Area Agency on Aging 1-B
Advocacy • Action • Answers on Aging

NUTRITION RESOURCE MATERIALS

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SECTION A:
NUTRITION SERVICE ACRONYMS AND DEFINITIONS

AND (Academy of Nutrition and Dietetics) – www.eatright.org is the sponsor of National Nutrition Month and the Healthy Aging Practice group; the AND membership is composed of registered dietitians.

DASH Eating Plan (Dietary Approaches to Stop Hypertension) – The DASH diet is rich in fruits, vegetables, low-fat or nonfat dairy. It also includes grains, especially whole grains; lean meats, fish and poultry; nuts and beans. The DASH eating plan lowers cholesterol and makes it easy to lose weight. It is a healthy way of eating, designed to be flexible enough to meet the lifestyle and food preferences of most people. It contains all the healthy foods from the Mediterranean diet. http://dashdiet.org

DRI (Dietary Reference Intake) – A set of nutrient-based reference values that expand upon and replace the former Recommended Dietary Allowances (RDA) in the United States and the Recommended Nutrient Intakes (RNI) in Canada. They are actually a set of four reference values: Estimated Average Requirements (EAR), RDA, Adequate Intakes (AI), and Tolerable Upper Intake Levels (UL).

Empty Calories – Empty calories provide the energy without the added benefit of nutritional value such as the calories provided by table sugar and ethanol (the kind of alcohol found in beer, wine, and spirits) and excess fatty foods.

Food Allergies – Allergic reaction to avoid i.e. anaphylactic shock (drop in blood pressure).

Food Borne Illness (often called "food poisoning") – Any illness caused by consuming contaminated foods or beverages. Many different disease-causing microbes, or pathogens, can contaminate foods, so there are many different food borne infections. In addition, poisonous chemicals, or other harmful substances, can cause food borne diseases if they are present in food. The most commonly recognized food borne infections are those caused by the bacteria *Campylobacter, Salmonella,* and *E. coli* O157:H7, and by a group of viruses called calicivirus, also known as the Norwalk and Norwalk-like viruses.

Food Code - A model for state and local regulatory to use to develop or update their food safety rules. It is issued every four years by the Food and Drug Administration (FDA), a federal government agency.

Hazard Analysis and Critical Control Point (HACCP) - A food safety system that can be used to identify, evaluate and control food safety hazards throughout the flow of food.

HBV (High Biological Value) Proteins - HBV proteins contain all of the essential amino acids in the correct proportions. Proteins of HBV are often referred to as high quality are usually of animal origin like meat, fish and eggs. However, Soya is also a high quality source of amino acids. HBV proteins are recommended for older adults at each meal throughout the day with at least 30 grams of protein being provided per meal.

MiCafe – The Michigan electronic application process to register individuals in the Supplemental Nutrition Assistance Program (SNAP).

My Plate - USDA – The *My Plate* icon replaced the Food Pyramid in 2011, to help consumers make food choices for a healthy lifestyle. Three visual messages for *My Plate* are centered on the ideas of balancing calories, choosing foods to eat more often, and cutting back on foods to eat less often. Key consumer messages: 1) make at least half your grains whole grains; 2) make half your plate fruits and vegetables; and 3) switch to fat-free or low-fat (1%) milk.

National Health Observances (NHOs) - Special days, weeks, or months designed to raise public awareness about important health topics. NHOs provide unique opportunities for public health and medical professionals, consumer groups, and others to encourage their community members to stay healthy.

National Nutrition Month® (NNM) - is a nutrition education and information campaign created annually in March by the Academy of Nutrition and Dietetics. The campaign focuses on the attention of making informed food choices and developed sound eating and physical activity habits.

Nutrient-Dense Foods – Nutrient-dense or nutrient rich foods are those that are a excellent source of nutrients and provide substantial amounts of vitamins, minerals and phytochemicals essential for proper functioning of the immune system to protect us from chronic diseases. These foods provide relatively fewer calories in proportion to the vitamins, minerals and of phytochemicals present. A "high source" of nutrients is defined as providing 20% or more of the Daily Value for a given nutrient per serving. A "good source" is federally defined as providing 10-19% of the Daily Value for a given nutrient per serving.

Nutritional Analysis – Uses a database of the nutrient analysis of foods with measurement of fiber, protein, fat, carbohydrate, individual minerals and vitamins to calculate accurate nutrition information for nutrition claims. Information is based on the nutrition facts of each contributing ingredient and their percentage as part of the end product, i.e. recipe, meal, menu. These nutrition facts are totaled and factored to create an accurate assessment for the resulting nutrition facts to assure that meals provided under the Older American Act (OAA) meet the 1/3 DRI requirement for this federal food program.

RD (Registered Dietitian) –Professionals trained in the science of dietetics and have a degree in nutrition, dietetics, public health or related field from an accredited college or university. Passed a national examination administered by the Commission on Dietetic Registration (CDR) and complete continuing professional educational requirements to maintain registration.

SNAP (Supplemental Nutrition Assistance Program) – Previously called the Food Stamp Program, Michigan also refers to SNAP as using the Bridge Card. With SNAP you get an electronic Benefit Transfer (EBT) card to buy food at the grocery store. Call 1- 800-221-5689, or visit www.fns.usda.gov/snap. Older adults may also sign up through MiCafe at www.micafeonline.org.

Temperature Danger Zone – The temperature that allows bacteria to multiply rapidly and produce toxins, between 41°F and 135°F. To keep food out of the danger zone, keep cold food cold, i.e. refrigerated, in coolers, iced on the service line; and hot food hot, i.e. in the oven, heated chafing dishes, preheated steam tables, warming trays, and/or slow cookers. Never leave perishable foods, such as meat, poultry, eggs, and casseroles, in the danger zone longer than 2 hours or longer than 1 hour in temperatures above 90°F.

Time/Temperature Control for Safety Foods (TSC Foods) - Foods that support the growth of harmful bacteria, and therefore require time and temperature control to limit the growth of harmful bacteria.

US Dietary Guidelines – The Dietary Guidelines for Americans 2010 released January 31, 2011 are the cornerstone of Federal nutrition policy and nutrition education activities. The Dietary Guidelines have been jointly issued and updated every 5 years by the Departments of Agriculture (USDA) and Health and Human Services (HHS). They provide authoritative advice for Americans ages 2 and older about consuming fewer calories, making informed food choices, and being physically active to attain and maintain a healthy weight, reduce risk of chronic disease, and promote overall health. Two examples of eating patterns that exemplify the Dietary Guidelines are the USDA My Plate and the DASH (Dietary Approaches to Stop Hypertension) Eating Plan.

Vegetarian – There are several categories of vegetarians, all of whom avoid or limit meat and/or animal products. The vegan or total vegetarian diet includes only foods from plants: fruits, vegetables, legumes (i.e. dried beans and peas), grains, seeds, and nuts. The lacto-vegetarian diet includes plant foods plus cheese and other dairy products. The ovo-lacto vegetarian (or lacto-ovo vegetarian) diet also includes eggs. A semi-vegetarian or flexitarian diet is one that is mainly vegetarian-based with the occasional inclusion of meat products eat red meat but include chicken and fish with plant foods, dairy products, and eggs.

SECTION B:
OLDER AMERICANS ACT
NUTRITION REQUIREMENTS

Purpose of the Older Americans Act Nutrition Program - Section 330:

- Reduce food and hunger insecurity.
- Socialization of older individuals.
- Promote the health and well-being of older individuals by assisting them in gaining access to nutrition and other disease prevention and health promotion services to delay the onset of advanced health conditions resulting from poor nutritional health or sedentary behavior.

Nutrition Program Requirements from Older Americans Act - Section 339:

A State that establishes and operates a nutrition project under this chapter shall:

- Solicit the advice of a dietitian or individual with comparable expertise in the planning of nutritional services.
- Ensure that the project provides meals that comply with the Dietary Guidelines for Americans, published by the Secretary of Health and Human Services and the Secretary of Agriculture.
- Provide a minimum of 33 1/3 percent of the daily recommended dietary allowances as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, if the project provides one (1) meal per day, or
    - 66 2/3 percent of the allowances if the project provides two (2) meals per day.
    - 100 percent of the allowances if the project provides three (3) meals per day.
- To the maximum extent practicable, meals are adjusted to meet any special dietary needs of program participants.
- Provide flexibility to local nutrition projects in designing meals that are appealing to program participants.

In addition programs should:

- Meet the current DRIs and Adequate Intake (AI) of the 2010 US Dietary Guidelines.
- Emphasize foods high in fiber, calcium, and protein, and, to the extent possible, target vitamins A and C, with vitamin A provided from vegetable-derived (carotenoid) sources.
- Utilize computer assisted nutrient analysis to verify that requirements are being met.
- Meet special dietary needs when possible and plan menus that are culturally appropriate.

SECTION C1: FIBER SOURCES, WHOLE GRAINS, AND HEALTH

The USDA Dietary Guidelines recommend including three 1-ounce servings of whole grains daily. Whole grains include breads, cereals, pasta, and rice. Read food labels carefully and look for the word “whole grain” in the first position in the ingredient list.

Whole grains are a good source of fiber which help keep us regular, may reduce risk of colon cancer, can help maintain a healthy weight and regulate blood glucose levels. Whole grains, fruits, vegetables and legumes are all good sources of fiber.

Increasing Fiber Intake

- Fiber should come from food sources: whole grains foods, fruits and vegetables.
- Adequate fiber intake aids in regular elimination.
- Fiber has been shown to reduce risk of several chronic diseases including colon cancer, diabetes, and cardiovascular and diverticular disease.
- Adequate fluid intake should accompany any increase in fiber intake.
- When reading labels, whole grain products are identified by “whole grain” or “whole wheat” listed first.
- Whole grain breads do not need to be dry, coarse crumb that can be difficult for seniors to chew and swallow; look for soft crumb, moist whole grain breads.

High Fiber Foods

- dried beans, peas and other legumes
- fresh or frozen lima beans, Fordhook limas as well as baby limas, green peas
- dried fruit: best sources are figs, apricots and dates
- raspberries, blackberries, and strawberries
- broccoli, sweet corn, green beans
- whole wheat or whole grain breads and cereals
- baked potato with skin
- plums, pears and apples
- breakfast cereals high in fiber: oatmeal, bran, whole grain flaked, puffed wheat

Easy Ways to Add More Whole Grains

Try some of the following:

- Substitute half the white flour with whole-wheat flour in recipes for cookies, muffins, and quick breads, or add up to 20% of a whole grain flour such as sorghum.
- Add half a cup of cooked bulgur, wild rice, or barley to bread stuffing.
- Add cooked wheat or rye berries, wild rice, brown rice, sorghum, barley to soup.
- Use whole corn meal for corn cakes, corn breads and corn muffins.

Fiber Sources, Whole Grains and Health – continued

- Make risottos, pilafs and other rice-like dishes with whole grains such as barley, brown rice, bulgur, millet, quinoa or sorghum.
- Serve whole grain salads like tabbouleh.
- Purchase whole grain breads, including whole grain pita bread.
- Purchase whole grain pasta, or one of the blends that's part whole-grain, part white.

