

**State of Nevada  
Aging and Disability Services Division (ADSD)**

**TITLE III-C MENU STANDARDS**

Menu standards are developed to sustain and improve client health through the provision of safe and nutritious meals using specific guidelines. These guidelines are incorporated in your general and nutrition service specifications and grant assurances.

**INTRODUCTION**

The objectives of the Older Americans Act (OAA) nutrition programs are to provide an opportunity for older individuals to live their years in dignity by providing healthy, appealing meals; promoting health and preventing disease; reducing malnutrition risk and improving nutritional status; reducing social isolation and increasing social interaction; linking older adults to community-based services; and providing an opportunity for meaningful community involvement, such as volunteering. In accordance with the OAA, Sections 207 and 306, nutrition programs should target older individuals with the greatest economic and social need, with particular attention to low-income minority individuals, older individuals residing in rural areas, low-income individuals, and frail individuals.

Planning nutritious, appetizing, economical meals is a complex, multifaceted task. Menu planning plays a critical role in the delivery of quality services in Older Americans Nutrition Programs. There are many factors to take into consideration in developing menus.

**The unit of service for congregate and home-delivered meal service is one complete meal provided to one eligible participant. If the project provides one meal per day, a complete meal is one that meets or exceeds 33 1/3 percent of the dietary reference intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences.**

**Dietary Guidelines for Americans**

The USDA and USDHHS 2010 Dietary Guidelines 7<sup>th</sup> Edition are intended to be used as an aid in designing and carrying out nutrition-related programs. These guidelines should be incorporated in the selection of foods and serving sizes for meals when planning menus for individuals and groups. Guidelines recommendations encompass two over-arching concepts:

1. **Maintain calorie balance over time to achieve and sustain a healthy weight.**  
To curb the obesity epidemic and improve their health, many Americans must

decrease the calories they consume and increase the calories they expend through physical activity.

2. **Focus on consuming nutrient-dense foods and beverages.** A healthy eating pattern limits intake of sodium, solid fats, added sugars, and refined grains and emphasizes nutrient-dense foods and beverages—vegetables, fruits, whole grains, fat-free or low-fat milk and milk products, seafood, lean meats and poultry, eggs, beans and peas, and nut and seeds.

### **Dietary Guidelines for Americans, 2010 Key Recommendations.**

- Prevent and/or reduce overweight and obesity.
- Control total calorie intake to manage body weight.
- Increase physical activity and reduce time spent in sedentary behaviors.
- Maintain appropriate calorie balance during each stage of life—childhood, adolescence, adulthood, pregnancy and breastfeeding, and older age.

### **Foods and food components to reduce:**

1. **Sodium** to less than 2,300 milligrams (mg) per day and further reduce intake to 1,500 mg per day among persons who are 51 and older and those of any age who are African American or have hypertension, diabetes, or chronic kidney disease.
2. **Calories** to less than 10 percent of calories from saturated fatty acids by replacing them with monounsaturated and polyunsaturated fatty acids.
3. **Cholesterol** to less than 300 mg per day of dietary cholesterol.
4. **Trans fatty acid** to as low as possible by limiting foods that contain synthetic sources of trans fats, such as partially-hydrogenated oils, and by limiting other solid fats.
5. **Solid fats and added sugars.**
6. **Refined grains**, especially refined grain foods that contain solid fats, added sugars, and sodium.
7. **Alcohol** to up to one drink per day for women and two drinks per day for men.

### **Foods and nutrients to increase:**

1. **Vegetables and fruits**, especially dark-green and red and orange vegetables and beans and peas.

2. **Whole grains**, by replacing refined grains with whole grains.
3. **Fat-free or low-fat milk and milk products**, such as milk, yogurt, cheese, or fortified soy beverages.
4. **Protein foods**, which include seafood, lean meat and poultry, eggs, beans and peas, soy products, and unsalted nuts and seeds. Increase the amount and variety of seafood consumed by choosing seafood in place of some meat and poultry. Replace protein foods that are higher in solid fats with choices that are lower in solid fats and calories and/or are sources of oils.
5. **Oils**, to replace solid fats where possible.
6. **Potassium, dietary fiber, calcium, and Vitamin D**, which are nutrients of concern in American diets. These foods include vegetables, fruits, whole grains, and milk and milk products.

