

program instruction

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NEW YORK STATE OFFICE FOR THE AGING

Empire State Plaza, Albany, NY 12223 • 2 World Trade Center, N.Y., NY 10047

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SUBJECT: Dissemination of Initial Sections of the Guidelines for Home Delivered Nutrition Services Manual

TO: Area Agency on Aging Directors

Enclosed are the completed first eight sections of the manual which is intended to provide standards, basic information, and technical assistance. This will serve as the basic core of information to guide operation of IIIC-2 programs and will be updated and expanded as appropriate. The looseleaf format will enable easy addition and deletion of information as needed and facilitate inclusion of local resource material.

Additional sections will be sent to you as they are completed. Please contact your field team nutritionist if you need additional copies or Dorothy Diggins, Program Development Unit at (518) 474-4382 if you have questions concerning the manual itself.

FYI: Nutrition Project Directors
Consulting Dietitians

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This manual is designed to complement the Title VII Resource Manual that was produced for the New York State Office for the Aging by Community Nutrition Institute and reflects the 1978 Amendments to the Older Americans Act. It has been prepared for use by organizations that operate Home Delivered Nutrition Service programs under Title III-C-2 of the Older Americans Act and is intended to provide fundamental information and operational assistance. These guidelines are intended to enhance the ability of Area Agencies on Aging to:

- Develop quality programs that provide safe, nutritious meals and supportive services,
- Develop and promulgate appropriate effective procedures, and
- Strengthen programs that are currently operating.

I. INTRODUCTION

Background

Over the years, privately funded Meals-on-Wheels programs, which targeted their services at all age groups, have developed in many communities to meet the needs of temporarily or permanently homebound individuals and those who need therapeutic diets. Since the 1972 Amendments to the Older Americans Act, additional home-delivered meals have been provided to the homebound elderly through the Congregate Nutrition Program under Title VII. By the end of 1978, 22% of New York State congregate Nutrition Program expenditures were for home-delivered meals. Recognizing the value of and need for such a program, the Congress in the 1978 Amendments provided separate funding to increase home-delivered nutrition services for the homebound elderly. This service fulfills a critical need of the elderly who are homebound due to acute or chronic illness. The program provides nutritious meals and other services to assist individuals in maintaining or improving their health status and independence. This combination of nutrition and supportive services can prevent inappropriate institutional care and facilitate early discharge home following hospitalization. It is intended to strengthen and build upon the natural support of family and friends as well as to complement other community-based services.

Goals

The goals of a home-delivered meals nutrition services are to:

- Maintain independence,
- Delay or prevent placement in an institution,
- Improve or maintain current health status,
- Allow earlier discharge from hospitals, nursing homes, or other long-term care facilities,
- Encourage the development of the individual's self-sufficiency,
- Assist in improving the quality of life of the individual,
- Provide opportunity for on-going daily observation of the health and physical needs of the recipient,
- Provide nutrition education and counseling to assist with other meals not provided,
- Provide opportunity to identify and arrange for other needed services.

II. ELIGIBILITY CRITERIA

To be eligible for the program an individual must be:

- A. Age 60 or over,
- B. Homebound,
- C. Incapacitated due to accident, illness, or frailty,
- D. Unable to prepare meals because of
 - lack of facilities such as refrigeration, stove, etc.,
 - inability to shop and cook for self,
 - inability to safely prepare meals,
 - lack of knowledge and skill,
- E. Without support from family, friends, neighbors.

OR

- F. The spouse of the homebound older individual “regardless of age or condition,” who meets the area agency criteria that the provision of a meal to the spouse is in the “best interest of the homebound person.”

III. ASSESSMENT

Assessment of an individual's need for Home-Delivered Nutrition Service (HDNS) is a crucial step in the effective delivery of the service. Given limited resources, services should be targeted for those most in need from both a programmatic and economic viewpoint. The assessment process also enables other problems, which often accompany the need for the meal, to be identified and appropriate referrals to be made.

Requests for the service may come from an individual (e.g., Physician, family member, friend, or the individual needing the service) or by referral from another agency (e.g., a health, mental health, or social services agency, Visiting Nurses Association, hospital discharge planning unit, etc.).

The assessment process occurs at several levels:

- A. The individual referral sources noted above will frequently make their own "assessment" of need and seek to initiate the service, usually through a phone contact to the provider. There must be an expressed identified need for the service as opposed solely to a desire for the service as well as some indication of the 60+ age requirement. Depending upon the immediacy of the need for the service, it can be authorized for delivery until a more formal assessment has been completed. Such assessments should be done within ten days.
- B. The initial level contact must be followed by a secondary level in-home assessment completed by a qualified project staff member, or by the staff of one of the referral agencies noted above. It should be recognized that this second level process will frequently occur in lieu of the initial step.

Assessments by other agencies can and should be accepted in lieu of provider's assessment. The Area Agency and the Home-Delivered Nutrition Service provider have the responsibility for familiarizing those agencies with specific program criteria and providing orientation when necessary to program policies and procedures. When this type of cooperation and agreement is in place, there is no need for the Home-Delivered Nutrition Service provider to do another assessment.

- C. Nutrient need is one of the important environmental factors that have a significant effect on health and well-being in older individuals. To enhance the nutritional status of the home-delivered meals participant, the third level of assessment (i.e., a nutritional evaluation by a dietitian) will be necessary in some instances. This type of assessment will provide in-depth data on the nutritional needs of the individual and will allow for the development of a nutrition counseling program that enables the recipient to plan for other meals not provided by a home-delivered nutrition service. Staff who perform secondary level assessments must be sensitized and trained by the consulting dietitian to know when a referral for nutritional assessment is appropriate. Some clues that may suggest a possible need for a nutritional evaluation by the dietitian may include, but are not necessarily limited to, health problems (e.g. hypertension, congestive heart failure), special diets, medication (e.g. diuretics, insulin), dental problems, inadequate cooking facilities, and lack of knowledge in areas such as meal planning, food preparation, and household budgeting.

Assessments, whether done by the area agency, the HDNS provider, or through agreement with another agency, must be done during a home visit to be accurate. During this visit first hand observations will help to uncover other problems which must be resolved. Sensitivity toward the persons, acceptance of them, and ability to converse in their language, if necessary, is extremely important.

Home visits should be made by a person who is capable of evaluating the need for services and of making referrals to appropriate agencies. Such persons usually include the following: hospital discharge planner, social worker, dietitian, public health nurse, visiting nurse, case manager, and other trained agency service personnel who receive professional supervision. The assessment interview itself tends to be both formal and informal. Observation can give the assessor considerable information which can be recorded later on the assessment form, without resorting to direct questioning, for necessary documentation of needs as well as strengths in the home situation.

While the assessment process examines both needs and strengths the emphasis should be on identifying strengths. People bring a range of personal resources to every life situation. Characteristics such as a positive attitude or a strong sense of independence, and qualities like perseverance and cooperativeness are substantial resources for coping. Other strengths which enhance coping skills are ties to family, friends and community as available sources of support and assistance. Herein lies a fundamental principle of helping – service delivery should be based on a comprehensive assessment that focuses on strengths in conjunction with needs. This enables services to be provided appropriately in a way that recognizes and builds on people's strengths. The home visit will help to identify other needs of the individual and enable the service provided to be more personal.

