# State of Michigan and Area Agency on Aging 1-B
# Nutrition Services Appendix

A. Older American Act Requirements (sect 339)
B. Definitions
C. Meal Pattern Resource Information
    1. Fiber Sources, Whole Grains and Health
    2. Fruits and Vegetables
    3. Vitamin A and C Foods
    4. Three A Day Calcium
    5. Heart Health and Trans Fats in the Diet
    6. Facts on Food Labels
    7. Shake the Habit: Lower Your Salt Intake- Seasoning with Herbs
    8. Tips to Reduce Sugar in Meals and Enhancing Sweetness with Spices
    9. Tips to Reduce Fat Content in Menus
    10. Target Nutrients and Good Food Sources
    11. Best Source of Select Nutrient
D. Using Dried Beans in Senior Meals
E. Vegetarianism
F. Breakfast Meals
G. Standardized Recipes
H. Standardized Recipe Form – sample
I. Cycle Menu Planning
J. AAA 1-B Menu Approval Form
K. Modified Diets
L. Incorporating Ethnic Meals
M. Required Nutrient Content for Meals
N. Food Safety
O. Monthly Focus for Nutrition Education
P. 2005 Food Guide Pyramid
Q. Carbohydrate Counting and Glycemic Index
R. Determine Your Nutritional Health
S. The Nutrition Checklist
T. Dietary Guidelines for Americans 2005
U. Dietary Reference Intakes and Table for Older Adults
V. Recommended Daily Allowances – Most Frequent Questions
W. Web Resources – AoA
X. Liquid Meal Instructions – Sample
Y. Meal AAA 1-B Shelf Stable Meal Pattern
Z. Nutrition Assessment Matrix
AA. AAA 1-B Nutrition Sites by County

**Older Americans Act Nutrition Requirements**

From Section 339:

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

- Solicit the advise 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 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 RDAs and AI of the 2005 US Dietary Guidelines

- Emphasize foods high in fiber, calcium, and protein and to the extent possible, to 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.

# AAA 1-B Nutrition Program Dining Sites by County/Geographic Area April 2009

| County | Dining Site | Address | City | ZIP |
|---|---|---|---|---|
| **Livingston** | Brighton Senior Center | 850 Spencer | Brighton | 48116 |
| | Fowlerville Senior Center | 203 North Collins Road | Fowlerville | 48836 |
| | Hamburg Senior Center | 10407 Merrill Road, P.O. Box 157 | Hamburg Twp. | 48139 |
| | Hartland Senior Center | 9525 Highland Road | Howell | 48843 |
| | Howell Senior Center | 925 W. Grand River Avenue | Howell | 48843 |
| | Putnam Township Senior Center | 131 S. Howell | Pinckney | 48169 |
| | Unadilla Senior Center | 126 Webb Street | Gregory | 48137 |
| **Macomb** | Armada Township Senior Center | 75400 North Avenue | Armada | 48005 |
| | Center Line Park Towers | 8033 East Ten Mile Road | Centerline | 48015 |
| | Clinton Place Senior Residence | 147 North River Road | Mt. Clemens | 48043 |
| | Clinton Township Senior Center | 40730 Romeo Plank Road | Clinton Twp. | 48038 |
| | Elizabeth Lee Doles Manor | 42700 Colchester | Clinton Twp. | 48036 |
| | Greater New Hope Baptist Church | 58527 Delanie Street | New Haven | 48048 |
| | Guest Community Center | 16221 Frazho | Roseville | 48066 |
| | Lakeside Towers | 15000 Shoreline Drive | Sterling Heights | 48313 |
| | Leisure Manor | 24700 Jefferson | St. Clair Shores | 48080 |
| | New Baltimore Place | 51140 Hooker | New Baltimore | 48047 |
| | Owen Jax Recreation Center | 8207 East Nine Mile Road | Warren | 48089 |
| | Richmond Community Center | 36164 Festival | Richmond | 48062 |
| | Romeo Senior Activity Center | 361 Morton | Romeo | 48065 |
| | Schoenherr Towers | 37500 Schoenherr | Sterling Heights | 48312 |
| | Shelby Senior Center | 51670 Van Dyke Avenue | Shelby Twp. | 48316 |
| | Southeastern Michigan Indians, Inc. | 26641 Lawrence | Center Line | 48015 |
| | St. George Tower | 42250 Hayes Rd. | Clinton Twp. | 48038 |
| | St. Leonard Church Nutrition Site | 14057 Nine Mile Road | Warren | 48089 |
| | The Village of Warren Glenn | 2950 East 12 Mile Road | Warren | 48092 |
| | Tucker Senior Center | 26980 Ballard | Harrison Twp. | 48045 |
| | Utica Senior Housing | 7650 Greeley | Utica | 48317 |
| | Village of Peace Manor | 17275 15 Mile Road | Clinton Twp. | 48035 |
| | Village Road Community Building | 34750 Village Road | Clinton Twp. | 48035 |
| | Warren Community Center | 5406 Arden | Warren | 48092 |
| **Macomb-NSIP** | St. Clair Shores Senior Activity Center | 20000 Stephens | St. Clair Shores | 48080 |
| **Monroe** | Frenchtown Senior Citizen's | 2786 Vivian Road | Monroe | 48162 |
| | Orchard Nutrition Site Arthur Lesow Community Center | 120 Eastchester | Monroe | 48161 |
| | River Park Nutrition Site | 20 N. Roessler | Monroe | 48161 |
| | Sullivan Senior Center | 13613 Tuttlehill Road | Milan | 48160 |
| | Water Tower Park Center | 11345 Harold Drive | Luna Pier | 48157 |
| **Monroe-NSIP** | Bedford Senior Center | 1652 Samaria Road | Temperance | 48182 |
| | Dundee Senior Center | 284 Monroe Street | Dundee | 48131 |
| **Oakland Farmington** | City of Farmington Hills Costick Senior Center | 28600 11 Mile Road | Farmington Hills | 48336 |
| | Jon Grant Community Center | 29260 Grand River Ave. | Farmington Hills | 48336 |
| **Oakland North Central** | Bowen Senior Center | 52 Bagley Street | Pontiac | 48341 |
| | Carriage Circle | 255 Carriage Circle | Pontiac | 48342 |
| | LaAmistad at Ruth Peterson Senior Center | 990 Joslyn Avenue | Pontiac | 48342 |
| | Village of Oakland Woods Senior Dining | 420 South Opdyke Avenue | Pontiac | 48341 |
| | Woodland Heights | 120 North Edith Street | Pontiac | 48342 |
| **Oakland North East** | Addison Senior Center | 1440 Rochester Road | Leonard | 48367 |
| | Auburn Hills Dept. of Senior Services | 1827 North Squirrel Road | Auburn Hills | 48326 |
| | Brandon Senior Center | 435 Ball Street | Ortonville | 48462 |
| | Independence Township Senior Center | 5980 Clarkston Road | Clarkston | 48348 |

## AAA 1-B Nutrition Program Dining Sites by County/Geographic Area April 2009

| County | Dining Site | Address | City | ZIP |
|---|---|---|---|---|
| **Oakland NE Cont.** | Older Person's Commission | 650 Letica Drive | Rochester | 48307 |
| | Orion Township Senior Center | 21 East Church Street | Lake Orion | 48362 |
| **Oakland North West** | Richardson Senior Center | 1485 Oakley Park Drive | Commerce Twp. | 48382 |
| | Walled Lake Villa | 1035 Walled Lake Villa Drive | Walled Lake | 48390 |
| **Oakland-NSIP** | Clawson Manor | 255 West 14 Mile Road | Clawson | 48017 |
| | Farmington Place | 32900 Grand River | Farmington | 48204 |
| **Oakland South Central** | Birmingham Area Senior Coord. Council (BASC) | 2121 Midvale | Birmingham | 48009 |
| | Jewish Community Center | 15110 West 10 Mile Road | Oak Park | 48237 |
| | McDonnell Towers | 24300 Civic Center Drive | Southfield | 48034 |
| | Oak Park Community Center | 14300 Oak Park Blvd. | Oak Park | 48237 |
| | Oakland Towers I (On The Park Troy) | 920 John R. | Troy | 48084 |
| | Oakland Towers II (OPT II Troy) | 930 John R. | Troy | 48084 |
| | Oxford Park Towers | 2345 Oxford | Berkley | 48072 |
| | Troy Community Center | 3179 Livernois | Troy | 48083 |
| **Oakland South East** | Ferndale Senior Nutrition Center | 1201 Livernois | Ferndale | 48220 |
| | Hazel Park Senior Center | 620 West Woodward Heights | Hazel Park | 48030 |
| | Huntington Woods Community Center | 26325 Scotia Road | Huntington Woods | 48070 |
| | Solberg Activity Center | 27783 Dequindre Road | Madison Heights | 48071 |
| **Oakland West** | Dublin Community Senior Center | 685 Union Lake Road | White Lake | 48386 |
| | Highland Township Senior Center | 205 John Street | Highland | 48357 |
| | Milford Senior Center | 1050 Atlantic Street | Milford | 48381 |
| | Novi Senior Center | 25075 Meadowbrook | Novi | 48375 |
| | Village of Holly Woodlands Senior Dining | 3325 Grange Hall Road | Holly Twp. | 48442 |
| **Oakland Waterford** | Waterford Senior Center | 3621 Pontiac Lake Road | Waterford | 48328 |
| **St. Clair** | Algonac Nutrition Center | 1612 St. Clair Blvd. | Algonac | 48001 |
| | Capac Lions Club | 315 Meier Street | Capac | 48014 |
| | Cherry Beach Senior Center | 7232 S. River Road | Marine City | 48039 |
| | Desmond Village | 721 Pine Street | Port Huron | 48060 |
| | Our Lady of Guadalupe Hispanic Mission | 3110 Goulden | Port Huron | 48060 |
| | Palmer Park Rec. Center | 2829 Armour Street | Port Huron | 48060 |
| | Pine Shores Club House | 515 Fred Moore Highway | St. Clair | 48079 |
| | Yale Senior Center | 3 First Street | Yale | 48097 |
| **Washtenaw** | Ann Arbor Community Center | 625 North Main | Ann Arbor | 48104 |
| | Ann Arbor Senior Center | 1320 Baldwin | Ann Arbor | 48104 |
| | Baker Common | 106 Packard | Ann Arbor | 48104 |
| | Brown Chapel A.M.E. Church | 1043 West Michigan Avenue | Ypsilanti | 48197 |
| | Chelsea Senior Citizen Activity | 500 Washington Street | Chelsea | 48118 |
| | Dexter Senior Center | 7714 Ann Arbor Street | Dexter | 48130 |
| | Jewish Community Center | 2935 Birch Hollow Drive | Ann Arbor | 48108 |
| | Lincoln Senior Citizens Center | 8970 Whittaker Rd. | Ypsilanti | 48197 |
| | Milan Senior Center Parks & Recreation | 45 Nickel Court | Milan | 48160 |
| | Miller Manor | 727 Miller Road | Ann Arbor | 48103 |
| | Pittsfield Senior Center | 701 Ellsworth | Ann Arbor | 48108 |
| | Saline Area Senior Center | 7190 North Maple Road | Saline | 48176 |
| | Turner Resource Center | 2401 Plymouth | Ann Arbor | 48105 |
| | Wesley United Methodist Church | 9318 Main Street, P.O. Box 431 | Whitmore Lake | 48189 |
| | Ypsilanti Senior Recreation Center | 1015 Congress | Ypsilanti | 48197 |
| | Ypsilanti Township Recreation Center | 2025 East Clark Road | Ypsilanti | 48198 |

**Definitions**

**Chronic disease** -- Diseases that are present over a long time such as heart disease, cancer, and diabetes. Chronic disease is the leading cause of death –7 out of 10 deaths in the US are due to chronic disease. Chronic diseases can be preventable with good lifestyle choices such as health eating and regular exercise.

**Danger Zone --** The temperature that allows bacteria to multiply rapidly and produce toxins, between 40°F and 140°F. To keep food out of this danger zone, keep cold food cold and hot food hot. Keep food cold in the refrigerator, in coolers, or on ice in the service line. Keep hot food in the oven, in heated chafing dishes, or in 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.