**Recommendations for specific population groups:**

Individuals ages 50 years and older consume more foods fortified with **Vitamin B12**, such as fortified cereals, or dietary supplements.

### ***Nutritional Analysis***

Menus that are documented as meeting the nutritional requirements through menu analysis must provide the following:

<b>Nutrient</b>	<b>Recommended Intake</b>	<b>Notes</b>
<b>Calories</b>	700 calories per meal, average per week	No one meal may be less than 600 calories
<b>Protein</b>	21 g per, meal	
<b>Fat</b>	≤ 30% calories, average per week	No one meal may be more than 35% fat
<b>Fiber</b>	10 g, per meal	
<b>Vitamin A</b>	300 mcg per meal	
<b>Vitamin B6</b>	.6 mg per meal	
<b>Thiamin</b>	.4 mg, per meal	
<b>Riboflavin</b>	.4 mg, per meal	
<b>Folate</b>	133 mcg, per meal	
<b>Vitamin B12</b>	.8 mcg, per meal	
<b>Vitamin C</b>	30 mg, per meal	
<b>Vitamin D</b>	5 mcg, per meal	
<b>Sodium</b>	500 mg, per meal	
<b>Potassium</b>	1600 mg, per meal	
<b>Calcium</b>	400 mg, per meal	
<b>Copper</b>	100 mcg, per meal	
<b>Magnesium</b>	140 mg, per meal	
<b>Iron</b>	3 mg, per meal	
<b>Zinc</b>	4 mg, per meal	

## Meal Pattern

If nutritional analysis is not submitted, each meal will follow the meal pattern described in this section.

### Requirements for One Meal Daily:

3 oz. edible cooked meat, fish, fowl, eggs or meat alternate 3 servings vegetables and fruits 2 servings starches/grains 1 cup low-fat milk or equivalent Optional: fat, dessert, coffee or tea
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### Requirements for Two Meals Daily\*:

1. Congregate and home-delivered meal providers serving two meals per day must furnish a minimum of 66 2/3 percent of the allowances. Refer to *Meal Components and Serving Sizes* for additional information.
2. If the two meals are not served to the same population, **each** meal must meet the requirements for one meal.
3. In the senior center environment, it is difficult to track whether the populations are the same. If unknown, it is assumed that the participants are two different populations and each meal must meet the requirements for one meal per day.
4. Home-delivered meal and congregate housing participants who receive 2 meals daily should meet the requirements for 2 meals.

### Requirements for Three Meals Daily\*:

1. Congregate and home-delivered meal providers serving three meals per day to the same population must provide 100% of the RDA. Refer to *Meal Components and Serving Sizes* for additional information.
2. In the senior center environment, it is difficult to track whether the populations are the same. If unknown, it is assumed that the participants are different populations and each meal must meet the requirements for one meal per day.
3. Home-delivered meal and congregate housing participants who receive 3 meals daily should meet the requirements for 3 meals.

\* Read ADSD's Nutrition Service Specifications regarding claiming more than one meal per day, per eligible client, under a Title III-C grant. Special permission is required and only granted in extenuating circumstances.

## Meal Components and Serving Sizes

### Meat, Fish, Poultry, Legumes, Eggs and Cheese

The meal shall contain a 3-ounce cooked, edible portion of meat, fish, poultry, eggs, or cheese, providing at least 21 grams of protein for one meal per day. Two-ounce portions may be served when 2 or 3 meals are served daily.

Protein equivalents to 1 ounce of meat:

- 1 egg
- 1 ounce cheese
- 1/2 cup cooked dried beans, peas or lentils
- 2 tablespoons peanut butter
- 1/3 cup nuts
- 1/4 cup cottage cheese
- 1/4 cup raw, firm tofu (calcium salt processed)

1. Use salted foods or high-sodium meats (e.g., hot dogs, sausage, bacon, ham, cold cuts, etc.) no more than:
  - 1 time per month for 1 meal per day; or
  - 2 times per month for 2 meals per day.