Whole grain examples:

- whole Wheat, Spelt and Farro are varieties of wheat, whole rye
- whole-grain corn, popcorn
- whole oats/oatmeal
- brown rice, wild rice
- whole-grain barley
- buckwheat, soba noodles, crêpes and kasha are all made with buckwheat
- triticale, cross between wheat (*Triticum*) and rye (*Secale*)
- bulgur (i.e. cracked wheat in tabbouleh salad)
- millet, use in cereal, soups, and for making a dense, whole grain bread called *chapatti*
- quinoa, incorporate into soups, salads and baked goods
- grain sorghum, use in gluten free baking mixes with sorghum flour

Comparison of whole grain and enriched and refined flour	100 Percent Whole-Grain Wheat Flour	Enriched, Bleached, All-Purpose White Flour
Calories, kcal	339.0	364.0
Dietary fiber, g	12.2	2.7
Calcium, mg	34.0	15.0
Magnesium, mg	138.0	22.0
Potassium, mg	405.0	107.0
Folate, DFE, µg	44.0	291.0
Thiamin, mg	0.5	0.8
Riboflavin, mg	0.2	0.5
Niacin, mg	6.4	5.9
Iron, mg	3.9	4.6

For additional information see information from The Whole Grains Council at http://wholegrainscouncil.org.

SECTION C2:
FRUITS AND VEGETABLES

The revised 2010 USDA Dietary Guidelines have a focus on increased intake of fruits and vegetables. Fruits and vegetables are great sources of essential nutrients, phytochemicals and fiber. In addition they add variety to meals, color and interest. Fruits can double as desserts and vegetables can take a starring role in many entrees.

Here are the essential nutrients in fruits and vegetables that are key to good health in the elderly:

Vitamins	Functional Aspects
C	Immune function, reducing oxidative stress to body
A	Vision, wound healing, liver health
D	Bone health --less exposure to sunlight may increase dietary requirements
E	Immune function
B-12	Anemia—reduced intakes and absorption increase needs
Folate	Anemia, regulation of homocysteine levels, reduced risk of heart disease and
B-6	certain medications may impair status of all B vitamins

Fiber

Fruits and vegetables, including legumes are an excellent source of fiber. Fiber helps to maintain regularity, reduce risk of colon cancer and diverticulosis, aids in regulating glucose levels, and weight management.

Phytochemicals and Antioxidants

These compounds, while not essential nutrients, are found in fruits and vegetables in abundance. Examples include vitamins C and E, lycopene, and beta-carotene. Regular intake has been shown to help reduce risk of chronic diseases such as heart disease and cancer.

Minerals	Functional Aspects
Zinc	Immune function and wound healing
Potassium	Regulation of fluid balance, muscle function and protein synthesis
Calcium	Bone and tooth health, muscle contractions—intakes typically decrease with aging and absorption can be compromised as well

SECTION C3:
VITAMIN A AND C FOODS

Rich sources of vitamins A and C are defined as meeting 33% of current adult male DRI. The following food portions are considered rich sources of vitamin A or C.

Vitamin A

½ sweet potato
½ C canned or fresh carrots
½ C frozen cooked carrots
½ mango
½ C cooked turnip greens
12 dried apricot halves
¼ cantaloupe
¼ C cooked spinach
¼ C cooked butternut squash
¼ C pumpkin
½ C cooked mixed vegetables
1 piece pumpkin pie
½ C cooked spinach
½ C cooked turnip greens
½ C raw or cooked red peppers
½ C cooked kale
½ C winter squash
½ C cooked turnip greens
½ C tomato products, canned, paste
1 C chicken vegetable soup
½ C collards
1 C vegetable soup
Equivalent of 1 chili pepper

Vitamin C

¼ or 1 C cantaloupe
½ C sweet red or green peppers
½ C frozen, sliced peaches
½ C papaya slices
½ C orange juice
½ C grapefruit juice
½ grapefruit
½ orange
½ green or red pepper
½ C cooked broccoli
½ C Brussels sprouts
½ C strawberries or frozen
½ C mixed frozen fruit
½ C apricot nectar with added vitamin C
½ canned pineapple
½ C tomato products (canned, paste), without added salt
Equivalent of 1 chili pepper
½ C bottled cranberry juice cocktail
½ C papaya
½ C cooked kohlrabi
½ C canned grape juice
½ C cooked pea pods
1 C tomato soup
1 medium kiwi
1 raw mango
1 C cooked cauliflower
¾ C canned grapefruit sections
1 C cooked kale
1 C frozen chopped and cooked collards
1 C raspberries
1 C coleslaw
1 baked sweet potato
1 baked potato
1 C cooked mustard greens

SECTION C4:
THREE-A-DAY CALCIUM PLUS ONE

The 3-A-Day Program

According to the USDA, 75% of Americans do not meet their calcium needs? That is why the National Dairy Council and the Academy of Nutrition and Dietetics promote the 3-A-Day program.

Functional aspects of calcium - value to older adults

Calcium is part of the "bone team." These are nutrients that keep bones and teeth healthy. In addition, calcium also functions to maintain a normal blood pressure level and new research indicates that it may help manage weight. Adults over 51 years should get 4 servings daily of a calcium rich food.

Calcium rich foods

Low-fat dairy products are a great source of calcium. Drink skim or 1% milk, or eat low-fat yogurt or low-fat cheese at least 3 times a day. Tofu (soy), legumes such as dried beans and peas, and some leafy green vegetables are also good sources. In addition, there are now many calcium fortified products such as juices, cereals and snack foods.

What is a serving of a calcium rich food?

Best sources:

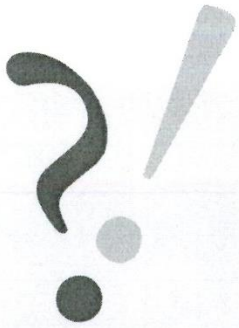
Yogurt, plain	8 ounces	Choose non-fat or low-fat varieties
*Swiss cheese	1.5 ounces	Choose low-fat
Calcium fortified orange juice	8 ounces	
*American cheese	2 ounces	
*Sardines	3 ounces	
Milk	8 ounces	Choose non-fat, skim or 1% milk
*Cheddar cheese	1 ounce	Choose low-fat such as mozzarella

*high in sodium

Good sources:

Shrimp	3 ounces	Legumes	1 C
Turnip greens	1 C	Kale	1 C
Instant oatmeal	1 packet	Collard greens	½ C cooked
Tofu	½ C	Calcium fortified soy milk	8 ounces

Nutrition fact sheet



Keeping *Trans* Fats in Focus

There are so many messages about fats these days—good fats, bad fats, *trans* fats. Lately, you've probably been hearing more about *trans* fat. Before making any decisions about changing your diet, you need the facts about the role of fats in a healthy eating plan.

Fats supply the body with energy, provide the building blocks for cell membranes and help key systems in the body function properly. They also help the body absorb certain nutrients such as vitamins A, D, E and K. It's important to understand the difference in saturated, unsaturated and *trans* fats.

Are All Fats Bad?

Not all fat is bad. Actually, certain kinds of fat play an important role in health. Polyunsaturated and monounsaturated fats are beneficial forms of fat that promote heart health. These fats help lower blood cholesterol and reduce the risk of heart disease. The 2005 Dietary Guidelines for Americans recommend a daily total fat intake between 20 to 35 percent of calories, with most fats coming from sources of polyunsaturated and monounsaturated fats such as fish, nuts and vegetable oils (such as soybean oil).

Saturated fats and *trans* fats can increase blood cholesterol levels and increase the risk of heart disease. It's important to limit the amount of these fats in your diet. Saturated fats are found mainly in meat, poultry, butter, whole milk and coconut, palm and palm kernel oils. According to the 2005 Dietary Guidelines, Americans should limit their intake of fats and oils high in saturated and/or *trans* fats by choosing foods low in these fats.

What Is Trans *Fat?*

While *trans* fats are found naturally in some foods, the major source in the diet is partially hydrogenated oil. Examples of foods that may contain *trans* fats are cookies, crackers, muffins, potato chips and stick margarine. Since *trans* fats have been shown to have a similar effect on the body as saturated fats it's important to limit your intake of foods containing *trans* fats. On average, about 2.6 percent of the calories in the typical American diet come from *trans* fats. However, your individual intake depends on your food choices. By selecting foods carefully, you can minimize your consumption of *trans* fats.

New products are now available in the supermarket that are labeled *trans*

Information

American Dietetic Association Knowledge Center

For food and nutrition information or for a referral to a nutrition professional in your area call:

800/366-1655

or visit:
www.eatright.org

UNITED SOYBEAN BOARD
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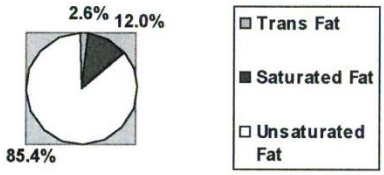


Sources of Fat in the Typical American Diet

fat free—with more soon to follow. However, some products that are *trans* fat-free may still be high in saturated fat, calories or added sugars. Check the Nutrition Facts Panel on the food label for total fat, saturated fat and *trans* fat, as well as calories and other nutrients. Select foods that will fit into your healthy eating plan.

Why do some baked goods and snack foods contain trans fat?

In response to consumers' demand for foods low in saturated fat and cholesterol, food companies started replacing saturated fats with vegetable oils. Unfortunately, some vegetable oils didn't work well as an ingredient in many food products. For example, margarine would completely melt at room temperature and the quality of baked goods was not acceptable. The process of hydrogenating vegetable oil was developed to produce a food ingredient that functioned like saturated fat. However, this process also causes *trans* fats to form. Partially hydrogenated oils are the main dietary source of *trans* fat.

Most cooking oils in the supermarket labeled "vegetable oil" are actually soybean oil. Vegetable oil in its liquid form has no *trans* fats or cholesterol and is high in polyunsaturated and monounsaturated fats. Read the ingredient label on vegetable oils to see what type of oil it contains.

Soon food companies will be able to make products with soybean oil that does not require hydrogenation. Knowing that consumers are concerned about *trans* fats, the food industry, farmers and researchers are working to produce a new kind of soybean oil that can be used in food recipes without being hydrogenated. This oil is made from a new variety of soybeans that is currently under development. Using this new soybean oil will allow manufacturers to offer *trans* fat free foods while maintaining product quality.

Make smart decisions about the foods in your healthy eating plan

Learn the facts to make informed choices about the foods you eat. Use the Nutrition Facts label as a guide to making smart food choices. And, remember, a healthy eating plan is one that:

- Is low in saturated fats, *trans* fats, cholesterol, salt and added sugars.
- Emphasizes fruits, vegetables, whole grains and fat-free or low-fat milk and milk products.
- Includes lean meats, poultry, fish, beans, eggs and nuts.

Appendix C5 continued

Area Agency on Aging 1-B
Advocacy • Action • Answers on Aging

SECTION C6: FACTS ON FOOD LABELS

Nutrition fact sheet

Get Smart – Get the Facts on Food Labels

Become a smart shopper by reading food labels to find out more about the foods you eat! Here's why it's smart to check out the Nutrition Facts found on most food labels:

- Find out which foods are good sources of fiber, calcium, iron, and vitamin C
- Compare similar foods to find out which one is lower in fat and calories
- Search for low-sodium foods
- Look for foods that are low in saturated fat and *trans* fats

Use this guide to help you make healthy food choices that meet your nutritional goals.

