

Changes in Standards and Guidelines...

and The Impact on Correctional Menus and Diets

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Recent releases of 2010 Dietary Guidelines and other nutritional recommendations are drawing attention causing many of us to reevaluate our menus and medical diet programs. In striving to achieve these as goals, we face challenges in meeting these while maintaining budgets. Dietitians are maximizing their creativity to achieve both.

In January of this year the 2010 Dietary Guidelines for Americans (DGAs) were released. These DGAs contain some notable changes from the 2005 Dietary Guidelines and some recommendations remain unchanged.

The 2010 DGAs released in January 2011 focus on:

- Achieving and maintaining a healthy weight through balanced caloric intake, healthy eating and increased activity
- Foods and food components to reduce/limit
- Foods and nutrients to consume
- Specific populations
- Healthy eating patterns

Looking at **the foods and food components to reduce**, sodium and fats are high on the list presenting some new challenges and goals to consider:

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Foods and nutrients to increase include those as part of a healthy eating pattern such as fruits and vegetables, whole grains, low fat dairy products, lower fat protein choices and healthy fats.

- ↓ sodium intake to < 2300 milligrams (same as 2005)
- Further ↓ sodium intake to 1500 milligrams
 - for individuals 51 and older
 - for African Americans, any age group
 - for individuals with hypertension, diabetes or chronic kidney disease for any age group
 - According to the 2010 DGA, this recommendation applies to approximately half of the US population including children and the majority of adults
- Consume < 10% of calories from saturated fats (same as 2005), choose monounsaturated and polyunsaturated fats instead
- Consume < 300 mg/day of dietary cholesterol (same as 2005)
- Limit *trans* fats as much as possible (same as 2005)
- Reduce intake foods containing solid fats, added sugars, refined grains and high sodium

Foods and nutrients to increase include those as part of a healthy eating pattern such as fruits and vegetables, whole grains, low fat dairy products, lower fat protein choices and healthy fats. These foods provide potassium, dietary fiber, calcium and vitamin D which are nutrients of concern in the American diet in general and our corrections populations as well. Recommendations include:

- Variety in vegetables, especially dark-green vegetables, red and orange vegetables, and beans and peas
- At least half of all grains as whole grains
- ↑ intake of fat-free or low-fat milk and milk products, such as yogurt, cheese, or fortified soy beverages.
- Variety of reduced and 'good' fat protein choices including seafood, lean meat and

poultry, eggs, beans and peas, soy products, and unsalted nuts and seeds

- ↑ consumption of seafood by choosing seafood in place of some meat and poultry
- Use oils to replace solid fats when possible

Specific Population Groups

- Women capable of becoming pregnant
 - Choose foods that supply heme iron (more readily absorbed by the body)
 - Choose additional iron sources along with Vitamin C-rich foods that enhance the absorption of iron
 - Consume 400 micrograms (mcg)/day of synthetic folic acid (from fortified foods and/or supplements) in addition to food sources of folate from a varied diet
- Women who are pregnant or breastfeeding
 - Consume a variety of seafood, 8 to 12 ounces weekly with the following exceptions which *should not* be consumed: tilefish, shark, swordfish, and king mackerel
 - Limit white (albacore) tuna to 6 ounces per week, due to high methyl mercury content
 - During pregnancy, take an iron supplement, per obstetrician or other health care provider recommendation
- Individuals 50 years of age and older
 - Consume foods fortified with vitamin B12, i.e. fortified cereals, or dietary supplements.

Healthy Eating Patterns focus on:

- Meeting nutrient needs over time consuming appropriate calories
- Accountability for consumption and assessment of how foods fit within a total healthy eating plan
- Food safety recommendations to reduce the risk of foodborne illness when preparing and eating foods

Currently, the Child Nutrition Standards - National School Lunch Programs (NSLP) and School Breakfast Programs (SBP) are under review with some proposed revisions that reflect the 2005 DGA. The proposed changes are based on recommendations

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Overall we are seeing the aim toward healthy menus via food groups, reasonable calories and reduction in nutrients that can contribute to impaired health, such as salt and certain types of fat. Along with these changes come the additional challenges of offering foods on correctional menus that fit in the procurement, budget and security constraints.

from National Academy of Sciences' (NAS) Institute of Medicine (IOM) report (2009) "School Meals: Building Blocks for Healthy Children". The proposed changes reference the increase of fruits, vegetables, whole grains, and fluid milk, both fat-free and low-fat. They address the reduction of sodium and saturated fat, *trans* fat and controlling calories in school meals. The goal is to improve dietary habits, meet nutritional needs and protect the health of school children. The 2010 DGA impact these recommendations further with sodium, saturated fat and the red and orange vegetable subgroup.

Source: 2494 Federal Register / Vol. 76, No. 9 / Thursday, January 13, 2011 / Proposed Rules

Some states have also imposed changes for their individual State's Department of Education which would impact Child Nutrition menus. Check with your individual state guidelines for these modifications as they may be more stringent than the proposed standards under consideration.

