

CORRECTIONAL FOODSERVICE THROUGHOUT LIFE'S STAGES

Dietitians Corner





DIETITIAN'S CORNER

By Barbara Wakeen

If you attended the ACFSA International Conference in Daytona Beach, you may have attended the presentations by the panels of dietitians addressing the varying nutritional needs of inmates at different stages of life and those with varying medical conditions. If you missed the conference, this article summarizes some of the information that was presented on these panels.

Nutrition professionals in corrections addressed the Child Nutrition Program, the main population menu and medical diets in the Florida DOC, renal diets as offered by the Illinois DOC and the acknowledgement of religious and preference diets in Canada.

The wealth of information offered in this session was representative of the issues we all face in our facilities. While Florida has an extensive medical diet and monitoring system, Canada offers meat-free preference diets. The renal diet procedures offer the most current therapeutics for those with kidney malfunction that are workable in the Illinois DOC. The child nutrition program has federally mandated guidelines so there is less room for flexibility, but there is still the challenge of creativity. The amazing part of all of this is that the subject matter is not new, but the programs and procedures vary widely across the continent. For more detailed information on these topics visit the ACFSA web site at www.acfsa.org.

The presentation on the aging prison population and the affect on correctional foodservice brought to light many new considerations in meeting the needs of this aging group. The increase in this population opens the door to many new procedures and modification of needs from us from a food service, clinical and vendor perspective. While caloric needs are lower, special needs such as consistency-modified foods, special eating utensils and wheelchair access are greater.

The increase of specialized housing areas or geriatric facilities introduces us to new regulations and regulatory agencies in addition to those with which we already comply. The focus of meeting needs in general now transitions to meeting individual needs. Much of the foodservice safety standards are the same, but now there are many other variables to consider in food preparation and delivery, facility construction and clinical documentation.

- Instead of a blenderized diet being for a wired jaw, it may be because the geriatric inmate can no longer chew or has difficulty chewing.
- Food preferences may have to be honored - one of the battles we try to avoid daily in a typical jail or prison.
- The introduction of metal on a specially curved fork or spoon with a large grip rubberized handle that enables the elderly inmate with limited dexterity to eat better.

- Food replacement may be offered for poor intake.
- Clinical nutritional documentation upon admission and quarterly to ensure the status of the inmate.

Conferences and Events

American Dietetic Association(ADA) Food and Nutrition Conference and Exhibition
October 19-22, 2002
Philadelphia, Pennsylvania

CD-HCF Corrections Sub-unit Meeting
Monday - October 21, 2002

CD-HCF Member Breakfast
Sunday - October 20, 2002

CD-HCF Member Breakfast
Tuesday - October 22, 2002

National Commission on Correctional Health Care (NCCHC)
26th National Conference on Correctional Health Care
October 19-23, 2002
Nashville, Tennessee

For additional information on these conferences and meetings visit the web sites:

**ADA - www.catright.org
CD-HCF - www.cdhcf.org
NCCHC - www.ncchc.org**

Can We Help You?

As always, we welcome your questions and input on topics that are of interest to you as ACFSA members. If you would like to submit articles, questions or any other communication, please contact me at (330)-499-0809 or email bwakeen@neo.rr.com or visit the ACFSA web site at www.ACFSA.org or the CD-HCF Corrections Sub-unit website at www.CDHCF.org.



Attending Registered Dietitians at the ACFSA 2002 International Conference