If high-sodium meats must be served more than once per month for variety and client satisfaction, low-sodium versions must be used and demonstrated.

2. Serve legume dishes (using mature, dried beans, peas and lentils, such as lima, kidney, navy, black, pinto or garbanzo beans, lentils, black-eyed peas and soybeans) at least:
  - 2 times per week for 1 meal per day; or
  - 4 times per week for 2 or 3 meals per day.
3. Ground meat may be served no more than:
  - 2 times per week when serving 1 meal per day; or
  - 4 servings per week when serving 2 meals per day.

Ground meat is ground beef and turkey. It does not include formed meat products or shredded meats.

4. Texturized Vegetable Protein (TVP) may be incorporated in recipes with a maximum ratio of 30% TVP to 70% meat.
5. Soups containing at least one-half cup of beans, lentils or split peas may be counted as one ounce of meat.

## Vegetables

A serving of vegetables is generally:

- 1/2 cup cooked, drained or raw vegetables
  - 1 cup raw, leafy greens
  - 1/2 cup tomato sauce
  - 1/2 cup 100% vegetable juice
1. Vegetables as a primary ingredient in soups, stews, casseroles or other combination dishes should total 1/2 cup per serving.
  2. Lettuce and tomato served as condiments are not a vegetable serving.

## Fruit

A serving of fruit is generally:

- Medium whole fruit
  - 1/2 cup fresh, chopped, cooked, frozen or canned, drained fruit
  - 1/2 cup 100% fruit juice or cranberry juice
1. Fresh, frozen or canned fruit must be packed in juice, light syrup or without sugar.

## Grains/Starches

A variety of enriched and/or whole grain bread products, particularly those high in fiber, are recommended. Serving sizes are:

1 slice (1 oz) bread	1 pancake, 4" diameter
1/2 cup cooked pasta, rice, noodles	1/2 bagel, 3-4" diameter
1 ounce ready-to-eat cereal	1 small sandwich bun
1 small (2 oz) muffin	1/2 cup cooked cereal
2" cube cornbread	4-6 crackers (1 oz)
1 biscuit, 2.5" diameter	1/2 large hotdog/hamburger bun, 1 oz
1 waffle, 4-5" diameter	1/2 cup cooked dried beans, split peas or lentils
1 slice French toast	1/2 cup bread dressing/stuffing
1/2 English muffin	
1 tortilla, 6" diameter	

Starchy vegetables: a serving is 1/2 cup potatoes, sweet potatoes, corn, lima beans, yams or plantains

1. Use whole grains (whole wheat, oats, brown rice, multi-grains) at least:
  - 2 times per week for 1 meal per day
  - 4 times per week for 2 meals per day
  - 6 times per week for 3 meals per day
2. Serve legume dishes (using mature, dried beans, peas and lentils such as lima, kidney, navy, black, pinto or garbanzo beans, lentils, black-eyed peas and soybeans) at least:
  - 2 times per week for 1 meal per day
  - 4 times per week for 2 or 3 meals per day

## **Milk**

Each meal shall contain eight ounces of fortified skim, 1%\* or buttermilk. If religious preference precludes the acceptance of milk with the meal, it may be omitted from the menu and an equivalent substitute must be used.

Calcium equivalents:

- 1 cup yogurt
- 1 cup of reconstituted or 1/3 cup non-reconstituted powdered milk
- 1 1/2 cups low fat cottage cheese
- 1/2 cup raw, firm tofu (calcium salt processed)
- 1 1/2 ounces of cheese (Cheddar, American, etc.)
- 1 cup calcium fortified juice

\*2% milk may be served if clients refuse 1% milk. However, 2% milk contains more fat and should therefore be served in conjunction with a meal that does not contain a significant amount of saturated fat.

## **Fat**

Fat is not a requirement. Each meal may contain fat components to increase the palatability and acceptability of the meal. Fat may be used in food preparation or served as an accompaniment to the meal. Minimize use of fat in food preparation. Fats should primarily be from vegetable sources and in a liquid or soft (spreadable) form that is lower in hydrogenated fat, saturated fat, and cholesterol.

