



Oregon Congregate and Home Delivered Nutrition Program Revised 2012 Standards Frequently Asked Questions (FAQs)

Updated August 2012

Purpose

This document was created to address frequently asked questions and provide information and guidance on implementing the 2012 revised Nutrition Standards.

Scope

The goal of the revisions was to clarify and modernize nutrition practices to meet the needs of older Oregonians and the nutrition programs that serve them. The main revision areas include nutrition education, menu nutrient requirements, donated food and food safety.

Frequently Asked Questions

1. When will these standards take effect?

The standards became effective July 1st, 2012. However, the nutrient requirements do not take effect until July 1, 2013 in order to allow nutrition service providers and contractors time to revise menus to meet new nutrient requirements.

The Oregon Congregate and Home Delivered Nutrition Program Standards document can be accessed at <http://cms.oregon.gov/dhs/spwpc/sua/docs/nu-prg-standards.pdf>. Page 14 of this document outlines the specific nutrient requirements. Nutrients may be averaged over one week to allow more flexibility in menu planning.

2. How was it decided these were the nutrients that we need to monitor?

A committee representing small, medium and large Area Agencies on Aging; contractors and nutrition professionals were involved in the entire revision process. The nutrients identified in the standards are required under the Older Americans Act. Each meal served by the Older Americans Act funded nutrition services provider must meet the current USDA/HHS *Dietary Guidelines* and must contain at least 33 $\frac{1}{3}$ percent of the current Dietary Reference Intakes (DRI) as established by the Food and Nutrition Board of the National Academy of Science-National Research Council.

The nutrients identified are focused on those identified in the Dietary Guidelines as foods and food components to reduce, and foods and nutrients to increase. It is clear in the Dietary Guidelines that all

Americans are consuming too much sodium, solid fats (saturated and trans fats), cholesterol, added sugars and refined grains. Most Americans need to consume more of certain foods and nutrients: fruits, vegetables, whole grains, fat-free and low-fat dairy products and seafood. Older adults in particular need to consume:

- more fruits and vegetables, especially orange and dark green vegetables, to increase intakes of vitamin C, vitamin B6, magnesium, potassium and dietary fiber;
- more low fat dairy to improve intakes of magnesium, calcium, potassium, and vitamins B12 and D.
- more whole grains, including more fortified breakfast cereals, to increase intakes of vitamin B6, crystalline vitamin B12, magnesium and dietary fiber;
- fewer foods high in sugar, solid fats, sodium; and
- fewer refined grains.

3. What research are we using to justify monitoring these nutrients?

An up to date research summary of nutrients for older adults can be found here:

<http://lpi.oregonstate.edu/infocenter/olderadultnut.html>

You can also refer to the document “rationale for nutrient requirements.”

<http://cms.oregon.gov/dhs/spwpd/sua/docs/rationale-for-nutrient-requirements.pdf>

4. Do you have any tips on how to meet some of the more challenging nutrient requirements such as fiber, magnesium, and sodium?

Some general recommendations to meet nutrient requirements for FY 2013 include:

- Work with suppliers and contractors to include nutrient requirements into bids and contracts
- Phase in changes slowly
- Work with your dietitian
- Incorporate more scratch cooking and fresh, local foods.
- Follow the recommendations from www.choosemyplate.gov for tips on
 - increasing fruits, vegetables, whole grains and low fat dairy
 - reducing foods high in solid fats, added sugars and salt

These recommendations align with the specified nutrient requirements. For a list of foods that are good sources of certain nutrients, see appendix D (p. 29) of the Revised Nutrition Standards.

| <u>Nutrient</u> | <u>Food Substitutions</u> | <u>Food Preparation</u> |
|------------------------|---|---|
| Fat | <ul style="list-style-type: none"> • Use nonfat or low fat for dairy products (milk, yogurt, cottage cheese, sour cream) • Substitute vegetable oils for shortening, soft margarine or butter. • Use all types of fish, lean cuts of meat, and poultry without skin. | <ul style="list-style-type: none"> • Use low fat cooking methods such as baking, broiling or steaming. • Limit use of mayonnaise, butter, salad dressings, gravies and sauces and substitute for a healthier version such as low fat parmesan cheese or a |

| <u>Nutrient</u> | <u>Food Substitutions</u> | <u>Food Preparation</u> |
|------------------------------|--|--|
| | <ul style="list-style-type: none"> Use products that indicate zero grams of trans fats per serving on the label and no partially hydrogenated oils in the ingredient list. | <p>squeeze of lemon</p> |
| Fiber & Magnesium | <ul style="list-style-type: none"> Replace white rice, bread and pasta with brown rice and whole grain products. Include corn or whole wheat tortillas instead of flour | <ul style="list-style-type: none"> Serve more whole grains, fruits, vegetables and beans Consider adding flours (whole wheat, rye) to soups and bread mixes as a thickener. |
| Sodium | <ul style="list-style-type: none"> Reduced sodium bread products Sodium free soup bases (mixed with regular) No salt added diced tomatoes Low sodium tomato sauce Reduced sodium ham Low sodium condiments | <ul style="list-style-type: none"> Cook more foods from scratch Use more fresh or frozen fruits and vegetables Rinse canned items Serve smaller portions of high sodium foods, like gravies Use more salt free herbs and spices, lemon juice, lime juice or vinegar |

5. The standard of no more than 850 calories per meal seems like a drastic restriction. Will this reduce the variety in the menu?