**DRI --** 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** -- While all calories provide energy, not all calories provide essential nutrients such as amino acids, fatty acids, vitamins, and minerals. An "empty calorie" provides 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.

**Fiber** -- non starch components in food that are not digested by enzymes in the small intestine. Dietary fiber typically refers to nondigestable carbohydrates from plant foods and is found in whole grains, fruits and vegetables.

**Food Borne Illness --** Caused by consuming contaminated foods or beverages. Many different disease-causing microbes, or pathogens, can contaminate foods, so there are many different foodborne infections. In addition, poisonous chemicals, or other harmful substances, can cause foodborne diseases if they are present in food. The most commonly recognized foodborne 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.

**Nutrient dense foods --** Nutrient-dense foods are those that provide substantial amounts of vitamins and minerals and relatively fewer calories.

**RDA --** (RDA)—The dietary intake level that is sufficient to meet the nutrient requirement of nearly all (97 to 98 percent) healthy individuals in a particular life stage and gender group.

**Saturated Fatty Acids --** Saturated fatty acids have no double bonds. They primarily come from animal products such as meat and dairy products. In general, animal fats are solid at room temperature.

***Trans* fatty acids --** *Trans* fatty acids, or *trans* fats, are unsaturated fatty acids that contain at least one non-conjugated double bond in the *trans* configuration. Sources of *trans* fatty acids include hydrogenated/partially hydrogenated vegetable oils that are used to make shortening and commercially prepared baked goods, snack foods, fried foods, and margarine. *Trans* fatty acids also are present in foods that come from ruminant animals (e.g., cattle and sheep). Such foods include dairy products, beef, and lamb.

**Vegetarian --** There are several categories of vegetarians, all of whom avoid 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 lactovegetarian diet includes plant foods plus cheese and other dairy products. The ovo-lactovegetarian (or lacto-ovo vegetarian) diet also includes eggs. Semi-vegetarians do not eat red meat but include chicken and fish with plant foods, dairy products, and eggs.

**Whole Grains --** Foods made from the entire grain seed, usually called the kernel, which consists of the bran, germ, and endosperm. If the kernel has been cracked, crushed, or flaked, it must retain nearly the same relative proportions of bran, germ, and endosperm as the original grain in order to be called whole grain

**US Dietary Guidelines --** Dietary Guidelines for Americans has been published jointly every 5 years since 1980 by the Department of Health and Human Services (HHS) and the Department of Agriculture (USDA). The Guidelines provide authoritative advice for people two years and older about how good dietary habits can promote health and reduce risk for major chronic diseases. They serve as the basis for Federal food and nutrition education programs. Two examples of eating patterns that exemplify the *Dietary Guidelines* are the USDA Food Guide Pyramid and the DASH (Dietary Approaches to Stop Hypertension) Eating Plan.

Appendix B continued

## Fiber Sources, Whole Grains and Health

The US Dietary Guidelines urge three 1 ounce servings of whole grains daily. Whole grains include breads, cereals, pasta, and rice. Please 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 helps keep us regular, may reduce risk of colon cancer, can help maintain health weight and regulate blood glucose levels.

Whole grains, fruits, vegetables and legumes (dried beans and peas) are all good sources of fiber.

## Increasing Fiber Intake

The Dietary Guidelines urge 3 ounces of whole grains per day
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

Consumers can easily add whole grains to their meals, often using favorite recipes they've always enjoyed. Try some of the following: For additional information see information from The Whole Grains Council at http://wholegrainscouncil.org/:

- Substitute half the white flour with whole-wheat flour in recipes for cookies, muffins, 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.
- Buy whole grain breads, including whole grain pita bread.
- Buy 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 |

**Fruits and Vegetables**

The revised standards have a focus on increased intake of fruits and vegetables. Fruits and vegetables are great sources of:

Essential nutrients
Phytochemicals
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:

**Vitamin**s

| | |
|---|---|
| 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 | |
| B-6 | Anemia, regulation of homocysteine levels, reduced risk of heart disease and 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 and regular intake has been shown to help reduce risk of chronic diseases such as heart disease and cancer.

**Minerals**

| | |
|---|---|
| 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. |

**Vitamin A and C Sources**

Rich Source defined as meeting 33% of current adult male RDA

| **Vitamin A** | **1000 RE** | **330mg** |
|---|---|---|
| 1/2 sweet potato | | |
| 1/2 C canned or fresh carrots | | |
| 1/2 C frozen cooked carrots | | |
| 1/2 mango | | |
| 1/2 C cooked turnip greens | | |
| 12 dried apricot halves | | |
| ¼ cantaloupe | | |
| 1/4 C cooked spinach | | |
| ¼ C cooked butternut squash | | |
| ¼ C pumpkin | | |
| 1/2 C cooked mixed vegetables | | |
| 1 piece pumpkin pie | | |
| 1/2 C cooked spinach | | |
| 1/2 C cooked turnip greens | | |
| ½ C raw or cooked red peppers | | |
| ½ C cooked kale | | |
| ½ mango | | |
| 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** | **90 mg** | **33 mg** |
|---|---|---|
| ¼ cantaloupe or 1 C | | |
| 1/2 C sweet red or green peppers | | |
| 1/2 C frozen, sliced peaches | | |
| 1/2 C papaya slices | | |
| 1/2 C orange juice | | |
| 1/2 C grapefruit juice | | |
| 1/2 grapefruit | | |
| 1/2 orange | | |
| 1/2 green or red pepper | | |
| 1/2 C cooked broccoli | | |
| 1/2 C Brussels sprouts | | |
| 1/2 C strawberries or frozen | | |
| 1/2 C mixed frozen fruit | | |
| 1/2 C apricot nectar with added vitamin C | | |
| 1/2 canned pineapple | | |
| 1/2 C tomato products (canned, paste) without added salt | | |
| Equivalent of 1 chili pepper | | |
| 1/2 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 kale1 | | |
| 1 C frozen chopped and cooked collards | | |
| 1 C raspberries | | |
| 1 C cole slaw | | |
| 1 baked sweet potato | | |
| 1 C cooked mustard greens | | |

**What is the 3-A-Day Program?**

Did you know that according to the USDA, 75% of Americans do not meet their calcium needs? That is why the National Dairy Council and the American Dietetic Association recently teamed up to promote the 3-A-Day program. It is a way to remind us that each day we need three servings of calcium rich foods.

**What about older Americans?**

As we get older we need to be sure we eat enough calcium rich foods to keep our bones and teeth healthy. People over 51 years should get **4** servings daily of a calcium rich food. Now you'll have to remember the 3-A-Day plus 1!

**Why is calcium important?**

Calcium is part of the "bone team." These are nutrients that keep our bones and teeth healthy. In addition, calcium also functions to maintain a normal blood pressure level and new research indicates that it may help you manage your weight.

**What are 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 |
| Turnip greens | 1 C |
| Instant oatmeal | 1 packet |
| Tofu | ½ C |
| Legumes | 1 C |
| Kale | 1 C |
| Collard greens | ½ C cooked |
| Calcium fortified soy milk | 8 ounces |

# Nutrition fact sheet

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.

## Keeping *Trans* Fats in Focus

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*

***This fact sheet is sponsored by the United Soybean Board. The contents have been reviewed by the American Dietetic Association's Fact Sheet Review Board. The appearance of this information does not constitute an endorsement by ADA of the sponsor's products or services. This fact sheet was prepared for the general public. Questions regarding its content and use should be directed to a dietetics professional.***

# *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***

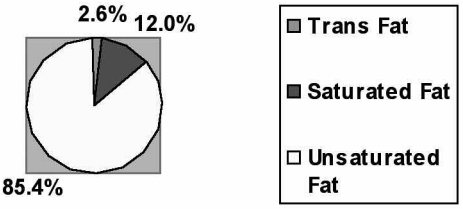
UNITED SOYBEAN BOARD
*Making Your Checkoff Pay Off.*

*Visit the United Soybean Board Web site:*

**www.talksoy.com**

**American Dietetic Association**
*Your link to nutrition and health℠*
120 South Riverside Plaza, Suite 2000
Chicago, Illinois 60606-6995

©2005 ADA. Reproduction of this fact sheet is permitted for educational purposes. Reproduction for sales purposes is not authorized.
This fact sheet expires 5/1/2008.




*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

# 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.

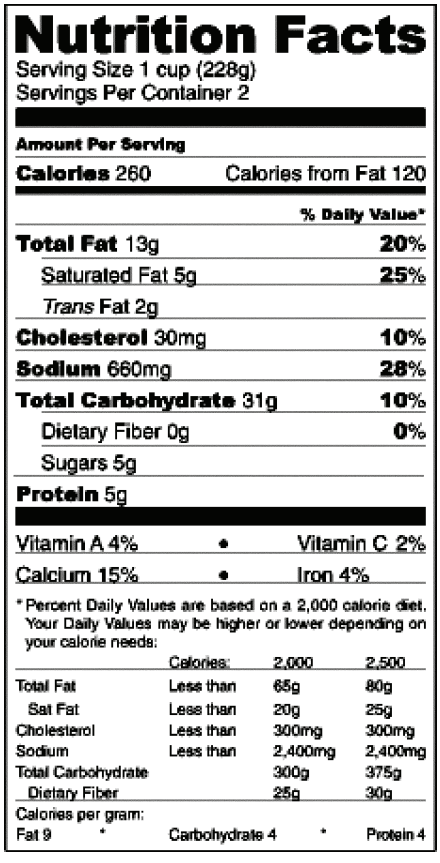
### *The High and Low of Daily Values*

- 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***

***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**

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

Step Up to Nutrition & Health

**American Dietetic Association**
*"Your link to nutrition and health"*sm
120 Riverside Plaza, Suite 2000
Chicago, Illinois 60606-6995

©2006 ADA. Reproduction of this fact sheet is permitted for educational purposes. Reproduction for sales purposes is not authorized.
This fact sheet expires 1/1/2009.

- 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

**Shake the Habit: Lower Your Salt Intake – Seasoning with Herbs**

Many seniors need to reduce sodium intake in order to comply with their doctor's 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, 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 in using herbs: 1/8 tsp powdered = 1/4 tsp dried = 1 tsp fresh.

**Shake the Habit: Lower Your Salt Intake – Seasoning with Herbs – continued**

| Herbs | 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, 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, cardamon, 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

**Tips to Reduce Simple Sugars in Menus**

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." This means that the food is high in calories and low in nutrients. In contrast, seniors need nutrient dense foods to insure that all essential nutrient needs are being met. In addition, sugar can cause dental decay at any age.

- Use less of all sugar including: white sugar, brown sugar, honey, jam and jelly, and syrups.
- Desserts are now optional so choose to serve fruit, fruit breads that are usually lower in sugar than cakes and cookies, experiment with recipes calling for less sugar for baked dessert items. Try fruit salads topped with yogurt or mixed with puddings as a dessert alternate.
- Choose canned or frozen fruits processed without added sugar
- Read labels and look for sugar. Here are some of the names that sugar masquerades under:

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

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

- Offer water at dining sites to reduce frequency of seniors using soft drinks as thirst quenchers.
- Serve unsweetened cereals and offer fruit as a topping
- Try reducing the amount of sugar in recipes.
- Try using heated cinnamon applesauce over pancakes and waffles instead of syrup.
- Try mashed bananas instead of jams or jelly on bread or sandwiches.

