

## **Nutrition and Foodservice Management in Correctional Facilities**

A guide to Menus, Nutrition, Serving, Protocol and Security

**Dietetics in Healthcare Communities (DHCC)** a dietetic practice group of the **American Dietetic Association**. (DHCC was formerly Consultant Dietitians in Health Care Facilities [CD-HCF])

Updates to the manual **Nutrition and Foodservice Management in Correctional Facilities** are being provided to be consistent with the rapidly changing information provided since the last edition in 2008. This list of resources, Websites and other materials is the most current information as of Summer 2011.

As technical information is updated so rapidly, with access to all the web based research available, the reader is cautioned to use the resources listed within this manual and verify through use of the Web what are the most current listings for resources and documentation (i.e. **Bowes and Church's Food Values of Portions Commonly Used**, is listed as the 19<sup>th</sup> edition as well as being available in an even newer electronic format).

### **STANDARDS:**

#### **American Correctional Association (ACA):**

A complete listing of standards for commonly referenced security levels (beyond those listed in the NFMCf manual) can be obtained directly from the current publications listing of the American Correctional Association (ACA) Bookstore. <https://www.aca.org/store/bookstore/> (Accessed 8/9/2011)

#### **National Commission of Correctional Health Care (NCCHC):**

A complete listing of the current NCCHC Standards can be purchased directly from: [www.ncchc.org/pubs/index.html](http://www.ncchc.org/pubs/index.html) (Accessed 8/9/2011)

The NCCHC **Standards for Health Services in Juvenile Detention and Confinement** has been updated and the standard for Nutrition and Medical Diets (Y-F-02) has been revised. The revision as related to nutrition and medical diets (approved by NCCHC), is summarized as follows: (*changes in bold, italics*)

### **Y-F-02 Nutrition and Medical Diets**

#### **Important**

#### **Standard**

Nutrition and medical diets are provided that enhance patients' health, and are modified when necessary to meet specific requirements related to clinical conditions.

#### **Compliance Indicators**

- 1. Regular and appropriate for age and gender groups.*
- Orders for medical diets include the type of diet, the duration for which it is to be provided, and special instructions, if any.
- A registered or licensed dietitian reviews regular and medical diets for nutritional adequacy at least every 6 months and whenever a substantial change in the menus is made. Review may take place through a documented on-site visit or by written consultation. Either way, written documentation of menu reviews includes the date, signature, and title of the consulting dietitian.
- Workers who prepare regular and medical diets are trained in preparing the diets, including appropriate substitutions and portions.
- When juveniles refuse prescribed diets, follow-up nutritional counseling is provided.
- All aspects of the standard are addressed by written policy and defined procedures.

## **Definitions**

Medical diets are special diets ordered for temporary or permanent health conditions that restrict the types, preparation, and/or amounts of food. Examples include restricted calorie, low sodium, low fat, pureed, soft, liquid, and nutritional supplementation diets. The medical diets addressed in this standard do not include special diets ordered for religious or security reasons.

*A heart-healthy diet refers to foods that are low in saturated fat, cholesterol, and sodium and high in fiber as promoted by the American Heart Association.*

## **Discussion**

*This standard intends that the food served will help juveniles be healthy, supplying adequate nutrition needed during different phases of growth and development, and meets the special dietary needs of those with health conditions.*

*The basic nutrition referred to in this standard is given to juveniles in segregation as well as to all others. Adequate nutrition, including medical diets, is provided during extended periods of lockdown.*

*Adolescents generally require more calories than adults and may require more frequent meals or snacks. Proper nutrition for adolescents has long-term positive effect on physical and emotional development. Dietitians should advise the responsible health authority on these issues on a regular basis, and be available for consultation to staff and juveniles alike.*

Juveniles who fail to adhere to medical diets are not disciplined, but counseled. A decision to stop medical diets is a therapeutic decision.

Health staff should receive training in food-drug interactions, instruct patients accordingly, and prescribe diets as necessary. For example, caffeine makes a significant number of psychotropic medications less effective.

