

# 2020-2025 Dietary Guidelines for Americans and Older Adults: Policy and Practice Implications for Senior Nutrition Programs

**Purpose:** This toolkit is designed to help senior nutrition programs (SNPs) develop policies that meet the Older American Act (OAA) requirements to align with the 2020-2025 Dietary Guidelines for Americans (DGA).

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## Tool Kit Data Collection

From May 2021 to August 2021, the Administration for Community Living (ACL) and Tufts University dietetic intern Mackenzie Brown reviewed State Unit on Aging (SUA) menu policies for SNPs. The review process encompassed geographic differences between states by collecting policies from the North, South, East, and West. Interviews with multiple SUAs were conducted along with members of the DGA committee. Tips and suggestions were created based off SUA and dietitian feedback collected from current state menu policies, interviews, and nutrition-based research. SUAs and Area Agencies on Aging (AAA) can use the tool kit to help aid in improving SNPs that adhere to the 2020-2025 DGAs. **This document represents a January 2023 update.**

**Thank you to the following states' nutritionists for assisting us with this project:**

California  
Delaware  
Georgia  
Iowa  
Maryland  
Massachusetts  
Texas  
Vermont  
Virginia  
Wisconsin  
Wyoming

## Dietary Guidelines for Americans

The [2020-2025 Dietary Guidelines for Americans \(DGAs\)](#) use evidenced-based research to revise and improve the 2015 DGAs. The guidelines are revised every five years. The DGAs are created by the U.S. Departments of Agriculture and Health and Human Services to provide nutritional guidelines for the general healthy population. The DGAs are used by federal food, nutrition, and health policies and programs to help the population consume a healthy and nutritionally adequate diet. The guidelines for older adults can be found in [Appendix A](#) or at <https://www.dietaryguidelines.gov>. With the emergence of new dietary guidelines and evidence-based research, it is recommended that states review and revise their meal standards and policies as needed.

## Standardized Policy of Senior Nutrition Programs

The OAA requires all OAA-funded programs to adhere to the current DGAs and Dietary Reference Intakes (DRIs). Each SUA is required to create statewide policies to ensure meals meet the OAA requirements. The OAA requires that each meal complies with the most recent DGAs and provides a minimum of 33% of the recommended DRIs if the project provides one meal per day, 66% of DRIs if the project provides two meals per day, and 100% of the DRIs if the project provides three meals per day.

## 2020-2025 DGAs: General Population

The DGAs provide current advice on what to eat and drink to promote health, reduce risk of chronic diseases, and meet nutrient needs. It emphasizes the importance of a healthy dietary pattern, which is the combination of foods and beverages that constitute an individual's complete dietary intake over time. A healthy dietary pattern consists of nutrient-dense foods and limiting sugars, saturated fat, sodium, and alcoholic beverages, along with meeting food group needs and staying within calorie limits. A healthy dietary pattern consists of having vegetables, fruits, grains, dairy, and protein every day. Use [MyPlate.gov](https://www.myplate.gov) to learn more.

The current DGAs state there is an underconsumption of calcium, potassium, dietary fiber, and vitamin D in the general population. Due to the importance of these nutrients, low intakes are a public health concern. Nutrition programs can help increase participant intake of these nutrients by providing well-rounded meal options. Specifically, increasing vegetables, fruits, beans, whole grains, and dairy within meals will help participants reach the recommended intakes. Natural food sources are the recommended priority to consume all vitamins and minerals, but dietary supplementation and fortified foods may need to be introduced if daily intake goals are not being met.

## 2020-2025 DGAs: Older Adults

The 2020-2025 DGAs are the first to address all stages of life, including infants and toddlers, children and adolescents, adults, women who are pregnant or lactating, and older adults. The general U.S. population guidelines apply to older adults, in addition to the newly added older adults' special considerations. For the purpose of this document, only older adults' special nutrient considerations are summarized below.

**Protein:** Older adults are susceptible to loss of lean muscle mass as age progresses. Adequate consumption of dietary protein is the main preventative factor for muscle loss. Older adults, on average,

do not consume the recommended intake of – and often lack variety in – the protein food subgroups they consume. SNPs can work to incorporate a wider variety of protein foods, such as seafood, dairy, soy alternatives, beans, nuts, and lentils into their menus.

**Vitamin B-12:** The body’s ability to absorb vitamin B-12 declines with age. Medication side effects are another cause of decreased absorption within older adults. SNPs can help address this issue by providing menu items that are high in vitamin B-12 or foods fortified with B-12. High vitamin B-12 options include tuna, salmon, clam chowder, beef, chicken, eggs, and fortified, ready-to-eat cereals. Reference: <https://ods.od.nih.gov/pubs/usdandb/VitaminB12-Content.pdf>

**Beverages:** Dehydration is a significant risk among older adults. A decreased sense of thirst as one ages and complications relating to bladder control contribute to a decreased fluid intake. SNPs can encourage fluid intake by including non-calorie beverages, such as water; unsweetened tea; infused fruit water; nutrient-dense fluids, such as 100% vegetable or fruit juice; and low-fat milk/milk alternatives.

**Alcohol:** Alcohol consumption is not recommended and, if consumed, it is recommended that men have two drinks or fewer and woman have one drink or fewer a day. Alcohol consumption poses greater risk for older adults – they face a greater fall and accident risk, along with increased progression of comorbid health conditions. SNPs can provide nutrition education to showcase the risks of alcohol consumption and educate participants on proper alcoholic portion sizes.

