

Senior Nutrition Program Webinar Takeaways

[Senior Nutrition Program Network Discussion on Dietary Guidelines for Americans \(DGAs\) and Dietary Reference Intakes \(DRIs\)](#)

Speakers

- Ryan Gadzo, Research Analyst, Erie County Department of Senior Services, New York.
- Alexandra Bauman, RD, LDN, Iowa State Unit on Aging Nutrition Director and Director of the National Resource Center on Nutrition and Aging (NRCNA), Iowa.
- Tammy Rosa, Nutrition Program Manager, Upper Peninsula Commission for Area Progress (UPCAP), Michigan.

Panel Discussion

Can you tell us what makes your program unique? [Video timestamp: 2:12]

- Ryan Gadzo
 - Erie County is the largest county in New York, and Buffalo is the largest city in New York outside of New York City.
 - Restaurant dining program with 11 locations, including diverse meal options (e.g., Ethiopian, Japanese-style ramen, Japanese bento boxes, Chinese dim sum, Halal).
 - Started a frozen grab-and-go meal program during the pandemic.
- Alexandra Bauman
 - Pop-up dining site called the [Encore Café](#).
 - Voucher programs with 35 local restaurants.
- Tammy Rosa
 - As the largest nonprofit in the region, UPCAP is the focal point for senior and disability services.
 - UPCAP region – which covers a large, rural area – has higher proportion of older adults than the state as a whole (26% vs. 17%).
 - Size of Michigan's Upper Peninsula and the weather in the area (e.g., snow in winter) makes it sometimes difficult for program implementation.

Why do you think the Dietary Guidelines and the DRIs are important? [Video timestamp: 6:27]

- Older adults have higher rates of chronic disease. High-quality and nutritious meals are important for chronic disease management.
- At age 60, our calorie needs begin to decline but nutrient needs do not go down, meaning it's important to provide nutrient dense meals tailored to the needs of older adults.
- Offering nutritious foods exposes older adults to healthy food options they may not be familiar with and opens their eyes to more options to try at home.
- Our population may have food insecurity, so meeting their nutritional needs is important.

- Nutrition is an important part of the program, but socialization is also a vital aspect for older adults.

What has been your greatest challenge around providing meals that meet Dietary Guidelines and the DRIs? How have you met and overcome those challenges? [Video timestamp: 10:17]

- Challenges: Budgetary constraints, supply chain shortages and disruptions, staff shortages, distance, multiple kitchens, meeting client preferences, and transportation issues.
- Solutions:
 - Pre-approved substitutions list.
 - Separate kitchens may have their own menu cycle, while using standard recipes and nutrient analysis.
 - Google drive to share recipes.
 - State or Area Agencies on Aging (AAA) purchasing of nutrition analysis software for AAAs and local providers to use.
 - Updating state's nutrition standards:
 - Weekly or rolling nutrient averaging, or monthly averages.
 - Allowing electronic menu analysis or "MyPlate" style menu pattern.
 - Nutrient requirements - include only specific to nutrients of concern for older adults.
 - Offer versus serve – participants can select what they want on their plate.
 - Chefs' choice meals.
 - Allowing for dessert.
- Advantages:
 - Allows flexibility and participant input.
 - Helps with restaurant partnerships.
 - Greater flexibility (already permitted in the Dietary Guidelines and DRIs) has helped reverse congregate meal site declines.

What are some issues you have encountered with providing cultural variety and meeting special dietary needs, as well as solutions you've identified? [Video timestamp: 18:46]

- Nutrition program staff think there's a milk requirement in meals, but that's not actually in the Dietary Guidelines or DRIs; just need to meet calcium and vitamin D requirements.
 - 2020 Dietary guidelines call for personal, cultural, and budgetary customization.
 - For example, soy milk, fortified almond or rice milk, yogurt, cheese, cottage cheese, fortified juices, and other foods can be allowed as alternatives to milk.
 - Erie County puts yogurt into their home-delivered meals at least twice per week.
- Flexibility is seen as the biggest driver to encouraging participation.
- Ensuring adequate protein intake for vegetarian diets — can use legumes, beans, and other non-meat items as protein sources.
- The Older Americans Act requires that programs meet cultural needs. Meals can be both nutritious and reflective of the culture of the community being served.

