



Facts and Myths About Nutrition Programs (OR)

Shelly Zylstra
206-615-2299
Rachelle.zylstra@acl.hs.gov



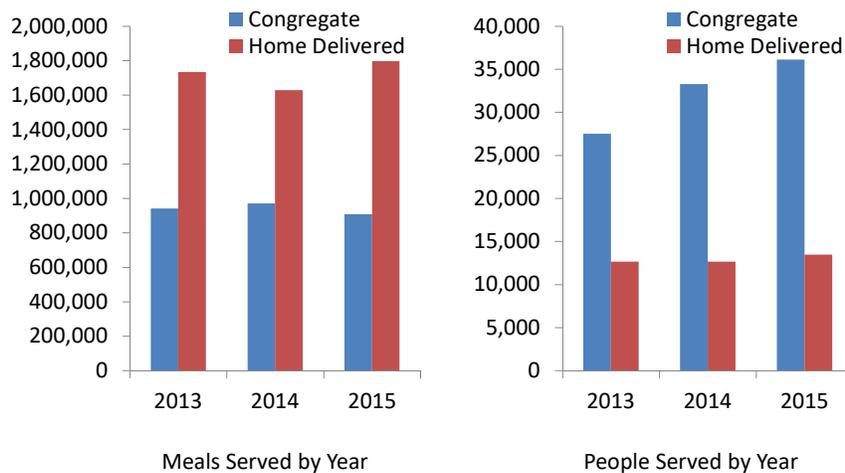
Older Americans Act

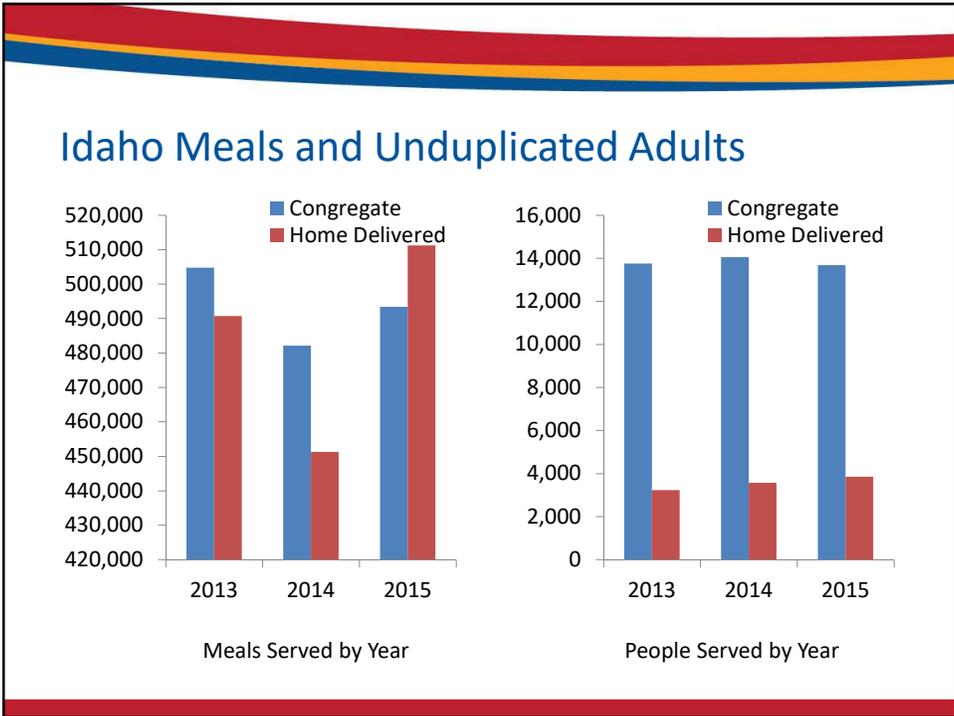
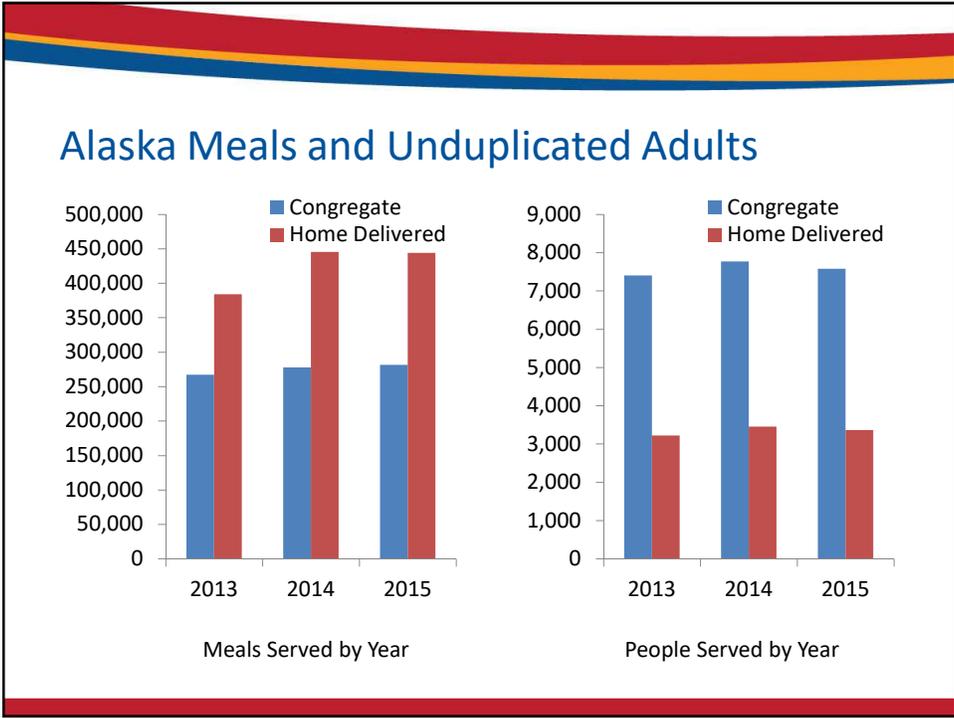
- Has some very basic descriptions of requirements for nutrition programs
 - Reduce hunger, promote socialization, assist access into services which delay the onset of adverse health
 - Meet nutritional requirements
 - Have input from participants; someone with nutrition background (RD or ICE); and a person knowledgeable about the needs of older adults and program development
 - Target services