**Other Nutrients:** The recommended daily intake ranges of added sugar, saturated fat, and sodium remained consistent with the 2015-2020 DGAs. The 2020-2025 DGAs continue to emphasize that most of the U.S. population is still exceeding these amounts. See [Older Adults Dietary Guidelines for Americans Tip Sheet](#) for more information.

- Limit intake of added sugars to less than 10% of total energy = 50 grams added sugar, based on a 2,000 calorie diet.
- Limit intake of saturated fat to less than 10% of total energy = 22 grams saturated fat, based on a 2,000 calorie diet.
- Limit intake of sodium to 2,300 mg a day or less.

## Policy & Meal Requirement State Examples

SUAs are responsible for developing and administering state plans that carry out the OAA in the SNP. State policies can include a required nutrition analysis, menu patterns, and specific guidelines for menu approval processes. Having an understanding of other state policies can help improve state plans for implementing the DGAs. Listed below are examples and resources for successful state policies.

## Nutrient Analysis

A nutrient analysis ensures that meals and menus meet the DGA and DRI requirements. States may include policies regarding how a nutrient analysis is conducted (e.g., requiring specific nutrient software packages or dietary patterns). If a nutrient analysis software is required, a nutrient analysis software tip sheet was previously created and can be found here. Listed below are examples of these state policies. See the [Purchasing Foodservice Software Guide](#) for more information.

<b>State</b>	<b>Policy Example</b>
California	Menus must be analyzed for nutritional adequacy and to ensure that the meals follow the DGAs and provide a minimum of one-third of the DRIs. Menus may be analyzed using either the computerized nutrient analysis or the component meal pattern system.
Delaware	If unable to provide computerized nutritional analysis to verify compliance to dietary guidelines, meals must adhere to the state’s menu pattern.
Georgia	The dietitian shall develop, select, and/or approve standardized recipes and provide full nutritional analysis for all proposed menus.
Iowa	Nutrition providers must demonstrate compliance with the DGAs and DRIs by using either a computer nutrient analysis software OR the Iowa Guide for Menu Planning.
Maryland	It is the AAA/SNP’s responsibility to determine whether nutrient analysis or meal patterns will be used.  Standardized recipes must be implemented to assure consistent nutritional content and adequate portion size of meals.
Massachusetts	Both a menu pattern and nutrition analysis are used. A complete nutrition analysis of the menu shall be performed using Computrition – the database contains actual food items and recipes used by the kitchens throughout the state. The state nutritionist has access to all programs’ data for review.

### Menu Approval Process

The menu approval process includes who designates the menu approval, how far in advance menus need to be submitted for review, and additional state requirements. Listed below are examples of state policies regarding their menu approval process.

<b>State</b>	<b>Policy Example</b>
California	Meal analysis and food substitutions to meals must be approved by a registered dietitian to ensure compliance. Menus must be planned for a minimum of 4 weeks.
Delaware	Approved menus and analysis signed by the project dietitian must be submitted to the Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) for approval two weeks prior to consumption.  All recipes must be analyzed and checked for accuracy by the provider’s dietitian and a signature of approval will be submitted to DSAAPD.
Iowa	Menus must be reviewed and approved by a registered dietitian licensed in the state of Iowa at least two weeks prior to implementation.  Dietitian must complete and sign the applicable Iowa Menu Approval Sheet.

State	Policy Example
Maryland	A planned SNP menu must be reviewed and approved by a registered dietitian (RD) who is licensed in the state of Maryland.  Menus must be planned in advance for a minimum of one month. Repetition of entrees shall be kept to a minimum.
Massachusetts	Menu must be submitted by the local RDN to the State Nutrition Department at least four weeks prior to service along with a signed Menu Specification Checklist.
Wyoming	Menus are prepared or approved prior to meal service by a registered dietitian, dietetic technician registered, or a nutritionist who considers the special needs of older adults.

### Menu Documentation

States often establish policies to ensure that menu documentation stays on file for an allotted amount of time. This includes not only the finalized menus but also the menu approval forms, approved substituted foods, and nutrient analysis.

State	Policy Example
Georgia	Certified menus are subject to the audit process and are to be retained for a minimum of six years.  Provider shall obtain and maintain documentation of nutrient analysis for each meal per menu cycle.
Maryland	Menus must be on file, including signed RD approval forms and documentation of menu changes made after the RD has approved the menus, for at least three years.
Massachusetts	Menus and all related forms must remain on file for seven years.

### Dietary Guidelines/DRI per Meal Nutrient Requirement

States have included meal nutrient breakdown within their menu standards. Listed below is an example of how states breakdown nutrient meal requirements and weekly averages.

#### California

*Nutritional Goals Per Meal for Target Nutrients:*

- Calories: 550-650 calories
- Protein: > 15 g
- Fat: 20-35% of total calories
- Saturated Fat: < 10% of total calories
- Fiber: > 7 g (weekly avg)
- Calcium: > 400 mg (weekly avg)
- Magnesium: > 105 mg (weekly avg)
- Potassium: > 860 mg (weekly avg)
- Sodium: < 760 mg (weekly avg)
- Vitamin A: > 233 mcg retinol activity equivalents (RAE) (2-3 meals out of 5 meals/week)
- Vitamin D: 200 mg (weekly avg)
- Vitamin C: > 25 mg

- Vitamin B-12: 0.8 mcg (weekly avg)

## Delaware

*All meal units qualifying for reimbursement meet one-third of the Dietary Reference Intakes (within 15%) for each nutrient of concern, averaged weekly*