A Quick Guide to Reading the Nutrition Facts Label

Start with the Serving Size

- Look here for both the serving size (the amount for one serving), and the number of servings in the package.
- Remember to check your portion size to the serving size listed on the label. If the label serving size is one cup, and you eat two cups, you are getting twice the calories, fat and other nutrients listed on the label.

Check Out the Total Calories and Fat

Find out how many calories are in a single serving and the number of calories from fat. It's smart to cut back on calories and fat if you are watching your weight!

Let the Percent Daily Values Be Your Guide:

Use percent Daily Values (DV) to help you evaluate how a particular food fits into your daily meal plan:

- Daily Values are average levels of nutrients for a person eating 2,000 calories a day. A food item with a 5% DV means 5% of the amount of fat that a person consuming 2,000 calories a day would eat.
- Remember percent DV are for the entire day not just for one meal or snack.
- You may need more or less than 2,000 calories per day. For some nutrients you may need more or less than 100% DV.

The High and Low of Daily Values

- 5 percent or less is low – try to aim low in total fat, saturated fat, cholesterol, and sodium
- 20 percent or more is high – try to aim high in vitamins, minerals and fiber

Limit Fat, Cholesterol and Sodium

Eating less of these nutrients may help reduce your risk for heart disease, high blood pressure and cancer:

- Total fat includes saturated, polyunsaturated and monounsaturated fat. Limit to 100% DV or less per day.
- Saturated fat and *trans* fat are linked to an increased risk of heart disease.
- Sodium – high levels can add up to high blood pressure.
- Remember to aim low for % DV of these nutrients!

Nutrition Facts
Serving Size 1 cup (228g)
Servings Per Container 2

Amount Per Serving	
Calories 260	Calories from Fat 120
	% Daily Value*
Total Fat 13g	20%
Saturated Fat 5g	25%
Trans Fat 2g	
Cholesterol 30mg	10%
Sodium 660mg	28%
Total Carbohydrate 31g	10%
Dietary Fiber 0g	0%
Sugars 5g	
Protein 5g	

Vitamin A 4% • Vitamin C 2%
Calcium 15% • Iron 4%

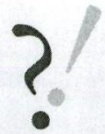
*Percent Daily Values are based on a 2,000 calorie diet. Your Daily Values may be higher or lower depending on your calorie needs:

	Calories:	2,000	2,500
Total Fat	Less than	65g	80g
Sat Fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g

Calories per gram:
Fat 9 • Carbohydrate 4 • Protein 4

Get Enough Vitamins, Minerals and Fiber

- Eat more fiber, vitamins A and C, calcium, and iron to maintain good health and help reduce your risk of certain health problems such as osteoporosis and anemia.



Information

The American Dietetic Association Knowledge Center

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800/366-1655

or visit:

www.eatright.org

For more food label information:
www.cfsan.fda.gov/label.html

Step Up to Nutrition & Health

American Dietetic Association
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120 Riverside Plaza, Suite 2000
Chicago, Illinois 60606-6995

- Choose more fruits and vegetables to get more of these nutrients.
- Remember to aim high for % DV of these nutrients!

Additional Nutrients

Protein – Most Americans get more protein than they need, so a % Daily Value is not required on the label. Choose moderate portions of lean meat, poultry, fish, eggs, low-fat milk, yogurt and cheese, plus beans, peanut butter and nuts.

Carbohydrates – There are three types of carbohydrates—sugars, starches and fiber. Select whole-grain breads, cereals, rice and pasta plus fruits and vegetables.

Sugars – Simple carbohydrates or sugars occur naturally in foods such as fruit juice (fructose), or come from refined sources such as table sugar (sucrose) or corn syrup.

Daily Values Foot Note

- This is a reference chart that applies to healthy people eating either 2,000 calories a day or 2,500 calories, and shows the daily maximum amounts for total fat, saturated fat, cholesterol and sodium.

Check the Ingredient List

Foods with more than one ingredient must have an ingredient list on the label. Ingredients are listed in descending order by weight. Those in the largest amounts are listed first. Effective January 2006, manufacturers are required to clearly state if food products contain any ingredients that contain protein derived from the eight major allergenic foods. These foods are milk, eggs, fish, crustacean shellfish, tree nuts, peanuts, wheat and soybeans.

What Health Claims on Food Labels Really Mean

Ever wonder about the difference between reduced fat and low fat? Or does "light" on a label really mean no fat? FDA has strict guidelines on how these food label terms can be used. Here are some of the most common claims seen on food packages and what they mean:

- ***Low calorie*** – Less than 40 calories per serving.
- ***Low cholesterol*** – Less than 20 mg of cholesterol and 2 gm or less of saturated fat per serving.
- ***Reduced*** – 25% less of the specified nutrient or calories than the usual product.
- ***Good source of*** – Provides at least 10% of the DV of a particular vitamin or nutrient per serving.
- ***Calorie free*** – Less than 5 calories per serving.
- ***Fat free / sugar free*** – Less than ½ gram of fat or sugar per serving.
- ***Low sodium*** – Less than 140 mg of salt per serving.
- ***High in*** – Provides 20% or more of the Daily Value of a specified nutrient per serving.
- ***High fiber*** – 5 or more grams of fiber per serving.
- ***Lean (meat, poultry, seafood)*** – 10 grams of fat or less, 4½ grams of saturated fat, and less than 95 mg cholesterol per 3 ounce serving.
- ***Light*** – ⅓ fewer calories or ½ the fat of the usual food.
- ***Healthy*** – Decreased fat, saturated fat, sodium, and cholesterol and at least 10 % of the DV of vitamins A, C, iron, protein, calcium, and fiber.

FDA also sets standards for health-related claims on food labels in order to help consumers identify foods that are rich in nutrients and may help to reduce their risk for certain diseases. For example, health claims may highlight the link between calcium and osteoporosis, fiber and calcium, heart disease and fat or high blood pressure and sodium.

Appendix C6 continued

SECTION C7:
SEASONING WITH HERBS TO LOWER SALT INTAKE

Shake the Habit: Lower Salt Intake and Season with Herbs

Many older adults need to reduce sodium intake in order to comply with their health care providers suggestions to limit the amount of salt (sodium) in their diets. Reducing sodium levels is a recommendation of the Dietary Guidelines since high sodium levels may increase risk of high blood pressure.

Here are some tips to reduce the amount of salt (sodium) in your diet:

- Choose sodium-reduced products whenever available, such as reduced sodium soups, soy sauce, canned tuna, and spaghetti and barbecue sauces.
- Watch canned or frozen vegetables, many have added sodium
- Processed foods have more sodium; buy fresh, natural foods more often.
- Put the salt shaker in the cupboard and use it sparingly
- Offer salt-free seasoning blends such as Mrs. Dash at dining sites
- Season with herbs and spices, most of which are sodium free (see below)

Foods That Are High in Sodium

Cured meats: ham, bacon, sausage, hot dogs, luncheon meats (bologna, salami etc)
Fish, canned in oil or brined
Canned shellfish
Salted nuts, seeds and snack mixes
Soy protein products
Pizza
Lasagna
Frozen dinners
Dehydrated soups
Cheeses
Buttermilk
Instant cocoa mixes
Bouillon cubes
Olives, pickles, pickle relish
Meat tenderizers
Seasoning salts

Read the Labels
Here are the key words that indicate that a food may be high in sodium or have ingredients that contain sodium:

Salt	Sodium	Monosodium glutamate (MSG)
Baking powder	Baking soda	Disodium phosphate
Sodium benzoate	Sodium hydroxide	Sodium nitrite
Sodium propionate	Sodium sulfite	

Herb it Up!

Herbs are a great way to add flavor to your meals without adding salt. Here is a list of herbs and the foods they compliment. Remember this rule of thumb when using herbs: 1/8 tsp powdered = 1/4 tsp dried = 1 tsp fresh.

Herbs	Use with these vegetables
anise	green salads, vegetable soup
basil	tomatoes, green salads, vegetable pasta salads
chervil	green salads, vegetable soups
chives	Use instead of onions for a milder flavor
sweet marjoram	potatoes and string beans
oregano	tomatoes
mint	green peas
parsley	green salads, other vegetables

Try any of these herbs to compliment these foods:

Herb	Foods
caraway seed, marjoram, nutmeg	cauliflower
basil, caraway seeds, dill marjoram, nutmeg, savory	green beans
basil, curry, marjoram, mint, orange peel, rosemary	peas
basil, caraway seeds, chives, dill, garlic, onion	potatoes
basil, allspice, celery seed, marjoram, oregano, thyme	tomatoes
basil, celery seed, dill, paprika, tarragon	green salads
lovage, marjoram, sage, tarragon	poultry
basil, dill, garlic, parsley	fish

Seasoning Strength

Strong herbs: bay leaves, cardamom, curry, ginger, hot peppers, mustard, pepper, rosemary, sage. Use 1 tsp/6 servings

Medium herbs: basil, celery seed, cumin, dill, fennel, garlic, marjoram, mint, oregano, savory, thyme, turmeric. Use 1 tsp/6 servings

Delicate herbs: burnet, chervil, chives, parsley. Use large amounts

Salt Substitute:

3 tsp basil
2 tsp each savory, celery seed, ground cumin, sage and marjoram
1 tsp lemon thyme

SECTION C8:
TIPS TO REDUCE SUGAR IN MEALS

Foods that are high in simple sugars or that have sugars added in preparation can be high in calories and these calories are what nutritionists call “empty calories” since the calories and low in vitamins, minerals and protein. In contrast, seniors need nutrient dense or nutrient rich foods to insure that all essential nutrient needs are being met. In addition, sugar can cause dental decay at any age and will hinder consumption of fresh healthy food.

- Use less of all sugar including: white sugar, brown sugar, honey, jam, jelly, and syrups.
- Desserts are optional, so choose to serve fruit; serve fruit breads that are usually lower in sugar than cakes and cookies; and experiment with recipes calling for less sugar for baked dessert items.
- Serve fruit salads topped with yogurt or mixed with puddings as a dessert alternate.
- Choose canned or frozen fruits processed without added sugar
- Offer water at dining sites to reduce frequency of using soft drinks as thirst quenchers.
- Offer fruit as a topping on unsweetened cereals, yogurts, etc.
- Reduce the amount of sugar in traditional recipes.
- Serve warm cinnamon applesauce over pancakes and waffles instead of syrup.
- Spread mashed bananas, or reduced sugar fruit topping instead of jam/ jelly on bread

Read Labels If any of these are listed first in the ingredient list, then the food is high in sugar.

Sucrose	Maltose	Molasses
Dextrose	Invert sugar	Levulose
Fructose	Corn syrup	Brown sugar
High fructose corn syrup	Glucose	Turbinado sugar

The Great Fakes! - These spices are great at enhancing the sweetness already in foods.

Allspice	Cloves	Cardamom
Cinnamon	Nutmeg	Fennel
Cloves	Ginger	
Flavored Extracts:	maple, coconut, banana, and chocolate	

Sugar Content of Selected Foods

	Tsp Sugar Per Serving		*Tsp Sugar Per / Serving*
Fruit drink-12 oz.	12	Sherbet -1/2 c	5
Soft drink-12 oz.	8	Yogurt, fruit flavor-1c	7
Cake, frosted - 1/16 of cake	5	Chocolate Shake - 10 oz	9

Honey vs. Sugar - Some people believe that honey is a more natural and healthy form of sugar. Yet, 1 teaspoon of honey has 22 calories and 1 teaspoon of sugar has 13 calories. Honey is also susceptible to growth of botulism a deadly food poison. Older adults should not be offered any foods made with raw honey.