**The Great Fakes! -** These spices are great at enhancing the sweetness already in foods. Use them to perk up flavors and reduce sugar content.

| | | | | |
|---|---|---|---|---|
| Allspice | Cloves | Cardamon | Cinnamon | Extracts: maple, coconut, |
| Cloves | Fennel | Ginger | Nutmeg | banana, chocolate, etc. |

**Sugar Content of Selected Foods:**

| Food | Tsp Sugar/ Serving | Food | Tsp Sugar/ Serving |
|---|---|---|---|
| Fruit drink (12 ounces) | 12 | Chocolate milk shake (10 ounces) | 9 |
| Soft drink (12 ounces) | 8 | Yogurt, fruit flavored (1 cup) | 7 |
| Cake, frosted (1/16 of a cake) | 5 | Sherbet (1/2 cup) | 5 |

**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. Seniors should not be offered any foods made with raw honey.

**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, diabetes and aids in maintaining a healthy body weight.**

**Remember, fats are added in the cooking process and fats are found naturally in foods.**

**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 product 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

**Target Nutrients and Their Food Sources**

Certain nutrients have been targeted as key to good overall health in the Dietary Guidelines. These include calcium, iron, the B vitamins folate, niacin, riboflavin, and thiamin, and vitamins A and C. Here are some 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 and 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 sweetpotatoes, cooked greens (such as spinach), winter (orange) squash
- Bananas, plantains, many dried fruits, oranges and orange juice, cantaloupe, and honeydew melons
- Cooked dry beans
- Soybeans (green and mature)
- Tomato products (sauce, paste, puree)
- Beet greens

## Best Source of Select Nutrients

| Nutrient | Food | Serving Size | Amt | % DV *c* |
|---|---|---|---|---|
| **Calcium** | | | mg | |
| High | Yogurt, plain, lowfat | 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. lowfat | 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, lowfat | 1/2 cup | 0.19 | 14 |
| **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 |

**Best Source of Select Nutrients – continued**

| | | | | |
|---|---|---|---|---|
| | 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 |
| Good | 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 | |
| High | 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 |
| Good | 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 | |
| High | 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* |
| Good | 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* |

**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 weighs100grams and 3 grams are from fat, it can be labeled "97percent fat free." Note that this term refers to the amount that is fat free by weight, not calories.

**Low-Fat and Delicious Desserts**

Everyone enjoys a sweet ending to a meal but low-fat eating usually means having to avoid the traditional favorite desserts such as ice-cream, pies, cakes, cookies and other treats.

Here are some ideas for low-fat desserts that will be satisfying and low-fat:

- Pudding made with skim-milk. You can make it from scratch or buy ready made (non-fat and sugar-free are available)

- Yogurt and fruit smoothie. Blend 8 ounces low-fat regular or sugar-free yogurt and add 1 frozen banana or 1 cup other frozen fruit, 1 teaspoon vanilla, 1 teaspoon cinnamon. Blend until smooth.

- Vanilla wafers -- regular or reduced fat

- Quick breads -- try a warm slice of banana or pumpkin bread instead of cake or cookies for a delicious dessert. You may also add lemon sauce as a special treat.

- Fruit salad with vanilla yogurt dressing

- Lemon bars - -use Egg Beaters for a non-fat treat

- Low-fat brownies

- Angel food cake with strawberries or peaches

**Using Dried Beans in Senior Meals**

Legumes or dried beans and peas are a healthy and economical meat alternate. In addition, they lend themselves to many different types of entrees and ethnic meals.

Did you know that dried 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 have no cholesterol?

An excellent source of fiber that can help with regular elimination and help lower cholesterol?

Versatile and easy to cook?

Mild in flavor and adapt to many different cuisines?

Easily blended with many other flavors for tasty meals and side dishes?

Are soft and easy to chew?

**Tips for cooking beans:**

Beans can be cooked on the stove top or in a crock pot. Here are some tips:

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.

Dried beans can be stored for a year in an airtight container.

**Yield**

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

1 pound of dry beans yields 6-7 cups of cooked beans

**Using Dried Beans in Senior Meals – continued**

**What about Using Canned Beans?**

If you don't have the time or inclination to cook beans from scratch, feel free to use canned beans. They will save you a lot of time but may cost a little more money. Also, watch for sodium content, which may be higher.

**Beans are Naturally Low in Fat**

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.

**What if Beans Give Me Gas?**

With all the positive aspects of beans, it's no fun if eating beans gives you intestinal discomfort and gas. Keep in mind that as you increase your consumption of beans, gas becomes less of a problem. But in the beginning, here are some suggestions:

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.

Try using ***Beano***. This is an over-the-counter enzyme product that helps reduce gas from beans (and other "gassy" vegetables for that matter!)

Appendix D continued

**Vegetarian Diets**

Vegetarian diets can be a healthy alternative to the traditional meat based US diet. They are often lower in fat, saturated fat and cholesterol land 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.

**What nutrients are potentially low in vegetarian diets?**

Here is a list of nutrients that might be low in a typical vegetarian diet with suggested foods to increase nutrient intake.

| | |
|---|---|
| Calcium | Choose 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 | B-12 fortified foods or supplements to ensure good absorption, 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 | Choose complimentary plant based protein sources such as legumes (dried beans and peas) and grains. Or combine legumes and seeds. |

**Vegetarian Menu Ideas-**Provided by AAA 1-B, Karen Jackson, RD

| | |
|---|---|
| Spinach Vegetable Lasagna | Corn Chowder |
| Tossed Salad, Cauliflower & Broccoli Mix | Spanish Rice with Beans & Tortilla |
| Mixed Berry Fruit Cup | Green Beans, Cole slaw |
| Whole Wheat Bread, Milk | Ambrosia Fruit Cup, Milk |
| | |
| Macaroni and cheese | Grilled Vegetable Pita Pocket |
| Stewed Tomatoes, Spinach Salad | Potato Wedges, Cheddar & Pear Salad |
| Cookie and Tropical Fruit Cup | Cantaloupe or Apple Juice |
| Potato Roll, Milk | Blueberry Bran Muffin, Milk |

**Vegetarian Menu Ideas continued**

Vegetable Pastie 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 “Bocca” 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

**Elderly Health**

**Breakfast Meal Ideas**

Traditionally congregate and home-delivered meals are provided hot, at lunch 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 these vulnerable individuals.

Also, congregate programs that have morning programming, a breakfast bar can add a nutritional boost for busy seniors who are on the go early in the day. *Please see sample Breakfast menus below*:

**Menu 1**
Oatmeal, 1 cup
Low Fat Vanilla Yogurt, 6 oz.
Mixed Berries, ½ cup
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, sm.
Low Fat or Skim Milk, 4 oz
http://schoolmeals.nal.usda.gov/Training/grn&brd.pdf

**Menu 4, 5, 6**
Granola with Low Fat Vanilla Yogurt, 6 oz.
or Baked French Toast Strips or Breakfast Burrito w/Salsa
Orange Juice ½ cup, Applesauce ½ cup and Raisins 2 Tbs.
Low Fat or Skim Milk, 8 oz
http://schoolmeals.nal.usda.gov/Training/breakfst.pdf

## Standardized Recipes

### What is a standardized recipe?

Written recipe that has been tested and results in the same consistent quality product each time it is made. Standardized recipes are tested and produce the same yield when exact procedures are followed with the same equipment, quantity and quality ingredients.

### Why are they important?

Written standardized recipes are required by OSA.

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 client'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

**Recipe Name_____ Yield_____ Serving Size_____**

**Recipe Source**
**Work Sheet**

| Supplier Item code | Ingredient Description | Quantity |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

**Cooking Instructions:**

## Cycle Menus

Cycle menus are not required by OSA but are strongly encouraged! Menus must be developed in consultation with the area registered dietitian. The process should emphasize creativity and healthy choices that are senior friendly.

Cycle menus do require written standardized recipes which are required by OSA.

What is a cycle menu? A cycle menu is a schedule of meals planned in advance for a certain period of time that can be repeated.

Why are cycle menus important? Cycle menus allow supervisors to:

- Save time—you can plan ahead for work scheduling to control labor costs
- Save money—planning helps you take advantage of cost cutting measures such as buying foods in season and in bulk
- Increase client acceptability and prevent boredom
- Increase variety, contrast and color
- Decrease paperwork

## Five Principles of Menu Planning

- Balance—flavors, colors and nutrients
- Variety—vary entrees and sides day to day, present foods in varying forms and introduce new foods periodically
- Contrast—textures, flavors and appearance
- Color—think about what the meal will look like on the plate!
- Eye appeal—food that looks interesting and colorful will be more acceptable

## Steps in Planning a Menu

- Schedule a specific time to plan the menu
- Gather resources including recipes, staffing availability, catalogues
- Determine the amount time you wish to plan for. Four-week cycles are common.
- Select the main courses first.
- Plan for sides and then fluids
- Evaluate for adherence to OSA standards
- Evaluate using the five menu planning principles highlighted above

## Additional Considerations

- Include input of food production staff, registered dietitian and consumers.
- Plan for a taste panel review
- Meals should reflect senior preferences, local and cultural influences, holidays, climate and seasons, product availability, and availability of written standardized recipes.

Area Agency on Aging 1-B

*Advocacy • Action • Answers on Aging*

DATE: March 29, 2006 FAX #:

TO:

**FROM:** Karen Jackson, RD, Nutrition Services Contracts Manager
Tel: (248) 262-9241, Fax: (248) 948-9691

**SUBJECT: Menu Review** **Number of pages including cover sheet: _____**

**Service MO/YR:** - **Date Received:** **Revised:** ☐ **Hot Meal** ☐ **Cold Meal**

**Number of Service Days/Wk:** **Menu Length:** Days; Weeks **Cycle:** of

| Parameter | Findings (Meets Requirements unless noted) | Suggestion |
|---|---|---|
| **Overall impression** | | |
| **All elements present:** | | |
| **Variety i.e., fresh vs. cooked veg.** | | |
| **Weekly day to day Recipe change** | | |
| **Color, texture, & flavor** | | |
| **3/2 oz Meat or Meat alternative** | | |
| **2 Bread or Bread alternate** | | |
| **2 Fruit/Veg. Daily** | | |
| **1 Fruit/day ½ cup** | | |
| **Half pint Milk or alternate 1 cup** | | |
| **Daily Good Vit C source** | | |
| **3/wk Good Vit A sources** | | |
| **1,200 mg NA meal average/week** | | |
| **Carb Choice-Listed**<br>**Optional** | =3 =5 =7<br>=4 =6 =8 | |
| **3 High fiber food(s) in 5 day week** | | |
| **Optional (specify if dessert includes fruit ½ cup whole grain)** | | |

☐ **Menu is approved with _____ required corrections.**

☐ **Please make required _____ corrections and resubmit for approval.**

**Comments:**

**Important:** This message is intended for use solely by the individual or entity to which it is addressed. It may contain information that is confidential, private and otherwise exempt by law from disclosure. If you or your agency are not the intended recipient, you are herewith notified that any distribution, dissemination, copying, or other use of this communication is strictly prohibited. If you have received this communication in error, please call us immediately and return this communication to us at the Southfield address.

Approved: _____

**Modified 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 are sufficient numbers 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 the meals, serve and deliver them.

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:

1. 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.

2. The diet order supercedes the requirements of the nutrition program. But this assumes that there is a current diet order on file and that it is updated frequently.

3. There must be a physician order, current on file and it has to be reviewed frequently, especially in the case of renal diets.

4. The meal has to then meet the diet order EXACTLY.

5. A registered dietitian who has a specialty in therapeutic diets **has** to be part of the process from the beginning and if the patient is on renal dialysis, then the dialysis RD also has to be part of the team.

6. Meals have to be prepared by a chef (cook) who has been trained extensively on how to follow the diet plan. These chefs (cooks) are usually employed in hospitals or nursing homes and/or have specialized t raining with access to a registered dietitian.

7. Meal preparation has to be supervised by a registered dietitian.

8. The physician, dialysis RD and/or, in/out patient RD and the AAA/BRD all have to communicate regularly about all renal participants.

9. Special foods to meet requirements have to be purchased and used 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.

**Ethnic Meal Ideas**

Whenever possible it is great to incorporate local and ethnic food preferences in menus. This can increase participation enjoyment of meals and add variety to your menu plan. In addition, the OAA encourages meal programs to target low-income ethnic older Americans.

