in a lot of cases, the beginning of a negative trend in individual senior health. It is also the one health issue that Senior Centers know socialization has the deepest impact.

The Rainbow Senior Center at Kronkosky Place has recently partnered with the WellMed Charitable Foundation and the WellMed Medical Group based out of San Antonio, Texas. Their community clinics provide a Patient Health Questionnaire-9 (PHQ-9) to all of their patients. The PHQ-9 is a multipurpose instrument for screening, diagnosing, monitoring and measuring levels of depression. In a discussion of how to better serve our membership we asked if we could utilize the PHQ-9 to assess and determine the impact of the Center on Elderly Depression. WellMed was excited and eagerly collaborative on this effort. In March-May of 2015 we began the pilot screening process with 100 of our members. We also enrolled a three way partnership between the local WellMed Clinic, a regional emotional counseling organization and our Senior Center. Our staff administers the screening with our pilot members, WellMed scored and diagnosed the assessments, and the Counseling group met with those that fell into the dangerously or severely depressed category.

The PHQ-9 will be re-administered at the 6 month mark and again at 1 year. So far those that have been re-administered are showing marked improvement on their assessment score. The Clinic team noted that this is not an uncommon result for patients that, in the past, were referred to the Center. This was great insight, but it was also a tracking metric that we did not have access to in the past. The new information will soon be available to our stakeholders in the same metric form that our Nutrition and program attendance are reported. Our goal for the final results of this pilot is to be able to finally quantify the impact of socialization on our Senior Center members in a way that we have not been able to do in the past. We also hope to use the assessment tool to re-direct, refine and improve programs to create better assessment outcomes and continue to improve the quality of life for those we serve.

—Joe Granados, Executive Director, Rainbow Senior Center, Boerne, TX 78006
Zappos' unique culture and outstanding customer service philosophy has landed this Vegas headquartered online shoe and clothing retailer on the FORTUNE 100 Best Companies to Work For® list six years in a row, the WorldBlu Most Democratic Workplace list, and the J.D. Power Customer Service Champions list. Their tagline, “Powered by Service,” speaks to just how important customer happiness is to the core of their operations.

During this pre-session tour, the Zappos Family will give NANASP attendees a glimpse into how they how they deliver happiness to customers, employees, the community, and vendors - all while remaining profitable. Join us as we learn how to (not just improve but) inspire your agency or nonprofit to set yourself apart by creating a service-based culture and establishing company core values that will enhance employee/volunteer engagement and “knock the socks off” your donors and the older Americans you serve daily.
Legislative Visits
Easier than You Might Think!

Whether you’re visiting your legislator at the local, state or national levels, locally or in DC, use these tips to ensure a successful visit:

1) **Work with your legislator’s staff.** Generally, you will be meeting with staff rather than your legislator. Treat them with as much respect as you would treat your legislator.

2) **Be prepared, be polite, be prompt!** Know your issues, be friendly, and be on time.

3) **Tell a story and give numbers.** Talk about your personal experiences with the issue and share individual anecdotes, if you have them. Explain the impact of the issue on your district/state. If you have numbers, provide them. That means anything from studies to national statistics to the numbers served by your program to the budget cuts you might be facing, for example.

4) **Be concise.** Make sure you cover everything, but limit what you cover. Remember, most meetings are brief, so leave time for questions!

5) **Make an ask.** Once you cover your points, request action. You can ask what the legislator’s position is on the issue. If they are undecided, ask them to follow up with you.

6) **Leave your info!** Provide a business card, if possible, with your name, organization, address, email address, and phone number, with your member or staff. If you don’t have business cards, leave this information in some other concise, professional form.

7) **Thank them, and then thank them again.** Thank your legislator or staff for meeting with you at the conclusion of the meeting, and then send a follow-up email thanking them for their time. Follow up with any information they requested.

8) **Don’t be a stranger.** Make sure you keep in touch! Send occasional notes/calls on the issues to the office. Invite them to visit your site. Don’t overdo it, but do keep up your advocacy efforts.