Serving sizes (50 calories):

- 1 1/2 teaspoon fortified margarine
- 1 1/2 teaspoon mayonnaise
- 1 tablespoon salad dressing
- 1 1/2 teaspoon spread
- 1 tablespoon light cream cheese
- 1 strip of bacon

## **Dessert**

Dessert may be provided as an option to satisfy the caloric requirements or for additional nutrients. Healthier desserts such as fruit, whole grains, low-fat or low-sugar products are encouraged. Fresh, frozen, or canned fruits packed in their own juice are often encouraged as a dessert item, in addition to the serving of fruit provided as part of the meal.

1. When a dessert contains 1/2 cup of fruit per serving, it may be counted as a serving of fruit.
2. When a dessert contains the equivalent of 1 serving starches/grains per serving, it may be counted as a serving of starches/grains (example bread pudding).
3. When a dessert contains the equivalent of 1/2 cup milk per serving, it may be counted as 1/2 serving of milk.



## **Condiments and Product Substitutes**

Salt substitutes shall not be provided. Sugar substitutes, pepper, herbal seasonings, lemon, vinegar, non-dairy coffee creamer, salt and sugar may be provided, but shall not be counted as fulfilling any part of the nutritive requirements. Include traditional meal accompaniments, as appropriate (e.g., condiments, spreads, garnishes). Specific examples include: mustard and/or mayonnaise with a meat sandwich, tartar sauce with fish, salad dressing with tossed salad, and margarine with bread or rolls.

## **Beverages**

Fluid intake should be encouraged, as dehydration is a common problem in older adults. It is a good practice to have drinking water available. Other beverages, such as juices, coffee, tea, decaffeinated beverages, soft drinks, and flavored drinks, may be served. Nonnutritive beverages do not help meet nutrition requirements but can help with hydration.

## **Food Preparation Guidelines**

1. When cooking, use salt sparingly or eliminate entirely by using spices, herbs or other seasonings.
2. To flavor foods, use herbs and spices and salt-free seasoning, lemon juice, lime juice or vinegar.
3. When using high-sodium condiments such as soy sauce, ketchup, barbeque and teriyaki sauce, prepared mustard, seasoned salts, MSG, bouillon, pickles and olives, balance the menu with low-sodium choices.
4. Use low-fat cooking methods, such as baking, broiling or steaming. Do not add fat to cooked meats or vegetables.
5. Use lean cuts of red meats, poultry without skin and all fish.
6. Select low-sodium versions of canned soups, tomatoes, vegetables, and salad dressings in place of regular canned/bottled items.
7. Offer fruit desserts: fruit cup, fruit crisp, fruit cobbler, fruited gelatin (3/4 cup)
8. Select low-fat, low-sodium cheese, when feasible.
9. Make sauces and gravies without fat. Add starch to cold liquid before cooking to thicken, instead of blending starch with fat.
10. Substitute vegetable oils for shortening, butter and margarine.

## Specific Nutrient Sources

### Vitamin A:

1. When the meal pattern is followed, Vitamin A rich foods must be served 2 to 3 times per week for one meal per day.
2. When serving 2 meals per day, Vitamin A rich foods must be served 4 to 6 times per week.
3. One rich source or two fair servings may be used to meet the requirements.
4. One serving of carrots or sweet potatoes/yams is equivalent to 3 servings of Vitamin A rich sources.

Some **rich** sources of Vitamin A include:

Apricots	Cantaloupe	Papaya
Kale	Mango	Spinach
Liver, chicken or beef		
Turnip and collard greens & other dark greens		
Winter squash (Hubbard, Butternut)		
Carrots, carrot juice and sweet potatoes (see #4 above)		

Some **fair** sources of Vitamin A include:

Apricot Nectar	Broccoli	Tomato Sauce
Pumpkin	Vegetable Juice	

### Vitamin C:

1. For each meal, Vitamin C may be provided as one serving of a rich source, 2 half servings of rich sources or 2 servings of fair sources.
2. When serving 1 meal per day, 1 rich or 2 fair sources must be served.
3. When serving 2 meals per day, 2 rich or 4 fair servings must be served.
4. When serving 3 meals per day, 3 rich or 6 fair sources must be served.
5. Fortified, full-strength juices, defined as fruit juices that are 100% natural juice with Vitamin C added, are Vitamin C-rich foods.
6. Partial-strength or simulated fruit juices or drinks, even when fortified, may not count as fulfilling this requirement, except cranberry juice.