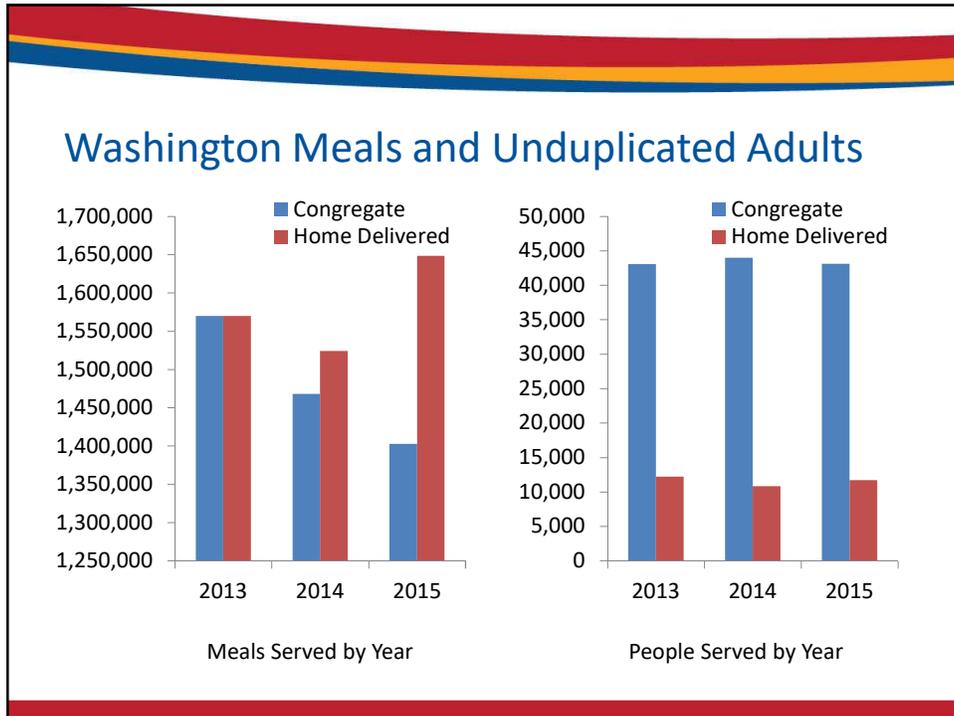
Facts

- 1,565,510 Congregate clients received 79,279,880 meals in 2015 (50.7 meals per client)
- 27,488 Congregate clients received 908,133 meals in 2015 (33 meals per client)
- 857,809 Home Delivered clients received 142,236,302 meals in 2015 (165 meals per client)
- 13,478 Home Delivered clients received 1,795,824 meals in 2015 (133 meals per client)
- Clients are at high nutrition risk (73%)(26%)
- 62% said they received at least half of their food from the program (unknown)
- 25% said they often did not have the resources to buy food (unknown)

Oregon Meals and Unduplicated Adults







How can something so simple, be so hard?

- It is an old program
- Urban myths
- He said so...(with authority!)
- The Wrath of the RD
- States have choices
- AAAs have choices
- The Source Document
- The Blind Men and the Elephant (Buddhist Story)

Myths about Good Nutrition for Older People



Nutrition Myth 1

- Once you get old, your metabolism slows down and you don't need as many nutrients.
- Older adults actually need more of some nutrients than they did in their younger days (Ca, B₁₂, D, Fiber, Potassium.) In addition, some medications cause a need for additional nutrient support. The only nutrient that needs to decrease is calories!



Nutrition Myth 2

- All humans crave the nutrients they need and left to their own, both infants and older adults will choose what they need to be healthy.



Not true for either end of the spectrum! Neither kids nor old people instinctively choose what is good for them! Many of the chronic illnesses older adults experience are caused by lifelong poor food and lifestyle choices. The most important nutrition mantras for older people include

- Variety
- Colorful
- “Fiberful,” and
- Moderate in calories.

Nutrition Myth 3

- Once you join the “over the hill” club, it is too late to improve your diet, the damage is done.



It is NEVER too late to eat healthier! While it is true that a lifetime of poor eating could limit your life expectancy, it is equally true that changes in your diet at an older age can dramatically change the quality of the time you have left. Pay attention to your fiber, vegetables, and foods that interact with your medication.

Nutrition Myth 4

- If you drink when you are thirsty you will always get sufficient fluids.



Older adults do not perceive thirst as they did when they were younger and may limit fluids due to incontinence. Fluid requirements vary tremendously by activity, weather, body size, and even medications you take. Eight glasses of water may be too much or too little. Make sure you drink throughout the day as well as with meals.

Nutrition Myth 5

- Skipping meals is a good way to lose weight and save money.



Skipping meals is not a good idea for anyone...blood sugar falls (and so can the older adult!) and you may actually lose your appetite or binge on “easy” (but expensive) foods with lots of calories and not much nutritional value. Even if you are not hungry, eat a little something at a regular meal time.

Nutrition Myth 6

- There is no such thing as a free lunch.



This point is hard to convince volunteer registrars at meal sites to believe. Non-donators are at risk of not coming if you lean too hard—and they are likely the target population. Sponsorship can be a good fundraiser. Punch cards can work. Volunteer training should include emphasis about not strong-arming for donations!

Myths about Nutrition Program Practices



Program Myth 1

- Milk **MUST** be Served at every meal.