9) **Tell us about it!** Email Meredith Ponder at mponder@nanasp.org to share your experience.

Let us know if you have any questions!

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NANASP Board of Directors/Officers

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Community Nutrition Network Meals on Wheels
Foundation of Cook County, Chicago, IL

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**Ellen Whitlock | Senior Resources of Guilford, Greensboro, NC**

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Older Adults Can Get Added Protection Against Pneumococcal Disease This Flu Season

Each year in the United States, about 18,000 adults 65 years or older die and thousands more end up in the hospital because of infections caused by pneumococcal bacteria. Since the 1980s, it has been recommended that older adults get the pneumococcal polysaccharide vaccine (PPSV23, Pneumovax®23), which protects against blood and certain other pneumococcal infections. CDC now recommends that adults 65 years or older also receive the pneumococcal conjugate vaccine (PCV13, Prevnar-13®), which provides added protection against pneumonia caused by pneumococcal bacteria. Getting both vaccines offers the best protection we have available against pneumococcal disease.

Pneumococcal disease is an infection caused by Streptococcus pneumoniae bacteria. Pneumococcal bacteria spread from person-to-person through coughing and sneezing. People sometimes have the bacteria in their nose and throat without feeling sick, but can still spread it to other people.

When pneumococcal bacteria spread from the nose and throat to ears or sinuses, it generally causes mild illness. When the bacteria spread into other parts of the body, it leads to severe health problems such as infections of the lungs (pneumonia), blood (bacteremia), and lining of the brain and spinal cord (meningitis). These illnesses can lead to disability like deafness, brain damage, or loss of arms or legs. These illnesses can also be life-threatening.

People with certain health conditions or who are taking medications that weaken the body’s immune system are at increased risk for complications from pneumococcal disease. This is why CDC recommends that these adults (19 years or older) get pneumococcal vaccination as well.

“Thousands of older adults die and many more are hospitalized from pneumococcal disease every year, but many adults aren’t aware that there are vaccines that can prevent it,” said Dr. Anne Schuchat, assistant surgeon general and director of CDC’s National Center for Immunization and Respiratory Diseases. “A lot of adults get their flu vaccine this time of year, which is a great time to get pneumococcal and other vaccines as well.”

Pneumococcal vaccines may be available at private doctor offices, public or community health clinics, or pharmacies. Check with your doctor or pharmacist or use http://vaccine.healthmap.org to help find places that provide pneumococcal vaccines near you.

Most private health insurance covers pneumococcal vaccines. Check with your insurance provider for details on whether there is any cost to you and for a list of in-network vaccine providers. Medicare Part B covers the cost of two recommended doses of pneumococcal vaccine (when administered at least 12 months apart).

Talk to your healthcare professional to make sure you are up-to-date on flu and pneumococcal vaccinations, as well as other vaccines that may be recommended for you based on your age, health condition, job, lifestyle, or other factors.

For more information, visit: www.cdc.gov/features/adult-pneumococcal/.

Pneumococcal Disease Can Be Deadly

- Pneumococcal pneumonia kills about 1 out of 20 adults who get it.
- Pneumococcal bacteremia kills about 1 out of 5 people who get it.
- Pneumococcal meningitis kills about 3 out of 10 people who get it.

Having the flu increases your chances of getting pneumococcal disease. You can help protect yourself from both illnesses by getting your flu and pneumococcal vaccines.
Diabetes Self-Management Programs
Location, Location, Location
Karen Jackson-Holzhauer, RD

It is often said that quality service can be defined as delivering the right service, at the right time, to the right person - every time. In her address to the Committee on Finances Subcommittee on Health Care of the US Senate, the past director of the Agency for Health care Research and Quality (AHRQ), Dr. Carolyn Clancy added “there are three basic dimensions to this: structure, process, and outcome”. 1 I would also add that the right location is vital in assuring that the delivery of quality service is available, accessible, acceptable, and affordable.

