

# Menu Planning Requirements

The Dietary Guidelines are a critical tool professionals use to help Americans make healthy choices in their daily lives with a goal of preventing chronic disease and enjoying a healthy diet. In an effort to remain current and to assure that menus meet the recommendations of the Report of the DGAC on the Dietary Guidelines for Americans 2015-2020 and MyPlate, the diets in this manual have been adjusted to follow the new Guidelines.

## Considerations in Menu Planning for Health Care Communities

Many professionals are concerned that the volume of foods needed to meet the Guidelines would be almost impossible for most individuals living in health care communities (HCC) to consume. Other concerns include customer satisfaction, increased food waste, increased food and labor costs. Planning menus for health care communities can be challenging especially with person centered dining. Menus must:

- Contribute to quality of life, considering food preferences and personal choice. Residents may choose “comfort” or favorite foods over more nutritious choices.
- Meet regional, cultural and religious preferences (4).
- Provide therapeutic diets and consistency alterations (with the most individualized and least restrictive diet possible, as appropriate to encourage intake (5).
- Provide eye-appealing and tasty meals to encourage food intake.
- Meet RDAs/AIs for many nutrients. RDAs (Recommended Dietary Allowances) are defined as nutrient intake level that meets the requirement for nearly all people in a specific age group and gender. The AI (adequate intake) is the level of nutrient intake of healthy people assumed to be adequate.
- Meet the needs of individuals who sometimes feel the volume of food is overwhelming.
- Provide sufficient nutrients for individuals with acute and chronic illnesses who often cannot eat enough food to provide sufficient calories and other nutrients (and therefore are at risk for unintended weight loss, malnutrition, dehydration and other complications).
- Meet all state and federal regulations.

## Food Patterns for Menu Planning

Registered dietitian nutritionists (RDNs) and nutrition and dietetic technicians registered (NDTRs) have used food patterns to create menus for many years. Food patterns for menu development are an inexpensive and easy tool for practitioners to use to assure menu adequacy. It is ideal to use a combination of menu patterns for basic menu development, followed by computerized nutritional analysis. However, some practitioners do not have access to computer programs capable of accurately analyzing menus for nutritional adequacy. For these reasons, this *Diet and Nutrition Care Manual* uses diet guidelines based on food patterns. The food patterns in the diet guidelines were developed using the USDA Food Patterns, DASH Diets, the Dietary Guidelines Report 2015-2020 (1,2), and MyPlate recommendations.

The use of a menu pattern does not guarantee adequacy of the menu, nor does it guarantee adequacy of the diet actually consumed. Patterns are generally based on an average nutrient content of foods within each food grouping. It is important to try to meet the shortfall nutrients such as Vitamins A, D, E, and C, folate, calcium, magnesium, fiber, and potassium and limit excess sodium, sugar, solid fat and trans fats (1-3). The Institute of Medicine (IOM) recommends a menu planning method that considers the **intake** of the group rather than just the food served (which in some populations may require a target higher than the RDA/AI levels).

## Recommended Dietary Patterns for Good Health

According to the 2015 Dietary Guidelines Scientific Report, a healthful diet can be achieved by following the 3 USDA Food Patterns (<http://health.gov/dietaryguidelines/2015/guidelines/appendices/>). More information can be found in the 2015 Dietary Guidelines for Americans at <http://health.gov/dietaryguidelines/2015.asp> (1). All of these patterns can be effective for weight loss if their total calorie content of the diet is appropriate for weight loss. Sample eating patterns for several different calorie levels based on the USDA Food Pattern are in the *Appendix*. In addition, the DASH Eating Plan is another example of a healthy food pattern (6). Patterns can be found in the *Appendix* of this book. Also see *Chapter 4: Cardiovascular Health* for a full description of the *DASH Diet* and a sample menu.

