



IOWA AGING OPERATIONAL GUIDANCE 2016 – O-01
June 22, 2016

TO: Area Agencies on Aging
FROM: Donna K. Harvey, Director
SUBJECT: The Dietary Guidelines for Americans 2015-2020 related to the Older Americans Act Title III C Nutrition Program
DUE DATE: July 1, 2016
EFFECTIVE: August 31, 2016
EXPIRATION: June 30, 2021
REFERENCE: Older Americans Act Title III C Nutrition Program
ACTION REQUIRED: Yes No Informational Only

Background The Department of Health and Human Services (HHS) and the Department of Agriculture (USDA) review, update, and publish the DGA every five years. This guidance outlines the Dietary Guidelines for Americans, 2015 – 2020 (DGA)¹ as applied to the Older Americans Act (OAA)² Title III C Nutrition Program.

The DGA establishes the scientific and policy basis for all Federal nutrition food assistance programs and provides information for making food choices that promote health and prevent disease. A committee of experts recommends revisions to the DGA based on a comprehensive review of current scientific evidence.

The Older Americans Act requires the Title III C Nutrition Program comply with the most recent DGA and the Dietary Reference Intakes (DRI)³. These requirements ensure that the Nutrition Program sustains and improves participant health through the provision of safe and nutritious meals. Implementing the DGA provides each participating older individual a minimum of one third of the DRI per meal.

Ensuring adequate nutrient intake reduces the risk of chronic disease, promotes health and independence. Menus based on the DGA and DRIs prevent nutrient deficiencies and reduce the risk of chronic diseases such as cancer, heart disease, and stroke which are the leading causes of death in Iowa. The Iowa Department of Aging (IDA) monitors key nutrients in the menu planning process as indicators

¹ <http://health.gov/dietaryguidelines/2015/>

² http://www.aoa.gov/AoA_Programs/OAA/Reauthorization/2016/docs/Older-Americans-Act-of-1965-Compilation.pdf

³ Dietary Reference Intakes: The Essential Guide to Nutrient Requirements, Institute of Medicine of the National Academy of Sciences/National Research Council

of the broader DGA and DRI recommendations.

The DGA provides eating patterns that can be used in menu planning and when combined with computer analysis achieves a healthy menu. The DGA allows flexibility in menu planning to accommodate participants' socio-cultural and personal preferences.

Implementation The Nutrition Program menu standards are used for the planning and procuring of meals. They shall be followed in all meals funded with Older Americans Act Title III, Nutrition Services Incentive Program (NSIP) funds, and the related program income. (See General Menu Planning Requirements)

The Standards are required in new food contracts, contract renewals, and direct meal provision starting August 31, 2016. Agencies are encouraged to start implementing the new standards immediately.

Attachments

- General Menu Planning Requirements
- Iowa Menu Approval Sheet

INQUIRIES: For further information, contact Carlene Russell by e-mail at Carlene.Russell@iowa.gov or by phone at (515) 725-3330. Please refer to Dietary Guidelines for OAA Nutrition Programs.



Jessie Parker Building
510 E 12th Street, Ste. 2
Des Moines, IA 50319
515.725.3333 | 800.532.3213
www.iowaaging.gov

General Menu Planning Requirements

* Please note that the red print indicates a change from The Dietary Guidelines for Americans 2010 provided by the department to the Area Agencies on Aging.

AoA Requirements (OAA 339(2)(A)(i)(ii), 17 IAC 7.14(1)(2016))

Each Nutrition Program meal must comply with the most recent Dietary Guidelines for Americans (DGA), and provide to each participating older individual

- A minimum of 33 1/3 percent of the Dietary Reference Intakes (DRIs) per meal, if the project provides one meal per day.
- A minimum of 66 2/3 percent of the DRIs if the project provides two meals per day and
- 100 percent of the DRIs if the project provides three meals per day.

Nutrition Programs shall analyze all menus using computerized nutrient analysis to ensure the meals provide 1/3 of the DRIs as identified in the Iowa Menu Approval Sheet. (17 IAC 7.17(1)(2016). The sheet is to be completed, signed, and dated by the Iowa licensed dietitian certifying the menu meets the requirements. The completed sheet must be submitted along with the Licensed Dietitian signed menus to the Department **two weeks prior to implementation.** (*id.*)

Approved menus may be developed for seasonal cycles and repeated. If no changes are made, the Area Agency on Aging shall notify the IDA that the cycle menus will be continued.

The following are general Nutrition Program menu planning requirements.