Some **rich** sources of Vitamin C include:

Broccoli	Brussels sprouts	Cantaloupe
Cauliflower	Fruit juices, fortified	Gelatin, fortified
Grapefruit/grapefruit juice	Green and red peppers	Honeydew
Kale	Kiwi	Mango
Mandarin oranges	Orange/orange juice	Strawberries
Sweet potatoes/yams	Watermelon	Tangerine

Some **fair** sources of Vitamin C include:

Asparagus	Cabbage	Collard greens
Mustard greens	Pineapple	Potatoes
Spinach	Tomato/tomato juice/sauce	Turnip greens

## Sources of Key Nutrients

Foods considered good sources of specific nutrients are shown in the following table. Information provides “good” and “high” food sources of specific nutrients. A "high source" is defined as providing 20% or more of the Daily Value for a given nutrient per serving. A "good source" is federally defined as providing 10-19% of the Daily Value for a given nutrient per serving.

Nutrient	Food	Serving Size	Amt	% DV c
<b>Calcium</b>			mg	
High	Yogurt, plain, lowfat	8 oz	345	35
	Milk 1% w/ added Vit A	1 cup	300	25
Good	Cheddar cheese	1 oz	204	17
	Collard greens, cooked	1/2 cup	179	15
	Turnip greens, cooked	1/2 cup	125	10
	Spinach, cooked	1/2 cup	123	10
<b>Magnesium</b>			mg	
High	Finfish, Halibut	1/2 fillet	170	40
Good	Spinach, cooked	1/2 cup	79	19
	Soybean, cooked	1/2 cup	74	18
	Beans, white, canned	1/2 cup	67	16
	Beans, black, cooked	1/2 cup	60	14
	Artichokes, cooked	1/2 cup	51	12
	Beet greens, cooked	1/2 cup	49	12
	Lima beans, cooked	1/2 cup	47	11
	Okra, frozen, cooked	1/2 cup	47	11
	Oat bran, cooked	1/2 cup	44	10
	Brown rice, cooked	1/2 cup	42	10
<b>Vitamin B12</b>			mg	
High	Yogurt, plain, lowfat	8 oz	0.49	37
	Milk 1%, w/ added Vit A	1 cup	0.41	31
	Egg whole, scrambled/hard-boiled	1 Lg	0.27	21
Good	Soybeans, cooked	1/2 cup	0.25	19
	Ricotta cheese, whole milk	1/2 cup	0.24	18
	Mushrooms, cooked	1/2 cup	0.23	18

	Spinach, cooked	1/2 cup	0.21	16
	Beet greens, cooked	1/2 cup	0.21	16
	Cottage cheese, lowfat	1/2 cup	0.19	14
<b>Folate</b>			ug	
High	Lentils, cooked	1/2 cup	179	45
	Pinto beans, cooked	1/2 cup	147	37
	Chickpeas, cooked	1/2 cup	141	35
	Okra, frozen, cooked	1/2 cup	134	33
	Spinach, cooked	1/2 cup	132	33
	Asparagus, cooked	1/2 cup	122	30
	Turnip greens, cooked	1/2 cup	85	21
	Brussels sprouts, frozen, cooked	1/2 cup	78	20
Good	White rice, long-grain, cooked	1/2 cup	77	19
	Broccoli, frozen, cooked	1/2 cup	52	13
	Mustard greens, cooked	1/2 cup	52	13
	Green peas, frozen, cooked	1/2 cup	47	12
	Orange	1 med	39	10
<b>Vitamin E</b>			mg	
High	Vegetable oil, sunflower linoleic (>60%)	1 tbsp	6.88	46
	Tomato products, canned, puree	1/2 cup	3.15	21
	Vegetable oil, canola	1 tbsp	2.93	20
Good	Turnip greens, frozen, cooked	1/2 cup	2.39	16
	Peaches, canned	1/2 cup	1.86	12
	Tomato products, canned, sauce	1/2 cup	1.72	11
	Broccoli, frozen, cooked	1/2 cup	1.52	10
<b>Fiber</b>			gm	
High	Pears, Asian, raw	1 pear	9.9	28 <i>d</i>
	Beans (pinto, black,	1/2 cup	7-8	20-23 <i>d</i>