## **Optional Recommendations**

*Obesity is an increasing concern for juveniles and until recently, not enough attention was given to the role the institutional food offerings may have in contributing to the problem. Facilities are encouraged to adopt a general heart-healthy diet. While this may substantially reduce the need for individual medical diets (e.g., diabetic, hypertensive), juveniles with certain health conditions (e.g. immunocompromised, organ failure) still require individual medical diets.*

## **RESOURCES, NUTRITIONAL GUIDELINES AND WEB UPDATES:**

The following resources are provided to help in keeping current with updates and information. Be aware that state/provincial, county/parish, local and contractual regulations may be different than national recommendations, standards or regulations.

### **Dietary Guidelines (2010):**

[www.health.gov/dietaryguidelines/dga2010/DietaryGuidelines2010.pdf](http://www.health.gov/dietaryguidelines/dga2010/DietaryGuidelines2010.pdf)  
[www.cnpp.usda.gov/DGAs2010-PolicyDocument.htm](http://www.cnpp.usda.gov/DGAs2010-PolicyDocument.htm) (Accessed 8/9/2011)

### **Health Canada:**

<http://www.hc-sc.gc.ca/index-eng.php> (Accessed 8/12/2011)

### **Sodium Guidelines (2010):**

The most recent Dietary Guidelines for Americans released jointly by USDA and HHS suggest as part of the total Dietary Guideline for Americans that sodium intake for Americans should be at new lower levels. These recommends suggest the daily intake for youth and younger adults (age 2-50) should be kept at or below 2300mg/day and for those over age 50, of African American heritage or experiencing medical problems with hypertension should reduce sodium intake to 1500mg/day.<sup>1</sup>

1

[http://fnic.nal.usda.gov/nal\\_display/index.php?info\\_center=4&tax\\_level=1](http://fnic.nal.usda.gov/nal_display/index.php?info_center=4&tax_level=1) (click on Dietary Guidelines / Chapter 3) (Accessed 8/9/2011)

These additional web sites can provide other updates of the “Dietary Guidelines for Americans”

[www.dietaryguidelines.gov](http://www.dietaryguidelines.gov) or

[www.health.gov/dietaryguidelines.gov](http://www.health.gov/dietaryguidelines.gov) or

[www.healthfinder.gov/prevention](http://www.healthfinder.gov/prevention) (Accessed 8/9/2011)

### **School Nutrition Program (2010):**

[www.fns.usda.gov/cnd](http://www.fns.usda.gov/cnd) (Accessed 8/9/2011)

Check individual state Department of Education regulations for additional changes to the School Nutrition Program requirements.

### **The Nutrition Care Manual® (NCM) and Pediatrics Nutrition**

**Care Manual (PNCM)** is now an online electronic format.

Subscriptions can be obtained by ordering from the American

Dietetic Association at [www.nutritioncaremanual.org](http://www.nutritioncaremanual.org) or

[www.eatright.org/Shop/](http://www.eatright.org/Shop/) (Accessed 8/9/2011)

### **MyPlate OR MyPyramid**

MyPyramid” has been replaced with “MyPlate” and current information on this new presentation can be obtained directly from:

[www.choosemyplate.gov](http://www.choosemyplate.gov) (Accessed 8/9/2011)

### **Food Code Guidelines (2009):**

The current manual lists the 2005 Food Code Guidelines. The 2009 Food Code Guidelines have since been released with the most current details. The 2009 Food Code (Chapter 3) can be reviewed from the following site:

[www.fda.gov/Food/FoodSafety/RetailFoodProtection/FoodCode/FoodCode2009/](http://www.fda.gov/Food/FoodSafety/RetailFoodProtection/FoodCode/FoodCode2009/)

(Accessed 8/9/2011)

Again, be cautioned that the food code is guidance and each state/province, county/parish, or community health agency can have unique food safety codes that are more stringent than those stated in the 2009 Food Code Guideline.

### **NUTRITIONAL ANALYSIS RESOURCES:**

Additional nutrient composition sites (2010 Dietary Guidelines, MyPlate, etc) can be accessed at:

[http://fnic.nal.usda.gov/nal\\_display/index.php?info\\_center=4&tax\\_level=1](http://fnic.nal.usda.gov/nal_display/index.php?info_center=4&tax_level=1)

(Accessed 8/12/2011)

**Bowes and Church’s Food Values of Portions Commonly Used** has been updated numerous times and information on the latest printing (19<sup>th</sup> Edition or electronic format) can be obtained from a web search for “*Bowes and Church’s Food Values of Portions Commonly Used*”.