



## 2015 Dietary Guidelines - Advisory Committee Findings and Impact in Corrections

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**A**s dietitians we plan nutritional goals according to guidelines and standards, or mandates by regulatory agencies. One of the guidelines we reference is the 2010 Dietary Guidelines for Americans, from the US Department of Health & Human Services (HHS) and the US Department of Agriculture (USDA). These guidelines were originally released in 1980 and are updated every five years. The newest guidelines are expected to be released later in 2015. These guidelines are based on current science and medical based knowledge, and provide the basis for federal food and nutrition policy, and education initiatives.

Historically, recommendations for the Dietary Guidelines have focused on Americans, ages 2 years and older, including those individuals at increased risk of chronic disease. Scientific data has recognized the varying nutritional needs for infants and toddlers, and for pregnant females. Because of this, further review of the evidence for this age group is underway to be included in the 2020 Dietary Guidelines for Americans.

An Advisory Committee, titled '2015 Dietary Guidelines Advisory Committee (DGAC)' was established by the HHS and the USDA to review the current (2010) Dietary Guidelines and identify topics that may have new science-based evidence to impact nutrient recommendations for the American population. The DGAC researched American dietary patterns with a goal of defining the commonality in characteristics of healthy diets that had an impact on health and disease states. Recently, the Committee released the 2015 Dietary Guidelines Advisory Committee (DGAC) Scientific Report. This article addresses some of the findings that may have an impact on future nutrient considerations and menu planning in our environment.

The DGAC reviewed data regarding current dietary intake status and trends of the American population. They found under- and over- consumption of nutrients based on the Institute of Medicine's (IOM) recommendations. Most of the nutrients noted are those required on the Nutrition Facts Panels with the ex-

*Continued on Page 11*

ceptions being Vitamin D, Vitamin E, Folate, Magnesium and Potassium. Some of us reference the nutrients required on the Nutrition Facts Panels as the 'leader nutrients' and base nutritional adequacy of our menus on these nutrients. Note: Some reference more nutrients with Recommended Dietary Allowances (RDA) values and some standards reference the 'dietary allowances.'

### Underconsumed Nutrients

In their data review, the DGAC found nutrients underconsumed relative to the IOM's Estimated Average Requirement (EAR) or Adequate Intake (AI) levels were Vitamin A, Vitamin C, Vitamin D, Vitamin E, Folate, Calcium, Magnesium, Potassium and Fiber. Deficiencies in intake of some of these nutrients are considered a public health concern as their underconsumption, in particular Vitamin D, Calcium, Potassium and Fiber, has been linked to adverse health effects. Food sources containing these nutrients are fruits, vegetables, whole grains, legumes and dairy products. Iron intake was also noted as deficient in adolescents and premenopausal females, also considered in the nutrients of concern.

### Overconsumed Nutrients

The DGAC found Americans' overconsumption of sodium for all populations and saturated fat (in particular for those over 50 years of age) in relation to the IOM's Tolerable Upper Intake Levels (UIL), and these are also considered to present potential health risks. Current research shows Americans consume more than 3300 mg Sodium per day (Source [http://www.cdc.gov/salt/pdfs/Sodium\\_Dietary\\_Guidelines.pdf](http://www.cdc.gov/salt/pdfs/Sodium_Dietary_Guidelines.pdf)). In corrections, with our higher calorie menus, some of these values can exceed 4000 mg of sodium per day.

- Sodium Recommendations
  - less than 2,300 mg per day
  - 1,500 mg  $\geq$  51 years of age
  - 1,500 mg for those of any age who are African American, have hypertension, diabetes, or chronic kidney disease
- Saturated Fat Recommendations – less than 10% calories from saturated fat

### Cholesterol

Notably, in the DGAC review, cholesterol was not found to be a nutrient of overconsumption. This restriction will not be part of the Committee's recommendations given the consumption data. Details of this can be found in the full DGAC report.

The 2010 Dietary Guidelines for Americans recommends cholesterol to be limited to no more than 300 mg per day. Limiting eggs and animal sources has always been a consideration to achieve this goal on our menus and is often considered for a heart healthy menu.

### Fortified Foods

Another area of review was the impact from consuming fortified foods and supplements. It was concluded that typical intake from fortified foods rarely resulted in overconsumption of Vitamin D, Calcium, Iron or Folate, but some who use supplements, in general, may overconsume desired amounts. The DGAC concluded that dietary intake of fortified foods combined with supplements should not exceed the IOM's UL recommendations.

The DGAC findings for a healthy diet pattern are consistent with the current Dietary Guidelines and recognize dietary recommendations such as MyPlate, the American Heart Association (AHA) Guidelines and the American Institute for Cancer Research (AICR) which are higher in fruits, vegetables, whole grains, reduced or non-fat dairy products, legumes, seafood and nuts, and lower in red meats, processed and refined items, and foods with added sugars.

So how does this impact our menus and populations? While we strive for nutritional adequacy for age, gender and activity levels of our populations, we also have to consider the standards and limitations of our agencies, nutrient requirements of our populations and budgetary constraints. Ideally, we would plan for a balance of all the food groups including fruits and vegetables, dairy, whole grains and whole muscle meats. Unfortunately, some of the aforementioned constraints can impact these desired items.

*Continued on Page 12*



Most everyone is using 'some' fortified items, in particular beverages that our vendors offer to help us meet nutritional needs cost effectively. Many processed foods are fortified such as breads and cereals, margarine and even milk fortified with Vitamins A and D.

Processed meats and other items are common on main population menus. In the world of processed meats, vendors offer reduced sodium meat patties and lunch meats to help the overall sodium content of the menus. Some facilities are making their own processed patties using seasoning mixes also available from some of our vendors. Other means to reduce sodium are omitting salt from cooking, reduced sodium soup/gravy bases, fresh and frozen vegetables versus canned.

Another consideration is what supplements are offered in commissaries, if any, and the impact on our populations consuming them. There may need to be a review process and some education with regard to corrections menu offerings and supplements.

In general, after the release of the 2015 Dietary Guidelines, many of us will be reviewing our menus and considering this evidence in our planning. Some of our corrections regulatory and accrediting agencies may likely be modifying their standards as well. A detailed review of the 571 page 2015 Advisory Committee Dietary Guidelines (DGAC) Scientific Report can be accessed at [www.DietaryGuidelines.gov](http://www.DietaryGuidelines.gov).

## Notable News

### Dietitians in Corrections (DIC) Networking Luncheon

The DIC Networking Luncheon will be held at the ACFSA International Conference in Niagara Falls. Watch for details in upcoming emails from me as well as ACFSA communications.



### ACFSA Networking Discussion Group Information

If you would like to be added to the Dietitians in Corrections networking listserv, please email me directly at [bwakeen@neo.rr.com](mailto: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.

Dietetics in Health Care Communities (DHCC) has an EML for the Corrections Sub-Unit. To participate, one must be a DHCC member, which means being a member of the Academy of Nutrition and Dietetics as well. Emails communicated through this group are sent through a private email address for DHCC members only. To join, visit [www.DHCCdpg.org](http://www.DHCCdpg.org) or contact Marlene Tutt at [lenetutt@yahoo.com](mailto:lenetutt@yahoo.com). There are many member benefits including networking, publications and continuing education credits.