	kidney)			
	Dates, dry	1/2 cup	7.0	20 <i>d</i>
Good	Chickpeas, cooked	1/2 cup	6.0	17 <i>d</i>
	Artichokes, cooked	1/2 cup	4.5	13 <i>d</i>
	Green peas, frozen, cooked	1/2 cup	4.4	13 <i>d</i>
	Raspberries, raw	1/2 cup	4.2	12 <i>d</i>
	Vegetables, mixed, frozen, cooked	1/2 cup	4.0	11 <i>d</i>
	Apple, raw, with skin	1	3.7	11 <i>d</i>

### Easy Recipe Modification for Healthy Eating

Instead of	Use
Whole and 2% milk	Skim or 1%
Sweetened condensed milk	Sweetened condensed skim milk
Evaporated milk	Evaporated skim milk
Heavy Cream	Equal amounts of evaporated skim milk and 1% milk
Light Cream	Fat free non-dairy whipped topping
Whipped topping	Fat free non-dairy whipped topping
Butter or Margarine	Low trans fat margarine
Shortening or Lard	Low trans fat margarine
Mayonnaise	Light or nonfat mayonnaise, mustard on sandwiches
Sour Cream	Plain lowfat yogurt, nonfat or lowfat sour cream
Cream Cheese	Light or nonfat cream cheese
Cheese	Reduced fat cheeses, lowfat or nonfat cheeses
1 Egg	2 Egg whites or 1/4 cup egg
Fat/oil for greasing pan	Nonstick cooking spray
1 ounce baking chocolate	3 Tbls cocoa powder plus 1 Tbls veg. Oil
Ground Beef	Ground skinless turkey
Ground Beef	Ground meat substitute (soy-based)
Sausage	Sausage substitute (soy-based)
Bacon	Lowfat turkey bacon, lean ham, Canadian bacon
Regular Broth or Bouillon	Low sodium broth or bouillon
Oil in baked goods	Applesauce or fruit purees

## Shelf Stable Meals

Shelf stable meals shall be made available when feasible, appropriate, and according to the Nutrition Service Specifications. The shelf stable meals should be replenished at least every six months, so the expiration date does not pass. Meals must follow the meal standards. The nutrient content of the meals in the package may be averaged to meet requirements.

Shelf Stable Meals Packaging Requirements:

- The package shall include menus to instruct the clients how to combine the foods to meet the meal requirements.
- Cans are to be easy to open, with pull tabs whenever possible.
- The box must be labeled with the use by/expiration date.

## Definitions

### 1. Dietary Reference Intakes (DRIs)

- Recommended Dietary Allowance (RDA): the average daily dietary intake level that is sufficient to meet the nutrient requirement of nearly all (97 to 98 percent) healthy individuals in a particular life stage and gender group.
- Adequate Intake (AI): a recommended intake value based on observed or experimentally-determined approximations or estimates of nutrient intake by a group (or groups) of healthy people that are assumed to be adequate – used when an RDA cannot be determined.
- Tolerable Upper Intake Level (UL): the highest level of daily nutrient intake that is likely to pose no risk of adverse health effects for almost all individuals in the general population. As intake increase above the UL, the potential risk of adverse effects increases.
- Estimated Average Requirement (EAR): a daily nutrient intake value that is estimated to meet the requirement of half of the healthy individuals in a life stage and gender group – used to assess dietary adequacy and as the basis for the RDA.

