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

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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.

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:

Vitamins

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*

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

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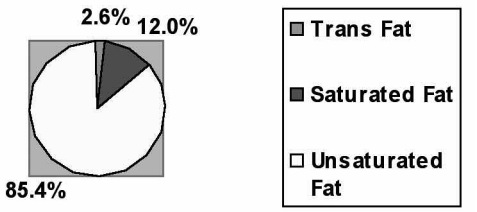


Sources of Fat in the Typical American Diet

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

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

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

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

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

Make smart decisions about the foods in your healthy eating plan

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

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

Appendix C5 continued

Nutrition fact sheet

Get Smart – Get the Facts on Food Labels

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

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

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

A Quick Guide to Reading the Nutrition Facts Label

Start with the Serving Size

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

Check Out the Total Calories and Fat

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

Let the Percent Daily Values Be Your Guide:

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

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

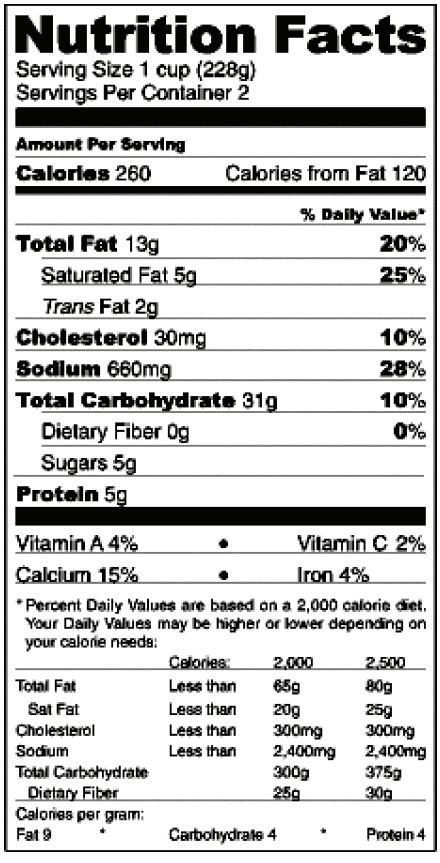
The High and Low of Daily Values

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

Limit Fat, Cholesterol and Sodium

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

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



Nutrition Facts

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

Amount Per Serving

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

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

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

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

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

Get Enough Vitamins, Minerals and Fiber

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

Information

The American Dietetic Association Knowledge Center

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800/366-1655

or visit:
www.eatright.org

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

Step Up to Nutrition & Health

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- 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/foodmp1.htm#books

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 **Optional**	=3 =5 =7 =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:

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/files/flavorsheetfinal1.pdf Ethnic Ingredients
http://www.mealtime.org/files/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 – http://www.preventcancer.org/healthyliving/cancerinfo/colorectal.cfm, 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 - http://list.nsc.org/nsmplanners/, 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.

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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 21 gm/day
Total Fat	20-35% total Kcal/day
Calcium	1200 mg/day
Vitamin C	90 mg/day 75 mg/day
Vitamin A	900 micro grams/day 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

   http://www.aoa.gov/about/legbudg/ledbudg.asp

2. Older Americans Act Strategic Plan and Performance Measurement

   http://www.aoa.gov/about/strategic/strategic.asp
   http://www.aoa.gov/about/legbudg/performance/legbudg_performance.asp
   http://www.aoa.gov/about/legbudg/current_budg/legbudg_current_budg.asp
   http://www.gpra.net/
   http://www.aoa.gov/prof/agingnet/napis/napis.asp
   http://www.whitehouse.gov/omb/expectmore/

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

   http://www.aoa.gov/press/fact/fact.asp
   http://www.aoa.gov/press/enewsletter/enewsletter.asp
   http://www.aoa.gov/press/press.asp

4. Medicare

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

5. Aging and Disability Resource Centers

   http://www.aoa.gov/prof/aging_dis/aging_dis.asp

6. Evidence Based Grants

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

7. Resources for Elders and Family Members

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

8. You Can Campaign

   http://www.aoa.gov/youcan/youcan.asp
   http://www.fiu.edu/~nutreldr/You_Can/You_Can_firstpage.htm
   http://www.fiu.edu/~nutreldr/You_Can/Guidebook_order.htm
   http://www.fiu.edu/~nutreldr/You_Can/Steps_counter_order_govt.form.htm

9. Statistics

   http://www.aoa.gov/prof/Statistics/statistics.asp
   http://agingstats.gov/

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

    http://www.fiu.edu/~nutreldr/ moved to http://nutritionandaging.fiu.edu/
    http://www.fiu.edu/~nutreldr/Dietary%20Guidelines%20for%20Older%20Adults%202005.htm
    http://www.fiu.edu/~nutreldr/SubjectList/D/DRI_RDA.htm
    http://www.fiu.edu/~nutreldr/OANP_Toolkit/OANP_Toolkit_homepage.htm
    http://www.fiu.edu/~nutreldr/Ask_the_Expert/ask_the_expert.htm

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/

Appendix W continued

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 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, SSN	Self Explanatory	Name, phone, address, dob, ssn. Client may refuse to provide SSN.	Attempt visual verification of SSN. 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

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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.