This is a particular concern also to The AAA1-B to as the percentage of people at risk for poor nutrition is higher among the ethnic populations according to the American Dietetic Association. 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 below websites for* ***Cultural and Ethnic Food and Nutrition:***

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

National Agricultural Library/USDA
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

US Food Pyramid-Ethnic Variations
http://www.pccnaturalmarkets.com/health/Healthy_Eating/Food_Guide_Pyramid.htm#Sidebar-Heading-2

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

## Required Nutrient Content for Meals

| | 1 meal/day 33% RDA/AI | 2 meals/day 67% RDA/AI | 3 meals/day 100% RDA/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 Tips

**Food safety**

- Is a full time job
- 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 US Dietary Guidelines

**US 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**

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

Food Safety Tips – continued

- Shellfish records not properly maintained
- Cooked or raw animal protein including meats, dairy, milk, cheese, fish, seafood
- Heat treated vegetables, starches, rice, pasta, legumes
- 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

- 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 140°

- Use the proper equipment
- Stir frequently to distribute temperature
- Covered foods maintain temperature longer

Holding Temperatures - Proper cold holding temperature is 41 degrees 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° - 140°
- Oxygen
- Time
- Acidity
- Moisture

Appendix N continued

**Monthly Focus for Nutrition Education**

If you are looking for good ideas for some of your nutrition education efforts, try focusing on these national health awareness days! Go to Diabetes Public Health Resource for more information at: http://www.cdc.gov/diabetes/ndep/calendar.htm.

**January**

Activity Professionals Week, Birth Defects Prevention Month, Cervical Health Month, Diabetic Eye Disease Month (Jan & Nov), Diet Resolution Week, Eye Care Month, Glaucoma Awareness Week, Healthy Weight Week, Hot Tea Month, Make A Resolution, National Soup Month, Oatmeal Month, School Nurses Day, Sight-Saving Sabbath, Thyroid Awareness Month, Volunteer Blood Donor Month, Winter Safety Women's Healthy Weight Day

**February**

Healthy Heart Month-
http://www.americanheart.org/presenter.jhtml?identifier=1200000
American Heart Month, Black History Month, Burn Awareness Week, Cardiac Rehab Week, Candlelight Vigil for Eating Disorders Awareness Month (Feb & Apr), Cardiovascular Professionals Week, Child Passenger Safety Awareness Week, Children's Dental Health Month, Condom Day, Eating Disorders Awareness Week, Eating Disorders Screening Program, Girls and Women in Sports Day, Give Kids A Smile, Have-A-Heart Day, Heart Month, Kids ENT, Low Vision Awareness Month, Muscular Dystrophy Awareness, Sexual Health Awareness, Wear Red Day, Wise Mental Health Consumer Month, Women's Heart Health Day

**March**

Colorectal Cancer Awareness Month –
www.preventcancer.org/colorectal3c.aspx?id=1036
Nutrition Month - www.eatright.org, American Diabetes Alert, American Red Cross Month, Brain Awareness Week, Cataract Awareness Month, Children and Healthcare Week, Colorectal Cancer Awareness, Doctor's Day, Eye Donor Month, Hemophilia Month, Inhalants and Poisons Awareness Week, Juvenile Arthritis Awareness Week, Kick Butts Day, Kidney Month, Mental Retardation Awareness Month, Multiple Sclerosis Awareness, Nutrition Month, Patient Safety Awareness, Poison Prevention Week, Problem Gambling Awareness, Professional Social Work Month, PTA Drug and Alcohol Awareness Month, Pulmonary Rehabilitation Week, Safe Spring Break - Good 2 Go, Save Your Vision Week, School Breakfast Week, Sleep Awareness, Tuberculosis Day, Workplace Eye Health and Safety Month

**April**

Alcohol Awareness Month - http://www.ncadd.org/, Cancer Control Month - http://www.ncadd.org/, Administrative Professionals Day, Alcohol Free Weekend, Alcohol Screening Day, Autism Awareness Month, Candlelight Vigil for Eating Disorders Awareness Month (Feb & Apr), Cesarean Awareness Month, Child

**Monthly Focus for Nutrition Education - continued**

Abuse Prevention Month, Counseling Awareness Month, Donate Life Month, Earth Day, Facial Protection Month, Humor Month, IBS (Irritable Bowel Syndrome) Month, Infants Immunization Week, Minority Cancer Awareness Week, Occupational Therapy Month, Public Health Week, Sexual Assault Awareness Month, STD Awareness Month, Volunteer Week, Walk America March of Dimes, Women's Eye Health and Safety Month, World Health Day, Youth Sports Safety Month

**May**

Arthritis Awareness Month - http://www.ncadd.org/, Digestive Diseases - http://www.gastro.org/, Food Allergy - http://www.foodallergy.org/, Blood Pressure - http://www.nhlbi.nih.gov/, HUG Holiday—Honoring Seniors - http://www.hugs4health.org/, Older Americans - www.aoa.gov, Osteoporosis - http://www.nof.org/, Senior Health and Fitness Day - http://www.fitnessday.com/, Alcohol and Other Drug-Related Birth Defects Week, Anxiety Disorders Screening Day, Arthritis Month, Asthma and Allergy Awareness Month, Asian American/Pacific Islander Heritage Month, Better Hearing and Speech Month, Better Sleep Month, Buckle Up America! Week, Brain Tumor Action, Breathe Easy Month, Childhood Depression Awareness Day, Green Ribbon Day, Children's Mental Health, Chronic Fatigue Awareness, Clean Air Month, Cornelia de Lange Syndrome, Correct Posture Month, Cover the Uninsured, Digestive Diseases Awareness Month, Emergency Medical Services Week, Employee Health and Fitness Day, Food Allergy Awareness, Healthy Vision, Hepatitis Awareness Month, High Blood Pressure Month, HIV Vaccine Awareness, Hospital Week, Hug Holiday, Huntington's Disease Awareness Month, Light the Night for Sight (May, June, & July), Lyme Disease, Medical Transcriptionist Week, Melanoma/Skin Cancer Detection and Prevention Month, Mental Health Counseling Week, Mental Health Month, Missing Children's Day, Mother's Day, Neurofibromatosis Month, Nurses Week, Nursing Home Week, Occupational Safety and Health, Older Americans Mental Health, Older Americans Month, Oncology Nursing Day, Oncology Nursing Week/Month, Osteoporosis Prevention Month, Physical Fitness & Sports Month, Running and Fitness Week, SAFE KIDS Week, Schizophrenia Awareness, Senior Health & Fitness Day, Sight-Saving Month, Skin Cancer Awareness, Stroke Awareness Month, Stuttering Awareness (May or Oct.), Suicide Awareness Week, Surgical Technologist Week, Teen Pregnancy Prevention Month, Tuberous Sclerosis Awareness Month, Trauma Awareness Month, Women's Check-up Day, Women's Health Week, World No Tobacco Day, World Red Cross Day

**June**

National Safety Month - www.nsc.org/nsm/, Aphasia Awareness Week, Cancer Survivor's Day, Career Nurse Assistants Day, Eye Safety Awareness, Father's Day, Fireworks Safety Month (June & July), Headache Awareness Week, Healthcare Recruiter Recognition Day, Helen Keller Deaf-Blind Awareness Week, Hernia Awareness Month, HIV Testing Day, Light the Night for Sight (May, June, & July), Men's Health Week, Myasthenia Gravis Child

Appendix O continued

**Monthly Focus for Nutrition Education - continued**

Awareness, Nurse Assistants' Week, Prevention of Eye Injuries Awareness Week, Safety Month, Scleroderma Awareness Month, Sobriety Checkpoint Week (June, July, & Sep.), Vision Research,

**July**

National Mobility Month, Park And Rec. Month, Blue Berry Month, Hot Dog and Baked Bean Month, Eye Injury Prevention, Fireworks Safety Month (June & July), Hemochromatosis Screening Awareness Month, Hospitality House Week, International Group B Strep Awareness, Light the Night for Sight (May, June, & July), Sobriety Checkpoint Week (June, July, & Sep.), Therapeutic Recreation Week

**August**

Certified Registered Nurse Anesthetist Week, Foot Health Month, Health Unit Coordinator Day, Hearing Aid Awareness, Immunization Awareness, Medic Alert Month, Michigan State Fair and Farmer's Market and Michigan Festival's, Minority Donor Awareness, National Night Out, Psoriasis Awareness, Responsible Gaming Education, Spinal Muscular Atrophy Awareness Month, World Breastfeeding Week

**September**

5-a-Day Month, National Food Safety Education - www.foodsafety.gov, Healthy Aging Month - http://www.fitnessday.com/, Adult Immunization Week (Sep. & Oct.), Alcohol & Drug Addiction Recovery Month, Baby Safety Awareness, Childhood Injury Prevention, Children's Eye and Health Safety, Cholesterol Education Month, Family Health & Fitness Days, Food Safety Education, Grandparents Day, Gynecologic Cancer Awareness, Healthy Aging Month, Hearing Aid Awareness, Hispanic Heritage Month, International Housekeepers Week, Leukemia & Lymphoma Awareness, Osteopathic Medicine Month, Ovarian Cancer Awareness, Pediculosis Prevention, Prostate Cancer Awareness, Rehabilitation Week, Reye's Syndrome Week, Sickle Cell Month, Sobriety Checkpoint Week (June, July, & Sep.), Suicide Prevention, Take a Loved One to the Doctor Day, Women's Health & Fitness Day

**October**

Alzheimer's Memory Walk, Depression and Mental Health Month - http://www.nmha.org/, Adult Immunization Week (Sep. & Oct.), Alzheimer's Memory Walk, American Heart Walk, Healthy Choice, Auto Battery Safety Month, Brain Injury Awareness, Breast Cancer Awareness, Campaign for Healthier Babies, Cancer Control Month, Celiac Sprue Awareness, Child Health Day, Cold and Flu Campaign, (Oct. & Nov.), Collegiate Alcohol Awareness, Crime Prevention Month, Dental Hygiene Month, Depression & Mental Health, Depression Screening Day, Disability Employment Awareness, Domestic Violence Awareness, Down Syndrome Awareness, Drive Safely Work Week, Family Health Month, Family Sexuality Education, Fire Prevention Week, Halloween Safety, Health Education Week, Health Literacy Month, Healthcare

Appendix O continued

**Monthly Focus for Nutrition Education - continued**

Quality Week, Healthy Lung Month, Infection Control Week, Let's Talk Month, Liver Awareness Month, Liver Awareness Month, Lung Health Day, Lupus Awareness Month, Make a Difference Day, Mammography Day, Medical Assistants' Week, Mental Illness Awareness, Medical Librarians Month, Nuclear Medicine Week, Orthodontic Health Month, Pastoral Care Week, Pharmacy Week, Physical Therapy Month, Primary Care Week, Radon Action Week, Red Ribbon Campaign, Respiratory Care Week, Rett Syndrome Awareness, SAVE *(Stop America's Violence Everywhere)* Today, School Lunch Week, Spina Bifida Prevention, Spinal Health Month, Stuttering Awareness (May or Oct.), Sudden Infant Death Syndrome, Talk About Prescriptions Month, UNICEF Month, World Blindness Awareness, World Food Day, World Mental Health Day

**November**

Diabetes Month - http://www.diabetes.org/home.jsp, Adoption Month, Allied Health Week, Alzheimer's Awareness Month, American Indian & Alaska Native Heritage, Brain Aneurysm Awareness Week, Child Safety and Protection Month, CODP Awareness, Cold and Flu Campaign (Oct. & Nov.), Diabetes Month, Diabetes Education Week, Diabetic Eye Disease Month, Epilepsy Month, Family Caregiver, Family Week, Flu and Pneumonia Campaign, GERD Awareness, Great American Smokeout, Health Information Management Week, Health Skin, Home Care Month, Hospice Month, Jaw Joints - TMJ Awareness, Lung Cancer Awareness, Marrow Awareness, Operating Room Nurse Week, Osteopathic Medicine Week, Pancreatic Cancer, PH Pulmonary Hypertension, Radiologic Technology Week, Tie One On for Safety, Red Ribbon (Nov. & Dec.)