2. **Nutrition services** include the procurement, preparation, transport and service of meals; assessing the need for mealtime socialization; and nutrition screening, education and counseling for older persons at congregate sites or in their homes.
3. **Congregate meals** are meals served to groups of eligible persons at nutrition sites where socialization is encouraged.
4. **Home-delivered meals (HDM)** include pre-portioned hot, cold, frozen or shelf stable meals.
5. **Shelf-stable meals** are a combination of foods that can be stored and consumed at room temperature. Shelf stable meals are distributed for use in emergency situations, such as when meals cannot be delivered due to severe weather.

6. **Nutrition service provider** refers to an Area Agency on Aging (AAA), State Unit on Aging (SUA) or other organization providing all the services described as nutrition services. AAAs/SUAs that directly coordinate the provision of meals and other services are nutrition service providers. AAAs/SUAs may contract with one or more nutrition service providers to operate all aspects of the program within a defined service delivery area.
  
7. **Food Service Contract** is a written legal agreement with a meal provider for the purchase of meals and includes menus, quality assurance, portion control and delivery.

**Menu Approval Sheet**  
for use with the  
**Nevada Meal Pattern for Senior Nutrition**

Monthly menus are to be emailed to your RD Specialist. Programs that are not providing meals that meet the requirements of the OAA will also be required to submit this document until compliance is obtained.

**See the Menu Standards for portion sizes, frequency and nutrient content.**

Food Group	1 Meal per Day		2 Meals per Day		3 Meals per Day	
	Minimum	Check	Minimum	Check	Minimum	Check
<b>Meat, Eggs, Legumes</b>	3 oz or equivalent		4 oz or equivalent		6 oz or equivalent	
	Legumes 2x/wk		Legumes 4x/wk		Legumes 4x/wk	
	Ground meat no more than 2x/wk		Ground meat no more than 4x/wk		Ground meat no more than 6x/wk	
<b>Fruit/Vegetable</b>	3 servings		6 servings		9 servings	
<b>Grains/Starches</b>	2 servings		4 servings		6 servings	
	Whole Grains 2x/wk		Whole Grains 4x/wk		Whole Grains 6x/wk	
<b>Milk</b>	1 serving		2 servings		3 servings	
<b>Vitamin A</b>	1 rich serving 2-3x/wk		1 rich serving 4-6x/wk		1 rich serving 4-6x/wk	
<b>Vitamin C</b>	1 rich or 2 fair servings		2 rich or 4 fair servings		3 rich or 6 fair servings	
<b>Energy</b>	No less than 600 Average 655 for the week		No less than 1200 Average 1310 for the week		No less than 1800 Average 1965 for the week	
<b>Follow Dietary Guidelines</b>	Sodium		Sodium		Sodium	
	Fat		Fat		Fat	

**I certify that, to the best of my knowledge, each meal in the attached menus provides one-third of the current Recommended Dietary Allowances of the National Academy of Sciences and conforms to the Dietary Guidelines for Americans.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**Menu Approval Sheet**  
for use with  
**Nutritional Analysis**  
for the Nevada Senior Nutrition Program

Monthly menus are to be emailed to your RD Specialist. Programs that are not providing meals that meet the requirements of the OAA will also be required to submit this document until compliance is obtained.

Nutrient	1 Meal per Day		2 Meals per Day		3 Meals per Day	
	Minimum	Check	Minimum	Check	Minimum	Check
<b>Energy</b>	No less than 600; Average 700 for the week		No less than 1200; Average 1400 for the week		No less than 1800; Average 2100 for the week	
<b>Protein</b>	21 grams		41 grams		64 grams	
<b>Fat</b>	≤35%per meal; 30% average over one week		≤35% per meal; 30% average over one week		≤35% per meal; 30% average over one week	
<b>Fiber</b>	10 grams average over one week		20 grams average over one week		30 grams average over one week	
<b>Calcium</b>	400 mg		800 mg		1200 mg	
<b>Magnesium</b>	140 mg		280 mg		420 mg	
<b>Zinc</b>	4 mg		8 mg		12 mg	
<b>Vitamin A</b>	300 mcg (RE) averaged over one week		600 mcg (RE) averaged over one week		900 mcg (RE) averaged over one week	
<b>Vitamin B6</b>	.6 mg		1.2 mg		1.8 mg	
<b>Vitamin B12</b>	.8 mcg		1.6 mcg		2.4 mcg	
<b>Vitamin C</b>	30 mg		60 mg		90 mg	
<b>Sodium</b>	500 mg averaged over one week;		1000 mg averaged over one week		1500 mg averaged over one week	