In viewing the elements of a community-based diabetes self-management education and support (DSMES) program through the lens of quality service; structure represents the focal points within the Aging Network as defined under the Older Americans Act (OAA) as well as trained leaders, certified diabetes educators, and good mechanisms of communication between the various stakeholders such as physicians, dietitians, Area Agencies on Aging (AAA) and staff on-site. Process concerns whether a service is offered in the same manner to all attendees which reflects program fidelity, assures that the most up-to date information is being presented, that programming is evidence based, and has been certified for Medicare reimbursement for eligible individuals. The third dimension, outcome, highlights the results achieved. Did participants become active managers of their diabetic condition, are they better able to prevent complications, communicate their needs, and maintain an optimal level of health? And most importantly does this foundation support the principle of person centered service to improve their own independence, especially as more and older adults demand access to services that promote wellness.

What are some of the internal and external factors helping to determine where diabetes education programs are being offered? As reported in a publication by the Academy of Nutrition and Dietetics, some of the shift toward the community-based settings has been attributed to the ability of the AAA’s to “fill a unique void in the arena of diabetes education by offering DSMES programs in community settings where older adults feel comfortable and are more apt to attend”. 2 The OAA and its mission to promote well-being and help older adults live independently is strategically aligned with evidence based programs like The Stanford University evidence model whose goal is to have older adults living with diabetes become active managers of their chronic condition. Additionally, the shift in location underway is being reinforced by new regulatory requirements to reduce hospital readmissions and improve quality outcomes for Medicare beneficiaries who are living with diabetes. Currently the rate of diabetes reported for older adults exceeds 25%, and the percentage is even higher among minority populations. This represents 12 million Americans age 65 and older (diagnosed and undiagnosed) with diabetes. 3 Data reported indicates that individuals with diabetes over 75 years of age are 2 times more likely to visit the emergency room for low blood sugar than the general population with diabetes; two times more likely to develop dementia than older adults without diabetes; and 2 times more likely to die from heart disease or stroke than adults without diabetes. 4 1 in 5 has vision problems and 1 in 5 people with diabetes has kidney disease.

Responding to these trends, the Aging Network has been preparing over the last decade to enter the arena of prevention and diabetic self-management training (DSMT). Since the early 2000s the Administration on Aging (AoA) has been working with the AAs and their partners to lay the groundwork for this change with pilot grants and funding assistance that builds on the success of implementing Stanford’s Chronic Disease Self Management Program (CDSMP). 5 With over a decade of seed money and guidance, program implementation has taken root as the AAs and other community-based organizations restructure to do business under an expanded social-medical model of service.

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Location, Location, Location

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With greater than 600 AAA’s covering every county in the US, there are over 10,000 senior center locations associated with these agencies. Additionally there are many advantages for older adults who are referred to diabetic self-management programs in the community. One is the ability to practice self-management skills and build confidence in a supportive environment that is close to home. Using their Medical Nutrition Benefit (MNT) available for Diabetes Training under Medicare part B individuals can receive service at any location that is approved by CMS to deliver this program. This service includes one on one counseling — commonly referred to as Medical Nutrient Therapy (MNT) delivered by a registered diettitian and weekly group training for up to 6 weeks depending on the program offered.

Congregate sites offer meals with nutrition information available to make healthy choices and have staff available to assist with their questions. During the week they can apply recommended techniques like carbohydrate counting, label reading, portion control and eating at the same time every day to prevent many diabetic complications. Most senior centers also offer exercise or activity programs, such as yoga or tai chi, and another evidence based program, A Matter of Balance which includes confidentiality, weekly charts and agenda’s, are posted in clear view with a sampling of healthy snacks appropriate for individuals with diabetes. Personal introductions are made and the workshop gets underway as participants share two or three of the biggest problems their diabetes has caused in their lives or that were caused by living with someone with diabetes. Additionally each person makes a weekly action plan for something they personally want to accomplish; and self rate their action plan for something they personally want to accomplish; and self rate their confidence level in advance. The following sessions begin with each person reporting what they accomplished and an opportunity to problem solve if barriers prevented them from competing their plan. Over the 6 week program they attend 2 1/2 hours at the same time weekly and complete over 40 activities that meet program objectives. This format provides the structure and process for facilitating the activities to achieve desired outcomes such as controlling their blood sugar.