SECTION C9:
TIPS TO REDUCE FAT CONTENT IN MENUS

Reducing intake of fat, saturated fat and cholesterol has been found to help reduce the risk of coronary heart disease and diabetes, and aids in maintaining a healthy body weight. Fats are frequently termed by nutrition educators as visible fats and are added in the cooking or preparation process i.e. oils, margarine , butter and those found naturally in foods as invisible i.e. avocado, coconut, ground beef, peanuts, whole milk, cheese, or marbled occurring in fatty meats.

Here is a list of substitutions that you can make so that your menus are lower in fat:

- Use nonfat or skim milk instead of whole milk or cream in cooking
- Use powdered sugar instead of cake frosting
- Use plain low-fat yogurt instead of sour cream
- Try reduced or fat-free cream cheese instead of regular cream cheese
- Try reduced fat cheeses instead of full-fat cheese
- Use skim milk and cornstarch for sauces instead of whole milk, cream and fats
- Use plain low-fat yogurt instead of mayonnaise
- Try angel food cake instead of yellow or pound cake
- Try a low-fat muffin instead of doughnut
- Try Canadian bacon instead of pepperoni, sausage on pizza
- Serve a baked potato instead of french fries
- Chill soups and skim fat before reheating and serving
- Use fat-free broths in cooking
- Grill or poach meats instead of frying
- Limit use of commercially made baked products
- Limit high-fat meats and dairy products to 3 times per week
- Increase use of mono- and polyunsaturated fats such as olive, safflower or canola oils
- Trim all visible fat from meats
- Skin poultry before cooking
- Include fish on the menu more often

SECTION C10: TARGET NUTRIENTS AND GOOD FOOD SOURCES

Certain nutrients have been targeted as key to good overall health in the Dietary Guidelines. A "high source" is defined as providing 20% or more of the Daily Value for a given nutrient per serving. A "good source" is federally defined as providing 10-19% of the Daily Value for a given nutrient per serving. These include the following good food sources for each of these nutrients.

Calcium

- Low fat or non-fat dairy including milk, buttermilk, yogurt, cottage cheese
- Low fat cheeses such as mozzarella, reduced fat Swiss, cheddar etc.

Iron

- Red meats, legumes, dark green vegetables such as spinach, fortified grains/cereals

Thiamin, Riboflavin and Niacin

- Meat, milk, leafy green vegetables, legumes, enriched breads, cereals and grains

Sources of Vitamin A

- Bright orange vegetables like carrots, sweet potatoes, and pumpkin
- Tomatoes and tomato products, red sweet pepper
- Leafy greens such as spinach, collards, turnip greens, kale, beet and mustard greens, green leaf lettuce, and romaine
- Orange fruits like mango, cantaloupe, apricots, and red or pink grapefruit

Sources of Vitamin C

- Citrus fruits and juices, kiwi fruit, strawberries, guava, papaya, and cantaloupe
- Broccoli, peppers, tomatoes, cabbage (especially Chinese cabbage), Brussels sprouts, and potatoes
- Leafy greens such as romaine, turnip greens, and spinach

Sources of Folate

- Cooked dry beans and peas
- Oranges and orange juice
- Deep green leaves like spinach and mustard greens

Sources of Potassium

- Baked white or sweet potatoes, cooked greens (such as spinach, beet), winter squash
- Bananas, plantains, many dried fruits, oranges and orange juice, and cantaloupe
- Cooked dry beans , soybeans (green and mature)
- Tomato products (sauce, paste, puree)

SECTION C11:
BEST SOURCES SELECT NUTRIENTS

Nutrient	Food	Serving Size	Amt	% DV *c*
Calcium			mg	
High	Yogurt, plain, low fat	8 oz	345	35
	Milk 1% w/ added Vit. A	1 cup	300	25
Good	Cheddar cheese	1 oz	204	17
	Collard greens, cooked	1/2 cup	179	15
	Turnip greens, cooked	1/2 cup	125	10
	Spinach, cooked	1/2 cup	123	10
Magnesium			mg	
High	Finfish, Halibut	1/2 fillet	170	40
Good	Spinach, cooked	1/2 cup	79	19
	Soybean, cooked	1/2 cup	74	18
	Beans, white, canned	1/2 cup	67	16
	Beans, black, cooked	1/2 cup	60	14
	Artichokes, Cooked	1/2 cup	51	12
	Beet greens, cooked	1/2 cup	49	12
	Lima beans, cooked	1/2 cup	47	11
	Okra, frozen, cooked	1/2 cup	47	11
	Oat bran, cooked	1/2 cup	44	10
	Brown rice, cooked	1/2 cup	42	10
Vitamin B12			mg	
High	Yogurt, plain. low fat	8 oz	0.49	37
	Milk 1%, w/ added Vit. A	1 cup	0.41	31
	Egg whole, scrambled/hard-boiled	1 Lg	0.27	21
Good	Soybeans, cooked	1/2 cup	0.25	19
	Ricotta cheese, whole milk	1/2 cup	0.24	18
	Mushrooms, cooked	1/2 cup	0.23	18
	Spinach, cooked	1/2 cup	0.21	16
	Beet greens, cooked	1/2 cup	0.21	16
	Cottage cheese, low fat	1/2 cup	0.19	14

SECTION C11:
SELECT NUTRIENTS - CONTINUED

Nutrient	Food	Serving Size	Amt	% DV *c*
Folate			ug	
High	Lentils, cooked	1/2 cup	179	45
	Pinto beans, cooked	1/2 cup	147	37
	Chickpeas, cooked	1/2 cup	141	35
	Okra, frozen, cooked	1/2 cup	134	33
	Spinach, cooked	1/2 cup	132	33
	Asparagus, cooked	1/2 cup	122	30
	Turnip greens, cooked	1/2 cup	85	21
	Brussels sprouts, frozen, cooked	1/2 cup	78	20
	White rice, long-grain, cooked	1/2 cup	77	19
	Broccoli, frozen, cooked	1/2 cup	52	13
	Mustard greens, cooked	1/2 cup	52	13
	Green peas, frozen, cooked	1/2 cup	47	12
	Orange	1 med	39	10
Vitamin E		-	mg	-
	Vegetable oil, sunflower linoleic (>60%)	1 tbsp	6.88	46
	Tomato products, canned, puree	1/2 cup	3.15	21
	Vegetable oil, canola	1 tbsp	2.93	20
	Turnip greens, frozen, cooked	1/2 cup	2.39	16
	Peaches, canned	1/2 cup	1.86	12
	Tomato products, canned, sauce	1/2 cup	1.72	11
	Broccoli, frozen, cooked	1/2 cup	1.52	10
Fiber		-	gm	-
	Pears, Asian, raw	1 pear	9.9	28 d
	Beans (pinto, black, kidney)	1/2 cup	7-8	20-23 d
	Dates, dry	1/2 cup	7.0	20 d
	Chickpeas, cooked	1/2 cup	6.0	17 d
	Artichokes, cooked	1/2 cup	4.5	13 d
	Green peas, frozen, cooked	1/2 cup	4.4	13 d
	Raspberries, raw	1/2 cup	4.2	12 d
	Vegetables, mixed, frozen, cooked	1/2 cup	4.0	11 d
	Apple, raw, with skin	1	3.7	11 d

SECTION C12:
FAT TERMINOLOGY ON FOOD LABELS

Fat Free
Contains less than **0.5** gram of fat per serving

Low Fat
Contains **3** grams or less of fat per serving

Reduced Fat
Nutritionally altered product containing **25% less** fat than a regular product

Low in Saturated Fat
Contains **1 gram or less** of saturated fat per serving

Reduced in Saturated Fat
Nutritionally altered product containing 25% less saturated fat than the regular product

Cholesterol Free
Contains less than 2 mg of cholesterol per serving

Low Cholesterol
Contains less than 20 mg of cholesterol per serving and no more than 2 grams of saturated fat

Reduced Cholesterol
A nutritionally altered product that contains 25% less cholesterol than the regular product

Lean
Contains less than 10 grams of fat, less than 4.5 grams of saturated fat, and less than 95 mg of cholesterol per serving

Extra Lean
Contains less than 5 grams of fat, less than 2 grams of saturated fat, and less than 95 mg of cholesterol per serving

Percent Fat Free
A food's weight that is fat free, which can be used only on foods that are low-fat or fat free to begin with. For instance, if a food weighs 100 grams and 3 grams are from fat, it can be labeled "97 percent fat free." Note that this term refers to the amount that is fat free by weight, not calories.

SECTION C13: TIPS FOR COOKING AND CONSUMING DRY BEANS

Legumes or dry beans and peas are a healthy and versatile protein food and are grown locally in Michigan. In addition to being used as a vegetable, beans are growing in popularity as an entree in place of meat with many recipes inspired by traditional ethnic cuisine and Michigan based recipes like Senate Bean Soup. Beans and peas are:

- An economical and healthy protein substitute
- One of the oldest foods dating back at least 4,000 years
- Naturally low in fat and with a high biological value
- An excellent source of fiber that can help with regular elimination and help to lower cholesterol
- Versatile and easy to cook
- Mild in flavor and adaptable to many different cuisines
- Easily blended with many other flavors for tasty meals and side dishes
- Are soft and easy to chew
- Available canned and may be used in place of dry beans but contain higher amounts of sodium and should be used less frequently.

Tips for cooking beans

- First, always rinse and sort through beans to be sure they are clean and free from dirt and pebbles.
- Soak overnight in cool water or for 4 hours prior to cooking.
- Rinse after soaking and cover with fresh water. Bring to a boil and cook until beans are completely soft. If you eat beans that are not thoroughly cooked you will have more trouble with gas.
- Beans are ready to eat and enjoy. Use them in soups, stews, and casseroles or as a spread for a sandwich. Cooked beans can be frozen and used later.
- Dry beans can be stored for a year in an airtight container.

Yield in Recipes

- 1 cup of dry beans yields 2 ½ -3 cups cooked beans
- 1 pound of dry beans yields 6-7 cups of cooked beans

Beans are a great low-fat protein. But when you cook them with sausages, salt pork or ham, or serve with cheese, fat content goes way up.

With all the positive aspects of beans, some people avoid eating beans if they get excess gas or feel bloated and uncomfortable after eating beans. By increasing consumption of beans, the adverse effect of excess gas in the digestive tract can

become less of a problem. To improve tolerance here are some suggestions for cooking and consuming beans:

- Soak beans overnight and before cooking.
- Rinse and add fresh water several times while cooking; this helps rinse away some of the gas-producing carbohydrates.
- Cook thoroughly. Remember that well-done beans are soft and tender. If you can smash them with your tongue against the roof of your mouth, then they are well cooked.
- Start by eating only a serving once a week. Then build up and eat more often.
- Drink plenty of fluids when you eat beans.
- For sensitive individuals they can try using *Beano*. This is an over-the-counter enzyme product that helps reduce gas from beans and cruciferous vegetables like broccoli, Brussel sprouts, cabbage and cauliflower .