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## Menu Checklist: Nutritional and Regulatory Requirements<sup>1 2</sup>

- Dairy/Milk:** 2 to 3 cup equivalents (preferably low fat or fat free)<sup>3</sup>
- Fruit:** 2 cup-equivalents per day
- Vegetables:** 2 ½ cup-equivalents per day
  - Red and Orange Vegetables:** 5 ½ cup-equivalents per week (ex.: tomatoes, tomato juice, red pepper, carrots, sweet potatoes, winter squash, and pumpkin).
  - Dark Green Vegetables:** 1 ½ cup-equivalents per week (ex. broccoli, spinach, romaine; kale, collard, turnip, and mustard greens)
  - Legumes:** 1 ½ cup equivalents per week (beans and peas including kidney beans, white beans, black beans, lentils, chickpeas, pinto beans, split peas, and edamame (green soybeans))
  - Starchy vegetables:** 5 cup-equivalents per week (ex. white potatoes, corn, green peas, green lima beans, plantains, and cassava)
  - Other vegetables:** 4 cup-equivalents per week (ex. iceberg lettuce, green beans, onions, cucumbers, cabbage, celery, zucchini, mushrooms, and green peppers)
  - Vitamin C Source:** daily (including vitamin C fortified juices)<sup>4</sup>
- Protein Foods:** 5 ½ ounce-equivalents per day (includes meat, fish, cheese, eggs, soy products, and nuts and seeds, if tolerated). Include 8 ounce-equivalents of seafood per week and 5 ounce-equivalents of nuts and seeds per week, if appropriate for the population).
- Grains:** Minimum of 6 ounce-equivalents per day (including evening snack). Includes breads, grains, cereals.
  - **1 Grain is a 1 ounce-equivalent:** includes 1 slice bread, 1 small dinner roll, ⅓ cup stuffing, 1 small biscuit, 1 slice cornbread, ½ small bagel, ½ c pasta, noodles or rice, ½ cup cereal, 1 slice pizza
  - **2 Grains equals 2 ounce-equivalents** - 1 regular size hamburger bun, 1 regular size hot dog bun, 1 small sub roll, 1 small bagel
- Whole Grain:** If possible and accepted by the customers you serve, make half the grains served whole grains (whole-wheat bread, whole-grain cereals and crackers, oatmeal, quinoa, popcorn, brown rice, etc.).
- Solid Fats and Added Sugars** round out the menu to provide flavor and variety (gravies, sauces, condiments, desserts, sugar, etc.). These add calories, fat, sugar, salt and other macro- and micronutrients that may not be not appropriate for all diets.

<sup>1</sup>Ounce and cup-equivalents listed are based on a 2000 calorie diet. Recommended amounts of food from each food group for other calorie levels are located in the Appendix of this book, or on the internet at <http://health.gov/dietaryguidelines/2015/guidelines/appendix-3/>.

<sup>2</sup>Snacks can be used to help meet regulatory checklist.

<sup>3</sup>Depending on state regulatory guidelines.

<sup>4</sup>2015-2020 Dietary Guidelines for Americans do not specifically require a good source of Vitamin C daily but some regulatory agencies do.

### Additional Considerations

- Adheres to the *Diet and Nutrition Care Manual* for all diets
  - Meets diet specific nutrients (meets calorie, protein, fat, carbohydrate averages)
  - Meets diet specific daily menu guidelines and foods allowed
- Preferably no completely cold meals (except during hot weather or emergencies).
- Complete meal selection should include at least four different food items (excluding bread).
  - Casseroles or combination dishes count as 2 items (beef stew, turkey divan, etc.).
  - Sauces, gravy, condiments, garnishes do not count as a menu item.
- Assure variety of taste, texture and color.
- Similar foods should be distributed throughout the week and/or cycle. (For example, be sure to spread out the meals that include beef so that your menu does not have multiple beef meals in a row or too many beef meals per week).

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## References

1. Scientific Report of the 2015 Dietary Guidelines Advisory Committee. Office of Disease Prevention and Health Promotion Web site. <http://www.health.gov/dietaryguidelines/2015-scientific-report/>. Accessed February 24, 2016.
2. U.S. Department of Health and Human Services and U.S. Department of Agriculture. *2015 – 2020 Dietary Guidelines for Americans*. 8<sup>th</sup> Edition. December 2015. Available at <http://health.gov/dietaryguidelines/2015/guidelines/>. Accessed January 11, 2016.
3. United States Department of Agriculture, Choose MyPlate Website. <http://www.choosemyplate.gov>. Accessed January 11, 2016.
4. Dorner B. *Diet Manual: A Comprehensive Resource and Guide*. Naples, FL: Becky Dorner & Associates, Inc.; 2014.
5. The Pioneer Network. *New Dining Practice Standards*. 2011. <http://www.pioneernetwork.net/Data/Documents/NewDiningPracticeStandards.pdf>. Accessed February 24, 2016.