Prior to Session 6, participants are encouraged to bring letters written to their health care providers explaining what they have accomplished, while setting future goals. Together, they celebrate the successful completion of the program and are asked to describe two or three things that best help them manage their diabetes. This may include monitoring, using a formula for healthy eating, exercise, positive thinking, managing negative emotions, carbohydrate counting, label reading, medications, communicating with their healthcare provider and friends and/or family and weekly action planning which is at the heart of the program. Many participants also exchange phone numbers or emails and make plans to get together for continued support.

What assures the outcomes of this program is not the knowledge or expertise of the individual workshop leader, but rather the process that guides the workshop as attendees participate in the weekly activities and experience the change that is possible.

What assures the outcomes of this program is not the knowledge or expertise of the individual workshop leader, but rather the process that guides the workshop as attendees participate in the weekly activities and experience the change that is possible.

To learn more about what Diabetic Self-Management Education programs are being offered in your community contact your local SUA, AAA, Senior Center, Community Healthcare Partner or fellow NANASP member involved with diabetic self-management evidence based training programs in your state.

6. Administration on Aging (AoA) State Program report http://www.aoa.acl.gov/Program_Results/SPR/2011/Index.aspx
Malnutrition among older adults is a growing problem.

Learn more about it at

defeatmalnutrition.today

...vital to healthy aging

where you can find articles, toolkits, and more.

Join us today! www.defeatmalnutrition.today

NANASP in 2015: Activities and Accomplishments

2015 was an eventful year for NANASP and its members! From helping to secure the second increase in funding for OAA nutrition programs in the past three years to the White House Conference on Aging to grants and presentations, here’s a look back at what NANASP has done this year.

Advocacy in Action: Funding and OAA Reauthorization

NANASP has played a key role in national senior nutrition advocacy work this year, helping to secure the second increase in funding for OAA nutrition programs in the past three years. NANASP initially focused on preventing the return of sequestration, as the two-year budget agreement suspending sequestration was to end in September 2015. NANASP kept this message as we advocated to House and Senate appropriators on behalf of OAA nutrition programs for FY 2016. This advocacy led to an initial $5 million increase from House appropriators for OAA Title III C nutrition programs for FY 2016 and a $5 million increase from House appropriators for Title VI nutrition programs for FY 2016.

In October, Congress settled on a budget agreement for FY 2016 and FY 2017, which prevents a return to sequestration for both years as well as increasing funding for non-defense programs. Based on this budget agreement, NANASP in partnership with Meals on Wheels America and other organizations engaged in a second round of advocacy and encouraged even greater increases for OAA nutrition programs. This advocacy work directly led to a $20 million increase in Title III C nutrition funding for FY 2016 and a $5 million increase in Title VI nutrition funding for FY 2016. The Senate passed the Older Americans Act Reauthorization Act in July. NANASP endorses this Act and advocated for its passage in the Senate. We thank Sens. Lamar Alexander, Patty Murray, Bernie Sanders and Richard Burr for their sponsorship of the Act and leadership on the passage of this Act. NANASP is now working to educate House members of the Act’s importance.

Senior Malnutrition

NANASP was highly involved with the issue of senior malnutrition this year. Bob Blancato and Meredith Ponder presented at conferences this year across the country on this topic, including at the National Medical Association, the National Hispanic Medical Association, the National Black Nurses Association, Women in Government, NOBEL Women, and others. NANASP also worked to have malnutrition

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NANASP in 2015
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included as part of the healthy aging topic in the WHCOA, as mentioned above, and NANASP and the Academy of Nutrition and Dietetics submitted a petition to the WHCOA. NANASP also participated in Malnutrition Awareness Week™, sponsored by A.S.P.E.N. During this week, the Defeat-Malnutrition Today coalition launched, of which NANASP is a charter member. This coalition is dedicated to raising awareness about senior malnutrition.