✓ The American Gastroenterological Association offers these additional suggestions to help prevent feeling bloated for individuals who experience this and other related conditions after eating beans or other gaseous producing foods:

- If you wear dentures, have your dentist check them to be sure they fit properly.
- Don't chew gum or eat hard candies, particularly those that contain sorbitol.
- Avoid eating foods that contain high fructose corn syrup. Also avoid carbonated drinks.
- If you are lactose-intolerant, restrict dairy products.
- Try exercise -- especially jogging, walking or calisthenics.

SECTION D:
VEGETARIAN MEALS

Vegetarian diets can be a healthy alternative to the traditional meat-based US diet. They are often lower in fat, saturated fat and cholesterol, and higher in fiber. Recent studies have shown that seniors who choose to eat a vegetarian diet can have nutrient intakes that are similar to meat eaters. However, because some nutrient needs increase with aging (calcium, vitamins D, B-6) and because some nutrients may be lower in vegetarian meals, planning vegetarian menus can require more time and attention so that nutrient needs are met.

Nutrients that are potentially low in vegetarian diets
Here is a list of nutrients that might be low in a typical vegetarian diet and suggested foods to increase nutrient intake.

- Calcium: dairy products or, if vegan, calcium-fortified soy milk, collard or turnip greens, spinach, or tofu processed with calcium salt. Use milk in soups; serve puddings, yogurt, low fat cheese in sandwiches, salads, casseroles, etc.
- Zinc: whole grains, soybeans, enriched cereals, yogurt, peanuts, legumes.
- Vitamin B-12: fortified foods or supplements to ensure good absorption; choose animal foods such as dairy if included in diet.
- Vitamin D: If exposure to sunlight is limited and no dairy products are consumed, a dietary supplement may be needed. Fortified soy milk and some fortified breakfast cereals have increased vitamin D.
- Protein: plant-based protein sources such as legumes (dried beans and peas) grains, legumes and seeds.

Vegetarian Menu Ideas

Spinach Vegetable Lasagna
Tossed Salad, Cauliflower & Broccoli Mix
Mixed Berry Fruit Cup
Whole Wheat Bread, Milk

Corn Chowder
Spanish Rice with Beans & Tortilla
Green Beans, Coleslaw
Ambrosia Fruit Cup, Milk

Macaroni and Cheese
Stewed Tomatoes, Spinach Salad
Cookie and Tropical Fruit Cup
Potato Roll, Milk

Grilled Vegetable Pita Pocket
Potato Wedges, Cheddar & Pear Salad
Cantaloupe or Apple Juice
Blueberry Bran Muffin, Milk

Vegetable Pastry or Vegetable Calzone filled w/ Spinach, Carrots or Artichokes, and 3 Cheeses, w/ Tomato Dipping Sauce
Mixed Greens w/Pineapple Plums, Milk

Penne Pasta Marinara or Alfredo Sauce
Summer Squash, Pea and Peanut salad
Baked Bread Stick
Baked Apple, Milk

Vegetable “Boca” Burger Deluxe,
Kaiser Bun, Sliced Tomato, Lettuce, Potato Salad, Grapes, Milk

Stir Fry Vegetables over Brown Rice
Sesame Green Beans, Asian Coleslaw,
Chilled Peaches, Fortune Cookie, Milk

Breakfast Meal Ideas

Traditionally, congregate and home delivered meals (HDM) are provided hot, at lunch time 5-days-per-week for older adults. For HDM participants who are assessed in need of a second meal, it can be provided as a dinner meal (i.e. sandwich, vegetables, fruit and milk) or as a breakfast meal for the next day. Adding a breakfast portion to the home delivered meal program with nutrient-dense foods can further improve the lives of individuals identified to be at risk for nutrition related issues.

Also, for congregate programs that have morning programming, breakfast can add a nutritional boost for busy seniors who are on the go early in the day.

See sample breakfast menus below:

Menu 1
Oatmeal, 1 cup
Low Fat Vanilla Yogurt, 6 oz.
Cranberries, ¼cup
Almonds, ¼cup
Banana, 1 med., Orange Juice, ½ cup
Low Fat or Skim Milk, 4 oz

Menu 2
Whole Wheat Bagel, 1 med.
Cheddar Cheese, Scrambled Egg 1 oz ea, or Peanut Butter 2 oz
Orange Juice ½ cup, ½ c mixed melon, Banana 1 med.
Low Fat or Skim Milk, 4 oz

Menu 3
Oatmeal Muffin Squares with ½ c Cottage Cheese
Orange Juice ½ cup, Dried Mixed Fruit 2 Tbs. and Apple, 1 sm.
Low Fat or Skim Milk, 4 oz

Menu 4,
Granola with Low Fat Vanilla Yogurt, 6 oz. or
Baked French Toast Strips or
Breakfast Burrito w/Salsa with
Orange Juice ½ cup, Applesauce ½ cup, and Raisins 2 Tbs.
Low Fat or Skim Milk, 8 oz

SECTION F:
STANDARDIZED RECIPES

A standardized recipe is a written recipe that has been tested and results in the same consistent quality product each time it is made. Standardized recipes produce the same yield when exact procedures are followed with the same equipment, quantity and quality ingredients. Importantly, written standardized recipes are required by AASA.

Standardized recipes produce

- Consistent quality every time it is served
- Consistent production and cost control
- Accurate costing
- Baseline recipes for computer analysis of nutrient content and adherence to standards
- Products without substitutions that can alter flavor, acceptability and adherence to standards
- Time savings
- Consistent portions and help prevent excessive leftovers

Key elements of standardized recipes

- Name of recipe
- File or reference number
- Yield
- Ingredient list
- Equipment needed
- Method of preparation
- Garnish/presentation/portioning
- Storage

Other Benefits

If your regular cook is unavailable, another cook will be able to fill in and meet the participant's expectations. Standardized recipes support creativity in cooking by helping employees commit to continuous quality improvement. Standardized recipes are written and detailed so anyone can understand the directions kept on file.

Meal Planning and Preparation Service Resource List
http://www.nal.usda.gov/fnic/service/mealplanning.pdf?debugMode=false

SECTION F.1:
STANDARDIZED RECIPE SAMPLE FORM

Recipe Name_____ Yield_____ Serving Size_____

Recipe Source Work Sheet

Supplier Item code	Ingredient Description	Quantity

Cooking Instructions:

SECTION G:
MENU PLANNING AND NUTRIENT ANALYSIS

In order to ensure nutrient quality for the health of older Americans and to comply with the requirements of the OAA, providers are required to establish written standards and guidelines detailing the specific requirements for menu planning and approval. Planning menus that includes input from participants is a best practice. Information may be obtained through focus groups, advisory councils, taste panels, suggestion boxes, or customer surveys. Suggestions may also come from food production staff, site managers, home-delivered meal drivers, and food purveyors, AASA, and the AAA1-B . Additionally menus require following standardized recipes that have been analyzed for their nutritional content as required by AASA guidelines.

A cycle menu is a schedule of meals planned in advance for a certain period of time that can be repeated. Cycle menus are not required by AAA1-B but are strongly encouraged. Menus must be developed in consultation with the AAA1-B registered dietitian. The process should emphasize creativity and healthy choices that are senior friendly.

Cycle menus allow supervisors to

- *Save time* - plan ahead for work scheduling; decrease paper work
- *Control costs* - purchase foods in season and in bulk; decrease inventory, control labor, substitute foods in recipes that have risen in cost or are not available , and use forecasting to reduce waste
- *Increase customer satisfaction - feature signature items, follow tested process, repeat items on menu that are customer favorites, publish menu in advance to promote nutrition program*
- *Nutrient Analysis-*

Menu Planning

Follow basic planning principles:

- *Balance*: flavors, colors and key nutrients
- *Variety*: vary entrees and sides day to day, present foods in varying forms and in different combinations ; introduce new foods periodically
- *Contrast*: textures, flavors, shapes, and colors
- *Visual appeal*: Food that looks interesting and colorful will be more acceptable

Nutrient Analysis

A variety of nutrient analysis and meal production software products are available and used by, AAA's, and providers. Some simply provide analysis of foods, recipes, and menus; others offer food production, inventory, and costing capabilities. Menus are required to meet 1/3 of the DRI and must be analyzed using commercial software or calculated using reference tables and kept on file for AAA1-B review and customer information upon request.

Area Agency on Aging 1-B
Advocacy • Action • Answers on Aging

SECTION H:
AAA 1-B MENU APPROVAL FORM

Area Agency on Aging 1-B
Advocacy • Action • Answers on Aging

DATE: FAX #:

TO:

FROM:

SUBJECT: Menu Review & Approval **Number of pages: _____**

Service MO/YR: - **Meal Type:**

Menu Review Guidelines	Findings (Meets Requirements unless noted)	Recommendations
MyPlate pattern: Grains, Protein, Fruit, Veg, Dairy		
Presentation of meals: variety, color, description, taste, visual appeal, temp.		
Recipe Creativity/Combo's, Flavor		
Portions Specified in Recipes/Analysis/Yield		
Calorie Count (kcals meet minimum requirement meal)		
2-3 oz Meat or Vegetarian alternative (HBV Protein)		
High fiber food(s) weekly		
Vitamin B: rich foods Legumes/Veggies/Grains		
Vitamin C: Fruit/Vegetable		
Vitamins A,D,E,K: rich food Fruit/Veg/Nut (i.e. carrots, spinach, broccoli, asparagus, green beans, cauliflower)		
Sodium average/week		
Cultural/Ethnic/Local Menu choices reflect service area		
Monthly Theme Meals		
Fruit, or Dessert ½ c. fruit w/whole grain or LF dairy		
Nutritional Analysis meets DRI; submitted changes		

☐ **Menu is approved with _____ required corrections.**
☐ **Please make required _____ corrections and resubmit for approval.**

Approved: _____

SECTION I:
MODIFIED AND THERAPEUTIC DIETS

With the direction and expertise of the program's registered dietitian, menus can be modified to meet the special dietary needs of meal program participants. In deciding to offer modified meals, a program should determine if there is a sufficient number of people who need modification so that the service is practical and cost effective. In addition, each program should evaluate if they have access to special ingredients, foods, and the resources to prepare, serve and deliver the meals.

The modified meal must meet the minimum standards for the meal pattern, but one or more of the menu items might be modified. For example, a diabetic diet might offer applesauce instead of apple crisp; or a meal might be modified to accommodate chewing restrictions by offering a pureed entrée. Other examples include reduced sodium or limiting concentrated sweets.

In contrast, a therapeutic meal changes the meal pattern significantly and requires a current, written physician order. The meal must then meet the requirements of the diet order. The requirements and considerations that must be met in preparing therapeutic diets are as follows:

- AoA law allows therapeutic diets to the extent that it is practicable for the program to provide them and the program has all the resources to do it correctly.
- The diet order supersedes the requirements of the nutrition program. This assumes that there is a current diet order on file and that it is updated frequently.
- There must be a current physician order on file and it has to be reviewed at assessment or following a hospitalization, especially in the case of renal diets.
- The meal has to then meet the diet order as prescribed
- A registered dietitian who has a specialty in therapeutic diets has to be a part of the menu planning process, and if the patient is on renal dialysis, then the dialysis RD also has to be part of the team.
- Meals have to be prepared by an individual who has been trained extensively on how to follow the prescribed diet plan. These chefs (cooks) are usually have hospital or nursing home experience and/or have specialized training with access to a registered dietitian.
- Recipes and menus have to be approved by a registered dietitian.
- The physician, dialysis RD, and/or in/out patient RD and the AAA 1-B RD all have to communicate regularly about all renal participants.
- Special foods to meet requirements may have to be purchased for use in meal preparation.