- Calories:  $\geq$  600 calories
- Protein:  $\geq$  19 g
- Calcium:  $\geq$  400 mg
- Fiber:  $\geq$  9 g
- Fat:  $\leq$  20-35% of total calories
- Sodium:  $\leq$  767 mg
- Potassium:  $\geq$  1133 mg
- Vitamin B-12:  $\geq$  0.8 mcg
- Vitamin D:  $\geq$  5 mcg
- Fat: As low as possible
- Saturated Fat:  $<$  10% of total calories

## Georgia

*Targets may be met as a monthly average, with flexibility to be within the acceptable range specified.*

*Acceptable ranges are based on a +/- 10% deviation from the DRI target amount*

<b>Nutrient</b>	<b>Target Value (1/3 DRI)</b>	<b>Acceptable Range</b>
Calories	600 calories	540-75 calories
Protein	17 g	$\geq$ 15.3 g
Fat	20-35% of total calories	18-38.5% of total calories
Saturated Fat	$<$ 10% of total calories	$<$ 11% of total calories
Fiber	8 g	$\geq$ 7.2 g
Calcium	400 mg	$\geq$ 360 mg
Sodium	766 mg	$\leq$ 1100 mg
Potassium	1000 mg	$\geq$ 900 mg
Magnesium	123 mg	$\geq$ 110.7 mg
Zinc	3.2 mg	$\geq$ 2.9 mg
Vitamin A	300 mcg of retinol activity equivalents (RAE)	$\geq$ 270 mcg of RAE
Vitamin B-6	0.57 mg	$\geq$ 0.51 mg
Vitamin B-12	0.8 mcg	$\geq$ 0.72 mcg
Folate	133 mcg of dietary folate equivalents (DFE)	$\geq$ 119.7 mcg DFE
Vitamin C	27 mg	$\geq$ 24.3 mg

## Iowa

*Weekly Average Menu Requirement*

- *Calories: 533-866 calories*
- *Protein: 10-35% of calories*
- *Carbohydrate: 45-65% of calories*
- *Fat: 20-35% of calories*

- Saturated Fat:  $\leq 10\%$  of calories
- Fiber:  $\geq 7$  g
- Sodium:  $\leq 1000$  mg
- Potassium:  $\geq 867$  mg
- Calcium:  $\geq 400$  mg
- Vitamin C:  $\geq 25$  mg
- Vitamin B-6:  $\geq 0.50$  mg
- Vitamin B-12:  $\geq 0.8$  mcg

## Massachusetts

*1/3 of the Dietary Reference Intakes (DRI) recommended for older adults, including calories, protein, fiber, vitamins, and minerals*

*Sodium: Fits into [DASH \(Dietary Approaches to Stop Hypertension\) diet recommendations](#).*

- Calories: 700-800 calories
- Fat: 30-35% of calories
- A good source of Vitamin C every day
- A good source of Vitamin A at least 3 times per week
- A high fiber bread at least 3 times per week
- A fruit dessert at least 3 times per week

## Wyoming

*Minimum Meal Requirement for 1 meal/day*

- Calories: 660 calories
- Protein: 30 g
- Fat: 30%-35% of calories
- Fiber: 9 g
- Calcium: 330 mg
- Vitamin A: 300 mcg
- Vitamin B6: 0.6 mg
- Vitamin B12: 0.8 mcg
- Vitamin C: 30 mg
- Vitamin D: 3 mcg
- Potassium: 1,567 mg

*Maximum amounts per meal average over one month*

- Sodium: 1,400 mg
- Added sugars:  $< 17$  grams

## Meal Pattern Requirements

Listed below are examples of state meal patterns.

State	Milk and Milk Alternatives	Protein	Fruits/Vegetables	Grains
California	<p>Minimum of one serving from the dairy or soy alternative group.</p> <p>Should be fat-free or low-fat (1%) milk, yogurt, and cheese.</p> <p>Low-lactose and lactose-free dairy products are available for individuals who are lactose intolerant.</p> <p>Dairy alternatives, including fortified soy beverages (also known as “soy milk”) and soy yogurt, are included as part of this group because they have similar nutrient composition to milk and yogurt.</p> <p>Products made from plants (e.g., almond, rice, coconut, oat, and hemp “milks”) are not included as part of the dairy group because their overall nutritional content is not equivalent to dairy milk and fortified soy beverages.</p> <p>The following are examples of one serving:</p> <ul style="list-style-type: none"> <li>• 1 cup (8 ounces) milk, yogurt, or fortified soy beverage</li> </ul>	<p>Minimum of a 2 oz protein equivalent from the categories below</p> <ul style="list-style-type: none"> <li>• Meat/Poultry/Eggs</li> <li>• Seafood</li> <li>• Beans/Peas/Lentils</li> <li>• Nuts/Seeds/Soy Products</li> </ul> <p>If the 2 oz protein equivalent provided does not contain adequate protein, the requirement to provide 15 grams of protein per meal may be met by also counting the grams of protein provided from the dairy/soy alternatives food group.</p> <p>The following are examples of 2 oz protein equivalent:</p> <ul style="list-style-type: none"> <li>• 2 oz cooked, edible portion of meat, poultry, seafood</li> <li>• 2 eggs</li> <li>• ½ cup cooked beans or tofu</li> <li>• 2 tablespoons nut or seed butter</li> <li>• 1 oz nuts or seeds</li> </ul>	<p>Fruits: Minimum 1 serving</p> <p>Vegetable: 1-2 servings The following are examples of one serving of fruit:</p> <ul style="list-style-type: none"> <li>• 1 medium sized whole fruit</li> <li>• ½ cup fresh, chopped, cooked, frozen, or canned fruit</li> <li>• ½ cup 100% fruit juice</li> <li>• ¼ cup dried fruit</li> </ul> <p>When selecting canned fruit, choose options that are canned with 100% juice.</p> <p>When planning menus, select whole fruits instead of fruit juice to increase fiber content.</p> <p>Add variety by offering various types of whole fruits and offering them in forms that are easy for older adults to eat such as pre-peeled, sliced, cut, or cubed.</p> <p>Fruit-based desserts, such as pies or cobblers, <b>may not</b> be used to meet the full required servings for fruit in a meal.</p>	<p>Minimum of 1-2 servings must be included in each meal.</p> <p>The following are examples of one serving:</p> <ul style="list-style-type: none"> <li>• 1 slice bread</li> <li>• ½ cup cooked rice, pasta, or cooked cereal</li> <li>• 1 tortilla (6” diameter)</li> <li>• 1 cup ready-to-eat-cereal</li> <li>• 1 oz whole-wheat crackers</li> </ul> <p>At least half of the total grains in each meal should be whole grains.</p> <p>For example, if a meal includes two one-ounce servings from the grain group, one of the servings must be a whole-grain food, and the overall total of whole grains in the meal equal to or greater than 50%.</p> <p>Note: Grain-based desserts, such as cakes, pies, or cobblers, <b>may not</b> be used to meet the full required servings for grains in a meal.</p>