The following case illustrates the importance of looking beyond the present need for Home Delivered Nutrition Service during the assessment process to identify underlying problems which may require referral to other community service providers.

The Case of Mrs. S.

Sixty-four year old Mrs. S. was referred for Home Delivered Nutrition Service by the manager of the Senior Citizens housing complex where she lives. She had been hospitalized following a heart attack and was expressing an inability to do any housework or meal preparation, and was spending most of her time in bed.

The assessment process, which included obtaining medical information, indicated that although she was under some activity limitations, she was physically capable of cooking and doing some light housework. Subsequently, referrals were made for homemaker services and counseling to enable Mrs. S. to overcome her incapacitating fear of a second heart attack, and to resume those household tasks she could manage. Home delivered Nutrition Service was provided on a short-term basis while she regained confidence in her ability to manage.

Within a short period of time after making a referral, contact should be made again to determine whether the requested service has been provided. There should also be follow-up with the home-delivered meals recipient to see what has been done and whether the individual is satisfied with the services provided.

Periodic reassessments at a minimum of six month intervals are required. Special needs may indicate need for more frequent assessments. These visits will be used to reevaluate the individual's programmatic eligibility status and the need for additional services. Reassessments are critical in order to avoid unnecessary dependence upon home-delivered nutrition services and to coordinate other services that are needed.

See Appendix A for a suggested assessment form that can be utilized in this process. Because the need for the Home-Delivered Meal Service will rarely be isolated by itself in a vacuum and unrelated to other needs, the form has been developed with a broader needs focus in mind. Many area agencies or project sponsors currently utilize effective assessment forms which may or may not need minor modifications to include unique data elements appropriate for HDNS assessment.

Although no specified form will be mandated for use, the following elements must be present in any assessment instrument:

Basic Identifying Information

- *Name*
- *Phone Number*
- *Address (including directions to home)*
- *Household Composition*
- *DOB/Age*
- *Sex*
- *Ethnicity*
- *Name of Physician (inc. date last seen)*
- *Emergency contact(s)*

Presenting Problem/Reason for Referral

- *Referred by (include phone number and address)*
- *Date of Referral*
- *Why service requested*
- *Date of interview/name of interviewer*

Physical Functioning/Health

- *Health problems/impairments (arthritis, eyesight, etc.)*
- *Medication (inc. responsibility for managing)*
- *Personal Care Needs*
- *Mobility (both in/out of home)*
- *Prescribed special diet*

Activities of Daily Living

- *Shopping*
- *Meal Preparation*
- *Housework*
- *Money Management*
- *Ability to Communicate*

Mental Functioning

- *Confused, withdrawn, fearful, anxious, alert*
- *Orientation (Person knows who they are, where they are, date)*
- *Memory*

Living Conditions

- *Heat, Hot Water*
- *Fire/other hazards*
- *Cooking and refrigeration facilities*

Support Systems

- *Primary (family, friends, neighbors who do or are willing to provide some care and support)*
- *Secondary (other agencies/organizations involved)*

General Assessment Summary

- *This should pull together the information that is gathered into a few sentences that give a good impression of the person functioning in their situation with careful attention to both strengths and service needs.*

Service Plan

- *Include nature and date of referrals that may have been made to other agencies and to project nutritionist*
- *Goals and projected duration of HDNS.*

It is important to remember that home-delivered meals should be considered one component in a continuum of services to support the homebound elderly in remaining in their own homes. Other components may include nursing, homemaker, housekeeper, personal care, chore, shopping, escort, nutrition education/counseling, and transportation services. The assessment done as part of the initiation of these services may, in fact, suffice as the assessment for home-delivered meals. Each of these services as well as the Home-Delivered Nutrition Service should be part of an overall plan of care that is developed by a case manager or service coordinator.

In situations where multiple services, and consequently several case managers are involved, a decision as to what agency is to be the primary manager must be made.

IV. AVAILABILITY/FREQUENCY OF SERVICE

To meet the goals of this service, contractors must be able to provide one meal a day for a minimum of five days a week. This is a minimum standard that any provider must meet. The frequency with which an individual participates should be determined during the assessment process in which individual needs and sources of available assistance will be identified.

Although the regulations require only one meal per day, five days per week, where the need exists, projects should consider serving two meals per day, seven days per week, and providing for meals on weekends and holidays. Many existing projects currently serve two meals a day and are expected to continue such provision when it meets participant needs.

Since many of the HDNS participants may require assistance seven days a week, providers should attempt to arrange for weekend meals. This can often be done through the assistance of family, friends, or neighbors. When this is not possible, the program should make provision for a seven day service. If the need warrants it, the provider may elect to operate seven days a week. An alternative is the provision of a carefully selected market basket for weekend meals. Accompanying the market basket must be a menu for each meal providing 1/3 RDA for the two days planned utilizing the food provided. (See Appendix B for suggestions). Another source of weekend meals may be through arrangements with a local hospital, nursing home, or other long-term care facility or commercial caterers. The HDNS sponsor *must* ensure that the provider of weekend meals meets SOFA standards for food safety and nutrient content.

Services must be based on the nature of need since circumstances will vary from individual to individual, i.e.,

1. One or two meals five or more days a week may be indicated when other sources are available for remaining meals;
2. One or two meals less than five days a week may be appropriate when other sources are available for remaining meals.

Keep in mind that the mere availability of a program five or seven days a week does not mean that each individual necessarily needs the service every day. The assessment process will determine the level of service by identifying the participants' ability or inability to shop, to prepare meals, or to get help from family, friends, neighbors, or other community services.

The following cases illustrate how the level of need will vary depending on individual circumstances.

The Case of Mrs. L.

Seventy-five year old Mrs. L. lives alone, has no living relatives, suffers from arthritis and hypertension, and relies on a friend for shopping assistance. Mrs. L. prepares her own breakfast and although she feels she could "probably make supper," the assessment reveals that it would consist of either cereal or crackers and tea.

Since she is unable to prepare a hot meal, the Home-Delivered Nutrition Service will provide her dinner and supper Monday–Friday and will contract with a local hospital for weekend meals.

Total Home-delivered meals per week = 14

The Case of Mr. J.

Mr. J., a widower of 75, is slowly recuperating from pneumonia. Although he does not have much energy and tires easily, he enjoys preparing breakfast and supper because it gives him something to do. His daughter lives in another community but visits him on weekends and his sister visits and cooks dinner for him every Wednesday.

The Home Delivered Nutrition Service will provide one hot meal for the remaining four days – Monday, Tuesday, Thursday, Friday.

Total Home-delivered meals per week = 4

V. DURATION OF NEED

The length of time that home-delivered meals are needed will vary with each participant. Some individuals are provided nutritious meals and other services from a few days to several weeks to aid in meeting a short-term acute need, while others need the service indefinitely due to long-term chronic conditions.

A. Short Term

Individuals with short-term home-delivered nutritional needs are usually active and independent and are temporarily unable to care for themselves because of a recent illness or accident. The provision of nutritious meals during an interim period will facilitate the return to independent living. Those frail individuals who participate in a congregate program when the weather is good, but find it difficult to venture outside in winter months, may also be provided, on a short-term basis, home-delivered nutrition services. Another group needing short-term services are those older persons, who live with their families and may not be able to manage alone if family members take a vacation. Thus the family or individual must seek another means of having needs met during this time.