Food Safety and Sanitation

All meals provided through the Nutrition Program must be prepared using a food preparation system that promotes and maintains high food safety and sanitation standards that complies with the **Iowa Code § 137F (2016) and DGA Appendix 14: Food Safety Principles and Guidance**¹.

Nutrition Services Incentive Program (NSIP)

All meals provided through the Nutrition Program that receive NSIP funds whether prepared on site, frozen, non-perishable, boxed, or catered must comply with the most recent DGA and provide a minimum of one-third of the DRIs.

Offer versus Serve

The Nutrition Program must offer participants all menu items; provide information about the menu/meal that meets their nutritional requirements and maximizes health to meal participants, however, participants may decline to accept any element of the planned meal.

¹ <http://health.gov/dietaryguidelines/2015/>

Targeted Nutrients

The target nutrient levels are based on the characteristics of the predominate population of the Iowa Nutrition Program. The selected target nutrients promote health and reduce risk of disease.

The **2015-2020 DGA** and DRIs per meal nutrient requirements and weekly averages for menu planning are to meet the requirements of a 75-year-old sedentary female (1600 Calories) and male (2200 Calories) are listed in the Iowa Menu Approval Sheet. The values provided are one-third of the DGA and DRIs for the estimated calorie needs per day by age, gender, and physical activity level. The 2015-2020 DGA emphasizes meeting nutrient recommendations while staying within calorie needs. To achieve this, most foods need to be nutrient dense and only a limited number of calories remain for other foods that are higher in calories, fat and sugar.

Adequate dietary intakes of certain nutrients are of particular concern for older adults: protein, calcium, potassium, folacin, fiber, and vitamins B12, B6 C, and D. The over-consumption of other elements is also a concern: **added sugars**, sodium, and saturated fat can lead to increased risk of chronic disease.

Twenty-two percent of Iowans over the age of 65 have diabetes². Management of this chronic disease includes controlling carbohydrate intake. Menus need to identify the amount of carbohydrate in each menu item.

The Iowa Simplified Diet Manual³ provides guidance on maintaining a consistent carbohydrate diet for people with diabetes. Carbohydrate counting is based on choices or grams per meal. One carbohydrate choice is approximately 15 grams of carbohydrate. Each choice shall be identified by the menu item with (1 choice or 1 CHO). Individuals with diabetes are able to use this carbohydrate identification to help them adhere to their nutrition therapy and blood glucose goals. Often their meal plans may aim for 3-5 carbohydrate choices per meal so individuals may choose to omit some of the carbohydrate choices offered on the menu.

Example - Menu Illustrating Carbohydrate Identification

Roast Beef	3 oz
Mashed potatoes	½ cup (1 choice)
Butter Asparagus	½ cup
Fresh Melon	1 cup (1 choice)
Vanilla Wafers	5 (1 choice)
Whole Wheat Bread	1 slice (1 choice)
Margarine	2 tsp
Skim Milk	1 cup (1 choice)

Other factors to consider when planning menus for older adults.

Hydration and Fluids

Programs should encourage drinking water with meals to ensure proper hydration. Older adults are at risk for dehydration due to physiological changes that occur with age. Physiological changes include a

² *Health in Iowa Annual Report From the Behavioral Risk Factor Surveillance System Iowa 2014*
<http://idph.iowa.gov/Portals/1/Files/BRFSS/2014%20BRFSS%20Annual%20Report.pdf>

decrease in total body water related to the decrease in lean body mass, a decline in thirst sensitivity, and a decreased ability to regulate body temperature in extreme temperature changes. Exposure to heat and certain medications may require additional fluids.

Fat

Replace solid fats with plant based oils to improve diet quality without added calories. Choose plant based oils which have a high percentage of beneficial monounsaturated and polyunsaturated fatty acids. The DGAs encourages the use of oils as they contribute essential fatty acids to the diet

Limit the consumption of solid fats. Solid fats are those that are solid at room temperature and have a high concentration of trans and saturated fats. Common sources of solid fats include; butter, beef, chicken, pork, stick margarine, and shortening.

Dessert

The **2015-2020 DGAs** encourage limiting the consumption of foods that contain refined grains, especially refined grain foods that contain solid fats, added sugars and sodium. The use of fruit as a dessert is strongly encouraged.

Condiments and Product Substitutes

Sugar substitutes, pepper, herbal seasonings, lemon, vinegar, trans-fat free non-dairy coffee creamer, salt, and sugar provided on the side or separate from the meal, are not included as part of the nutritive requirements.

Salad dressings are inherently high in sodium. Programs must offer at least one low-sodium salad dressing option and provide nutrition education on the high sodium content of salad dressings and other condiments. Salad dressing is to be included in the nutrient analysis.