If, and only if, all these requirements can be met should a program attempt to provide therapeutic diets of any sort, in this case, especially a renal diet. Renal diets are dynamic and require regular modifications, especially when dialysis is ongoing. If you have participants who require meals based on specialized or therapeutic diets, you might consider obtaining them from hospitals or other facilities with the supervision of a registered dietitian.

SECTION J:
CULTURAL AND ETHNIC MEALS

Whenever possible it is desirable to incorporate local, cultural and ethnic foods in menus to reflect the preferences of various populations served by the senior nutrition program. This can increase participant enjoyment of meals and add variety to your menus. In addition, the OAA encourages meal programs to target low-income, ethnic, older Americans who are representative of the community service area.

This is a particular concern also to the AAA1-B, as the percentage of people at risk for poor nutrition is higher among the ethnic populations according to the Academy of Nutrition and Dietetics. Greater use of dietary guidelines with foods included from the major ethnic populations in the country, i.e. Hispanic, African Americans, Asians, Eastern Europeans, and American Indians, would have a major impact on their nutritional health.

Additionally, condiments, herbs and spices traditional in ethnic cuisine are ways to introduce new flavors into meals for all populations and reflect the multicultural eating habits of communities served.

Please see the websites below for ***Cultural and Ethnic Food and Nutrition:***

From the Canned Food Alliance:

- Professional Resource Center
  http://www.mealtime.org/default.aspx?id=320
- Ethnic Ingredients
  http://www.mealtime.org/uploadedFiles/Mealtime/Content/flavorsheetfinal1.pdf
- The Global Pantry
  http://www.mealtime.org/uploadedFiles/Mealtime/Content/ethnicpantryfinal.pdf

National Agricultural Library/USDA - 2011 Food and Nutrition Information Center - Cultural and Ethnic Food and Nutrition Education Materials
http://www.nal.usda.gov/fnic/pubs/bibs/gen/ethnic.html

Nutrition Analyzer- Displaying Nutrition Facts in Ethnic Foods
http://www.nutritionanalyser.com/food_composition/?group=Ethnic%20Foods
http://www.pccnaturalmarkets.com/health/Healthy_Eating/Food_Guide_Pyramid.htm#Sidebar-

University of Florida Extension-Preparing Ethnic Foods
http://edis.ifas.ufl.edu/pdffiles/FY/FY34300.pdf

SECTION K:
REQUIRED NUTRIENT CONTENT FOR MEALS

	1 meal/day 33% DRI/AI	2 meals/day 67% DRI/AI	3 meals/day 100% DRI/AI
Macronutrients			
Kilocalories (Kcal)(1)	685	1369	2054
Protein (gm)(2,3) [20% of total Kcal (gm)] (4)	**19** 34	**37** 69	**56** 103
Carbohydrate (gm) (5) [50% of total Kcal (gm)] (4)	**43** 86	**87** 171	**130** 257
Fat (gm) [30% of total Kcal (gm)] (6)	23	46	68
Saturated Fat (<10% of total Kcal) (7)	Limit intake (8)		
Cholesterol (<300 gm/day) (7)	Limit intake (8)		
Dietary Fiber (gm)(3)	10*	20*	30*
Vitamins			
Vitamin A**(ug) (3)	**300**	**600**	**900**
Vitamin C (mg) (3)	**30**	**60**	**90**
Vitamin D (ug) (3)	5*	10*	15*
Vitamin E (mg)	**5**	**10**	**15**
Thiamin (mg) (3)	**0.40**	**0.80**	**1.20**
Riboflavin (mg) (3)	**0.43**	**0.86**	**1.30**
Vitamin B6 (mg) (3)	**0.57**	**1.13**	**1.70**
Folate (ug)	**133**	**267**	**400**
Vitamin B12 (ug)	**0.79**	**1.61**	**2.4**
Minerals			
Calcium (mg)	400*	800*	1200*
Copper (ug)	**300**	**600**	**900**
Iron (mg)	**2.70**	**5.30**	**8.00**
Magnesium (mg) (3)	**140**	**280**	**420**
Zinc (mg) (3)	**3.70**	**7.30**	**11.00**
Electrolytes			
Potassium (mg) (9)	1167	2333	3500
Sodium (mg) (7)	<800	<1600	<2400

Food safety

- Is the responsibility of everyone involved in food preparation
- Means preparing and serving safe foods 100% of the time
- Begins with well trained and knowledgeable food service workers

Knowledgeable and well trained food service workers know that:

- They have a professional obligation to serve safe and nutritious foods
- Seniors are at high risk for food borne illness and serious complications (dehydration, etc.)
- Food safety guidelines are included in newly revised USDA Dietary Guidelines

USDA Dietary Guidelines – The newly revised guidelines suggest these tips to avoid microbial food borne illness:

- Clean hands, food contact surfaces, and fruits and vegetables
- Meat and poultry should not be washed or rinsed
- Separate foods and avoid cross contamination
- Cook foods to safe temperature
- Chill perishable foods promptly
- Avoid unpasteurized milk, raw eggs, raw or undercooked meat and poultry, unpasteurized juices, and raw sprouts

Sources of Food Borne Illness

- Biological – bacteria, viruses, parasites, yeast
- Physical – glass, toothpicks, fingernails
- Chemical – cleaners, sanitizers, pesticides
- Naturally occurring – fish or plant toxins

Symptoms of Food Borne Illness

- Flu-like conditions
- 12-36 hours onset
- Diarrhea, cramping, nausea, vomiting, low-grade fever, body aches
- Serious symptoms can include system shutdown, coma, and death

Causes of Food Borne Illness

- Humans
    - Contaminated hands, illness
    - Improper hand washing causes 30% of all food borne illness
- Foods
    - Contaminated foods
    - Time and temperature problems
- High risk foods
    - Food from unapproved source

    - Unsound condition of food or adulterated food
    - Shellfish records not properly maintained
    - Cooked or raw animal protein including meats, dairy, milk, cheese, fish, seafood
    - Sprouts and melons
    - Tofu, raw seed spouts, cut melons, garlic in oil
    - Raw honey
    - Unpasteurized egg products and unpasteurized juices
    - Home canned products

- Inadequate Cooking, Holding and Cooling or Reheating Temperatures
    - Cooking temperatures must reach the following temperatures:
        - 165° Reheating cooked foods
        - 165° Poultry, stuffed meats and pasta reheating
        - 155° Ground beef or pork
        - 145° Whole muscle meat (beef, pork, fish)
        - 130° Rare roast beef
    - Holding Temperatures - Minimum hot holding temperature 135°
        - Use the proper equipment
        - Stir frequently to distribute temperature
        - Covered foods maintain temperature longer
    - Holding Temperatures - Proper cold holding temperature is 41° or below
        - Keep cold foods in refrigerated cases or cold holding tables
        - Place foods on ice to keep chilled
        - Check temperatures on a regular basis
        - Cover to retain coolness
    - Proper Thawing
        - Never thaw on countertop
        - In a cooler or refrigerator at 41° or less
        - Under cold running water (70°) for two hours or less
        - During the cooking process with no interruptions
        - Microwaving as first step in cooking
- Improper Handling
- Contamination
- Poor Personal Hygiene
- Environmental Contamination

Conditions for Microbial Growth

- Food source
- Temperature - Danger Zone 41° - 130°
- Oxygen
- Time
- Acidity
- Moisture

Food and Safety Websites:

Food safety for older adults -See *Food Safety on the GO* evidence based program resources: http://www.nfsc.umd.edu/FoodSafety/index.cfm

SECTION M:
CHOOSE *MYPLATE*

Benefits of *MyPlate*, the USDA's communication initiative:

- *MyPlate* is a new generation icon intended to prompt consumers to think about building a healthy plate at meal times and to seek more information to help them do that by going to www.ChooseMyPlate.gov. The new *MyPlate* icon emphasizes the fruit, vegetable, grains, protein and dairy food groups.
- In an effort to create cohesion among federal agencies and promote positive nutrition behaviors to consumers, the *MyPlate* communications initiative will support the *2010 Dietary Guidelines for Americans* with consumer relevant themes and easy-to-understand, action-oriented messages.
- As comprehensive federal policy, the Dietary Guidelines informs nutrition information delivered by industry, public health programs, community initiatives, schools and consumers.
- The goal of the initiative will be to support Americans in building healthy diets.

Through *MyPlate*, the USDA:

- Provides an easy-to-understand icon that will help deliver a series of healthy eating messages that highlight key consumer actions based on the *2010 Dietary Guidelines for Americans.*
- Empower people with information they need to make healthy food choices.

***MyPlate* target audiences are:**

- Individuals and families who are struggling to maintain a healthy lifestyle among numerous other challenges.
- Federal agencies that develop materials containing nutrition guidance and/or oversee nutrition programs.
- Organizations and industry involved in promoting positive nutrition behaviors and/or giving nutrition advice to the general public.

***MyPlate* will better inform consumers:**

- The *MyPyramid* food image, while useful as a teaching tool, was perceived by many as outdated and too complicated. *MyPyramid* will remain available to interested health professionals and nutrition educators in a special section of the new website.
- Qualitative research over the years indicates frustration among consumers over what they report as hearing contradictory nutrition information.
- The communications initiative will build on a familiar image (a plate) and actionable messages to encourage consumers to make healthy choices.

Resources are available to help professionals implement *MyPlate*:

The USDA has set up a website, ChooseMyPlate.gov, with tools and resources to help consumers put the Dietary Guidelines into action by building healthy eating patterns for meal times.

Dietary Guidelines 2010: Select Messages for Consumers

Take action on the Dietary Guidelines by making changes in these three areas. Choose steps that work for you and start today.

Balancing Calories

- Enjoy your food, but eat less.
- Avoid oversized portions.

Foods to Increase

- Make half your plate fruits and vegetables.
- Make at least half your grains whole grains.
- Switch to fat-free or low-fat (1%) milk.

Foods to Reduce

- Compare sodium in foods like soup, bread, and frozen meals, and choose the foods with lower numbers.
- Drink water instead of sugary drinks.

Carbohydrate Counting

Carbohydrate counting is a way individuals with diabetes can keep track of daily intake of carbohydrates and thereby better manage their disease. Menus are required to indicate the number of carbohydrates in each meal which helps participants to keep track of daily total carbohydrate intake.

Carbohydrate counting specifically measures the upward drive each meal has on blood sugar, and allows food to be accurately balanced with insulin or with exercise. Better control will result from knowing how much carbohydrate is in the foods eaten. To count carbohydrates consider the total carbohydrates in a meal.

Total Carbohydrates

Research shows that it is the total amount of carbohydrates that matters most to blood glucose control. In other words, if today for supper all carbohydrates were eaten as pasta, and tomorrow all carbohydrates were consumed as syrup and milk, it won't likely affect insulin needs and diabetes control as long as the two meals are fairly equal in total carbohydrate. Of course, to get them to be the same, the number of grams of carbohydrates must be counted.