White House Conference on Aging

The White House Conference on Aging (WHCOA), held Monday, July 13, in Washington, D.C., was a day-long series of announcements, discussions and presentations from the Obama administration. NANASP was a key participant in the Conference.

NANASP held a webinar entitled “Nutrition = Solutions to Healthy Aging and Long-Term Services and Supports” in January, co-sponsored by the Academy of Nutrition and Dietetics, with support from Abbott, which included participation from Nora Super, Executive Director of the 2015 White House Conference on Aging. It was one of the largest webinars the WHCOA participated in. The webinar is archived here.

NANASP also submitted recommendation papers on healthy aging and long-term services and supports to the Conference. NANASP and the Academy of Nutrition and Dietetics sent a malnutrition petition to the White House as well, which asked the White House to include malnutrition as a subject of discussion for the WHCOA.

Further, during the 2015 NANASP Annual Training Conference, Bob Blancato, NANASP Executive Director, and Paul Downey, NANASP Immediate Past President, facilitated a discussion at the White House Conference on Aging Listening Session and Solutions Forum and helped gather some solution recommendations that were sent to the WHCOA.

On the day of the WHCOA, NANASP was well-represented at the White House, with Blancato, Downey and Tony Sarmiento, Vice Chair of Education, attending. Meredith Ponder, Federal Policy and Advocacy Manager, attended the Federal Interagency Watch Party at the Department of Transportation. NANASP members also held over 40 watch parties across the country.

The announcements made at the White House during the Conference can be found here. The President and HHS Secretary Sylvia Mathews Burwell in their speeches also pledged support for reauthorizing the Older Americans Act, now five years late for reauthorization.

You can find our live tweeting from the Conference in order here which provides an up-close view of what happened minute-by-minute.

The official final WHCOA report is here.

2015 Annual Training Conference

NANASP conference attendees gathered at the Hyatt Regency Louisville to celebrate our own “Champions for Healthy Aging” during three days of education and networking in June.

Click Here to see some of the highlights of this year’s conference chaired by Tony Sarmiento.

- Executive Director Bob Blancato opened the conference with the always popular Washington Update, followed by Cecilia Pozo Fileti’s presentation on Optimizing Health for Diverse Older Adults - sponsored by Abbott Nutrition.
- Blancato and Immediate Past President Paul Downey facilitated a fruitful discussion at the White House Conference on Aging Listening Session and Solutions Forum and gathered some solution recommendations that were passed along to the White House Conference on Aging.
- Attendees gained practical ideas from Katherine Campbell on how to incorporate ethics into the fabric of their organizations with a three-hour interactive presentation on integrating ethics into our work with staff and volunteers.
- After the NANASP Business Meeting, where the 2015 resolutions were passed, participants enjoyed a session by Marsha Frankel who shared strategies for assessing and intervening with the growing problem of social bullies in nutrition and senior services centers.

Grant Income on the Rise

NANASP was able to increase Grant income by 17% in 2015. These grants help NANASP to do its education work and also to give back to our members through grants. NANASP wishes to sincerely thank PhRMA, Abbott, Pfizer and UnitedHealth Group for their ongoing support of NANASP, its mission, and the work of its members.

End of Year Member Grants

This past December, NANASP distributed $25,000 in grants to members in need. The grant awardees were:

- Helping Hands of Vegas Valley, Las Vegas, NV
- SeniorServ, Anaheim, CA
- Area Agency on Aging 3, Lima, OH
- Senior Services of Central Illinois, Springfield, IL
- Yadkin Valley Economic Development District, Inc. (YVEDDI), Boonville, NC
- Area Agency on Aging of East Texas, Kilgore, TX
- Puxico Oaks Nutrition Center, Puxico, MO
- Naylor Senior Citizens Association, Inc., Naylor, MO
- City of Irvine, Irvine, CA
- Central Virginia Alliance for Community, Lynchburg, VA
- Tri-City Senior Citizens Nutrition Center, Marble Hill, MO
- Broward Meals on Wheels, Plantation, FL
- Jewish Community Services of South Florida, Inc., North Miami, FL