Sodium

The DGAs encourages the reduction of daily sodium intake to **2,300 mg**. The target value for sodium is for **less than 800 mg per meal using 1/3 of the DRI for 2,300 mg sodium**. **The DGA recommendation for persons with who have pre-hypertension, hypertension, diabetes or chronic kidney disease is to reduce sodium to 1,500 mg.**

Potassium

A potassium rich diet can blunt the effect of sodium on blood pressure. Research suggests that the general population does not eat sufficient amounts of potassium in their diets and would benefit from increasing potassium intake from foods.

Menu Development and Food Preparation

- Place potassium rich foods on the menu consistently.
- Provide nutrition education on the health impacts of high sodium intake on older adults.
- Prepare foods without adding salt in the cooking process.

- Use herbal seasoning to replace salt and use creative food preparation techniques to maximize palatability.
- Avoid potassium chloride salt substitutes. Individuals should only use these products under the supervision of a healthcare professional.
- Use a salt shaker icon to identify a high sodium meal (more than 800 mg) on the menu. High sodium meals are to be limited to twice a month.



- Encourage the use of oil and vinegar as the preferred salad dressing.

Nutrition Programs should establish purchasing policies and procedures for healthful foods that incorporate the sodium recommendations of the DGAs.

Ethnic Meals

Sodium reduction in ethnic meals.

Iowa Nutrition Programs are encouraged to provide culturally appropriate meals for an ethnically diverse population. Programs that provide culturally appropriate meals that may be higher in sodium are to place a statement on each menu such as: “Because of the ethnic nature of these meals the average sodium content maybe higher than the recommendations made by the Dietary Guidelines for Americans.”

- Explore ways to reduce sodium content of meals.
- Use low sodium soy sauce or dilute soy sauce with water to reduce sodium levels.
- Provide low sodium or dilute soy sauce as a condiment at meals, instead of adding to meals during preparation.
- Encourage vendors to provide low sodium alternatives at a reasonable cost.
- Place potassium rich foods on the menu consistently.
- Provide nutrition education on the health impacts of high sodium intake on older adults.

Nutrition Education and Nutrition Counseling

Most OAA Nutrition Programs provide one meal a day. Nutrition education and nutrition counseling are needed to help meal participants maximize their nutritional health by knowing how to obtain the nutrients they need in other meals not provided by the nutrition program. The DGA with educational tools like “Choose My Plate” and other materials provides guidance for choosing a healthy diet. Additionally, the DGA focuses on helping people make healthy choices including physical activity and food safety that are a part of DGA. Nutrition education and nutrition counseling need to address physical activity, food safety, carbohydrate counting, and other nutrient needs of older adults including folate.



Jessie Parker Building
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Iowa Menu Approval Sheet

Menus reviewed _____ (date range)

Locations where menu will be used _____

Nutrient	Dietary Guidelines/ DRI per meal nutrient requirement	Weekly Average Menu Requirement	Weekly Average Documentation Use a separate line for each weekly average.	Additional Information
Calories	533-730	533-730		
Protein	10-35% of calories	10-35% of calories		
Carbohydrate	45-65% of calories	45-65% of calories		
Fat	20-35% of calories	20-35% of calories		
Saturated Fat	≤10% of calories	≤10% of calories		
Fiber	≥8 grams	≥8 grams		
Sodium	≤ 767milligrams	≤ 800 mg 2 meals a month are allowed. These 2 meals do not need to be included in weekly average. Identify meals 800 mg+ with salt shaker icon.		# meals 800+mg Na ____. Are these meals identified with salt shaker icon?__ Dates not counted in average ____ and _____
Potassium	≥ 1567 milligrams	≥ 1567 milligrams		Do menus with 800+mg Na have ≥1567 mg K? ____
Calcium	≥ 400 mg	≥ 400 mg		
Vitamin C	≥ 30 mg	≥ 30 mg		
Vitamin B6	≥0.57 mg	≥0.57 mg		
Vitamin B12	≥0.8 micrograms	≥0.8 micrograms		

Instructions: This form is to be submitted to the Iowa Department on Aging with menus dated and signed by the dietitian. The dietitian is to record on this form the weekly average for the each nutrient; identifying each week separately e.g., wk 1, wk 2; etc.; verifying meals with more than 800 mg Na+ are identified with a salt shaker icon and are matched with at least 1567 mg K+.

I certify to the best of my knowledge these menus provide one-third of the current Dietary Reference Intakes for individuals aged 70 years and older and conforms to the 2015-2020 Dietary Guidelines for Americans.

Dietitian Signature _____ Date _____

Iowa License Number _____

Email address _____