- Local providers can work with dietitians to create meals that appeal to various audiences.
- The dining environment should be welcoming for participants.
- If nutrition standards have not been updated recently, policies should be reviewed to ensure they offer the flexibility needed to best serve a variety of cultural preferences.
- Can be helpful to locate culturally diverse restaurant meal sites near agencies that serve the targeted population (e.g., immigrant communities, non-English speaking, etc.).
- Monthly menus where participants can select which meals they would like to receive.
- Limiting sugar and sodium in meals — swap dessert for fruit to reduce sugar, substitute products with no added salt, and cut down on pre-packaged/processed foods to reduce sodium intake.
 - Salad dressing is high in sodium; you can balance this by providing oil and vinegar as a choice.
 - Offer nutrition education with choice to empower participants to make healthier selections.
- Providing “Prescription for Health” meals to participants with chronic diseases — local hospitals may be able to collaborate to provide them.

What resource or tool have you found most helpful in your day-to-day work to meet the Dietary Guidelines and the DRIs? [Video timestamp: 27:40]

- Connecting with peers — State Units on Aging (SUAs), AAAs, and local service providers — is helpful for discussing barriers, best practices, recipes, etc.
- SUAs, AAAs, and dietitians being accessible to answer questions and to facilitate peer communication.
- Talking to or surveying older adults about their thoughts and needs can provide valuable information. Vary surveys based on the type of meal program they receive (e.g., frozen, grab-and-go, etc.).
- The [Nutrition and Aging Resource Center](#) has many resources available.
- [Innovations in Nutrition Programs and Services](#) grantees can provide insights.
- Attending national conferences and national stakeholder organizations.
- Recipe analysis programs are helpful.

What one piece of advice would you share with another program about meeting the Dietary Guidelines and the DRIs? [Video timestamp: 32:30]

- Requirements may vary from state to state.
- Being flexible with how you’re meeting the Dietary Guidelines and DRIs is important — for example, being able to provide substitutions when needed.
- Ask your clients what they want to be served and take their answers into consideration when preparing menus.
- Assess whether misinformation (e.g., milk requirement) or overly restrictive policies are making it more difficult for you to develop nutritious and culturally appropriate meals.
- Don’t forget to have fun with your meals — food is emotional for people as it’s tied to culture and heritage.

- Nutrition education is crucial in helping older adults meet the dietary requirements.

How does increased participation and enhanced menu offerings impact donations to your program? [Video timestamp: 37:07]

- Consumers see a greater value in meals when enhanced menu offerings are available, which has led to participants donating more.
- Sites with participant choice see higher donations than sites offering more traditional menus and eating environments.
 - Improves perception of quality.
- When participants feel that they play a role in the program’s design, donations tend to increase.
 - Participants enjoy voting on favorite meals.
 - “Add on items” can bring in higher donations — special evening, birthday, holiday meals with a “twist” and culturally diverse meals.

How does additional income from donations affect your program planning? [Video timestamp: 39:18]

- Increases the number of meals and the number of people served.
- Can help fund new, innovative models and new sites.
- The quality of the program improves. As a result, there is increased support from government (e.g., governors, mayors, communities, etc.) with free advertising on billboards and TV and other benefits.
- More meal choice and more participant input seems to translate to higher quality and higher donations. Higher donations fund higher quality menu items and enhanced activities at the meal site.
- Consider policies that result in costly meal waste, such as meal site minimum order levels that are higher than actual attendance. Restaurant meals avoid this problem because they only prepare meals when participants come to their location.

Is it possible that not following the Dietary Guidelines and the DRIs might negatively impact the health and wellness of older adults? [Video timestamp: 43:43]

- Food provides the building blocks of our bodies — all the way down to cellular processes.
- Healthier diets can help prevent and manage chronic diseases and reduce the need for costly medical care. For example, adequate protein intake can help with maintaining muscle mass and reducing falls risk.
- See the [Dietary Guidelines Toolkit](#) for providers and dietitians as well as [consumer materials](#) on the NRCNA website.

How have you worked with restaurants and other vendors to meet the Dietary Guidelines and the DRIs? [Video timestamp: 45:58]

- Asked restaurants for the recipes for the meals they were serving and put them through nutritional analysis software.
- Restaurant programs can be great for people who would not usually attend a traditional meal site (e.g., have grandchildren with them or work during the day).

- Worked with restaurants to make small adjustments (e.g., grill chicken rather than frying), as well as give-and-take, to make recipes healthier while still being culturally appropriate.
- Open communication often appreciated by restaurants, especially smaller places that want to serve their regular customers healthier meals.
- Nutrition program helped local businesses with their procedures like HACCP (i.e., sanitation) training and log sheets, which offered considerable benefits to the restaurant.