Vaccine Awareness

In 2015 NANASP partnered with Pfizer to promote awareness of the importance of vaccinations in older adults. Many adults in the U.S. are not aware of vaccines recommended for them – and that means they are not taking advantage of the best protection available against a number of serious diseases. According to the 2013 National Health Interview Survey (NHIS): Only about 1 out of 4 (24%) adults 60 years and older, had received a shingles vaccination. Only about 1 out of 6 (17%) adults 19 years and older, had received a Tdap vaccine in the last 8 years to provide protection from tetanus, diphtheria, and pertussis (whooping cough). Learn more about vaccination at our website!

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NANASP’s Coalition Work
As part of the Leadership Council of Aging Organizations (LCAO), NANASP is active in LCAO efforts. NANASP participated in LCAO campaigns to get the OAA reauthorized in the Senate, to educate the House about the OAA, and to increase funding for OAA programs. NANASP is also an active participant on the Presidential Candidate Forum task force—in February, LCAO will be hosting a forum for Presidential candidates to discuss aging issues, and NANASP is helping plan this event.

NANASP joined three new coalitions this year—the DefeatMalnutrition.Today coalition as a charter member, the Better Medicare Alliance, and the National Alliance for Nutrition and Activity (NANA). NANASP is also part of the LCAO, the Elder Justice Coalition, the Food Policy Working Group, and is a partner of the National Resource Center on LGBT Aging.

The NANASP Board: New Positions, New Members
In 2015, the following members joined the NANASP Board:

Mary Beals Luedtka
Senior Program Specialist
Area Agency on Aging Director/NACOG
Flagstaff, AZ

Deborah Cotton
Senior Program Specialist Atlanta Regional Commission
Atlanta, GA

Linnea Hagberg
Nutrition Program Director
Senior Care Inc.
Gloucester, MA

Ellen Whitlock
Director
Senior Resources of Guilford Greensboro, NC
Greensboro, NC

NANASP is deeply grateful to our departing Board members in 2015: Elaine Brovont, Sharon TerHaar and Ayn Yeagle. NANASP would especially like to recognize Elaine Brovont and Sharon TerHaar for their tireless dedication to NANASP and the older adults they serve. Both Elaine and Sharon were long-time Board members and past Presidents of NANASP, providing the leadership and guidance which has helped to make NANASP the association it is today. NANASP will always be grateful to Elaine and Sharon for their service to our association.

NANASP Blogs and Articles
- Six Ways to Nudge Congress to Help Older Americans
- It’s Time to Invest in Nutrition
- Senior Malnutrition: A National Nutrition Crisis
- A White House Conference on Aging: Aren’t We All?
- Boomer Questions for the Presidential Candidates
- Malnutrition: The New Senior Crisis

NANASP Presentations
NANASP has been across the country this year giving presentations about nutrition issues. Here are some of the conferences and events NANASP has attended:

- National Black Nurses Association Day on Capitol Hill
- American Society on Aging conference
- New England Regional Elderly Nutrition Programs Conference
- Michigan Association of Nutrition and Aging Service Programs conference
- National Medical Association conference
- Florida Council on Aging conference
- n4a conference
- National Senior Center Summit
- National Falls Prevention Conference
- National Silver Haired Congress
- NY State Senior Nutrition Conference
- Institute of Medicine workshop
- Gerontological Society of America conference

ACTIVITIES AND ACCOMPLISHMENTS

NANASP in 2015
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NANASP Executive Director, Bob Blancato, to Become ASA’s Next Board Chair.
Louis Colbert, Chair of the American Society on Aging’s (ASA) Nominating Task Force is pleased to announce that Robert (Bob) Blancato, President of Matz, Blancato and Associates, an influential public policy and strategy consulting firm in Washington, DC, will serve as the next ASA Board Chair. His term begins March 23 during ASA’s Aging in America Conference in Washington, DC. He will succeed Lynn Friss Feinberg, whose term as Chair concludes on March 22. Read More…