B. Long Term

Individuals with long term needs are provided with nutritious meals and other services on a continuous basis in order to prevent or postpone inappropriate institutional placement or to facilitate early discharge. These are typically persons with chronic debilitating disabilities who are unable to leave their beds or are confined to their homes. The provision of meals enables them to remain in their own homes.

VI. NUTRITIONAL REQUIREMENTS

In those instances where two meals are served each day, the nutrient value of the combined meals must meet 2/3 of the Recommended Dietary Allowances (RDA) for adults age 60 and older established by the National Research Council – National Academy of Science. One meal must meet 1/3 of the RDA. Meeting these minimum daily needs for older persons can be difficult since increased age and inactivity causes a decrease in the need for calories. Furthermore, diminished sensitivity to taste and smell results in decreased appetite. The need for other nutrients, however, remain the same and in some instances may even be increased. Only through careful planning and review, including consideration of nutrient density (selecting foods high in nutrient content but low in calories), can the Recommended Daily Allowance be achieved.

To assure that the nutrient requirements are met when two meals are served, the meals must be planned using the Nutrient Monitoring System (NMS) or other appropriate methods. This will provide more accurate nutrient data and assure that the required RDA are being met. The NMS is one acceptable short method of determining nutrient content and has been made available to all consulting dietitians who have been or should be trained in its use.

If one hot meal only is served, the hot meal pattern as described in Appendix C of the Nutrient Monitoring System may be used. However, it must be understood when using the meal pattern, that some food combinations will provide less than 1/3 RDA for some nutrients, particularly thiamine and iron.

If the Nutrient Monitoring System is not adopted, it will be necessary to provide a nutrient analysis for a minimum of one day a week for the six week cycle (30 days). To select the days:

- choose a different day for each of the weeks to be analyzed, e.g.,

week one – Wednesday

week two – Tuesday

week three – Friday, etc.

On the second and third rerun of the cycle, select other days.

The two acceptable references for analysis are:

- U.S. Department of Agriculture, Nutritive Value of American Foods in Common Units, Agriculture Handbook # 456, Agriculture Research Service, 1975.
- Church, C.F., Church, H.N., Food Values of Portions Commonly Used, 13th edition, J.B. Lippencott Co., 1980.

VII. MENUS

Menu planning must take into consideration the ethnic, religious and cultural needs of individuals who eat the food, the employees who prepare the meals, the equipment available, and the fiscal responsibilities of the project director. Cycle menus, which cover a specific period of time (usually four to six weeks) and are rotated according to a specific pattern, are strongly recommended. To be truly cost effective, they must be under continuous scrutiny as to acceptance, adaptability, ease of preparation, holding quality, transport stability and seasonal availability. There are a number of advantages in use of cycle menu planning. These include:

- Minimizes menu planning time
- Simplifies purchasing
- Allows for seasonal variations
- Improves inventory and cost control
- Coordinates preparation
- Promotes standardization of procedures
- Increases labor efficiency due to improved coordination and organization
- Maximizes utilization of equipment potentially resulting in reduction of energy expenditures

Regardless of the source of the meals, menus must be certified in writing by the consulting dietitian. Projects who employ a "registered dietitian" need not submit the menus to the State Office for the Aging but must keep these certified menus and nutrient analyses on file for review by the SOFA staff on its regular assessment visits. Projects who do not employ a registered dietitian must submit the menus to the SOFA at least three weeks prior to their use.

VIII. SERVICE OF MEALS

Since the service of meals should reflect the individuals' needs, meals must be acceptable to the homebound, eye appealing, of sufficient variety, palatable, and safe. Foods properly cooked and seasoned are more apt to be consumed by those whose appetite has dwindled. The degree of palatability and safety depends upon many variables including good purchasing practices, well trained cooks and kitchen staff, the daily use of standardized recipes, portion control, food temperatures, kitchen equipment that permits batch cooking, proper packaging, and food carriers. When two meals are served, the main meal must be hot; the second meal may be cold. In the event that only one is served, it must be a hot meal.

In addition to the usual delivery of hot food, foods delivered in the following states may be considered appropriate:

- Frozen state,
- Freeze dried state,
- Retort package,
- Combination of above with canned foods.

In each instance, the meal must be accompanied by written directions, in large print, clearly stating the steps needed to defrost and heat, to reconstitute the entree or to refrigerate the meal.

Additionally, sound menu planning and service of meals includes selection of foods that transport well. Although menu items may be appealing when they are packaged, the true test is what they look like when delivered. Therefore, several things should be considered as part of menu planning and meal preparation including:

- Avoiding hot foods that don't travel well, e.g., pasta, rice, baked potatoes, stewed tomatoes, etc.;
- Slightly undercooking fresh and frozen vegetables to avoid being overcooked upon delivery; and
- Adding light gravies and sauces to prevent meat, fish and poultry from drying out.

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IX. SPECIAL DIETS

Although the term "special diet" usually denotes dietary modification for health reasons, the home delivered nutrition service program recognizes three categories; health, religious, and ethnic. The regulations state that...

"The nutrition service provider must provide special menus, where feasible and appropriate, to meet the particular dietary needs arising from the health requirements, religious requirements, or ethnic backgrounds of eligible individuals. [§1321.147(d)]

The availability and accessibility of foods, special equipment requirements, access to caterers or products needed, and trained personnel will all enter into a decision on whether it is feasible to provide special diets.

Health Related

Every effort must be made to assist those who need diet modification to maintain or improve health status. However, no one is expected to provide stringent modification especially since "generally only one meal is provided and there is no way to control and monitor eating habits for the remainder of the day." [Fed. Reg./Vol. 4, No. 63/Monday March 31, 1980 Rules & Regulations, p. 21142] Drastic modifications are not feasible, but more important they are not safe without continuous guidance by a qualified dietitian and close medical supervision, neither of which is available from most Home Delivered Nutrition Services. Therefore, diets below 1200 calories, protein below 44 gms., sodium restriction below 2 gms., or combinations of several restrictions should not be attempted.

It is "possible to provide simple modified meals" such as restricted calorie, carbohydrate, sodium, etc. Appendix D contains diet modifications that can reasonably be provided in nutrition service programs for the elderly and have been in affect in the congregate meal program since 1975.

Procedures

1. For every individual requiring one of the three modifications, the home delivered nutrition service provider must have on file a written and dated order from the participant's physician, clinic, or public health nurse/dietitian/nutritionist representing the physician. The written order must be renewed every six months and can be done by phone as long as it is documented by the person who contacted the physician. (See Appendix E for Example)

2. Attached to the file copy of the physician's prescription, a written verification by the dietitian that the special diet limitations were discussed with the physician, or someone representing the physician and that person understands only simple modifications are available and are limited to those mentioned. (Appendix F.)
3. Nutritional assessment by a dietitian is required for each individual in need of a health-related special diet. This will ensure the appropriateness of the diet as well as determine the extent of follow-up counseling needed for the participant, family, or friends.
4. Individual counseling by a qualified dietitian must be provided when that person deems it necessary. Physicians will welcome this assistance in the dietary treatment of their patients. This approach will develop another linkage within the community to provide a better and more comprehensive service.