**December**

Winterfest, World Aids Day, National Drunk Driving (Mocktail Party guide and recipes from AAA (auto) free, Colorectal Cancer Awareness Month, Read A New Book Month, Birthday Month of Bingo, Hug-A-Week for the Hearing Impaired Month, National (Stress-Free) Family Holiday Month, Aplastic Anemia Awareness Week, Drunk and Drugged Driving Prevention Month, Hand Washing Awareness, Safe Toys and Gifts Month, Tie One On for Safety, Red Ribbon (Nov. & Dec.), World AIDS Day

http://www.pohly.com/dates_alpha.shtml

# Anatomy of MyPyramid

## One size doesn't fit all

USDA's MyPyramid symbolizes a personalized approach to healthy eating and physical activity. It has been developed to remind consumers to make healthy food choices and to be active every day. The different parts of the symbol are described below.

## Activity

Activity is represented by the steps and the person climbing them, as a reminder of the importance of daily physical activity and taking one step at a time.

## Moderation

Moderation is represented by the narrowing of each food group from bottom to top. The wider base stands for foods with little or no solid fats or added sugars. These should be selected more often. The narrower top area stands for foods containing more added sugars and solid fats. The more active you are, the more of these foods can fit into your diet.

## Personalization

Personalization is shown by the person on the steps, the slogan, and the URL. Find the kinds of amounts of food to eat each day at MyPyramid.gov

## Proportionality

Proportionality is shown by the different widths of the food group bands. The widths suggest how much food a person should choose from each group. The widths are just a general guide, not exact proportions. Check the Web site for how much is right for you.

## Variety

Variety is symbolized by the 6 color bands representing the 5 food groups of the Pyramid and oils. This illustrates that foods from all groups are needed each day for good health. The Dietary Guidelines describe a **healthy diet** as one that

- Emphasizes whole grains (orange), vegetables (green) fruits (red), and fat-free or low-fat milk and milk products (blue);
- Meat & Beans (purple): includes lean meats, poultry, fish, beans, eggs, and nuts; and
- Is low in saturated fats (yellow), *trans* fats, cholesterol, salt (sodium), and added sugars.

## Gradual Improvement

Gradual improvement is encouraged by the slogan. It suggests that individuals can benefit from taking small steps to improve their diet and lifestyle each day.

**Carbohydrate Counting**

Carbohydrate counting is a way diabetics 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 the 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 you eat. To count carbohydrates you have to think total carbs in a meal….

**Total Carbohydrate**

Research shows that it is the total amount of carbohydrate, which matters most to blood glucose control. In other words, if today for supper you eat all your carbohydrate as pasta and tomorrow you eat carbohydrate as syrup and milk, it won't likely affect your 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, you must count the amount of carbohydrate.

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. It's true that people who master carbohydrate counting can change the amount of carbohydrate they eat at a meal by using their carbohydrate to insulin ratio, but that's another article.

Pretend you normally have the following for supper:

- 2 Starch (one starch is 15 grams) = 30 grams carbohydrate (CHO)
- 1 Fruits (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

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

Of course, the variables are endless depending on what you want to eat. Things to consider:

- Carbohydrate counting requires doing some math.
- Have an updated meal plan prepared by you and a dietitian.
- Try to keep your calculations to within three to five grams of the total carbohydrate per meal; note that if you are on insulin, you may have to calculate more closely.
- Remember healthy eating means getting plenty of fruits and veggies, while limiting fat and protein - so don't change all your carbohydrate into 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; you may be surprised to find which of your favorite foods (sweets, cookies, cereals, crackers, TV dinners, beverages) list grams of carbohydrate per serving.
- Monitor and record blood glucose regularly to learn if your 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. The higher the glycemic index indicates a quick rise in blood glucose. The glycemic index measures how fast a food is likely to raise your blood sugar and can be helpful for managing blood sugars. For example, if your blood sugar is low and continuing to drop during exercise, you would prefer to eat a carb that will raise your blood sugar quickly. On the other hand, if you would like to keep your blood sugar from dropping during a few hours of mild activity, you may prefer to eat a carb that has a lower glycemic index and longer action time. If your blood sugar tends to spike after breakfast, you may want to select 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 below 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 your dietitian to learn how to determine how much extra insulin you would need to cover eating extra carbohydrate at a specific meal time.

Appendix Q continued

# 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.

## 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.

**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.

# *Dietary Guidelines for Americans 2005*

## Key Recommendations for the General Population

### ADEQUATE NUTRIENTS WITHIN CALORIE NEEDS

- Consume a variety of nutrient-dense foods and beverages within and among the basic food groups while choosing foods that limit the intake of saturated and *trans* fats, cholesterol, added sugars, salt, and alcohol.
- Meet recommended intakes within energy needs by adopting a balanced eating pattern, such as the U.S. Department of Agriculture (USDA) Food Guide or the Dietary Approaches to Stop Hypertension (DASH) Eating Plan.

### WEIGHT MANAGEMENT

- To maintain body weight in a healthy range, balance calories from foods and beverages with calories expended.
- To prevent gradual weight gain over time, make small decreases in food and beverage calories and increase physical activity.

### PHYSICAL ACTIVITY

- Engage in regular physical activity and reduce sedentary activities to promote health, psychological well-being, and a healthy body weight.
    - To reduce the risk of chronic disease in adulthood: Engage in at least 30 minutes of moderate-intensity physical activity, above usual activity, at work or home on most days of the week.
    - For most people, greater health benefits can be obtained by engaging in physical activity of more vigorous intensity or longer duration.
    - To help manage body weight and prevent gradual, unhealthy body weight gain in adulthood: Engage in approximately 60 minutes of moderate- to vigorous-intensity activity on most days of the week while not exceeding caloric intake requirements.
    - To sustain weight loss in adulthood: Participate in at least 60 to 90 minutes of daily moderate-intensity physical activity while not exceeding caloric intake requirements. Some people may need to consult with a healthcare provider before participating in this level of activity.
- Achieve physical fitness by including cardiovascular conditioning, stretching exercises for flexibility, and resistance exercises or calisthenics for muscle strength and endurance.

### FOOD GROUPS TO ENCOURAGE

- Consume a sufficient amount of fruits and vegetables while staying within energy needs. Two cups of fruit and 2½ cups of vegetables per day are recommended for a reference 2,000-calorie intake, with higher or lower amounts depending on the calorie level.

- Choose a variety of fruits and vegetables each day. In particular, select from all five vegetable subgroups (dark green, orange, legumes, starchy vegetables, and other vegetables) several times a week.
- Consume 3 or more ounce-equivalents of whole-grain products per day, with the rest of the recommended grains coming from enriched or whole-grain products. In general, at least half the grains should come from whole grains.
- Consume 3 cups per day of fat-free or low-fat milk or equivalent milk products.

**FATS**

- Consume less than 10 percent of calories from saturated fatty acids and less than 300 mg/day of cholesterol, and keep *trans* fatty acid consumption as low as possible.
- Keep total fat intake between 20 to 35 percent of calories, with most fats coming from sources of polyunsaturated and monounsaturated fatty acids, such as fish, nuts, and vegetable oils.
- When selecting and preparing meat, poultry, dry beans, and milk or milk products, make choices that are lean, low-fat, or fat-free.
- Limit intake of fats and oils high in saturated and/or *trans* fatty acids, and choose products low in such fats and oils.

**CARBOHYDRATES**

- Choose fiber-rich fruits, vegetables, and whole grains often.
- Choose and prepare foods and beverages with little added sugars or caloric sweeteners, such as amounts suggested by the USDA Food Guide and the DASH Eating Plan.
- Reduce the incidence of dental caries by practicing good oral hygiene and consuming sugar- and starch-containing foods and beverages less frequently.

**SODIUM AND POTASSIUM**

- Consume less than 2,300 mg (approximately 1 teaspoon of salt) of sodium per day.
- Choose and prepare foods with little salt. At the same time, consume potassium-rich foods, such as fruits and vegetables.

**ALCOHOLIC BEVERAGES**

- Those who choose to drink alcoholic beverages should do so sensibly and in moderation—defined as the consumption of up to one drink per day for women and up to two drinks per day for men.
- Alcoholic beverages should not be consumed by some individuals, including those who cannot restrict their alcohol intake, women of childbearing age who may become pregnant, pregnant and lactating women, children and adolescents, individuals taking medications that can interact with alcohol, and those with specific medical conditions.
- Alcoholic beverages should be avoided by individuals engaging in activities that require attention, skill, or coordination, such as driving or operating machinery.

**FOOD SAFETY**

- To avoid microbial foodborne illness:
    - Clean hands, food contact surfaces, and fruits and vegetables. Meat and poultry

Appendix T continued

should not be washed or rinsed.
- Separate raw, cooked, and ready-to-eat foods while shopping, preparing, or storing foods.
- Cook foods to a safe temperature to kill microorganisms.
- Chill (refrigerate) perishable food promptly and defrost foods properly.
- Avoid raw (unpasteurized) milk or any products made from unpasteurized milk, raw or partially cooked eggs or foods containing raw eggs, raw or undercooked meat and poultry, unpasteurized juices, and raw sprouts.

*Note: The* Dietary Guidelines for Americans 2005 *contains additional recommendations for specific populations. The full document is available at www.healthierus.gov/dietaryguidelines.*

---

Updated Tuesday, January 11, 2005 by ODPHP Web Support

Appendix T continued

**Dietary Reference Intakes**

What are they?

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

The 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.

50-70 years Males listed first, females listed second for fiber, vitamin C and A below.

| | |
|---|---|
| Fiber | 30 gm/day<br>21 gm/day |
| Total Fat | 20-35% total Kcal/day |
| Calcium | 1200 mg/day |
| Vitamin C | 90 mg/day<br>75 mg/day |
| Vitamin A | 900 micro grams/day<br>700 micro grams/day |

## Table 1: Dietary Reference Intakes for Older Adults

**Vitamins and Elements**

| | Vitamin A (ug)[b,c] | Vitamin C (mg) | Vitamin D (ug)[d,e] | Vitamin E (mg)[f,g,h] | Vitamin K (ug) | Thiamin (mg) | Riboflavin (mg) | Niacin (mg)[h,i] | Vitamin $B_6$ (mg) | Folate (ug)[h,j] |
|---|---|---|---|---|---|---|---|---|---|---|
| **RDA** or AI [1] | | | | | | | | | | |
| Age 51-70 Male | **900** | **90** | 10* | **15** | 120* | **1.2** | **1.3** | **16** | **1.7** | **400** |
| Female | **700** | **75** | 10* | **15** | 90* | **1.1** | **1.1** | **14** | **1.5** | **400** |
| Age 70+ Male | **900** | **90** | 15* | **15** | 120* | **1.2** | **1.3** | **16** | **1.7** | **400** |
| Female | **700** | **75** | 15* | **15** | 90* | **1.1** | **1.1** | **14** | **1.5** | **400** |
| Tolerable Upper Intake Levels[a] | | | | | | | | | | |
| Age 51-70 Male | 3000 | 2000 | 50 | 1000 | ND | ND | ND | 35 | 100 | 1000 |
| Female | 3000 | 2000 | 50 | 1000 | ND | ND | ND | 35 | 100 | 1000 |
| Age 70+ Male | 3000 | 2000 | 50 | 1000 | ND | ND | ND | 35 | 100 | 1000 |
| Female | 3000 | 2000 | 50 | 1000 | ND | ND | ND | 35 | 100 | 1000 |

| | Vitamin $B_{12}$ (ug)[k] | Pantothenic Acid (mg) | Biotin (ug) | Choline (mg)[l] | Boron (mg) | Calcium (mg) | Chromium (ug) | Copper (ug) | Fluoride (mg) | Iodine (ug) |
|---|---|---|---|---|---|---|---|---|---|---|
| **RDA** or AI [1] | | | | | | | | | | |
| Age 51-70 Male | **2.4** | 5* | 30* | 550* | ND | 1200* | 30* | **900** | 4* | **150** |
| Female | **2.4** | 5* | 30* | 425* | ND | 1200* | 20* | **900** | 3* | **150** |
| Age 70+ Male | **2.4** | 5* | 30* | 550* | ND | 1200* | 30* | **900** | 4* | **150** |
| Female | **2.4** | 5* | 30* | 425* | ND | 1200* | 20* | **900** | 3* | **150** |
| Tolerable Upper Intake Levels[a] | | | | | | | | | | |
| Age 51-70 Male | ND | ND | ND | 3500 | 20 | 2500 | ND | 10000 | 10 | 1100 |
| Female | ND | ND | ND | 3500 | 20 | 2500 | ND | 10000 | 10 | 1100 |
| Age 70+ Male | ND | ND | ND | 3500 | 20 | 2500 | ND | 10000 | 10 | 1100 |
| Female | ND | ND | ND | 3500 | 20 | 2500 | ND | 10000 | 10 | 1100 |

[1] Recommended Dietary Allowances (RDAs) are in **bold type** and Adequate Intakes (AIs) are in ordinary type followed by an asterisk (*).
ND - Indicates values not determined.