**I certify that, to the best of my knowledge, each meal in the attached menus provides one-third of the current Recommended Dietary Allowances of the National Academy of Sciences and conforms to the Dietary Guidelines for Americans.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Nutrition Education**

Good nutrition is important in maintaining the health and functional independence of older adults. It can reduce hospital admissions and delay nursing home placement. The aging of the U.S. population has heightened the interest in developing effective and efficient nutrition and health services for older people. Service networks that provide a continuum of home and community-based services have become especially important because they allow older adults to preserve their independence and ties to family and friends.

The nutritional status of older adults can be easily compromised given their number of chronic conditions and functional impairments. About 87% of older adults in the U.S. have diabetes, hypertension, dyslipidemia or a combination of these chronic conditions. These can be successfully managed with appropriate nutrition interventions that will improve health and quality of life outcomes. Left unchecked, these conditions result in poorer health, dependence, and increased costs, especially among minorities.

Nutrition Education is the process by which individuals gain the understanding, skills and motivation necessary to improve and protect their nutritional well-being through their food choices. Nutrition education, as defined by the Administration on Aging, is a program to promote better health by providing accurate and culturally-sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants or participants and caregivers in a group or individual setting.

Each congregate and home-delivered meal nutrition project shall provide nutrition education semi-annually, at a minimum. Nutrition education services should be culturally-appropriate.

### **Suggested Nutrition Education Goals:**

- 1) To create positive attitudes toward good nutrition and provide motivation for improved dietary practices.
- 2) To provide adequate knowledge and skills necessary for critical thinking regarding diet and health so the individual can make appropriate food choices from an increasingly complex food supply;
- 3) To assist the individual in identifying resources for continuing access to reliable food and nutrition information.

### **Suggested Nutrition Education Content:**

A nutrition education program makes available information and guidance concerning:

- Food, including the kinds and amounts of food that are required to meet one's daily nutritional needs.

- Nutrition, including the combination of processes by which the body receives substances necessary for the maintenance of its functions and for the renewal of its components;
- Behavioral practices, including the factors, which influence one's eating and food preparation habits;
- Consumer issues, including the management of food purchasing power to obtain maximum food value for the money spent.

## **Nutrition Education Resources**

Methods for nutrition education can include speakers, newsletters, printed materials, bulletin boards, videos, the Internet, etc. The educational materials can be self-generated or materials may be obtained from various nutrition-oriented agencies and entities. Examples of these are:

<a href="http://www.eatright.org">www.eatright.org</a>	American Dietetic Association
<a href="http://www.oregondairyCouncil.org">www.oregondairyCouncil.org</a>	Oregon Dairy Council
<a href="http://www.enasco.com">www.enasco.com</a>	Nasco Nutrition Teaching Aids
<a href="http://www.ncescatalog.com">www.ncescatalog.com</a>	NCES, Inc.
<a href="http://www.diabetes.org">www.diabetes.org</a>	American Diabetes Association
<a href="http://www.pueblo.gsa.gov">www.pueblo.gsa.gov</a>	Government website with free & fee-based information
<a href="http://www.my.webmd.com/nutrition">www.my.webmd.com/nutrition</a>	Information about nutrition and disease
<a href="http://www.aarp.org/health">www.aarp.org/health</a>	General nutrition & wellness information for seniors
<a href="http://www.health.gov/nhic">www.health.gov/nhic</a>	National Health Information Center
<a href="http://www.cdc.gov/nccdpdp">www.cdc.gov/nccdpdp</a>	Provides chronic disease information
<a href="http://www.fsis.usda.gov/">www.fsis.usda.gov/</a>	Food safety information

Information from these groups can be used to promote appropriate nutritional practices and prevention of chronic diseases in the population served. Nutrition projects shall maintain documentation of nutrition education as outlined in the Nutrition Service Specifications.