All nutrients, including calories, may be averaged over the entire week. This allows for menu flexibility and reflects how consumers usually eat. For example, one day your site may offer a high calorie meal such as macaroni and cheese, bread, salad, zucchini and pudding (920 cals) and another day your site may offer grilled fish, brown rice, salad and fruit (700 cals). The average of these two meals is 810 calories and falls within the 850-calorie average.

The prevalence of overweight and obesity in older Oregonians is dramatically higher now than it was a few decades ago. A calorie limit on congregate and home delivered meals can help seniors achieve weight management and meet their nutrition needs.

6. Do I have to post the nutrient breakdown for every meal?

No. However, meal sites are encouraged to follow menu labeling provisions of the Patient Protection and Affordable Care Act (PPACA), which requires posting of calories and making supplemental nutritional (sodium, fat, etc.) information available to consumers upon request. Nutrition labeling provides clients with valuable information and may help them make healthy choices.

7. How often do I have to provide nutrition education to home-delivered clients? Can I just give them a brochure?

Home delivered meals shall provide nutrition education a minimum of one time per year. Nutrition education has to go beyond providing information alone. Distributing newsletters or brochures that contain nutrition information from a trusted source does not constitute nutrition education unless the materials are accompanied by some form of instruction to a group or individual.

Nutrition education is required at the first nutrition risk assessment. Subsequent yearly nutrition education may be determined by local nutrition service providers. In a home setting, this may include reviewing educational materials that relate to the annual nutrition risk assessment or other relevant nutrition education topics with a homebound client. Nutrition education must be overseen by a dietitian and may be completed by caseworker or other individual who has contact with clients.

The intent of the nutrition education is not to provide individualized medical nutrition therapy or counseling. It is to provide basic, general nutrition education for seniors.

8. Mealtime is so busy and loud at my site. Seniors just want to eat their food and get on with their day. How can I possibly fit in nutrition education?

The standards require that each congregate meal nutrition site provide nutrition education at a minimum quarterly. It is best practice to engage seniors in evidence based, interactive and innovative activities such as cooking demos or nutrition BINGO. Reviewing nutrition education materials with participants prior to a meal may also count.

The State Unit on Aging Nutrition Webpage

(<http://cms.oregon.gov/dhs/spwpd/pages/sua/nutrition.aspx>)

has materials reviewed by the State Unit on Aging dietitian that can be used to provide nutrition education at meal sites. His/her expertise and credentials fulfill the part of the definition related to being overseen by a dietitian.

Tips for Compliance with Nutrition Education

- Work with your contract dietitian or State Unit on Aging dietitian
- Stay abreast of current nutrition trends in older adults
- Include nutrition education as part of your Area Plan
- Assess nutrition education needs and interests of clients
- Ensure topics are culturally appropriate, accommodate older adult learners and are in large print
- Partner with health related organizations to maximize resources
- Make nutrition education fun and engaging by avoiding “lecturing” and encouraging “hands-on activities”
- Put into effect accurate reporting
 - Cluster 3 non-registered services and requires reporting of service units

- Congregate & HDM = one session per participant

9. What are sugary beverages, and why are they strongly discouraged?

Sugary beverages include any beverage with added caloric sweetener, most commonly fruit-flavored drinks such as sweetened ice tea, fruit punch, lemonade, sodas, sports drinks and vitamin water.

Frequent sugary beverage consumption is linked to obesity and many health problems, including diabetes, coronary heart disease, and high blood pressure. Providing sugary beverages in a congregate meal site makes it more difficult for seniors to manage their chronic diseases.

Beverages such as milk and calcium fortified soymilk may contribute to nutrient intake and are encouraged. Water must always be available. All beverage consumption enhances fluid intake of participants.

10. We serve many seniors who are hungry and could use the extra food that is donated from the local grocery store, Starbucks or events at the senior center. Does that count as part of the nutritional analysis?

If provided with or after the meal, such as dessert, then it must be counted as part of the nutritional analysis. It is important to consider calorie and solid fat (saturated and trans) limits when deciding whether or not to offer them. Your site may also be held liable for food safety concerns from donated foods.

Many clients receiving congregate or home delivered meals have chronic conditions that nutrition and diet can help ameliorate. Although, you may think you are helping clients by giving them “free food” you may be contributing to the difficulty of managing chronic conditions or weight. The purposes of the Older Americans Act include not only reducing hunger & food insecurity, but also promoting the health & well-being of older individuals.

If you receive donated bakery goods:

- Cut them in half or even smaller to offer appropriate portions
- Limit to special occasions, or no more than 1x/week
- Serve them after the meal, not before
- Do not send seniors home with extra pies, cakes, cookies etc.
- Work with donors to solicit healthy donations

For more information, contact Kim La Croix, State Unit on Aging Dietitian
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