The values for this table were excerpted from the Institute of Medicine, *Dietary Reference Intakes: Applications in Dietary Assessment*, 2000 and *Dietary Reference Intakes for Energy, Carbohydrates, Fiber, Fat, Protein and Amino Acids (Macronutrients)* 2002.

## Table 1: Dietary Reference Intakes for Older Adults

**Elements and Macronutrients**

| **RDA** or AI [1] | Iron (mg) | Magnesium (mg)[m] | Manganese (mg) | Molybdenum (mg) | Nickel (mg) | Phosphorus (mg) | Selenium (ug) | Vanadium (mg)[n] | Zinc (mg) |
|---|---|---|---|---|---|---|---|---|---|
| Age 51-70 Male | **8** | **420** | 2.3* | **45** | ND | **700** | **55** | ND | **11** |
| Female | **8** | **320** | 1.8* | **45** | ND | **700** | **55** | ND | **8** |
| Age 70+ Male | **8** | **420** | 2.3* | **45** | ND | **700** | **55** | ND | **11** |
| Female | **8** | **320** | 1.8* | **45** | ND | **700** | **55** | ND | **8** |
| Tolerable Upper Intake Levels[a] | | | | | | | | | |
| Age 51-70 Male | 45 | 350 | 11 | 2000 | 1 | 4000 | 400 | 1.8 | 40 |
| Female | 45 | 350 | 11 | 2000 | 1 | 4000 | 400 | 1.8 | 40 |
| Age 70+ Male | 45 | 350 | 11 | 2000 | 1 | 3000 | 400 | 1.8 | 40 |
| Female | 45 | 350 | 11 | 2000 | 1 | 3000 | 400 | 1.8 | 40 |

| **RDA** or AI [1] | Energy [2] (Kcal) | Protein [3] (g) | Carbohy-drates [4] (g) | Total Fat [5,6] (% Kcal) | *n*-6 PUFA (g) | *n*-3 PUFA (g) | Total Fiber (g) | Drinking water, Beverages, Water in food (L) |
|---|---|---|---|---|---|---|---|---|
| Age 51-70 Male | 2204 | **56** | **130** | | 14* | 1.6* | 30* | 3.7* |
| Female | 1978 | **46** | **130** | | 11* | 1.1* | 21* | 2.7* |
| Age 70+ Male | 2054 | **56** | **130** | | 14* | 1.6* | 30* | 2.6* |
| Female | 1873 | **46** | **130** | | 11* | 1.1* | 21* | 2.1* |
| AMDR [7] | | 10-35% | 45-65% | 20-35% | 5-10% | 0.6-1.2% | | |

[1] Recommended Dietary Allowances (RDAs) are in **bold type** and Adequate Intakes (AIs) are in ordinary type followed by an asterisk (*).

[2] Values are based on Table 5-22 Estimated Energy Requirements (EER) for Men and Women 30 Years of Age. Used height of 5'7", " low active" physical activity level (PAL) and calculated the median BMI and calorie level for men and women. Caloric values based on age were calculated by substracting 10 kcal/day for males (from 2504 kcal) and 7 kcal/day for females (from 2188 kcal) for each year of age above 30. For ages 51-70, calculated for 60 years old, for 70+, calculated for 75 years old. 80 year old male calculated to require 2004 kcal, female, 1838 kcal.

[3] The RDA for protein equilibrium in adults is a minimum of 0.8 gm/kg body weight for reference body weight.

[4] The RDA for carbohydrate is the minimum adeqaute to maintain brain function in adults.

[5] Because % of energy consumed as fat can vary greatly and still meet energy needs, an AMDR is provided in absence of AI, EAR, or RDA for adults.

[6] Values for mono- and saturated fats and cholesterol not established as "they have no role in preventing chronic disease, thus not required in the diet."

[7] Acceptable Macronutrient Distribution Ranges (AMDRs) for intakes of carbohydrates, proteins, and fats expressed as % of total calories.

The values for this table were excerpted from the Institute of Medicine, *Dietary Reference Intakes: Applications in Dietary Assessment*, 2000 and *Dietary Reference Intakes for Energy, Carbohydrates, Fiber, Fat, Protein and Amino Acids (Macronutrients)* 2002.

Appendix U continued

## Table 1: Dietary Reference Intakes for Older Adults

**Electrolytes**

| | Potassium (g) | Sodium (g) | Chloride (g) |
|---|---|---|---|
| **RDA** or AI [1] | | | |
| Age 51-70 Male | 4.7 | 1.3* | 2.0* |
| Female | 4.7 | 1.3* | 2.0* |
| Age 70+ Male | 4.7 | 1.2* | 1.8* |
| Female | 4.7 | 1.2* | 1.8* |
| Tolerable Upper Intake Levels[a] | | | |
| Age 51-70 Male | | 2.3 | 3.6 |
| Female | | 2.3 | 3.6 |
| Age 70+ Male | | 2.3 | 3.6 |
| Female | | 2.3 | 3.6 |

[1] Recommended Dietary Allowances (RDAs) are in **bold type** and Adequate Intakes (AIs) are in ordinary type followed by an asterisk (*).
ND - Indicates values not determined.

The values for this table were excerpted from the Institute of Medicine, *Dietary Reference Intakes: Water, Potassium, Sodium, Chloride, and Sulfate* , 2004.

Appendix U continued

Nutrition Information NIRC Resource Center

# Fact Sheet

Lifelong Improvement in LINC Nutrition and Community

## 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/*.

Administration on Aging

# Information on Aging and Nutrition on the Web

1. Older Americans Act Legislation and Budget

   www.aoa.gov/about/legbudg/oaa/legbudg_oaa.aspx

2. Older Americans Act Strategic Plan and Performance Measurement

   www.aoa.gov/about/strategic/AoA%20Strategic%20Action%20Plan%202007-2012.pdf
   www.aoa.gov/about/legbudg/performance/legbudg_performance.aspx
   www.aoa.gov/about/legbudg/current_budg/legbudg_current_budg.aspx
   http://www.gpra.net/
   www.aoa.gov/prof/agingnet/napis/napis.aspx
   http://www.whitehouse.gov/omb/expectmore/

3. Older Americans Act Fact Sheets, E-News, Press Release and Speeches

   www.aoa.gov/press/prodsmats/fact/fact.aspx
   www.aoa.gov/press/Main_News/enewsletter/enewsletter.aspx
   www.aoa.gov/press/press.aspx

4. Medicare

   http://www.aoa.gov/medicare/index.asp

5. Aging and Disability Resource Centers

   www.aoa.gov/prof/aging_dis/aging_dis.aspx

6. Evidence Based Grants

   www.aoa.gov/prof/evidence/evidence.aspx
   http://healthyagingprograms.org/

7. Resources for Elders and Family Members

   www.aoa.gov/eldfam/eldfam.aspx
   http://www.eldercare.gov/Eldercare/Public/Home.asp
   http://www.olderindians.org/

8. You Can Campaign

   http://nutritionandaging.fiu.edu/You_Can/index.asp

9. Statistics

   www.aoa.gov/prof/statistics/statistics.aspx
   http://agingstats.gov/

10. National Resource Center on Nutrition, Physical Activity and Aging

    http://nutritionandaging.fiu.edu/

11. Dietary Guidelines for Americans and MyPyramid

    http://www.healthierus.gov/
    http://www.healthierus.gov/dietaryguidelines/index.html
    http://www.mypyramid.gov/
    http://www.nhlbi.nih.gov/health/public/heart/hbp/dash/

**Ross Products Division**

*Ross Products Division,*
*Abbott Laboratories Inc.*

## Storage Times / Temperatures For Adult Nutritional Products

**GENERAL:**

**TEMPERATURE GUIDELINES:**
Our general recommended storage temperatures are between 32 and 95 degrees. The most desirable temperature range for storage is between 55 degrees F and 75 degrees F. Prolonged exposure to temperatures below 32 degrees or to direct heat above 95 degrees could affect the physical consistency of the product. While the product within the sealed can is sterile and of sound nutritional quality, a change in the consistency of the product could temporarily affect appearance, flavor, and other sensory attributes. We therefore do not recommend use of product exposed to adverse temperatures.

**STORAGE TIMES:**

**This information provides direction to help ensure microbial quality of Ross medical nutritional products:**

Users should clean the top of containers thoroughly before opening them, and product should be covered once it is opened.

Opened containers of Ross liquid oral medical nutritional products that are held at room temperature may be used for up to 4 hours. Discard unused product after 4 hours held at room temperature.

Opened product that has been held at room temperature for up to an hour should be covered, labeled with time and date, and refrigerated. This opened product should be used as soon as possible and the remainder discarded after 48 hours.

These directions do not apply to ready-to-hang (RTH) products or products consumed directly from the container or through a straw.

For RTH products, follow Instructions for Use on the RTH label.

Because drinking from the container or through a straw exposes product to significant amounts of oral bacteria these directions must be followed for products consumed directly from the container or through a straw:

1). When product is consumed directly from the container or through a straw and left at room temperature, consume it within an hour. Discard unused product after an hour.

2). When product is consumed directly from the container or through a straw and some of the product is saved for later use, cover the container, refrigerate, and consume unused product as soon as possible.

**To serve only a portion of a container: Pour desired amount into a separate container, then cover and refrigerate unused portion for later use. Discard unused product after 48 hours.**

### Expiration Dates

**We consider the expiration date of Ross nutritional products to be the first day of the month listed on the product. Buy and use the formula by the date shown. We cannot guarantee the label claim of the vitamins nor the excellent consistency of the product beyond the "Use By" date because both may degrade with time; therefore, we do not recommend that the product be used beyond the expiration date. In addition, there may be slight variations in flavor and consistency.**

Appendix X

**Shelf Stable Meals**

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 with instructions on how to combine items to meet requirements, cans and packaging should be easy to open and boxes must be labeled with use by/expiration dates.