Religious and Ethnic Meals

It is important to consider the religious and ethnic difference of participants within each program and how this can be realistically addressed. The publication, "Understanding Food Patterns in the U.S.A."¹ gives an excellent review of food patterns of most cultural and ethnic groups. The influx of other Asian peoples into the U.S. may add other cultural differences not discussed here but needing consideration in some areas.

Differences in food patterns might be addressed by utilizing minority contractors/caterers. One does not, for example, necessarily need a Kosher kitchen to provide Kosher meals. This can be done through a caterer, a sub-contract with a Jewish Community Center or by purchasing Kosher frozen meals.

The feasibility of providing meals which address religious or ethnic differences depends on several factors:

- o How close the meal preparation site is to the source of food;
- o The variety of the available food supply;
- o Whether there is sufficient demand; and
- o Whether staff is trained in special meal preparation.

Each situation is different, and for some, even ten special meals could turn a normally well run program into a less efficient operation when staff must cope with different preparation methods, seasoning, recipes, etc. If it is determined that it isn't feasible to provide different cultural meals on a daily basis, it might be possible to offer special meals for the entire project, on a monthly basis, making it a festive occasion and a learning experience. Trying new foods and hearing about the histories of different cultural groups can be a rewarding experience.

X. FOOD SAFETY AND SANITATION

Delivery of a safe, nutritious and palatable meals is of utmost importance in a home delivered nutrition service for the elderly for several reasons. Older people withstand the effects of food poisoning less readily than younger people. Contaminants introduced into food that is unwisely purchased, improperly stored, handled or prepared can make participants ill. Safe food handling techniques practiced at all times minimize chances for a food borne illness outbreak.

Investigations of foodborne illnesses which have occurred in the past taught us the five most common food handling errors that cause people to be ill.

o FAILURE TO PROPERLY REFRIGERATE FOOD

This can apply to raw ingredients, partially prepared items, or ready-to-serve foods, e.g., cooling hot foods in large, deep containers which causes them to cool very slowly.

o HOLDING FOODS AT INCUBATING TEMPERATURES (45°F to 140°F)

As with improper refrigeration, this can happen in all stages of preparation, e.g., thawed foods at room temperature for long periods of time before cooking.

o PREPARING HAZARDOUS FOODS SEVERAL HOURS OR A DAY BEFORE

This allows germs that contaminate food to grow to sufficient numbers to cause illness.

o INFECTED EMPLOYEES WHO PRACTICE POOR PERSONAL HYGIENE

Germs from employees sneezing and coughing or from infected wounds on their hands can spread and contaminate food.

o CROSS-CONTAMINATION

Raw ingredients and soiled equipment often are contaminated with germs that can cause illness. If these germs are spread to ready-to-serve food by storing raw and cooked items improperly or by using soiled equipment, then the germs spread to the prepared food.

Understanding that these problems do occur and how they occur will help eliminate them from a home delivered meals operation. The principles and methods of controlling these and other improper food handling practices will be discussed here. The principles can be summarized in three words:

o Contamination, Temperature and Time

Ingredients should be free from contamination and should be protected against contamination when they are stored, prepared and served. Food must be prepared as close as possible to the

time of service and food held at proper temperature
for as short a time as possible before serving.

A. Preventing Contamination

1. Purchase wholesome food from an approved source.

Wholesome foods do not contain filth or spoilage, and do not pose a health hazard. A suspect food is considered unwholesome until proven otherwise. Diligently protect your participants by not using:

- o Swollen, rusted, or badly dented cans;
- o Meat, poultry, or fish with off odors, or color;
- o Eggs that have cracks and checks;
- o Fresh vegetables and other produce unless they have been thoroughly washed to remove all soil and pesticides;
- o Cereal and cereal products that show evidence of insect infestation and dirt.

An approved source means that:

- o the items have been purchased and received in good condition from a known purveyor;
- o that meats have been graded and inspected by USDA;
- o eggs are Grade A fresh, or USDA inspected frozen or dried;
- o foods are not canned at home;
- o frozen products, particularly meat, fish, etc., that have been delivered partially thawed are not accepted.
- o the item is not wild game.

2. Train all employees and volunteers in good personal hygiene and food handling techniques.

One of the most common ways that a contaminant is introduced into food is through personnel handling of the food. The following practices must be instilled in all food service personnel:

- o Keep hands clean and away from mouth, nose, hair or skin

Hands must be washed before starting work, after using the toilet, after smoking, handling garbage and after touching hair, face or clothing.

- o Do not work with symptoms of a communicable disease an open, infected wound.

Employees with colds, diarrhea, vomiting must not be allowed to work. All cuts and sores must be covered with clean waterproof dressing or glove and the infected employee should not work in a food preparation area.

- o Keep clean and wear a minimum of jewelry.

Employees must wear clean clothing, and keep jewelry at a minimum. The latter can be a safety hazard around equipment as well as a source of contamination.

- o Hair restraints must be worn by all food handlers.

The restraint is worn to prevent hair from falling onto or into the food. All hair must be covered including beards. Hair-nets and hats worn on the back of the head do not provide acceptable protection.

- o Do not smoke or eat in a food storage preparation/ service area.

3. Instituting training in safe and proper food handling techniques.

Contaminants can also be introduced into food by poor food handling techniques and other poor practices.

Be certain that

- o Utensils are used whenever possible for handling food.

Although plastic gloves are intended to provide a measure of safety, experience has shown that they are often inappropriately used. With plastic gloves, a measure of security is felt and it is easy to forget that they must be changed after touching face, hair, picking something off the floor, etc.

- o Food is kept covered during storage preparation and transport.

Contamination during these stages of food handling can be dust, dirt, drippage, flooding, spillage and chemicals on food contact surfaces and germs. To prevent this type of contamination food must be covered or in a protected container when not in preparation. Store food in covered containers and transport in vehicles that are dry, clean, and well ventilated.

- o Food that has been served, discard.

Once food has been served, it must not be re-served. The only exceptions to this rule is for pre-wrapped crackers, sugar, salt, etc., in containers that are intact, unopened, and undamaged.

- o Single service items are used only once.

This rule applies not only to paper and plastic coated items but includes cottage cheese containers, other plastic food containers like sour cream containers, yogurt containers, margarine, etc., and a host of other one-use food containers. In general, these items do not meet the cleanability requirement and they may give off toxic chemicals that contaminate food after re-use.

- o Toxic items such as cleaners, sanitizers, pesticides, and drain cleaners are away from food.

- o Animals are kept out of food preparation and serving areas.

4. Control insect and rodent infestation by:

- o Eliminating their food supply
- o Storing garbage in clean containers with tight-fitting lids.
- o Storing food supplies in places inaccessible to insects and rodents.
- o Cleaning up spills as soon as they occur.
- o Developing a daily cleaning schedule and seeing that it is followed.
- o Keeping them out of food storage, preparation and serving areas by use of screens and screen doors, by plugging or covering holes with concrete or metal flashing, by eliminating cracks in walls, pipe chases and other access points in the building.

After the above steps have been taken, contact a certified pest control operator (exterminator) for routine pest control program.