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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.

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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.

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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.

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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.
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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.

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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.

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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 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.

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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 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 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.

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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.

AAA 1-B Nutrition Sites by County

County	Name	Address	City	State	ZIP
Livingston	Brighton Senior Center	850 Spencer	Brighton	MI	48116
	Fowlerville Senior Center	203 North Collins Road	Fowlerville	MI	48836
	Hamburg Senior Center	10407 Merrill Road, P.O. Box 157	Hamburg Township	MI	48139
	Hartland Senior Center	9525 Highland Road	Howell	MI	48843
	Howell Senior Center	925 W. Grand River Avenue	Howell	MI	48843
	Pinckney Senior Center	125 Putnam, Room 114	Pinckney	MI	48169
Macomb	Armada Township Senior Center	75400 North Avenue	Armada	MI	48005
	Center Line Park Towers	8033 East Ten Mile Road	Centerline	MI	48015
	Chester Berry/Erin Manor	15711 Nine Mile Road	Eastpointe	MI	48021
	Clinton Place Senior Residence	147 North River Road	Mt. Clemens	MI	48043
	Elizabeth Lee Doles Manor	42700 Colchester	Clinton Township	MI	48036
	Greater New Hope Baptist Church	58527 Delanie Street	New Haven	MI	48048
	Guest Community Center	16221 Frazho	Roseville	MI	48066
	Lakeside Towers	15000 Shoreline Drive	Sterling Heights	MI	48313
	Leisure Manor	24700 Jefferson	St. Clair Shores	Mi	48080
	Mt.Clemens Towers	55 Church Street, P.O. Box 330	Mt. Clemens	MI	48043
	New Baltimore Place	51140 Hooker	New Baltimore	MI	48047
	Owen Jax Recreation Center	8207 East Nine Mile Road	Warren	MI	48089
	Richmond Community Center	36164 Festival	Richmond	MI	48062
	Romeo Senior Activity Center	361 Morton	Romeo	MI	48065
	Schoenherr Towers	37500 Schoenherr	Sterling Heights	MI	48312
	Shelby Senior Center	51670 Van Dyke Avenue	Shelby Township	MI	48316
	Southeastern Michigan Indians, Inc.	26641 Lawrence	Center Line	MI	48015
	St. George Tower	42250 Hayes Rd.	Clinton Township	MI	48035
	St. Leonard Church Nutrition Site	14057 Nine Mile Road	Warren	MI	48089
	The Village of Warren Glenn	2950 East 12 Mile Road	Warren	MI	48092
	Tucker Senior Center	26980 Ballard	Harrison Township	MI	48045
	Utica Senior Housing	7650 Greeley	Utica	MI	48317
	Village of Peace Manor	17275 15 Mile Road	Clinton Township	MI	48035
	Village Road Community Building	34750 Village Road	Clinton Township	MI	48035
Macomb-NSIP	St. Clair Shores Senior Activity Center	20000 Stephens	St. Clair Shores	MI	48080
Monroe	Frenchtown Senior Citizen's	2786 Vivian Road	Monroe	MI	48162