It's like saying you have $5.00 to spend each day for supper and no matter what, you should always spend about $5.00. What you spend it on is up to you. Some people who master carbohydrate counting can change the amount of carbohydrate they eat at a meal by using their carbohydrate to insulin ratio.

Sample dinner menu:

2 Starch (one starch is 15 grams) = 30 grams carbohydrate (CHO)
1 Fruit (each fruit is 15 grams) = 15 grams CHO
2 Vegetables (each vegetable is 5 grams) = 10 grams CHO
1 Milk = 15 grams CHO
1 Meat = no carbohydrate in meat

Total: 70grams CHO/15 grams CHO per Starch choice = 4 1/2 total carbs

Things to consider:

- Carbohydrate counting requires doing some math.
- Have an updated meal plan prepared by the individual with the help of a dietitian.
- Try to keep calculations to within three to five grams of the total carbohydrate per meal; note that insulin-dependent individuals may have to calculate more closely.

- Remember, healthy eating means getting plenty of fruits and veggies, while limiting fat and protein - so don't consume all carbohydrates in the form of chocolate bars.
- When reading labels, subtract grams of fiber from the total grams of carbohydrate. Fiber is a carbohydrate, but does not affect blood glucose levels.
- Check labels and recipe books; it is surprising to see some favorite foods (sweets, cookies, cereals, crackers, TV dinners, beverages) list grams of carbohydrate per serving.
- Monitor and record blood glucose regularly to learn if the technique for carbohydrate counting needs polishing (i.e., more caution with portion sizes).

Glycemic Index

The Glycemic Index gives this value for a variety of foods. A high Glycemic Index indicates a quicker rise in blood glucose. The Glycemic Index measures how fast a food is likely to raise blood sugar levels and can be helpful for managing blood sugars. For example, if blood sugar is low and continuing to drop during exercise, one would prefer to eat a carb that will raise blood sugar quickly. On the other hand, to keep blood sugar from dropping during a few hours of mild activity, consider eating a carb that has a lower Glycemic Index and longer action time. If blood sugar tends to spike after breakfast, consider selecting a cereal that has a lower Glycemic Index.

Glycemic Index of Selected Foods:

Glucose	100	Corn	59
Carrots	92	Peas	51
Honey	87	Oatmeal	50
Baked potato	85	Whole wheat pasta	42
White rice	72	Oranges	40
White bread	69	Low fat yogurt	33
Bananas	6		

The numbers give that food's Glycemic Index based on glucose, which is one of the fastest carbohydrates available. *Glucose is given an arbitrary value of 100 and other carbs are given a number relative to glucose.* Faster carbs (higher numbers) are great for raising low blood sugars and for covering brief periods of intense exercise. Slower carbs (lower numbers) are helpful for preventing overnight drops in the blood sugar and for long periods of exercise.

Discuss advanced carbohydrate counting with a dietitian or your health care professional to learn how to determine how much extra insulin is needed to cover eating extra carbohydrate at a specific meal time.

Nutrition Screening Initiative [1]

Nutrition screening is a first step in identifying individuals at nutritional risk or with malnutrition. Screening tools, such as the Nutrition Screening Initiative (NSI) and the "Mini Nutritional Assessment" (MNA) have been used in different settings to screen older adults for nutrition risk. The *NSI Checklist* was designed to increase older adults' awareness about nutrition and health. The Mini Nutrition Assessment (MNA®) was designed to identify older adults (>65 years) at risk of malnutrition. Both help differentiate among adequate nutritional status, malnutrition risk, and malnutrition. Title III, Section 339 of the OAA requires that nutrition projects provided nutrition screening.

The AoA as part of its reporting requirements in the State Performance Report requires that states report on nutrition risk status of individuals who receive home-delivered meals, nutrition counseling, and/or case management. The *NSI Checklist*, was initially developed as a public awareness tool. AASA requires that the *NSI Checklist* be used as part HDM assessment. AoA requests that States report, through NAPIS, the 10 questions and under ideal circumstances when an older adult is identified as being at nutritional risk, it is recommended that a referral be made to a dietitian or the participants health care provider. A dietitian then conducts a nutrition assessment to obtain more specific information regarding the individual's anthropometric, biochemical, clinical, dietary, psychosocial, economic, functional, mental health, and oral health status.

For additional information see : *Older Americans Act Nutrition Programs Toolkit -* nutritionandaging.fiu.edu/...Toolkit/toolkit%20update%202.7.06.pdf

DETERMINE YOUR NUTRITIONAL HEALTH

The Warning Signs of poor nutritional health are often overlooked. Use this Checklist to find out if you or someone you know is at nutritional risk.

Read the statements below. Circle the number in the "yes" column for those that apply to you or someone you know. For each "yes" answer, score the number in the box. Total your nutritional score.

	YES
I have an illness or condition that made me change the kind and/or amount of food I eat.	2
I eat fewer than 2 meals per day.	3
I eat few fruits or vegetables or milk products.	2
I have 3 or more drinks of beer, liquor or wine almost every day.	2
I have tooth or mouth problems that make it hard for me to eat.	2
I don't always have enough money to buy the food I need.	4
I eat alone most of the time.	1
I take 3 or more different prescribed or over-the-counter drugs a day.	1
Without wanting to, I have lost or gained 10 pounds in the last 6 months.	2
I am not always physically able to shop, cook and/or feed myself.	2
TOTAL	

Total Your Nutritional Score. If it's –

0-2 **Good!** Recheck your nutritional score in 6 months.

3-5 **You are at moderate nutritional risk.** See what can be done to improve your eating habits and lifestyle. Your office on aging, senior nutrition program, senior citizens center or health department can help. Recheck your nutritional score in 3 months.

6 or more **You are at high nutritional risk.** Bring this Checklist the next time you see your doctor, dietitian or other qualified health or social service professional. Talk with them about any problems you may have. Ask for help to improve your nutritional health.

Remember that Warning Signs suggest risk, but do not represent a diagnosis of any condition. Turn the page to learn more about the Warnings Signs of poor nutritional health.

These materials are developed and distributed by the Nutrition Screening Initiative, a project of:

AMERICAN ACADEMY OF FAMILY PHYSICIANS
THE AMERICAN DIETETIC ASSOCIATION
THE NATIONAL COUNCIL ON THE AGING, INC.

The Nutrition Screening Initiative • 1010 Wisconsin Avenue, NW • Suite 800 • Washington, DC 20007
The Nutrition Screening Initiative is funded in part by a grant from Ross Products Division of Abbott Laboratories, Inc.

SECTION O.2:
THE NUTRITION CHECKLIST

The Nutrition Checklist is based on the Warning Signs described below. Use the word DETERMINE to remind you of the Warning Signs.

DISEASE

Any disease, illness or chronic condition which causes you to change the way you eat, or makes it hard for you to eat, puts your nutritional health at risk. Four out of five adults have chronic diseases that are affected by diet. Confusion or memory loss that keeps getting worse is estimated to affect one out of five or more of older adults. This can make it hard to remember what, when or if you've eaten. Feeling sad or depressed, which happens to about one in eight older adults, can cause big changes in appetite, digestion, energy level, weight and well-being.

EATING POORLY

Eating too little and eating too much both lead to poor health. Eating the same foods day after day or not eating fruit, vegetables, and milk products daily will also cause poor nutritional health. One in five adults skip meals daily. Only 13% of adults eat the minimum amount of fruit and vegetables needed. One in four older adults drink too much alcohol. Many health problems become worse if you drink more than one or two alcoholic beverages per day.

TOOTH LOSS/MOUTH PAIN

A healthy mouth, teeth and gums are needed to eat. Missing, loose or rotten teeth or dentures which don't fit well, or cause mouth sores, make it hard to eat.

ECONOMIC HARDSHIP

As many as 40% of older Americans have incomes of less than $6,000 per year. Having less -- or choosing to spend less -- than $25-30 per week for food makes it very hard to get the foods you need to stay healthy.

REDUCED SOCIAL CONTACT

One-third of all older people live alone. Being with people daily has a positive effect on morale, well-being and eating.

MULTIPLE MEDICINES

Many older Americans must take medicines for health problems. Almost half of older Americans take multiple medicines daily. Growing old may change the way we respond to drugs. The more medicines you take, the greater the chance for side effects such as increased or decreased appetite, change in taste, constipation, weakness, drowsiness, diarrhea, nausea, and others. Vitamins or minerals, when taken in large doses, act like drugs and can cause harm. Alert your doctor to everything you take.

INVOLUNTARY WEIGHT LOSS/GAIN

Losing or gaining a lot of weight when you are not trying to do so is an important warning sign that must not be ignored. Being overweight or underweight also increases your chance of poor health.

NEEDS ASSISTANCE IN SELF CARE

Although most older people are able to eat, one of every five have trouble walking, shopping, buying and cooking food, especially as they get older.

ELDER YEARS ABOVE AGE 80

Most older people lead full and productive lives. But as age increases, risk of frailty and health problems increase. Checking your nutritional health regularly makes good sense.

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SECTION P:
DIETARY GUIDELINES FOR AMERICANS

USDA 2010 Dietary Guidelines Communications Message Calendar
September 2011 – December 2013 Center for Nutrition Policy and Promotion

The 2010 *Dietary Guidelines for Americans* (DGA) are the foundation for federal dietary guidance promotion and education efforts aimed at improving America's health and reversing obesity and chronic diet-related diseases. Communicating the DGA to not only inform consumers, but to change behaviors, has never been more critical. The DGA consumer communications initiative is a multi-modal approach in order to sustain momentum and ultimately change behavior. One key element of this initiative is a multi-year strategy to coordinate and streamline nutrition messages delivered by the public and private sectors for the public. When the 2010 DGA were released, they were accompanied by selected messages for consumers (outlined on the other side) related to several major themes. These key Dietary Guidelines themes, and background information for each, are:

Balancing Calories

- Calorie balance refers to the relationship between calories consumed from foods and beverages and calories expended in normal body function and through physical activity.
- Achieve and sustain appropriate body weight across the lifespan to maintain good health and quality of life.
- To address current calorie imbalance in the United States, individuals are encouraged to become more conscious of what, when, why and how much they eat.

Foods to Reduce

- Certain foods and food components are consumed in excessive amounts and may increase the risk of certain chronic diseases. These include sodium, saturated fat, trans-fatty acids, added sugars, and refined grains.
- Eating less of these foods and food components can help Americans meet their nutritional needs within appropriate calorie levels and help to reduce risk of chronic diseases such as cardiovascular disease, diabetes and certain types of cancer.

Foods to Increase

- Many Americans do not eat the variety of foods that will provide all needed nutrients while staying within calorie needs.
- Intakes of vegetables, fruits, whole grains, milk and milk products, and oils are lower than recommended. As a result, several key nutrients – potassium, dietary fiber, calcium and vitamin D – are of public health concern for older adults
- More emphasis is placed on foods choices that are nutrient dense and from the fruits, vegetables, whole grains, low-fat and fat-free milk and milk products food

groups. These foods can help Americans close nutrient gaps and move toward healthful eating patterns.

Additional Theme: “Be Active Your Way” will be emphasized throughout this initiative. Balancing healthy eating with regular physical activity is essential. Resources will be available on the Department of Health and Human Services website in addition to USDA Center for Nutrition Policy and Promotion’s forthcoming interactive tool, allowing users to track and assess their diet and physical activity.