5. Select equipment designed to do the job.

- o Equipment must be used for the purpose for which it was designed. Hot and cold holding devices are designed only to hold food for a short period of time during service, not to keep food warm or cold for long periods of time. These pieces do not replace the practice of cooking in small batches and portioning immediately. The cold food holding units do not replace adequate refrigeration. Also, commercial freezers are meant to keep frozen, not to freeze foods for later use.
- o Washing facilities for pans, utensils and equipment must be sufficient to handle the largest anticipated workload and to accommodate the size of pans, etc., in use.

When manual dishwashing has been permitted, (check with local Health Dept.) items must be scraped, washed in clean soapy water, rinsed in clean, clear water and then either sanitized in 170° water or in an approved chemical sanitizer. All sanitized items must be air dried.

If mechanical washing is used, commercial machines are required. Check with the local Health Department for specifics on acceptable washing methods.

6. Training employees to use paper towels that are conveniently located.

B. Temperature

Bacteria that cause food borne illnesses are favored when the food medium is between 45° and 140°F. Temperatures in this range allow germs to grow. When temperatures drop below 45°F, the germs stop growing, but usually aren't killed. Temperatures above 140°F kill many germs and stop all of them from growing but 165°F temperatures are needed to kill some germs that cause food borne illnesses. Other germs can form a hard protective coating called a spore that can protect them for hours at boiling temperatures, although they cannot grow at these temperatures. The shorter holding period for food at danger zone temperatures, the safer the food will be.

Some practices that will safeguard food are:

- o Reheating food rapidly to internal temperature of 165° and hold until served.
- o Cook poultry and dressing separately until each has reached an internal temperature of 165°F.

- o Cook pork to an internal temperature of 150°F or until the meat is white.
- o Use meat thermometer to evaluate doneness.
- o Cook continuously, in small batches to minimize the time between cooking and serving.
- o Keep to a minimum the length of time food temperatures are in the danger zone 45°F - 140°F.
- o Cook food rapidly. Rapid cooling is a critical factor in preventing food borne illnesses. The following methods can be used to cool foods to a safe temperature.
 1. Immerse pans of food or plastic wrapped foods in ice baths.
 2. Immerse packaged foods or pans in cold running water.
 3. Place food in shallow (four inches or less deep) containers when refrigerating. Stock-pots should not be used for holding foods in refrigerators.
 4. Use walk-in refrigerators with circulating air rather than reach-in refrigerators for initial chilling. Where walk-in refrigerators are not available, use reach-in refrigerators with circulating air rather than those without circulating air for initial chilling. Do not line shelves with aluminum foil or other materials since the lining prevents air circulation.
 5. Defrost high protein frozen foods such as meat and meat products in the refrigerators.
 6. Agitate foods such as sauces and gravies while cooking. Stir other liquid items with a spoon while cooking.
 7. Use cold ingredients when preparing cold menu items.

C. Time

Time is a major factor to be controlled in order to prevent food borne illness. Germs can grow, if given time, during the storage of raw ingredients, at all stages of preparation, portioning, and transportation. The closer to the preparation time the food is consumed, the less chance of a problem occurring if the food is contaminated. This is why it is particularly important to plan a delivery system for home delivered meals that

will allow a minimum of time to get the food to the participant. In addition to food safety, a lengthy routing system will also have adverse effects upon the quality of the meal and nutrient retention.

Food continues to cook while being held. With long holding periods, vegetables become mushy, meat and other protein foods get tough and tend to dry out. Studies have shown that nutrient losses can be considerable when food is held exposed to heat and steam/water. Relatively large amounts of thiamin, riboflavin and ascorbic acid can be lost this way. Thiamin can be a particular problem if the menu planned barely meets 1/3 RDA and there is a loss of the nutrient during preparation holding and delivery.

Too great an emphasis cannot be placed on a delivery system that is as short as possible. A short route not only provides participants with palatable meals but it helps to insure its safety and much needed nutrient content.

XI. FOOD PACKAGING AND DELIVERY SYSTEMS

A. Introduction

This section is designed to assist program personnel in reviewing and upgrading current operations as well as in planning for a new service in the areas of workflow:

- o food
- o packaging
- o delivery

Home delivery systems must provide the participant with a safe, nutritious, and palatable meal. Home delivered meals require special consideration since they must maintain proper temperatures, good quality without change in taste, texture, and nutriture during transport. To achieve these objectives, the program must be planned and operated as a complete system including the elements of menu planning, purchasing, preparation, packaging and delivery.

Examination of currently operating systems to identify potential improvements is essential to efficient program operation. A workflow chart will assist in detecting bottlenecks that can be eliminated to allow for an unimpeded service. Work schedules for each type of worker act as guides to basic duties and as a means of coordinating workflow. Your consulting dietitian can assist you in the development of both a workflow chart and work schedules for each worker.

The placement and selection of equipment such as vegetable steamers allow some of the meals to be cooked while meals for another earlier route are being assembled. Portable steam and work tables permit the packaging of meals to be done away from the main flow of traffic to provide a more efficient packaging activity. When a cold meal is prepared as a second meal for participants, both it and the cold components of the main meal can, with proper pre-planning, be packaged either the previous afternoon or early that morning and refrigerated until needed when there is adequate refrigeration space.

B. Packaging Material

Principles of contamination, time, and temperature, apply directly to packaging and delivery systems. Meals must be packaged in clean, non-toxic, disposable containers which are tightly covered to prevent contamination and spillage and maintain temperatures. Styrofoam and aluminum are the two basic materials which are used for three compartment trays (see Figures 1, 2, 3)

Although there are always new developments, the following criteria should be used in selecting a packaging system. Materials used must:

1. Maintain proper temperatures i.e.,
 - o Cold foods: 45° or below.
 - o Hot foods: 140° or above.

2. Be non-porous;
3. Maintain the flavor and aroma of food;
4. Have sufficient compartments to accommodate the menu;
5. Close tightly to retain temperatures and prevent contamination and spillage;
6. Be easy to handle and fit into transport carriers in a systematic and efficient way;
7. Be tightly sealed easily;
8. Be easy to stack;
9. Be made of non-toxic materials; and
10. Be capable of utilizing the space available in the carriers.

In the selection of any packaging materials, consideration must be given to the type of instruction that will be necessary for the home-delivered meal participant to facilitate handling of the package.

C. Transport Carriers

Carriers must meet the same criteria as the packaging materials as well as being easily cleanable for reuse. They need to be durable and made of material that can be washed and sanitized inside and out on a daily basis. Carriers must hold the temperature of the food by ice-pack, hot-pack, heated tiles or be mechanically heated or cooled.

The size and weight of the carrier will determine the number of personnel needed to move them into transport vehicles and will also determine their placement within the vehicle. Critical time can be lost at the home of a participant if food carriers are not conveniently located for ease and quick removal of individual meal components. Carriers should be able to be placed in the vehicles in such a way that it is unnecessary to keep the door of the vehicle open while assembling cold and hot meal components.

In the development of a transport system the main thrust should be directed toward the quick delivery of the meal. If one considers the time spent from the arrival of the delivery van at the home of the participant, assembling hot and cold components, and carrying them to the door of the individual, waiting for the bell to be answered, and going into home a minimum of 5 minutes will have passed. This means that the carrier selected should hold a maximum number of 12 meals in order to keep the delivery time within an hour or so. This does not take into account the length of time it takes to come from the point of preparation to the first delivery point.