State	Milk and Milk Alternatives	Protein	Fruits/Vegetables	Grains
California	<ul style="list-style-type: none"> <li>1 ½ ounces cheese or ⅓ cup shredded cheese</li> </ul>		<p>A fruit-based dessert containing one-quarter cup of fruit per serving may be counted as meeting half of the required fruit per meal.</p> <p>The serving size for vegetables includes:</p> <ul style="list-style-type: none"> <li>½ cup fresh, chopped, cooked, frozen, or canned vegetable</li> <li>1 cup raw leafy salad greens</li> <li>½ cup 100% vegetable juice</li> <li>½ cup dried vegetable</li> </ul> <p>At least one serving from each subgroup should be included in the menu each week. The five subgroups include Dark Green; Red and Orange; Beans/Peas/Lentils; Starchy; and Other Vegetables.</p> <p>Note: Beans, peas, and lentils are part of the protein food group and the vegetable group but should be counted in one group only.</p>	<p>A grain-based dessert containing one-quarter cup of grains (or equivalent) per serving may be counted as meeting half of a grain serving.</p>

State	Milk and Milk Alternatives	Protein	Fruits/Vegetables	Grains
Delaware	<p>Minimum of one serving must be included in the meal</p> <p>One serving is 8 oz milk, including lactose-free and lactose-reduced products and fortified soy beverages, yogurt, 1 ½ oz natural cheese, 2 oz processed cheese, 1 ¼ cups cottage cheese.</p> <p>Cream, sour cream, and cream cheese are not included due to their low calcium content.</p> <p>Non-dairy beverages or calcium fortified orange juice may be used to accommodate the preferences of participants who do not use dairy products due to food preferences or intolerances.</p> <p>The use of nonfat or low-fat products is highly recommended, to control the total fat content of the meal.</p>	<p>≥ 3oz equivalents must be included in each meal.</p> <p>All seafood, meats, poultry, eggs, soy products, and nuts or seeds are considered protein foods.</p> <p>Meats and poultry should be lean or low-fat and nuts should be unsalted.</p> <p>Protein sources may be combined to meet the 3 oz.</p> <p>Legumes (beans and peas) may be considered part of this group OR the vegetable group, but not both groups simultaneously.</p> <p>The use of low-sodium products is also encouraged, to control the total sodium content of the meal</p>	<p>A minimum of 2 servings must be included in the meal.</p> <p>1 serving is defined as ≥ ½ cup of fruit or cooked vegetable, ≥ ½ cup of 100% fruit or vegetable juice or 1 cup leafy greens.</p> <p>The minimum serving amount for dried fruit or vegetable is ¼ cup.</p> <p>All fresh, frozen, canned, and dried fruit and 100% fruit juice.</p> <p>Whole fruit is preferred to fruit juice.</p> <p>A variety of vegetables from all sub-groups is strongly recommended (dark green, red &amp; orange, legumes, starchy, other).</p> <p>Locally grown produce is encouraged from <a href="#">GAP (Good Agricultural Practices) certified providers</a>.</p>	<p>Minimum of 1 serving must be included in each meal.</p> <p>1 serving is defined as 1 slice of bread or ≥ ½ cup of pasta, rice, or other grain product and is ≥ 15 grams of carbohydrates.</p> <p>Whole-grain products are encouraged and include whole grains used as ingredients, such as whole-wheat bread, whole-grain cereals and crackers, quinoa, and brown rice.</p> <p>Refined grain products should be enriched and include white breads, refined grain cereals and crackers, pasta, and white rice.</p>