Shelf stable 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 cakes, cookies, pudding

## AAA 1-B SAMPLE SHELF STABLE MENU

**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. |
| 1 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 |

## AAA 1-B SAMPLE SHELF STABLE MENU - continued

| **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. |
| 1 Water | 12 oz |

| **Meal 4** | |
|---|---|
| Peanut Butter | 3 oz. |
| Orange Juice | 6 oz. |
| Graham Crackers | 2 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. (or fortified Vitamin C rich juice) | 1 |
| 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. |

# Region 1-B Nutrition Assessment Matrix

**Definition of Terms:**
Inputs=Resources used to assess, produce and deliver a HDM.
Outputs=Information data elements resulting from client assessment/service plan development.
Protocol=Procedures that will be followed by nutrition assessors, Areas for Assessor Training.
Outcomes=This is the effect on the client receiving assessment HDM or nutrition education.
Benchmarks=Targets used for comparison between programs or within programs over time.

| HDM ASSESSMENT ITEMS | DEFINITION OF ITEMS | OUTPUTS | PROTOCOLS | OUTCOMES AND OTHER BENCHMARKS |
|---|---|---|---|---|
| Intake Date | The date information is obtained or entered into the database. Prior to assessment, this is the date that eligibility is determined and enough information is gathered to start the meal. | Default to today's date. | N/A | Benchmark trends for service utilization (i.e., snowbirds, holidays) Local, regional, state data issues. |
| Referral Source | Person/relationship or organization requesting the meal for client. | Hospital, Home Care, Chore, Resource Advocacy, DHS, Food Pantry/Bridge Card, AAA 1-B, Other, Self, Spouse, Family, or refused to provide. | This shall include categorical information. Local specific referral info. may be gathered by nutrition providers. | Benchmark referral sources; indicators to identify potential CCS referrals; indicators for additional training and outreach. |
| 1. Assessment<br>2. Reassessment | 1. Assessment (In-Person); Initial visit with client. Per RFP guidelines. 2. Next Reassessment (In-person or phone). Is any contact after initial assessment for purpose of evaluation. Per RFP guidelines. | Assessment Date; Reassessment Date Month, Date, Year | N/A | Timely follow-up for reassessment. |
| Client Name (first, last, and middle initial), Phone, Address, Birth date | Self Explanatory | Name, phone, address, dob. | Attempt visual verification of birth date. | Accurate/non-duplicative client data; Benchmark age |
| Marital Status/Living Situation | This explains the clients status (single, widow, married, or other). Living Situation (alone, w/caregiver, or other living situation). Caregiver is defined as spouse, family, or other. Consider obtaining caregiver birth date, race, and gender. Example of other living situation may be assisted living. | Two drop downs: STATUS (single, widow, married, other) and LIVES WITH (alone, family (caregiver-spouse, family, other, refused). Also description of Caregiver (b/date, race, gender, refused). Also consider housing situation (I.e., assisted living, single family, apartment)/Refused | Caregiver's eligibility shall be considered in development of the service plan. | Benchmark marital status, lives w/status, caregiver status |

# Region 1-B Nutrition Assessment Matrix

**Definition of Terms:**
Inputs=Resources used to assess, produce and deliver a HDM.
Outputs=Information data elements resulting from client assessment/service plan development.
Protocol=Procedures that will be followed by nutrition assessors, Areas for Assessor Training.
Outcomes=This is the effect on the client receiving assessment HDM or nutrition education.
Benchmarks=Targets used for comparison between programs or within programs over time.

| HDM ASSESSMENT ITEMS | DEFINITION OF ITEMS | OUTPUTS | PROTOCOLS | OUTCOMES AND OTHER BENCHMARKS |
|---|---|---|---|---|
| Race/Ethnicity | African American, Not of Hispanic Origin - A person having origins in any of the black racial groups of Africa. Hispanic Origin - A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race. American Indian or Alaskan Native - A person having origins in any of the indigenous peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition. Asian American/Pacific Islanders - A person having origins in any of the indigenous people of the far east, Southeast Asia, the Indian Subcontinent (includes India, Afghanistan and Pakistan), or the Pacific Islands. This includes, China, Japan, Korea, the Philippine Island, Samoa, and the Hawaiian Islands. Other - Refers to persons whose response to the race item on the census could not be categorized in a specific group. The census data is based on individuals self-identification, that is, their perception of their own racial identity. | Same categories as previous box include: refused | N/A | Benchmark race |
| Below poverty level | Drop down with current poverty amount | ☐ Check Yes or No or Refused | Below poverty clients should be advised of other food programs (i.e., Bridge cards, food pantries, or other social services); Referrals to Resource Advocates at least at reassessment | Benchmark poverty. Indicator of need for additional food or social service programs. |

# Region 1-B Nutrition Assessment Matrix

**Definition of Terms:**
Inputs=Resources used to assess, produce and deliver a HDM.
Outputs=Information data elements resulting from client assessment/service plan development.
Protocol=Procedures that will be followed by nutrition assessors, Areas for Assessor Training.
Outcomes=This is the effect on the client receiving assessment HDM or nutrition education.
Benchmarks=Targets used for comparison between programs or within programs over time.

| HDM ASSESSMENT ITEMS | DEFINITION OF ITEMS | OUTPUTS | PROTOCOLS | OUTCOMES AND OTHER BENCHMARKS |
|---|---|---|---|---|
| Physician | Business Name, Phone, Address, Specialty | Space for more than 1 | 1. If there is no physician give # to hospital referral line, or visiting physician; Client may refuse. 2. Do not recommend a specific physician. | Benchmark types of physicians |
| Pharmacy | Business Name, Phone, Address | Space for more than 1 | 1. If more than one pharmacist: recommend using only 1 pharmacist or medication review with physician or pharmacy. Include OTC and prescriptions. 2. Do not recommend a specific pharmacist. | Benchmark Pharmacies |
| *Sensory Impairments: Sight, Hearing, Speech, Taste, Smell, Tooth/Mouth problems | ☐ Check Yes or No From Determine Risk Screen | Drop downs: Sight, Hearing, Speech, Taste, Smell, and Tooth/mouth problems. Level of Impairment (1-3). 1=None; 2=Some; 3=Total. Use of assistive devices would be considered #2. | Referrals to the AAA 1-B vision/hearing contractors for those newly impaired. Referrals to the AAA 1-B Information & Assistance for resources. If vision problem, ask if they can see pills. If not, refer to Resource Advocacy, Care Management or family. If dental problem, recommend referral to I&A. If mouth problem recommend mechanically altered meals or liquid supplements. | Increase referrals to aging network, vision/hearing/dental specialties. Education of client regarding taste. Educate drivers regarding vision/hearing. Improve quality of client's life. (Note: If trouble with many ADL's recommend to CCS.) |
| Use of Prostheses | ☐ Check Yes or No | Above Knee Amputee (AKA), Below Knee Amputee (BKA), Right Arm (RA), Left Arm (LA), Right Foot (RF), Left Foot (LF), Eye | 1. If difficulty eating, recommend adaptive devices; 2. If difficulty ambulating, indicate client may be slow getting to door; 3. Referrals to Chore/Home Injury Control 4. Recommend client or CCS or Resource Advocacy contact physician if having difficulty with prostesis. | Increase referrals to aging network. Improve quality of client's life. |

# Region 1-B Nutrition Assessment Matrix

**Definition of Terms:**
Inputs=Resources used to assess, produce and deliver a HDM.
Outputs=Information data elements resulting from client assessment/service plan development.
Protocol=Procedures that will be followed by nutrition assessors, Areas for Assessor Training.
Outcomes=This is the effect on the client receiving assessment HDM or nutrition education.
Benchmarks=Targets used for comparison between programs or within programs over time.

| HDM ASSESSMENT ITEMS | DEFINITION OF ITEMS | OUTPUTS | PROTOCOLS | OUTCOMES AND OTHER BENCHMARKS |
|---|---|---|---|---|
| Medical History/ Diagnosis | ☐ Check Boxes. 1. Medical History (HX) - taken only once, at the initial assessment. "Include information about injuries and diseases that continue to impact a client's mobility or cognition." 2. Medical Diagnosis (DX) - taken at initial assessment, and added to at each reassessment as needed. | Cognitive Impairment (Dementia/Alzheimer's, etc.), Arthritis, Cancer, Stroke, Diabetes, High Blood Pressure, Heart Disease, Neurological (Parkinson's/Multiple Sclerosis, etc.), Respiratory/Lung Disease, Gastro intestinal, allergy (latex or other); Other; Refused | Information sheets distributed for top 10 DX's. DX impedes kind or amount of food eaten, instruct on availability of nut. supplements, frequency of meals, referral to physician or dietary counseling (hand out to be developed). If client indicates they don't feel well, recommend contact doctor or ask if client would like assessor or caregiver to contact. Offer to dial the phone. | Educate on nutritional implications. Referrals to aging network. |
| Change in Recent Medical Condition, Including Hospitalization | ☐ Check Box , list hospital stays Information taken at each reassessment | Cognitive Impairment (Dementia/Alzheimer's, etc.), Arthritis, Cancer, Stroke, Diabetes, High Blood Pressure, Heart Disease, Neurological (Parkinson's/Multiple Sclerosis, etc.), Respiratory/Lung Disease, Gastro intestinal, allergy (latex or other); Other; Refused | This question shall be asked at reassessment. Information sheets distributed for top 10 DX's. See protocols above. | Educate on nutritional implications. Referrals to aging network. |

# Region 1-B Nutrition Assessment Matrix

**Definition of Terms:**
Inputs=Resources used to assess, produce and deliver a HDM.
Outputs=Information data elements resulting from client assessment/service plan development.
Protocol=Procedures that will be followed by nutrition assessors, Areas for Assessor Training.
Outcomes=This is the effect on the client receiving assessment HDM or nutrition education.
Benchmarks=Targets used for comparison between programs or within programs over time.

| HDM ASSESSMENT ITEMS | DEFINITION OF ITEMS | OUTPUTS | PROTOCOLS | OUTCOMES AND OTHER BENCHMARKS |
|---|---|---|---|---|
| *Medication use and risk factors | ☐ Check Yes or No From Determine Risk screen | 3 or more meds/day; more than 1 prescribing physician, more than 1 pharmacy. Takes 1 or more of following: Digoxin, Theophylline, Phenoytain(Diantin), Lithium, Comadin | 1. If 3 or more meds recommend to contact/follow-up with physician or pharmacist to review interaction issues. 2. Takes 1 or more of the following: Digoxin, Theophylline, Phenoytain (Diantin), Lithium, Comadin. Ask about ongoing follow-up and physician monitoring. 3. Discuss ability to pay for medications. Assistance with med costs referrals to AAA 1-B Information & Assistance (MMAP) or Resource Advocacy contractor. 4. Ask client if they take vitamins or herbal supplements? If yes, recommend discussing with doctor. 5. If on insulin, and skipping meal or snack recommend to follow prescribed diet or see physician. 6. Ask do you have your blood checked? If or can't remember not done within 6 months refer to physician. 7. If client is on comadin, assessor may not include liquid supplement in care plan. | Relief from more med. costs. Decrease instance of misuse/or need for management. |
| ADLs | ☐ Check Box means requires assistance. Review OSA NAPIS website for definitions. | Level of impairment 1=None, 2=Some, 3=Total. Use of assistive devices is considered #2. Eating/Feeding, Dressing, Bathing, Walking, Stair Climbing, Bed Mobility, Toileting, Bladder Function, Bowel Function, Wheeling, Transferring, Mobility Level | If more than 3 late loss ADLs, referral to In-home services (AAA 1-B Information & Assistance or Community Care Services (CCS), Resource Advocacy, other). Respite referrals to AAA 1-B Information & Assistance (I&A) for caregivers. | Benchmark referrals. Keep independent in home as long as possible. |

# Region 1-B Nutrition Assessment Matrix

**Definition of Terms:**
Inputs=Resources used to assess, produce and deliver a HDM.
Outputs=Information data elements resulting from client assessment/service plan development.
Protocol=Procedures that will be followed by nutrition assessors, Areas for Assessor Training.
Outcomes=This is the effect on the client receiving assessment HDM or nutrition education.
Benchmarks=Targets used for comparison between programs or within programs over time.

| HDM ASSESSMENT ITEMS | DEFINITION OF ITEMS | OUTPUTS | PROTOCOLS | OUTCOMES AND OTHER BENCHMARKS |
|---|---|---|---|---|
| IADLs | ☐ Check Box means requires assistance | Level of impairment 1=None, 2=Some, 3=Total. Use of assistive devices is considered #2. Shopping, Handling Finances, Heating Home, Taking Medication, Light Cleaning, Doing Laundry, Cooking Meals in oven/microwave, Reheating Meals, Heavy Cleaning, Keeping Appointments, Using Phone, Using Public Transportation, Using Private Transportation | Referrals to Resource Advocacy for assistance if no caregiver or caregiver is unable or unwilling to provide assistance. Referrals to Resource Advocacy for assistance if no regular assistance available. Resource Advocates referrals to AAA 1-B Information & Assistance (I&A) or Community Care Services (CCS). | Benchmark referrals. Keep people independent in home as long as possible. |
| Who Provides ADL/IADL Assistance | Caregiver (paid or informal): Name (add categories for relationship [I.e., agency, other]), Phone, None | | Respite referrals to AAA 1-B I&A or CCS for caregiver | Benchmark referrals. |
| Services in Place | ☐ Check Yes or No | ADS, Chore, Homemaking, Congregate Meals, Home Delivered Meals, Home Care-Private Duty, Personal Care, Respite, FIA Home Help, MI Bridge Card/Food Assistance, Home Injury Control, Transportation, Other | N/A | Benchmark services |
| Services Needed | ☐ Check Yes or No | Resource Advocacy: Shelter/Eviction, Tax Assistance, Prescription Assist, Bridge card/food pantry, Furniture/Appliances, Utility Shut-Off, Home Care-Private Duty, Home Injury Control, Other, I&A, Congregate Meals, Home Delivered Meals, Prior HDMs-Liquid Meals, Adult Day Service, MI Bridge Card/Food Assistance, Financial Management, Chore/Home Repairs, Transportation. CCM: *(HMK, PC, Resp. & Other)* , ISP *(HMK, PC, Resp.)* , MAW *(HMK, PC, Resp. & Other)* , Counseling, Out-of-Home Respite, Medication Management, Nutrition Counseling. | Referrals to appropriate services, AAA 1-B I&A, Resource Advocacy or other. Education info (i.e., brochures/fliers). | Referrals to Aging Network. Keep independent for as long as possible. Benchmark referrals and services identified. |