Whenever considering the purchasing of transport carriers the following questions will be helpful determining which would be best for your particular operations.

1. How many trays will the carrier hold?
2. Are they designed for a maximum of 12 meals?
3. What are the heating and chilling elements necessary to maintain temperatures?
4. Will extra refrigerator/freezer space be needed to chill carriers or freeze elements that go into the carriers?
5. If an element is needed to keep food hot, is there adequate kitchen equipment. That is, is there sufficient oven space to heat trays and prepare meals?
6. If boiling water is needed to heat the elements, is there sufficient space to do this?
7. Will the carriers maintain temperatures? That is, is the insulation sufficient?
8. Can the cold components be bagged and packed into carriers and the carriers refrigerated until the delivery time?
9. Will the carriers fit conveniently in the transport vehicles?
10. How many people will be required to tote the carriers from the packaging area to the transport vehicle?
11. Is the carrier cleanable with a minimum of seams where dirt can collect?
12. Can the carriers be put through a dishwasher? Can they be washed and sanitized?
13. How many routes are needed?
14. What will be the range of time needed for delivery?



XIII. CONTRIBUTIONS

A. General Policy

For services under both the Older Americans Act and Community Services for the Elderly Program, each service provider must ensure;

- o voluntary opportunity to contribute
- o confidentiality
- o safeguards for the contributions
- o accountability for all contributions
- o contributions are used to increase the number of meals served.
- o a suggested contributions cost which is less than the actual cost of the meal(s) (raw food, personnel, utilities, transportation, etc.).
- o a means test is not used.

B. Voluntary Opportunity to Contribute

Each person receiving a home-delivered meal must be informed of the voluntary opportunity to contribute to the cost of the meal, and the amount of the suggested contribution. The participant must also be informed of the purpose and use of the contributions. Although there is an implied obligation to contribute to the cost of the meal when an individual can afford to do so, when that person determines a contribution can't be made the meal(s) must still be provided.

C. Suggested Contribution Amount

There are several important considerations when setting contribution amounts or schedules.

- o income levels of the elderly in the geographic area to be served;
- o prior experience of AAA and service providers;
- o other income of service providers;
- o actual cost of meal(s) (raw food, personnel, utilities, transportation, etc.).

Input from participants, service providers, Advisory Council, etc. is essential in the establishment of a contribution amount. Following the adoption of a suggested donation the area agency should:

- o provide technical assistance to subcontractors regarding setting contribution schedules or amounts;
- o monitor the process of contribution setting by ensuring that the consumer or adequate representatives of the consumer are involved in the contribution setting process;
- o ensure that targeted groups are encouraged and enabled to receive service.

D. Suggested Procedures for Collecting Contributions

Procedures for the collection of and accounting for contributions must be written and understood by staff whether paid or voluntary. There are three methods by which contributions can be made.

1. Checks

This method eliminates the problems of handling cash but has some drawbacks. A person's contribution is no longer confidential by virtue of the signature on the check, although it can be argued that if recorded anonymously it is confidential. Older people do not all have checking accounts, others cannot afford one, and some would be unable to maintain one. Mailing costs would be an additional expense. The latter, of course, could be borne by the provider with the weekly distribution of a self-addressed stamped envelope given to the participant.

2. Money Order

An anonymous contribution can be made using a money order since it is not necessary for the sender to be identified. The participant would need someone to purchase it at the nearest bank or post office. Mailing can be solved in the manner described above for checks. The sender, however, does not have any assurance that the contribution was received.

3. Cash

When accepting cash contributions, the home delivered meals service program provides each participant with a color coded envelope. With this system, a different color envelope can be used for each day of the week. When a meal is delivered, an envelope is left with the participant and returned sealed the next day to the person delivering the meal when another envelope, different color, would be exchanged for the first. The chief disadvantage here is the handling of cash and safeguarding it on route. It does, however, provide for some accountability. Each person must return a sealed envelope every day. If a person can't afford a contribution a blank piece of paper can be put into the envelope so the confidentiality is maintained since the meal deliverer is unaware that no money is in the envelope. Also, the route worker must return the same number of envelopes all the same color as the number of people assigned to the route.

APPENDIX A

HOME DELIVERED NUTRITION SERVICE & SUPPORTIVE SERVICE ASSESSMENT

Referred by: _____ Date: _____

Address: _____ Phone: (____) _____

_____ Zip Code: _____

Interviewer: _____ Date of Interview: _____

Name: _____ Phone: (____) _____

Address: _____

Age: _____ Date of Birth: _____ Sex: () Male () Female

Race/Ethnic Background: () Black () Hispanic () American () Asian/Pacific Islander

Language Spoken: _____ Understands English: _____ Reads & Writes English: _____

1. Emergency Contact:

Name: _____ Phone: (____) _____

Address: _____

Relationship: _____

Physician's Name: _____

Address: _____

Phone: (____) _____ Date of Last Visit: _____

- 2. Physical Status:**
- | | | | |
|--------------|--------------|--------------|-------------------------------------|
| a. Vision: | () Adequate | () Poor | () Blind |
| b. Hearing: | () Adequate | () Poor | () Deaf |
| Hearing Aid: | () Yes | () No | Is hearing aid used? () Yes () No |
| c. Teeth: | () Own | () Adequate | |
| Dentures: | () Yes | () No | Are dentures used? () Yes () No |
| d. Frail: | () Yes | () No | |
| e. Speech: | () Good | () Fair | () Poor |

3. Mental Status: () Alert () Confused () Withdrawn () Depressed

4. Health Problems: (Be specific) _____

5. Medication: (including over the counter, kind, reason, prescribed by () M.D. () Self () Other)

6. Special Diet: (Only if prescribed by physician, clinic, hospital, or via public health nurse—include diagnosis and date.) () No () Yes

7. Mobility: () Housebound () Bedridden () Walker () Wheelchair
() Crutches () Other (specify)

If escort and transportation services provided, could go to a congregate meal site: () Yes () No

Movement good within confines of home: () Yes () No Able to negotiate stairs: (if applicable) () Yes () No

8. Household Composition: () Lives Alone () Spouse () Child () Other (specify)

9. Living Conditions:

	Adequate	Inadequate		Adequate	Inadequate
Stove	()	()	Hot Water	()	()
Oven	()	()	Plumbing	()	()
Refrigerator	()	()	Lodging	()	()
Freezer	()	()	Heating	()	()
Storage for Dry Food	()	()	Ventilation	()	()
Privacy	()	()	Accessibility to Outdoors	()	()

10. Family Assessment: (if no family, then friend who)

	Yes	No
A. Is motivated to help participant stay home:	()	()
B. Is capable of providing care:	()	()
1) Physically	()	()
2) Emotionally	()	()
C. Will provide care if support services are given:	()	()
D. Will require instructions in providing care:	()	()
E. Will provide shopping assistance:	()	()
F. Will provide meals: () Breakfast () Lunch () Dinner	()	()

11. Assistance Needed:

	Yes	No	Check for referral
Shopping	()	()	()
Food Preparation	()	()	()
Housekeeping	()	()	()
Home Maintenance	()	()	()
Laundry	()	()	()
Personal Hygiene	()	()	()
Financial Management	()	()	()
Self Feeding	()	()	()

Environmental Conditions:

	Safe	Unsafe
Neighborhood	()	()
Crime/Fear of Crime	()	()
Housing	()	()
Other (Specify)	()	()
_____	()	()
_____	()	()
_____	()	()

12. Participant Appears Eligible for:

	Yes	No		Yes	No
Social Security	()	()	Food Stamps	()	()
S S I	()	()	Real Estate Tax Credit	()	()
Medicaid	()	()	Rent Exemption	()	()
Medicare	()	()	Homemaker Service	()	()
Income Maintenance	()	()	Other (Specify)	()	()
Service	()	()	_____	()	()
Energy Assistance	()	()	_____	()	()

13. Service Plan: (include Referrals to other agency(ies) and dates)

Follow-up with other agency(ies), date, by whom and results: _____ Reevaluation dates _____

Approved for _____ meals per day, _____ days per week.