State	Milk and Milk Alternatives	Protein	Fruits/Vegetables	Grains
Iowa	<p>1 serving requirement =</p> <ul style="list-style-type: none"> <li>• 8 oz vitamin D fortified skim, 1%, or 2% milk</li> <li>• 8 oz dairy alternative milk (soy milk) fortified with calcium and vitamin D</li> <li>• 8 oz low-fat yogurt</li> <li>• 1 ½ oz cheese</li> <li>• 1 cup pudding made with low-fat milk</li> <li>• ½ cup ricotta cheese</li> <li>• 2 cups cottage cheese</li> </ul>	<p>2-3 oz equivalent per meal 1 ounce is equivalent to:</p> <ul style="list-style-type: none"> <li>• 1 oz cooked lean beef, veal, pork, lamb, chicken, turkey, or fish</li> <li>• 1 oz canned tuna or salmon packed in water</li> <li>• 1 oz low-fat cheese</li> <li>• 1 egg</li> <li>• ¼ cup cooked beans or legumes</li> <li>• ½ cup tofu</li> <li>• ¼ cup low-fat cottage cheese</li> <li>• ½ oz nuts or seeds</li> <li>• 1 tbsp peanut butter</li> </ul> <p>Meats should be baked, broiled, grilled, or roasted. Limit processed meats to one serving per week. Seafood is encouraged regularly for omega-3 fatty acids.</p>	<p>2-3 serving per meal requirement 1 serving is equivalent to:</p> <ul style="list-style-type: none"> <li>• ½ cup cooked, canned, or chopped raw fruits or vegetables</li> <li>• 1 cup leafy raw vegetable (lettuce, spinach, etc.)</li> <li>• 1 medium whole fruit (apple, orange, banana, etc.)</li> <li>• ½ grapefruit</li> <li>• ⅛ melon</li> <li>• ¼ cup dried fruit</li> <li>• 6 oz 100% vitamin C fruit or vegetable juice</li> <li>• 1 small potato or ½ large potato</li> <li>• ½ cup sweet potatoes, yams, corn kernels, squash, peas, or lima beans</li> </ul> <p>Provide food sources high in vitamin C and potassium daily Limit juice to one serving per meal, if using Encourage no to low-sodium canned vegetables</p>	<p>2-3 serving per meal requirement 1 serving is equivalent to:</p> <ul style="list-style-type: none"> <li>• 1 oz bread or grain product</li> <li>• ½ cup cooked cereal, pasta, or rice</li> <li>• ¾ cup dry cereal</li> <li>• 1 slice bread or small dinner roll</li> <li>• ½ English muffin, bun, small bagel, or pita bread</li> <li>• 1 (6") tortilla</li> <li>• 1 ¼" square cornbread</li> <li>• 1 (2" diameter) biscuit or muffin</li> <li>• 4-6 crackers</li> </ul> <p>At least half of grains should be whole-grain</p>

State	Milk and Milk Alternatives	Protein	Fruits/Vegetables	Grains
Maryland	<p>Each meal shall offer 8 oz of milk or equivalent milk alternative. Milk alternative must contain at least 250 mg calcium per serving.</p> <p>Milk and Milk Alternatives:</p> <ul style="list-style-type: none"> <li>• 8 oz of fortified milk, lactose-reduced, or buttermilk</li> <li>• 8 oz calcium-fortified soy/rice/almond milk</li> <li>• 6 oz of fat-free or low-fat yogurt</li> <li>• 1/3 cup nonfat dry milk powder – must have serving of water to accompany</li> </ul>	<p>A meal shall contain at least 3 oz, or a minimum of 18 grams, of meat/meat alternative when one meal a day is served.</p> <p>Dried beans and lentils are in both the Protein Foods and the Grains/Starches group, however, can count as only one group in a meal.</p> <p>Ground red meat may be served no more than 1 time or 3 oz cooked product per week when serving 1 meal per day.</p> <p>Sodium in the protein food should not exceed 1,000 mg per serving.</p>	<p>4 oz of vegetables or fruits, per serving, must be included in any stew, soup, casserole, gelatin, or other combination dish.</p> <p>Fresh, frozen, or canned fruit must be packed in its own juice or water. All juice must be 100% juice.</p> <p>Lettuce and tomato served as a garnish or on a sandwich is a condiment and does not count as a serving of vegetables.</p> <p>SNPs may consider requiring at least 2 seasonal fruits and/or vegetables per week.</p>	<p>2 servings for 1 meal per day; 4 servings for 2 meals per day; 6 servings for 3 meals per day</p> <p>Whole grains must be served at least:</p> <ul style="list-style-type: none"> <li>• 3 times per week for 1 meal per day</li> <li>• 6 times per week for 2 meals per day</li> <li>• 9 times per week for 3 meals per day</li> </ul>

State	Milk and Milk Alternatives	Protein	Fruits/Vegetables	Grains
Massachusetts	<p>One half-pint skim or low-fat milk fortified with vitamins A and D should be offered daily.</p> <p>Whole milk may be offered if requested.</p> <p>Lactose-free milk may also be offered.</p> <p>Milk alternates may be provided in place of milk.</p> <p>In general, the use of milk alternates is not encouraged except for clinical or ethnic meals.</p>	<p>3 oz cooked edible portion of meat/meat alternate must be served for all protein items that must contain a minimum of 21 grams of protein.</p> <p>Casserole; processed and ground meat items, such as Italian dishes; macaroni and cheese; breaded fish square, etc., may contain a minimum of 2.5 oz of meat/meat alternate.</p> <p>When meat alternates are planned, sources of iron and other nutrients, such as zinc, vitamin B-6, and magnesium must be provided elsewhere in the meal.</p>	<p>Two servings of ½ cup each; drained weight should be included in meals.</p> <p>A good source of vitamin A should be served three times per week; a good source of vitamin C should be served daily.</p> <p>Instant mashed potatoes must be enriched with vitamin C.</p> <p>A minimum of one high fiber vegetable a week, e.g., peas, corn, raw vegetables, must be served.</p>	<p>One serving enriched or whole-grain bread, biscuits, muffins, rolls, sandwich buns, cornbread, and other hot breads should be included in meals daily</p> <p>Twice per month, a bakery-type bread item, such as a muffin, corn bread, and bran square shall be served</p> <p>Whole-grain, high-fiber breads must appear at least three times per week (12 times per 20-day cycle)</p>