# Region 1-B Nutrition Assessment Matrix

**Definition of Terms:**
Inputs=Resources used to assess, produce and deliver a HDM.
Outputs=Information data elements resulting from client assessment/service plan development.
Protocol=Procedures that will be followed by nutrition assessors, Areas for Assessor Training.
Outcomes=This is the effect on the client receiving assessment HDM or nutrition education.
Benchmarks=Targets used for comparison between programs or within programs over time.

| HDM ASSESSMENT ITEMS | DEFINITION OF ITEMS | OUTPUTS | PROTOCOLS | OUTCOMES AND OTHER BENCHMARKS |
|---|---|---|---|---|
| "Determine" Total Score | **a.** I have an illness or condition that made me change the kind and/or amount of food I eat. (2); **b.** I eat fewer than 2 meals per day. (3), (refer to *Food Pantry and/or Bridge Card); **c.** I eat few fruits or vegetables, or milk products. (2) (refer to *Food Pantry and/or Bridge Card); **d.** I have 3 or more drinks of beer, liquor or wine every day. (2), (refer to *Alcohol); **e.** I have tooth or mouth problems that make it hard for me to eat. (2) (refer to *Sensory Impairments); **f.** I don't always have enough money to buy the food I need. (4) (refer to *Food Pantry and/or Bridge Card); **g.** I eat alone most of the time. (1), (refer to *Social Isolation); **h.** I take 3 or more different prescribed or over-the-counter drugs a day. (1), (refer to *Medication use and risk factors); **i.** Without wanting to, I have lost or gained 10 pounds in the last 6 months. (2), (refer to *Client Weight for Liquid Meals or Nutrition Intervention); **j.** I am not always physically able to shop, cook and/or feed myself. (2) (**Note**: Numbers in parenthesis are Nutrition Risk Scores). | Score: 0-2 = No Risk, 3-5 = Moderate Risk, 6+ = High Risk | **a.** Discuss liquid meal or other option. **b.** Refer to *Food Pantry. **c.** Refer to *Food Pantry. **d.** Refer to *Alcohol. **e.** Refer to *Sensory Impairments. **f.** Refer to *Food Pantry. **g.** Refer to *Social Isolation. **h.** Refer to Medication use and risk factors. **i.** Refer to *Client Weight for Liquid Meals or Nutrition Intervention. **j.** Referral to AAA 1-B. | Benchmark risk factors. Benchmark total score. |

# Region 1-B Nutrition Assessment Matrix

**Definition of Terms:**
Inputs=Resources used to assess, produce and deliver a HDM.
Outputs=Information data elements resulting from client assessment/service plan development.
Protocol=Procedures that will be followed by nutrition assessors, Areas for Assessor Training.
Outcomes=This is the effect on the client receiving assessment HDM or nutrition education.
Benchmarks=Targets used for comparison between programs or within programs over time.

| HDM ASSESSMENT ITEMS | DEFINITION OF ITEMS | OUTPUTS | PROTOCOLS | OUTCOMES AND OTHER BENCHMARKS |
|---|---|---|---|---|
| Special Dietary Needs | ☐ Check Yes or No | List: Low Sodium, Calories (High/Low), Protein, Diabetic, Pureed, Liquid, Allergies, Client Refuses special diet | Identify specific food allergies. Alert staff immediately if latex allergy is identified. This may require a change in food handling procedures. If lactose intolerant, ask if they want milk. Recommend seeing physician about vitamin D supplement/fortification. Discuss special diet needs. Ensure client choice is met. Obtain physician's release for special therapeutic diets as appropriate (i.e., Renal diets, liquid meals). Overly restrictive diets and those with multiple restrictions should be discouraged. | Benchmark need for special therapeutic diets. Client dietary and nutritional requirements needs are met. |

# Region 1-B Nutrition Assessment Matrix

**Definition of Terms:**
Inputs=Resources used to assess, produce and deliver a HDM.
Outputs=Information data elements resulting from client assessment/service plan development.
Protocol=Procedures that will be followed by nutrition assessors, Areas for Assessor Training.
Outcomes=This is the effect on the client receiving assessment HDM or nutrition education.
Benchmarks=Targets used for comparison between programs or within programs over time.

| HDM ASSESSMENT ITEMS | DEFINITION OF ITEMS | OUTPUTS | PROTOCOLS | OUTCOMES AND OTHER BENCHMARKS |
|---|---|---|---|---|
| HDM Eligibility Criteria (8) | ☐ Check Box Yes or No The following criteria must be met: 1) Must be 60 years or the spouse of an individual 60 years of age and older, or disabled individual who resides in non-instituion with a person eligible and receiving meals; 2) No adult able/willing to prepare meal; 3) Homebound (doesn't leave under normal circumstances); 4) Dietary needs can be met by the HDM program; 5) Client able to feed self (or has someone able to assist with feeding); 6) Unable to obtain food/prepare complete meals; 7) Agrees to be home when meal delivered<br>Other criteria that may override eligibility criteria: 1) Meal for spouse is in the best interest of the client; 2) Unable to participate in the congregate program. | Determination of eligibility and non-eligibility. | If eligible start meal immediately or as soon as program is available based on wait list criteria. If not eligible give notice and document reason for ineligibility. Refer to other area meal programs (i.e., congregate, food pantry's, food kitchens, fee for service). | All eligible persons will be served. Positive health outcomes. Improve or maintain nutritional status. Ineligible will be referred for other services. |
| Termination Date/Reason | Date/Reason of termination for client and/or caregiver. Refer back to eligibility criteria. | Moved, Nursing Home/Assisted Care, With Family, Unsatisfied, Status Improved, Deceased, Caregiver No Longer Eligible, Other, No longer eligible. | If individuals are no longer eligible based on provider determination client must be formally notified. If appropriate refer to other area programs. If client terminates meal, document the reason (see outputs). Benchmark reasons with AoA data or regional data. | Monitor individual trends for going on/off program. |

# Region 1-B Nutrition Assessment Matrix

**Definition of Terms:**
Inputs=Resources used to assess, produce and deliver a HDM.
Outputs=Information data elements resulting from client assessment/service plan development.
Protocol=Procedures that will be followed by nutrition assessors, Areas for Assessor Training.
Outcomes=This is the effect on the client receiving assessment HDM or nutrition education.
Benchmarks=Targets used for comparison between programs or within programs over time.

| HDM ASSESSMENT ITEMS | DEFINITION OF ITEMS | OUTPUTS | PROTOCOLS | OUTCOMES AND OTHER BENCHMARKS |
|---|---|---|---|---|
| Client Choice Service Plan | Meals(s) Check all that apply. | Hot, Cold, Liquid Supplement, Liquid Only, Frozen, Special Diet (Sodium, Calories, Renal, Diabetic, Pureed, Liquid, if available) Shelf Stable, Emergency Meals, Client Refuses, Special Diet, Vegetarian. Check M, T, W, Th, F, Sa, Su. Indicate # of meals needed per day. | List # of meals per day which will be integrated into the service plan: If client needs a second meal, document ability to provide this. Liquid protocols-physician prescription, client weight. Also identify who donation statement should go to. | Client receives appropriate types of meals as needed. Client receives referrals to other services as needed. |
| Start Date | Enter date 1st meal delivered. | Month, Day, Year | Meal must begin within 10 days of assessment. | |
| Days, Usual source of Sat/Sun Meals | Document how client receives meals when HDM not available. | M, T, W, Th, F, Sa, Su Spouse, Family, ER Contact, Other | If there is no usual source of Sat/Sun recommend frozen or other options. | Clients nutritional needs are met |
| # of Meals | # Meals served per day | | | |
| Use Microwave, Standard Oven, Refrigerator. Freezer space to accommodate frozen meals. | ☐ Check Yes or No | Microwave Y__ N__, Oven Y__ N__, Ref Y __ N__, Storage for frozen Y __ N__ | If unable to use either microwave or standard oven and lack of freezer space then frozen meals may not be used. Ask if client can open milk carton. If can use microwave but don't have one, referral to resource advocate to identify resources to assist. | Client receives appropriate second meal/shelf stable |
| *Social Isolation | ☐ Check Yes or No<br>This is a risk indicator from the Determine Nutrition Screen. I eat alone most of the time. I do not have neighbors nearby or individuals that visit me regularly. | Risk indicator from Determine Nutrition Screen | If socially isolated ask if interested in friendly visiting, telephone reassurance, or Resource Advocacy. If language barrier is identified as a reason for social isolation, refer to the Cultural, Ethnic, and Minority Directory and Resource Advocates for assistance. | Reduction of social isolation |
| *Alcohol | ☐ Check Yes or No<br>From Determine Nutrition Screen | Risk indicator is more than 3/day | Educate on counseling assistance (if appropriate). Educate on nutritional implications of not eating (because alcohol reduces appetite). | Encourage safe use of alcohol. Benchmark needs and work with drug prevention providers as needed. |

# Region 1-B Nutrition Assessment Matrix

**Definition of Terms:**
Inputs=Resources used to assess, produce and deliver a HDM.
Outputs=Information data elements resulting from client assessment/service plan development.
Protocol=Procedures that will be followed by nutrition assessors, Areas for Assessor Training.
Outcomes=This is the effect on the client receiving assessment HDM or nutrition education.
Benchmarks=Targets used for comparison between programs or within programs over time.

| HDM ASSESSMENT ITEMS | DEFINITION OF ITEMS | OUTPUTS | PROTOCOLS | OUTCOMES AND OTHER BENCHMARKS |
|---|---|---|---|---|
| *Client Weight for Liquid Meals or Nutrition Intervention | ☐ If Yes From Determine Nutrition Screen | Goal (Gain/lose weight, maintain/improve nutritional status) and current wt. | If not a result of known medical condition, recommend physician contact or nutrition counseling. | Weight stabilization |
| Shelf Stable Meals | ☐ Check Yes or No | Reason: Emergency, Weekend, Other: _____ | Identify if client can use pull-tops or can-opener. Does client have can opener. | Nutritional needs will be met when HDM not available. |
| *Food Pantry and/or Bridge Card. | ☐ Check Yes or No From Determine Nutrition Screen | If yes, Food Pantry, Bridge card | If client doesn't have enough money to buy food, make referral to Resource Advocacy to help get other food (I.e., Gleaners, food pantry, other). Refer to FIA for Bridge Card. | Increase referrals to other food assistance programs. |
| Nutrition Education Review | ☐ Check Yes or No | If yes, date Nutrition Literature (specify: _____) | Distribute materials as appropriate to client/caregiver. | Client or family states understanding of education. Information is received by client/family. |
| Client Satisfaction Level for Services, Performance, Consistency | ☐ Check Good, Fair, or Poor. Services: menu items offered, type of meal, nutrition education, liquid nutrition, and appearance of food. Performance: temperature, hot food hot and cold food cold, and taste. Service Consistency: time fo delivery, and adherence to menu. | Good, Fair, Poor for each category. If poor, provide brief explanation. | To be asked at re-assessment. Ask client if eat entire meal. If identify most meals are uneaten, referral to Resource Advocacy to determine if need add'l services. | Benchmark. Determine region wide benchmark. Consumer involvement. |