Date Service Started: _____

Date Service Ended: _____

14. Is nutrition evaluation/counseling needed? () Yes () No

Home visit by Dietitian; Date: _____ Reevaluation: _____ Date: _____

I understand the information provided here is confidential and will be used only for purposes directly related to providing services to me under the service plan.

Signature _____ Date _____

Appendix A₂
NUTRITION EVALUATION

NAME: _____ DATE: _____

ADDRESS: _____

PHONE: _____ AGE: _____

Directions to Home: _____

1. Medical Status: _____

a) Medication – (Include both prescriptions and over the counter) _____

b) Special Diet – if any: _____

c) Food Allergy – yes no if yes, type: _____

2. Weight: Current Actual or Estimated Weight: _____ lbs. Estimated weight change over previous six months:

_____ lbs. Increase or decrease

3. Appetite: Good Poor Comments: _____

4. Kitchen Facilities: Describe and note comments: _____

5. Marketing: Frequency _____ by whom _____

Comments: _____

6. a) Usual Meal Time Hours: Morning _____ Evening _____
Mid-day _____ Snack _____

b) Description of Usual Meal Pattern:

Morning

Mid-morning

Mid-day

Mid-afternoon

Evening

Bedtime Snack

This client has been approved to receive _____ meals per day _____ days per week. (From Home-Delivered Nutrition Service & Supportive Service Assessment).

Other weekday meals provided by _____ and consisting of _____

Assessment of Nutritional needs: _____

Plan Care – if handicapped, indicate type of aids required: _____

General Comments: _____

Client Signature: _____ Dietitian: _____

ADDITIONAL COMMENTS: *Use space below and reverse side for additional comments*

APPENDIX A-3

NUTRITION SERVICE INFORMATION FOR PARTICIPANTS

The following information should be given in writing to each Home Delivered Nutrition Service participant:

- o The purpose of the program and eligibility criteria;
- o What the individual can expect in terms of periodic follow-up, re-evaluation, and counseling;
- o Procedure for special diets, if applicable;
- o The availability of meals on weekends, holidays, and weather-related emergencies;
- o Suggestion for an emergency food supply to keep on hand;
- o Meal delivery schedule;
- o Name and phone numbers of program contact person;
- o Procedure for cancelling a meal;
- o Policy regarding suggested contributions and the manner in which contributions will be collected and accounted for; and
- o Encouragement to consume the hot meal when it arrives and the correct handling of the second cold meal, if applicable.

APPENDIX B

Market Basket Suggestions for Weekend Meals

The following are items that can be purchased for weekend meals and delivered with the regular meal(s) on Friday. Local market availability of individual items and easy access to nutrient content will determine the exact makeup for each meal. After checking local market availability your consulting dietitian can provide you with a suggested list of food combinations for one or two meals that will meet 1/3 RDA for each meal.

Selections can be made from the following:

- *Canned meat, fish, poultry – small cans such as corned beef, boned chicken, tuna*
- *Canned baked beans*
- *Canned combination dishes such as macaroni and cheese, stew, franks and beans*
- *Individual cans of vegetable juice/100% fruit juice*
- *Fresh fruit*
- *Individual packages of raisins*
- *Other dried fruit such as apricots, prunes, etc.*
- *Individual cans of prepared pudding*
- *Small cans of evaporated milk*
- *Packages of non-fat instant dry milk – to make one quart*
- *Individual packages instant soup*
- *Small cans/individual servings of canned soup*
- *Individually wrapped crackers and cookies*
- *Whole grain or enriched white bread, rolls, muffins*
- *Margarine*
- *Peanut butter*
- *Nuts*
- *Individual cans of vegetables and fruit*

Some freeze dried food items are available locally. Additionally, some manufacturers are offering a limited variety of prepared entrees in retort packages. When such systems are used, it is important to insure that the individual understand and is able to follow the directions. In considering these items be sure to pre-price them and have your dietitian review the nutrient analysis which should be requested from the manufacturer. Most of these items will not be found in current food tables.

APPENDIX C

MEAL PATTERN

Meat, fish, poultry or alternate	—	3 oz. edible portion
Vegetables and fruits		2 half-cup servings*
Whole grain or enriched bread		one serving
Butter or fortified margarine		one teaspoon
Dessert		½ cup**
Milk, whole or fortified skim		½ pint

**All vegetables and full strength vegetable juices, all fruit and full strength fruit juices; must include one good source of Vitamin C daily and three good sources of Vitamin A per week.*

***Desserts such as fresh or canned fruit, milk puddings, custard, ice cream, ice milk, sherbert, cookies. Because of their high caloric content, desserts such as cakes and pies should be reserved for special occasions.*

NOTE: This pattern would not apply if the Nutrient Monitoring System or the longer method of nutrient analysis is used for menu planning and analysis.

APPENDIX D

SUGGESTIONS FOR A SECOND HOME DELIVERED MEAL

When the assessment indicates that it is necessary to provide two meals to an individual the second meal, of necessity, must be cold. However, it can be attractive, tasty, provide variety to the days intake, and can be calculated with the hot noon meal to meet nutrient needs (See Section VI. Nutritional Requirements). The following guidelines will provide some ideas for sandwiches served as part of this second meal.

A. General Choices

Egg Salad	Sliced Tongue
Sliced Egg	Sliced Chicken or Turkey
Tuna Salad	Veal Salad
Swiss Cheese	Processed Cheese
American Cheese	Cold Cuts - i.e. bologna, liverwurst salami, etc.
Chicken or Turkey Salad	
Ham	Peanut Butter
Ham Salad	Peanut Butter and Cheese
Pastrami	Peanut Butter and Onion
Corned Beef	Sardines
Roast Meats - i.e.	Salmon Salad
roast beef	Shrimp
lamb	
veal	
pork	

B. High Sodium Content

Because of the high sodium content sandwiches made from these fillings are not permitted to be served to those who must limit their sodium (salt) intake.