State	Milk and Milk Alternatives	Protein	Fruits/Vegetables	Grains
Texas	<p>Total Servings Per Day if One Meal is Provided: one serving</p> <p>Provide: Food with the lowest fat content when possible.</p> <p>Limit: Natural and processed cheese and unfortified yogurt as an alternate since these products are not vitamin D fortified.</p>	<p>Total Servings Per Day if One Meal is Provided: three oz.</p> <p>Provide: Food sources high in Vitamin B-12. (sic) Examples: Tuna, salmon, beef, chicken, eggs and fortified ready-to-eat cereals</p> <p>Meats low in fat. Meats should be oven baked, broiled, grilled or roasted.</p> <p>Fish as frequently as feasible. Fish is a good source of protein and omega-3 fatty acids.</p> <p>Limit: Processed, smoked, cured meat, or a high sodium content meat or meat alternate to no more than 1-3 oz serving per week.</p> <p>Examples: cold cuts, ham, hot dogs, canned tuna or salmon and sausage.</p> <p>Cheese to no more than three ounces per week because of high sodium content.</p>	<p>Total Servings Per Day if One Meal is Provided: two to three servings</p> <p>Provide: Food sources high in vitamin A – A minimum of three times per week if serving meals on five or more days per week. Two times per week if serving meals fewer than five days per week.</p> <p>Food sources high in vitamin C – Daily</p> <p>Food sources high in potassium – Daily.</p> <p>Food sources high in fiber – Daily</p> <p>Limit: Juice to one serving per meal.</p> <p>Starchy vegetables to one serving per meal.</p> <p>Canned vegetables with sodium or salt to one serving per meal.</p> <p>Canned soups or bouillon with sodium.</p>	<p>Total Servings Per Day if One Meal is Provided: two servings</p> <p>Provide: Whole grain products as much as possible. At least one-third of the grain servings provided under this food group should be from a whole grain fiber rich source.</p> <p>Limit: Quick breads such as cornbread, biscuits, and muffins to once per week due to a higher fat and sodium content.</p>

State	Milk and Milk Alternatives	Protein	Fruits/Vegetables	Grains
Wyoming	1 serving per meal requirement	1 serving of 3 oz. equivalent per meal requirement	3 servings per meal requirement Dark green vegetables 1 time per week Red/orange vegetable 2 times per week Starchy vegetable 2 times per week Beans or peas 1 time per week	2 servings per meal requirement  Whole grains at least 3 times per week

## Miscellaneous Menu Policies

States can implement additional policies to improve participant satisfaction and further adhere to the DGAs and DRIs.

State	Policy Example
California	<p><u>Sodium</u>: Meals containing equal to or greater than 1000 mg of sodium should be avoided. High sodium meals containing equal to or greater than 1000mg must not exceed more than one meal per week and must be identified on the nutrient analysis and on the participant menu as containing greater than 1000 mg sodium.</p> <p><u>Offer Versus Serve</u>: Offer Versus Serve (OVS) is a concept that applies to menu planning and meal service. OVS requires that all meal components must be offered to every eligible older individual receiving a meal; however, individuals can decline any component they choose. Giving individuals the option to select what items they want to eat can help reduce food waste. If a significant number of meal participants consistently decline a particular item, a nutrition provider should consider routinely offering an alternative item. For example, if meal participants consistently decline milk, the provider may consider offering a nutritionally-equivalent food or beverage from the dairy and soy alternatives food group that is preferred by those participants.</p>
Delaware	Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) encourages the provision of healthful meals for all participants, which precludes excessive amounts of fat and sodium.
Georgia	<p>Meals will focus not only on the nutrition content but also on color, texture, and flavor.</p> <p>Providers shall follow at a minimum a 20-day menu cycle, which can be repeated during the quarter. Centers Without Walls are excluded from this requirement. There are no requirements that any specific food be served, or any requirements that a meal pattern be followed.</p> <p>A caffeine-free and sugar-free beverage must be offered as part of a complete meal.</p>

State	Policy Example
Maryland	<p>Use of milk alternatives to meet other meal component requirements: If a milk alternative is used in a meal, it may also count toward another meal pattern component, if it is provided in amounts adequate to meet the minimum serving sizes of the second component.</p> <p>The vast majority of programs currently provide meals for no more than 5 days per week. Menus for meals that are provided to participants 6 or 7 days per week may make adjustments to the weekly limits by incorporating the additional days into the monthly meals.</p> <p>Planned in advance for a minimum of one month. Repetition of entrees shall be kept to a minimum. If a cycle menu is used, there shall be at least three cycles per year.</p> <p>Salt substitutes shall not be provided.</p> <p>Breading (e.g., breaded fish patty) does not count toward meeting the serving size requirement, and such breading does not count toward the grain starch requirement</p>
Massachusetts	Provides medically tailored meals to clients authorized by a physician’s prescription. Types include renal, cardiac, CHO controlled, texture modified, and low-lactose.
Vermont	High sodium meals are to be limited to no more than once a week. When a high sodium meal is served a low sodium option must be available. Meals that contain over - 1,200 mg must be noted as a high sodium meal on the menu. Any single item with greater than 500 mg of sodium must also be marked on the menu. A meal should contain a between 750 mg – 1,2000 mg of sodium. This requirement is waived for emergency meals, although inclusion of low sodium items is encouraged.
Wisconsin	The meal pattern is used as a planning tool to ensure food plate coverage and that the required types and amounts of foods are offered. The following meal patterns (X of this chapter) provide specific meal components and serving sizes based on the MyPlate food guidance system; however, it does not assure that when meal components are combined, the meal pattern will meet 1/3 the DRI and the current dietary guidelines.
Wyoming	Salt shakers may be placed on tables at meal sites.