Overall we are seeing the aim toward healthy menus via food groups, reasonable calories and reduction in nutrients that can contribute to impaired health, such as salt and certain types of fat. Along with these changes come the additional challenges of offering foods on correctional menus that fit in the procurement, budget and security constraints. Although some of this is not new, the challenges continue as budgets get tighter:

- Procuring reduced sodium meats and possibly other foods to work toward achieving the 2300 mg and 1500 mg requirements is one of the biggest challenges. Menus tend to contain approximately twice this much sodium.

Given the caloric content of menus, one might consider items such as salt free bread, offering fruit and avoiding baked goods that may be high in sodium. This can contribute to a higher potassium menu, but also higher costs.

- Considering there are two levels for these restrictions, identifying those 51 years and older, African American, or with health conditions could present a challenge for medical to communicate with foodservice. This could constitute a standardized medical diet for these populations even though someone 51 years or older might be otherwise healthy.
- Added fruits and vegetables affect many of our budgets if there isn't a mandate to offer a specific amount. As mentioned above, added fruits and vegetables can have a positive impact on the nutrient quality of the menus for sodium, and especially potassium which has been a challenge since the last recommendations of 4700 mg. Further, serving of fruit is often limited due to security issues, particularly in jails.
- More and more products are available with no fat, reduced fat, no *trans* fats and healthier fats. Communication with our vendors and reading nutrition facts panels on products purchased enables us to be selective in this area.
- Increasing seafood presents a variety of challenges. Often fish is limited due to costs, dislikes or even removed totally from menus to reduce allergy diets. There are usually limited options in our environment in terms of variety.
- Milk and dairy products are easily accessible as low-fat or fat-free; however, the rise in cost is causing many to look at alternatives to liquid milk. Some of these are reconstituted powdered milk, milk alternates and fortified beverages containing desired nutrients of milk.

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Corrections Nutrition Standards are closer than ever...

The American Medical Association (AMA) adopted a new policy at their spring meeting relating to nutritional standards for incarcerated populations. This is the outcome of Dr. Suzen Moeller's report to the AMA (as referenced in the last Insider) The AMA policy is as follows:

“our AMA: (1) urge the National Commission on Correctional Health Care, the American Correctional Association, and individual states to mandate adherence to the current Dietary Reference Intakes and Dietary Guidelines for Americans (with adjustments, as needed, for special populations) as a criterion for accreditation and/or standards compliance, until national dietary guidelines specific for adolescent and adult incarcerated populations becomes available, and (2) urge the Food and Nutrition Board of the Institute of Medicine to examine the nutrient status and dietary requirements of incarcerated populations and issue guidelines on menu planning for adolescent and adult incarcerated populations.”

For some institutions, accredited or not, this may impact current menu planning and standards of practice.

The ACFSA Dietitians in Corrections and DHCC Corrections Sub-Unit survey is in process on Nutritional Standards for Correctional Menu Planning. The goal is to reach all geographic areas and jurisdictional levels throughout North America. Look for results and discussion in a future Insider.

Sources:

<http://www.cnpp.usda.gov/DGAs2010-SlidePresentation.htm>

<http://www.health.gov/dietaryguidelines/dga2005/recommendations.htm>

Accessed 3/15/2011

New Standards

NCCHC Juvenile Standards
revision 2011 are now available.

For more information visit www.ncchc.org.

~ Announcements ~

Webinar

The first DHCC Corrections Dietitians Webinar led by Joe Montgomery, MS, RD, LDN, CCFP was held May 26, 2011. More than 125 signed up with 76 in attendance. The discussion focused on current trends and opportunities for “RDs in Jail and other Corrections Venues.” This **free webinar** has been archived and **is still available for viewing at <https://www1.gotomeeting.com/register/509170289>**. For details on future webinars contact Joe Montgomery at diet-n-corr@wolfecreek.net and watch for e-blasts from the DHCC listserv.

Membership Information

If you would like to be added to the Dietitians in Corrections networking EML, please email me directly at bwakeen@neo.rr.com. This is an informal discussion group and your name/email address will be listed in each email sent to the group. You do not have to be a dietitian to be on the list.

If you are interested in joining the DHCC Corrections Sub-unit or if you are already a member and want to subscribe the DHCC EML or be listed in the directory, visit the DHCC web site at www.dhccdp.org or contact Joe Montgomery at diet-n-corr@wolfecreek.net. Emails communicated through this group are sent through a private email address.

Upcoming Conferences and Meetings

NCE

American Dietetic Association's
Food and Nutrition Conference and Expo
September 24-27, 2011 - San Diego, CA
www.eatright.org

DHCC Corrections Sub-Unit Meeting (during FNCE)
San Diego Marriott Marquis and Marina
Monday, Sept. 26, 2011 - Torrence Room - 4 – 5 pm
Contact Joe Montgomery at
diet-n-corr@wolfecreek.net for details.

NCCHC

National Conference on Correctional Health Care
October 15-19, 2011 - Baltimore, Maryland
www.ncchc.org