AAA 1-B Nutrition Sites by County

County	Name	Address	City	State	ZIP
Monroe continued	Orchard Nutrition Site Arthur Lesow Comm. Center	120 Eastchester	Monroe	MI	48161
	River Park Nutrition Site	20 N. Roessler	Monroe	MI	48161
	Sullivan Senior Center	13613 Tuttlehill Road	Milan	MI	48160
	Water Tower Park Center	11345 Harold Drive	Luna Pier	MI	48157
Monroe-NSIP	Bedford Senior Center	1652 Samaria Road	Temperance	MI	48182
	Dundee Senior Center	284 Monroe Street	Dundee	MI	48131
Oakland Farmington	City of Farmington Hills Costick Senior Center	28600 11 Mile Road	Farmington Hills	MI	48336
Oakland North Central	Bowen Senior Center	52 Bagley Street	Pontiac	MI	48341
	LaAmistad @ Ruth Peterson Senior Center	990 Joslyn Avenue	Pontiac	MI	48342
	Village of Oakland Woods	420 South Opdyke Avenue	Pontiac	MI	48341
	Woodland Heights	120 North Edith Street	Pontiac	MI	48342
Oakland North East	Addison Senior Center	1440 Rochester Road	Leonard	MI	48367
	Auburn Hills Department of Senior Services	1827 North Squirrel Road	Auburn Hills	MI	48326
	Brandon Senior Center	435 Ball Street	Ortonville	MI	48462
	Independence Township Senior Center	5980 Clarkston Road	Clarkston	MI	48348
	Older Person's Commission	650 Letica Drive	Rochester	MI	48307
	Orion Township Senior Center	21 East Church Street	Lake Orion	MI	48362
	Oxford Park Towers	2345 Oxford	Berkley	MI	48072
Oakland North West	Richardson Senior Center	1485 Oakley Park Drive	Commerce Township	MI	48382
	Walled Lake Villa	1035 Walled Lake Villa Drive	Walled Lake	MI	48390
Oakland-NSIP	Clawson Manor	255 West 14 Mile Road	Clawson	MI	48017
	Farmington Place	32900 Grand River	Farmington	MI	48204
Oakland South Central	Birmingham Area Senior Coord. Council (BASC)	2121 Midvale	Birmingham	MI	48009
	Jewish Community Center	15110 West 10 Mile Road	Oak Park	MI	48237
	McDonnell Towers	24300 Civic Center Drive	Southfield	MI	48034
	Oak Park Community Center	14300 Oak Park Blvd.	Oak Park	MI	48237
	Oakland Towers I (On The Park Troy)	920 John R.	Troy	MI	48084
	Oakland Towers II (OPT II Troy)	930 John R.	Troy	MI	48084
	Troy Community Center	3179 Livernois	Troy	MI	48083
Oakland South East	Ferndale Senior Citizens Drop-in Center	1201 Livernois	Ferndale	MI	48220
	Hazel Park Senior Center	620 West Woodward Heights	Hazel Park	MI	48030
	Madison Heights Senior Center	29448 John R	Madison Heights	MI	48071

AAA 1-B Nutrition Sites by County

County	Name	Address	City	State	ZIP
Oakland South East continued	Royal Oak Senior Community Center	3500 Marais Road	Royal Oak	MI	48073
Oakland South East	Solberg Activity Center	27783 Dequindre Road	Madison Heights	MI	48071
Oakland West	Dublin Community Senior Center	685 Union Lake Road	White Lake	MI	48386
	Highand Township Senior Center	205 John Street	Highland	MI	48357
	Holly Senior Center	3323 Grange Hall Road	Holly Township	MI	48336
	Milford Senior Center	1050 Atlantic Street	Milford	MI	48381
	Novi Senior Center	25075 Meadowbrook	Novi	MI	48375
Oakland Waterford	Waterford Senior Center	6455 Harper Street	Waterford	MI	48329
St. Clair	Algonac Nutrition Center	1612 St. Clair Blvd.	Algonac	MI	48001
	Capac Lions Club	315 Meier Street	Capac	MI	48014
	Cherry Beach Senior Center	7232 S. River Road	Marine City	MI	48039
	Desmond Village	721 Pine Street	Port Huron	MI	48060
	Our Lady of Guadalupe Hispanic Mission	3110 Goulden	Port Huron	MI	48060
	Palmer Park Rec. Center	2829 Armour Street	Port Huron	MI	48060
	Pine Shores Club House	515 Fred Moore Highway	St. Clair	MI	48079
	Smiths Creek Amer. Legion Hall	7150 Smith Creek Road	Smiths Creek	MI	48074
	Yale Senior Center	3 First Street	Yale	MI	48097
Washtenaw	Ann Arbor Community Center	625 North Main	Ann Arbor	MI	48104
	Ann Arbor Senior Center	1320 Baldwin	Ann Arbor	MI	48104
	Baker Common	106 Packard	Ann Arbor	MI	48104
	Brown Chapel A.M.E. Church	1043 West Michigan Avenue	Ypsilanti	Mi	48197
	Chelsea Senior Citizen Activity	500 Washington Street	Chelsea	MI	48118
	Dexter Senior Center	7714 Ann Arbor Street	Dexter	MI	48130
	Jewish Community Center	2935 Birch Hollow Drive	Ann Arbor	MI	48108
	Lincoln Senior Citizens Center	8970 Whittaker Rd.	Ypsilanti	MI	48197
	Milan Senior Center Parks and Recreation	45 Nickel Court	Milan	MI	48160
	Miller Manor	727 Miller Road	Ann Arbor	MI	48103
	Pittsfield Senior Center	701 Ellsworth	Ann Arbor	MI	48108
	Saline Area Senior Center	7190 North Maple Road	Saline	MI	48176
	Turner Resource Center	2401 Plymouth	Ann Arbor	MI	48105
	Wesley United Methodist Church	9318 Main Street, P.O. Box 431	Whitmore Lake	MI	48189
	Ypsilanti Senior Recreation Center	1015 Congress	Ypsilanti	MI	48197
	Ypsilanti Township Recreation Center	2025 East Clark Road	Ypsilanti	MI	48198