### Cultural Recommendations

SUAs can address cultural preferences and dietary exclusions within their menu standards and policies.

State	Policy Example
California	The meal planning process must not only include an evaluation of menus for nutritional adequacy but must also include procedures for obtaining participants’ input regarding meals. Incorporating participant food preferences, including likes, dislikes, and cultural food preferences, is a key aspect of successful menu planning.

State	Policy Example
Iowa	Iowa Nutrition Services are encouraged to provide culturally appropriate meals for an ethnically diverse population.
Maryland	If religious requirements preclude the acceptance of milk or a milk alternative, it may be omitted.
Massachusetts	Nutrition Projects are encouraged to offer meals, when feasible, to meet the cultural makeup of elders within their service area. <a href="#">Examples include Hispanic, Chinese, Kosher, and Southeast Asian meal programs.</a>
Wyoming	Modified diets, therapeutic diets, or special menus shall be provided, where feasible, to meet the particular dietary needs arising from health or religious requirements or ethnic backgrounds of eligible older adults.

### Dairy Requirements

The OAA does not require milk to be served with meals. It does require the meal to reach the daily recommended intake of calcium. It is up to the SUAs to establish milk and dairy requirements. To learn more about milk and milk alternatives, see [Dairy Requirements for SNP](#).

State	Policy Example
California	Each meal should include one serving from the dairy or soy alternative group. Foods from this group should be fat-free or low-fat (1%) milk, yogurt, and cheese. Low-lactose and lactose-free dairy products are available for individuals who are lactose intolerant. Dairy alternatives, including fortified soy beverages (also known as “soy milk”) and soy yogurt, are included as part of the dairy group due to the similarities to the nutrient composition to milk and yogurt. Products made from plants (e.g., almond, rice, coconut, oat, and hemp “milks”) are not included as part of the dairy group because their overall nutritional content is not similar to dairy milk and fortified soy beverages.
Delaware	Milk or non-dairy substitute: a minimum of 1 serving must be included in the meal.
Georgia	Variety in the meal pattern is important to meal satisfaction. Therefore, there are no requirements that any specific food be served (example: milk), or any requirements that a meal pattern be followed (example: 3oz meat, 2 ½-cup vegetables, dessert, roll).
Maryland	If religious requirements preclude the acceptance of a milk or milk alternative, it may be omitted. In such cases, nutrition education that specifically, but not exclusively, includes information on high-calcium food and beverage sources, must be provided to participants at least twice per year, and documentation maintained at the AAA.
Massachusetts	½ pint of skim or low-fat milk fortified with vitamins A and D should be offered daily. Whole milk may be offered if requested. Lactose-free milk may also be offered. Milk alternates, such as calcium fortified juice, may be provided in place of milk. In general, the use of milk alternates is not encouraged except for clinical or ethnic meals.  When milk alternates are used, the same foods may not also count toward meeting the meat alternate or calcium-containing dessert requirements.

## Participant Inclusion

The OAA requires participant feedback and inclusion. Listed below are examples of how states have incorporated this into their menu policy.

State/Policy Source	Policy Example
OAA Title IIIC	A state that established and operates a nutrition program under this chapter [Subpart 3-General Provisions] shall ensure that meal providers solicit the advice and expertise of meal participants.
California	The meal planning process must not only include an evaluation of menus for nutritional adequacy but must also include procedures for obtaining participants' input regarding meals. Incorporating participant food preferences, including likes and dislikes and cultural food preferences, is a key aspect of successful menu planning.
Delaware	Providers must develop and implement a system of soliciting feedback from participants related to the quality of the service, including the acceptability of the meals provided.
Georgia	The development of regular four-week cycle menus, which will change quarterly with consideration of input from program participants and staff. It is the responsibility of the dietitian to assure that program participants have an opportunity to provide input in the development of menus.
Massachusetts	Participants' input must be incorporated into the menu design process. Nutrition Project Council, regular discussions with participants, site managers' meetings, and observance of plate waste are several methods of receiving participant input concerning the meals. In addition, formal menu questionnaires/surveys shall be performed at least once per year for all congregate and home-delivered meals clients.

## Staff Nutrition Trainings

Listed below are examples of states that include additional nutritional training for their AAAs and menu creators.

State	Example
California	SUA disseminates guidance through multiple routes (webpage, program memo, etc.). AAAs provide direct training to service providers on menu guidance.
Georgia	The dietitian shall develop and/or disseminate quarterly (or more frequently as needed) in-service training to on-site kitchen staff and senior center staff on such topics as: food sanitation and safety, portion control, special nutrition needs of older adults, and health-related topics
Iowa	SUA provides AAAs with an educational webinar on the recent DGA 2020-2025 changes.
Massachusetts	Local RDNs attend a statewide 3-hour meeting quarterly, which includes training on nutrition education, sanitation, older adult nutrition, MNT, and other related topics.