American Cheese	Processed Cheese
Ham	Cold Cuts - i.e. bologna, liverwurst salami, etc.
Ham Salad	
Pastrami	
Corned Beef	

C. Low Protein/high fat Content

The sandwiches below are not acceptable as part of a home-delivered meals component because of low protein/high fat content:

- Cream Cheese and Jelly
- Cream Cheese and Olive
- Cream Cheese and Bacon
- Cream Cheese and brown bread
- Bacon, lettuce and tomato
- Bacon

APPENDIX D

- 2 -

Consider varying a second meal by incorporating some cold plates to replace sandwiches. As an example:

- Cottage Cheese Fruit Plate
- * Sliced Ham, Egg Salad, Macaroni/Potato Salad Plate
- * Cheese, Ham, Roast Beef, Macaroni/Potato Salad Plate
- Tomato stuffed with chicken salad/egg salad, tuna or turkey salad
- Tuna and Macaroni Salad
- Tuna Salad/Salmon Salad, Potato Salad Plate
- Cold Sliced Beef Plate
- Sliced roast meat, cheese with potato/macaroni salad, bean salad
- Egg Salad, Tuna Salad Plate
- * Cold Cuts (bologna, salami) cheese, bean salad, sliced tomatoes

* Because of the inclusion of high sodium products these may not be used when a restricted sodium intake is important.

APPENDIX E₁

SODIUM (SALT) RESTRICTED DIET

DO NOT SERVE

1. Smoked, cured, or dried meat and cheeses, including

Ham	Salted & Dried Cod & Herring
Bacon	Smoked Salmon
Sausage	Sardines
Cold Cuts	Frankfurters
Corned Beef, Chipped Beef	Meats Koshered by Salting
Pastrami	Anchovies & Cavier
Salt Pork	*Cheese--Processed (i.e., American) or spreads

2. Seasonings and condiments, including

Salt	Soy Sauce
Ketchup or Chili Sauce	Worcestershire Sauce
**Mustard	Garlic Salt
Relishes	Onion Salt
Pickles & Olives	Horseradish

3. Snack Foods, including ,

Saltines	Pizza
Salt-topped crackers & bread	Fritos
Potato Chips	Cheese Curls
Pretzels	Salted Popcorn
Salted Nuts	

4. Miscellaneous foods, including

Canned soups	Bouillon
Gravies, Sauces	Sauerkraut
Tomato Juice	Meat Tenderizer
V-8 Juice	

* May have Cottage Cheese

** Mustard may be prepared by the following method

1½ Tablespoons Dry Mustard

Water or Vinegar

Mix Mustard with enough Water or Vinegar to make a smooth paste

SPECIAL INSTRUCTIONS:

1. No special foods are needed for this diet.
2. Regular meats, vegetables, fruits, bread, milk, butter and desserts may be used.
3. Food may be prepared the same as usual.
4. Garlic powder and onion powder may be used.

APPENDIX E₂

RESTRICTED CARBOHYDRATE & CALORIES FOR

DIABETIC & WEIGHT REDUCTION DIETS

DO NOT SERVE

1. Sugar, jam, jellies, marmalades, honeys, syrups and relishes such as sweetened cranberry relish.
2. Sweet desserts such as pies, pastries, cakes, cookies, pudding, jello and sweetened canned fruit and fruit juices.
3. Fried foods, scalloped or creamed foods.
4. Sauces, gravies.
5. Two starches at the same meal.

Example: potato and corn
 potato and lima beans
 potato and parsnips

6. Condensed milk, chocolate milk, cocoa, milkshake, sweetened soft drink

SAMPLE MENU.

Meat (3 oz.)	Hamburg Patty, 3 oz.
Vegetable (2 serv.)	Mashed Potato, ½ cup
	Lettuce and Tomato Salad
Enriched Bread (1 serv.)	1 Roll
Butter (1 tsp.)	Butter, 1 tsp.(or Margarine, 1 tsp.)
Dessert	Unsweetened Apricots, 4 halves
Beverage	Milk, 8 oz.

The following portions are equal to ½ cup of dessert. Use fresh or unsweetened:

Apple	1 sm.-2" diam.	Mango	½ sm.
Applesauce	½ cup	* Orange	1 sm.
Apricots, fresh	2 med.	* Orange Juice	½ cup
Apricots, canned	4 halves	Papaya	1/3 med.
Apricots, dried	4 halves	Peach	1 med.
Banana	½ sm.	Peach, canned	2 halves
Berries	1 cup	Pear	1 sm.
Blueberries	2/3 cup	Pear, canned	2 halves
* Cantaloupe	¼-6" diam.	Pineapple	½ cup
Cherries	10 large	Pineapple, canned	2 slices
Dates	2	Pineapple Juice	1/3 cup
Figs, canned	2	Plums	2 med.
Figs, dried	1 sm.	Plums, canned	4 halves
Fruit Cocktail	½ cup	Prunes, dried	2
* Grapefruit	½ sm.	Raisins	2 tbsp.
* Grapefruit Juice	½ cup	* Strawberries	1 cup
Grapes	12	Tangerine	1 large
Grape Juice	¼ cup	Watermelon, cubed	1 cup
● Honeydew Melon	1/8 (7")		

* High in Vitamin C. Other juices listed if enriched with Vitamin C would meet the daily requirement for ascorbic acid.

APPENDIX E₃

MODIFIED FAT DIET

DO NOT SERVE

1. Frankfurters, sausage, cold cuts, bacon, other fatty meats
2. Duck, skin on chicken and turkey
3. Fatty fish such as smelts, brook trout, mackerel, butterfish, herring, shad, fish canned in oil, tuna, sardines and salmon
4. All cheese except cottage cheese
5. Whole milk, chocolate milk, milkshakes
6. Fried or creamed foods
7. Nuts and peanut butter
8. Avocado
9. Muffins, biscuits, popovers and other quick breads, doughnuts, waffles, griddle cakes
10. Desserts made with whole milk, eggs, cream, butter, margarine, shortening, oil, lard, coconut, chocolate, suet
11. Ice Cream
12. Pies, pastries
13. Meat drippings, gravies, sauces, mayonnaise or salad dressings
14. Cream soups, cream sauces made with whole milk
15. Potato chips and similar snack foods, buttered popcorn

SPECIAL INSTRUCTIONS

1. Trim all fat from meat.
2. Bake, broil or boil meats.
3. Do not serve sauces or gravies.
4. Use skim milk.
5. One teaspoon (pat) butter or fortified margarine is allowed.

Appendix F

SAMPLE DIET ORDER

Patients Name: _____

Address: _____

Date: _____

My patient may participate in the modified diet program and meals as discussed. *(Check one only)*

Modified Calories/Carbohydrate diet

Modified Sodium diet

Modified Fat diet

Comments – if any:

Please return in the enclosed stamped self-addressed envelope.

DR. _____

Appendix G

SAMPLE OF CORRESPONDENCE WITH PHYSICIAN

Dear Doctor _____

We are pleased to meet the need of your patient _____ for Home Delivered Nutrition Service. Our program provides, to the homebound elderly, one hot meal five days a week designed to provide one-third of the recommended dietary allowances for major nutrients. If after an assessment, it is considered in the best interest of the participant, two meals providing two-thirds of the recommended dietary allowances will be available.

In addition, we are prepared to offer the following modified meals:

1. carbohydrate/calories (unsweetened fruit, fresh fruit - substituted for sweet).
2. sodium - substitute entries will be made for ham, franks, corned beef, etc.
3. fat - no fried foods, gravies and substitutes for ham, pork, franks, cheese dishes - skim milk provided.

These diets will be provided upon request from participant's physician and will need to be renewed every six months. As part of this modified diet program, participants will be given nutrition counseling by me to assist in planning meals at home.

As we discussed on the phone, we ask that you complete and return the attached form to us.

Sincerely,

Consulting Dietitian