Calcium and Vitamin D are the reasons it is recommended. Sources of calcium can be offered including sharp cheddar cheese (no lactose!) (some) tofu, almonds, bok choy, fortified bread and orange juice. Vitamin D is found only in fortified dairy, sardines, sunlight, and liver... So...calcium is easy to find in other foods, but Vitamin D, not so much. This is an important job for Nutrition Education!

Program Myth 2

- Using a Menu Pattern is not allowed now that computer programs are available.



Computer programs are only as good as their database, and some use very old information and have many “n/a”; Menu Patterns with guidance that emphasizes variety, color, and specific nutrients (Calcium, Fiber) and foods (green leafies, whole grains, legumes) will likely get you to the same place!

Program Myth 3

- Programs are prohibited from catering or providing special meals for fundraising



With OAA funds not keeping up with inflation, programs need to use business acumen to stay alive. Federal funds cannot contribute to these meals so programs must be astute with their knowledge of program costs to assure this.

Program Myth 4

- Take-out meals are verboten!



Take out meals are fine as long as you don't plan to have a take out program only. Food insecure adults may benefit from a take out meal! Congregate meals are a socialization program and an access program. Don't forget that the goals include reducing hunger as well.

Program Myth 5

- Salad bars are not an acceptable menu for a senior meal.



Offer v. Serve! Seniors are adults and should be treated as such. A salad bar is a nutrition-rich way to allow older adults to get what they need! Many programs find that the “salad bar model” attracts younger elders, is a great attraction for “guests off the street,” and easily meets the nutrition requirements.

Program Myth 6

- Locavores need not apply!! Too expensive to buy local!!



Au contraire! Local farmers LOVE to have their products advertised on the menu. They get comments, recognition, and thanks from the community and often charge much less than they would at a farmers market. Think:

“Old McDonald’s Potatoes Au Gratin”

Program Myth 7

- States, AAAs, and/or Programs must have an RD on staff to help them plan and manage NPEs.



The OAA says states must utilize a “dietitian or other individual with equivalent education and training in nutrition sciences, or if such an individual is not available, an individual with comparable expertise...” An RD is a great asset to your team, and there are other ways to meet the requirement than employment.

Program Myth 8

- Statewide required menus are a great way to assure good nutrition.



Empower programs to write their own or borrow from their neighbors. Requirements include participant involvement in program development and allow for regional differences. Menus which are not eaten have no nutritional value!

Program Myth 9

- Congregate meal sites are not allowed salt shakers.



“If you build it, they will come...”
Field of Dreams

“If you eliminate them, they will bring their own...”
Voice of Experience

Keeping sodium low is important to manage blood pressure but equally important is potassium from food. Sodium education is important. Treating adults like adults is important as well.

Program Myth 10

- Every meal site must provide meals five days per week.



The Older Americans Act says that every “nutrition program” must provide meals five days per week unless a waiver is granted.

Although not ideal, a program with five sites, could provide one meal per week at each site...

Program Myth 11

- All Food must be inspected by USDA.



FSIS is the inspection arm of USDA and inspects meat, poultry, and eggs according to the “Inspection Acts” of 1906, 1957, and 1970. AMS (Agr. Market. Service) USDA “grades” produce for quality, but does not inspect it for safety. Fish is not inspected.

Program Myth 12

- Donated Foods cannot be served.



Home-prepared foods are prohibited as part of a meal, just like they are at a restaurant—same rules are followed. However, garden produce, fresh fruits and vegetables are used in many locations as part of the meal or to make CSAs for elders.

Program Myth 13

- Participants need to show proof of age to participate.



The Older American's Act is silent on this one. Most states rely on the honor system to attest to the age of participants. Some older adults may not have the required identification (and are likely part of the target population!)

Program Myth 14

- Everything is in the OAA and States cannot add to it.



States are given authority to add requirements beyond those in the OAA and that is part of the reason that myths exist! When you hear a discussion, don't jump to conclusions. What is good for one area, may not work well in another.



Your Thoughts and Questions