## State Policy Review and Revisions

It is recommended that states consistently review and revise their menu standards and policies as new evidence-based research emerges.

State	Example
California	California's menu guidance is updated when the new DGAs are released.
Georgia	Menu policies are reviewed quarterly and revised on an as-needed basis.
Maryland	Maryland's SNP menu standards are generally updated when the Dietary Guidelines for Americans are revised and amended at other times.

## Additional State Highlights

Listed below are unique state standards that work to enhance their meal programs.

State	Example
California	<p>California provides a sample component meal pattern which serves as a basic framework for menu planning.</p> <p>Sodium limits are emphasized, with target set at <math>\leq 760</math>mg sodium per meal (weekly average); meals containing <math>\geq 1000</math>mg must not exceed once per week and must be identified as high sodium on the menu. A chart is provided for reducing sodium content in meals.</p> <p>Guidance is provided on reading food labels.</p> <p>Guidance is provided on identifying whole-grain foods to assist providers in meeting the requirement to provide 50% of the total daily grains as whole grains.</p>
Iowa	Iowa purchased and provides each nutrition site with access to the Food Processor Nutrient Analysis Software.
Maryland	Maryland encourages sodium regulation and includes a sodium chart to assist SNPs in determining if food products meet the sodium limits.
Massachusetts	<p>Massachusetts uses NSIP USDA Commodity Foods Program and the Group Purchasing program to reduce food costs.</p> <p>Massachusetts provides all program locations with Computrition to use for nutrient analysis as well as the Nutrition Care Manual from the Academy of Nutrition and Dietetics.</p> <p>The state holds an annual statewide bidders conference.</p>
Wyoming	<p>Wyoming nutrition programs use on-site gardens to provide their programs with fresh produce. These gardens must comply with the <a href="#">Good Agricultural Practices (GAP)</a>.</p> <p><a href="#">Congregate Meals Nutrition Program Policies and Procedures</a></p>

## Resources

[2020-2025 Dietary Guidelines for Americans](#)

[ACL Nutrition Services](#)

[MyPlate for Older Adults by Tufts University](#)

[National Agricultural Library](#)

[Nutrition.gov](#)

[Older Americans Act](#)

[USDA MyPlate](#)

## State Contacts

*We appreciate SUAs that participated in interviews and provided materials. For questions regarding individual state policies, please contact the SUA directly.*

<b>State</b>	<b>Contact Person</b>	<b>Address</b>	<b>Email and Phone Number</b>
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Wisconsin	Sara Koenig Elder Nutrition Program Manager	Bureau of Aging and Disability Resources Wisconsin Department of Health Services 1 West Wilson Street, Room 551 P.O. Box 7851 Madison, WI 53707-7851	Phone: (608) 266-3746, 608- 381-3179  <a href="mailto:SaraS.Koenig@wisconsin.gov">SaraS.Koenig@wisconsin.gov</a>  <i><a href="#">Wisconsin Aging Policy Manual Nutrition Program Operations, P-03062-38</a></i>
Wyoming	Kaitlyn Johnson, RD, Nutrition Program Manager	Community Living Section, Wyoming Department of Health - Aging Division 6101 Yellowstone Road, Suite 186A Cheyenne, WY 82002-0710	P: 307-777-5048 F: 307-777-5340  <a href="mailto:Kaitlyn.johnson@wyo.gov">Kaitlyn.johnson@wyo.gov</a>

## Appendix A

### Daily Nutritional Goals for Older Adults: Dietary Guidelines for Americans and Dietary Reference Intakes

<b>Macronutrients</b>	<b>Female 51 and Older</b>	<b>Male 51 and Older</b>
Calorie Level Assessed	1,600	2,000
Protein (% kcal)	10-35	10-35
Protein (g)	46	56
Carbohydrate (g)	130	130
Fiber (g)	22	28
Added sugars (% kcal)	<10	<10
Total lipids (% kcal)	20-35	20-35
Saturated fatty acids (% kcal)	<10	<10

<b>Minerals</b>	<b>Female 51 and Older</b>	<b>Male 51 and Older</b>
Calcium (mg)	1,200	1,000 *
Iron (mg)	8	8
Magnesium (mg)	320	420
Phosphorus (mg)	700	700
Potassium (mg)	2,600	3,400
Sodium (mg)	2,300	2,300
Zinc (mg)	8	11

<b>Vitamins</b>	<b>Female 51 and Older</b>	<b>Male 51 and Older</b>
Vitamin A (mcg RAE)	700	900
Vitamin E (mg AT)	15	15
Vitamin D (IU)	600 *	600 *
Vitamin C (mg)	75	90
Thiamin (mg)	1.1	1.2
Riboflavin (mg)	1.1	1.3
Niacin (mg)	14	16
Vitamin B-6 (mg)	1.5	1.7
Vitamin B-12 (mcg)	2.4	2.4
Choline (mg)	425	550
Vitamin K (mcg)	90	120
Folate (mcg DFE)	400	400

Adapted from: 2020-2025 DGAs Daily Nutritional Goals, Ages 2 and Older (Table A1-2)

\*Calcium DRI for males ages 71+ years is 1,200 mg

\*Vitamin D DRI for males and females ages 71+ years is 800 IU