SECTION Q:
DIETARY REFERENCE INTAKES AND TABLE FOR OLDER ADULTS

Dietary Reference Intakes (DRI)

What are they? The DRI's estimate the nutritional requirements of healthy people. There are separate categories for age groups. See Table 1: Dietary Reference Intakes for Older Adults.

DRI are comprised of 4 sub-groups:

1. Estimated Average Requirement (EAR)
   a. Amount estimated to meet needs of 50% people in certain gender and age group. It is an average daily value.

2. Recommended Dietary Allowance (RDA)
   a. Amount of a nutrient that would meet the nutritional need of 97-98% in a group. These are goal values for individuals.

   b. Thiamin, riboflavin, niacin, folate, E, C, B-6, B-12, phosphorus, magnesium, selenium.

3. Adequate Intakes (AI)
   a. Amount estimated to meet the need when sufficient scientific evidence is lacking to calculate the EAR or RDA.

4. Tolerable Upper Intake Levels (UL)
   a. The amount that is unlikely to harm. This amount exceeds the RDA and should not be seen as a goal.

Table 1: Dietary Reference Intakes for Older Adults (age 50-70 years):

Fiber	30 gm/day for males 21 gm/day for females
Total Fat	20-35% total Kcal/day
Calcium	1200 mg/day
Vitamin C	90 mg/day for males 75 mg/day for females
Vitamin A	900 micro grams/day for males 700 micro grams/day for females

Nutrition Information Resource Center

Fact Sheet

Lifelong Improvement in Nutrition and Community LINC

Most Frequently Asked Questions about RDAs and DRIs

What are the RDAs?

In 1941, the first Food and Nutrition Board established dietary standards for evaluating the nutritional intakes of large populations. This board developed the first Recommended Dietary Allowances (RDAs). The RDA for a nutrient is based on the amount needed to prevent a deficiency. Every ten years, the RDAs are revised as better scientific knowledge becomes available. The main RDAs include recommendations for energy (calories), protein, and many vitamins and minerals.

What are the most common misconceptions about the RDAs?

First, the "R" in RDA stands for "recommended," not "required." Because the RDAs are developed for groups rather than individuals, the RDAs should be used primarily to plan and evaluate the diets of groups of people. Second, the "D" in RDA stands for "dietary," not "daily." We don't need to eat the RDA for each nutrient every day because our bodies store nutrients for later use. Third, the RDAs are not for everyone. Separate recommendations are made for different sets of people: men, women, pregnant women, and children. The RDAs do not apply to infants. The RDAs are also divided into age categories. Finally, the RDAs are for healthy persons only. Medical problems alter nutrient needs.

What are the DRIs?

The Dietary Reference Intakes (DRIs) are values that are quantitative estimates of nutrient intakes to be used for planning and assessing diets for healthy people. The DRIs include both recommended intakes and tolerable upper intake levels. The DRIs are determined by the Institute of Medicine, a private, non-profit organization that provides health policy advice under government funding to the National Academy of Sciences.

What are the DRIs replacing the RDAs?

Over the next few years, the DRIs will replace the RDAs. The DRIs represent a shift in emphasis from preventing deficiency to decreasing the risk of chronic disease through nutrition. The DRIs include levels that may reduce the risk of cardiovascular disease, osteoporosis, certain cancers, and other diseases that are diet-related.

Because the RDAs are developed for groups rather than individuals, the RDAs should be used primarily to plan and evaluate the diets of groups of people….. We don't need to eat the RDA for each nutrient every day because our bodies store nutrients for later use.

How are the DRIs determined?

The DRIs are based on the scientific evaluation of four categories:

- Estimated Average Requirement (EAR) – a nutrient intake value that is estimated to meet the needs of 50% of a population. The EAR for a nutrient is used primarily as a basis for establishing a RDA and for evaluating the diet of a population.
- Recommended Dietary Allowance (RDA) – the average dietary intake level of a nutrient that prevents a deficiency in 98% of a population.
- Adequate Intake (AI) – a value set as a goal for individual intake for nutrients that do not have a RDA.
- Tolerable Upper Intake Level (UL) – the highest level of a nutrient that is likely to pose no risk of adverse health effects to 98% of a population.

Should I try to consume the UL of a nutrient to get the most benefit?

No. The term "tolerable upper limit" was chosen to avoid implying that a possible beneficial effect of consuming more of a nutrient could be achieved. As intakes of nutrient increase above the UL, the risk of adverse effects increases. Furthermore, the UL refers to total intake of a nutrient from food, fortified food, and supplements.

The Nutrition Information Resource Center is a collaborative effort of the Department of Food Science and Human Nutrition in the College of Agriculture, Forestry, and Life Sciences at Clemson University and the South Carolina Nutrition Council, South Carolina State University and Tri-County Technical College. For more downloadable fact sheets, go to *http://virtual.clemson.edu/groups/NIRC/*.

SECTION R:
SHELF STABLE MEALS

Emergency meals are shelf-stable ready to eat food products that are provided to participants determined to need such food products if the program is unable to deliver meals due to weather or other problems.

Shelf stable meals are an excellent way to insure that seniors have access to food even in emergency situations. Meals must meet minimum standards. These meals should be labeled to instruct participants on when and how they should use their emergency meal packages and to combine items for a meal with written suggestions for preparing additional emergency food stores. Cans and packaging should be easy to open and boxes must be labeled with use by/expiration dates. See the emergency preparedness guidelines for additional nutrition requirements.

These meals should be replenished every six months to insure that expiration dates have not been exceeded and that foods remain fresh and palatable. Here are some of the foods that can be included in shelf stable meal packages:

Entrée
Fruit/vegetable juices
Crackers, breadsticks
Dry cereal
Shelf stable, canned or dry milk
Dried fruit
Vegetable or meat soups
Canned fruits and vegetables
Snack breads, cookies, pudding

SAMPLE SHELF STABLE MEALS

Six Meal Box - Each Meal Individually Wrapped and Labeled:
Emergency Use ONLY

Meal 1

Tuna	3 oz.
Saltines, Low Sodium	4 pk.
Mayonnaise, Relish	1 ea.
Raisins	1 oz.
Nutrition Bar	1 oz.
Pineapple Orange Juice	6 oz.
Instant Non Fat Dry Milk	1 ea.
Water	12 oz.

Meal 2

Chicken Breast, Canned	3 oz.
Grape Juice	6 oz.
Mayonnaise	1 ea.
Wheat Crackers	4 pk.
Peach Cup	4 oz.
Pudding Cup	4 oz.
Instant Non Fat Dry Milk	1 ea.
1 Water	12 oz.

Meal 3

Vegetarian Beans	3 oz.
Rye Crisp, Low Sodium	2 pk.
Vienna Sausage	1 ea.
Pudding Cup	4 oz.
Pineapple Orange Juice	6 oz.
Instant Non Fat Dry Milk	1 ea.
Water	12 oz.

Meal 4

Peanut Butter	3 oz.
Orange Juice	6 oz.
Graham Crackers	2 pk.
Peach Cup	4 oz.
Raisins	1 oz.
Instant Non Fat Dry Milk	1 ea.
1 Water	12 oz.

Meal 5 and 6

Bran Flakes	1 indiv. box
Rice Krispie	1 indiv. box
Apple Juice 6 oz.	1
Orange Juice 6 oz.	1
(or fortified Vitamin C rich juice)	
Graham Crackers	4 packs
Nutrition Bar 1 oz.	2 bars
Peanut Butter ¾ oz.	2 packs
Raisins 1 oz.	1 pack
Assorted Fruit	2 cans
Instant Non-Fat Dry Milk	2 ea.
Water 12 oz.	2 ea.

SECTION S:
2ND MEAL TAKE HOME OPTION

Meals Taken Home from a Congregate Site

Nutrition providers may elect to offer second meals (2nd Meal) at specified dining sites. A second meal must meet the OSA nutrition standards and is defined as a shelf-stable meal, a frozen meal, or a meal that is low-risk for food borne illness.

A meal may be taken home when a participant regularly dines at a at the meal site or is a home delivered meal participant. The participant should request a 2nd Meal following the nutrition provider's process; (i.e. phone request, sign up in advance) to allow for advance preparation and the 2nd meal should be given to the participant when they leave the congregate site to allow for safe food handling i.e. keeping hot food ho and cold foods cold. The meals should differs from a ready-to-eat hot meal served on site at breakfast, lunch or dinner unless a similar or the same meal is requested by the participant. All foods taken home must be stored properly until the participant is ready to leave for the day. See OSA transmittal letter # 2012-257

Sample Menu 1

Chilled Chicken Salad Platter	3 oz.
WW Cranberry Muffin	1 ea.
Margarine,	1 ea.
Coleslaw	1 oz.
Apple Juice	6 oz.
2% Milk	8 oz.

Sample Menu 2

Chicken Breast, Canned	3 oz.
Grape Juice	6 oz.
Mayonnaise	1 ea.
Wheat Crackers	4 pk.
Peach Cup	4 oz.
Pudding Cup	4 oz.
Instant Non Fat Dry Milk	1 ea.
1 Water	12 oz.

Meal 3

Vegetarian Beans	3 oz.
Rye Crisp, Low Sodium	2 pk.
Vienna Sausage	1 ea.
Pudding Cup	4 oz.
Pineapple Orange Juice	6 oz.
Instant Non Fat Dry Milk	1 ea.
Water	12 oz.

Health promotion and evidence based programs for older adults focus on increasing control over and improving their health in a variety of areas; for example, nutrition, physical activity, mental health, alcohol and substance reduction, tobacco use. Wellness and evidence based programs--a type of health promotion program--involve all aspects of the individual: mental, physical, and spiritual. These types of programs provide structured opportunities to increase knowledge and skills in specific areas, such as chronic disease self management, pain management stress management, fall prevention and exercise. The supportive environment nurtures the emotional and intellectual aspects of participants, and helps them become increasingly responsive to their health needs and quality of life. These programs are usually short-term i.e. 6 weeks and educational rather than therapeutic in nature.[1] Programs are encouraged to refer participants to programs being held at senior nutrition sites and other AAA1-B affiliated locations in addition to recruiting and referring potential lay leaders from the community to be trained to facilitate these programs.

Monthly Focus for Nutrition Education

As part of the AAA1-B senior nutrition program contractors are required to provide monthly nutrition education for nutrition services provided. If you are looking for good ideas for some of your nutrition education efforts, focus on National Health Observances (NHOs) are special days, weeks, or months designed to raise public awareness about important health topics. NHOs provide unique opportunities for public health and medical professionals, consumer groups, and others to encourage their community members to stay healthy.

Go to national health observances at healthfinder.gov, nho toolkits help programs make a difference. Use NHO toolkits to: share important health messages, promote fun, interactive resources, organize events to create change in your community

March is **National Nutrition Month**® (NNM) and promotes a theme that can be carried out the year long. See http://www.eatright.org/NNM for additional information.

Promote Nutrition Education

- newsletters, chef and RD demo's
- guest speakers
- host classes
- local cable TV, radio spots
- taste samples
- providing healthy snacks, recipes
- post nutritional information
- table top discussions

For additional information see : *Older Americans Act Nutrition Programs Toolkit -* nutritionandaging.fiu.edu/...Toolkit/toolkit%20update%202.7.06.pdf