THERAPEUTIC DIET GUIDELINES FOR CORRECTIONAL INSTITUTIONS

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Many correctional systems, particularly state prison systems, have developed a diet manual that their facilities follow. Other systems have designated a source for facilities to use when writing or referencing medical diets, such as the online Nutrition Care Manual (Academy of Nutrition and Dietetics [AND]) or Nutrition and Foodservice Management in Correctional Facilities (AND / Dietetics in Health Care Communities).

Food for medical diets should be as similar to the main population food as possible. There is a growing trend toward offering heart-healthy menu choices as alternatives to the mainline menu to meet individual medical needs. Diet instruction educates inmates about their individual diet plans, enabling them to choose foods appropriate to their specific diet restrictions, and ultimately, empowering them to be responsible for their health. Under some circumstances (e.g., in most detention facilities and in segregation) this is not always an option, as trays are often premade and delivered to housing units or cellblocks.

The registered dietitian nutritionist should have a solid working relationship with the health services department regarding all aspects of the medical diet program. Communication about both the main population menu and the medical diets is vital. Educating the health services department on the nutritional content of the mainline menu can have a dramatic effect on the types of diets offered if there are no mandatory procedures (e.g., if the mainline menu is within a recommended sodium range, a low-sodium diet may not be needed).

Types of Diets

There is no standard set of diets for all facilities. Therapeutic diets may be as liberal or restrictive as the governing agency mandates. Some states offer varying calorie levels and diet combinations for all facilities under their jurisdiction for both self-operated and contracted foodservice, while others have simplified diets such as heart-healthy (with education provided) for individuals who require diet modifications. It is best to work with the health services department to establish a standard set of therapeutic diets that meet the requirements of the governing agency and/or the contract. The following are examples of medical diets and consistency-modified diets.

Medical Diets
- Diabetic, carbohydrate controlled, consistent carbohydrate
- Cardiovascular (low in fat, cholesterol, and sodium)
- Low fat, low cholesterol
- Low sodium
- Lactose intolerant
- Dairy free (milk allergy)
- High calorie, high protein (unintended weight loss, pregnancy)
- Finger food
- Allergy (bona fide food allergies, not food preferences)
- Other, e.g., renal, gluten-free, bariatric

Consistency-Modified Diets
- Mechanical soft
- Blenderized (for dysphasia or wired mouth)
- Full liquid
- Clear liquid
Some diets may overlap to limit the number of types of diets. For example:

- Diabetic diets may be already low fat, low cholesterol.
- Low fat, low cholesterol is often combined with a low-sodium diet and labeled “cardiovascular” or “cardiac.”
- Sodium, fat, and calories may be combined at different calorie-level ranges. These may be labeled Diet I, II, and III.
- Diabetic, low fat, low cholesterol, and low sodium may be combined and labeled “heart-healthy.”
- Pregnancy/high calorie-high protein may be one diet combined to offer the same results.

Suggestions for Mainline Self-Selection of Healthy Diets

The following table lists appropriate substitutions for facilities that wish to offer heart-healthy options to inmates who may choose their own diets.

<table>
<thead>
<tr>
<th>Suggested Offerings</th>
<th>Original Menu Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baked/broiled meat, unbreaded meat; reduced sodium meats; cooked dried beans, peas, lentils (canned beans tend to be costly; if used, they should be rinsed)</td>
<td>Fried meat, breaded meat, cold cuts, hot dogs, other processed meats including turkey products, commercially processed and convenience entrees, grilled sandwiches</td>
</tr>
<tr>
<td>Plain water-packed tuna (rinsed), diced chicken</td>
<td>Tuna salad, chicken salad</td>
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<tr>
<td>Gravies and sauces as optional items; offer low-fat versions or omit</td>
<td>Foods covered with gravies and sauces</td>
</tr>
<tr>
<td>Hard-boiled eggs, egg whites, egg substitute, or cereal and milk</td>
<td>Cooked whole eggs (limit to 3-4 yolks per week)</td>
</tr>
<tr>
<td>Foods seasoned with herbs and spices, or unseasoned</td>
<td>Foods seasoned with fat and salt</td>
</tr>
<tr>
<td>Plain vegetables with no added fat, or seasoned with dry spice blends</td>
<td>Vegetables with added butter, margarine, oil, glazes, sauces</td>
</tr>
<tr>
<td>Baked, boiled, or steamed potatoes</td>
<td>Fried, au gratin, scalloped, or other potatoes cooked with fat</td>
</tr>
<tr>
<td>Macaroni plain or with tomatoes</td>
<td>Macaroni and cheese</td>
</tr>
<tr>
<td>Salads without mayonnaise such as coleslaw with low-fat vinaigrette</td>
<td>Salads with mayonnaise</td>
</tr>
<tr>
<td>Low-calorie salad dressing or oil-based</td>
<td>Regular or creamy salad dressing</td>
</tr>
<tr>
<td>Fresh, juice-packed, or rinsed canned fruit; fruit juice</td>
<td>Regular dessert, fruit canned in syrup</td>
</tr>
<tr>
<td>Hot cereal with no added fat or salt</td>
<td>Hot cereal cooked with fat and salt</td>
</tr>
<tr>
<td>Cereal without sugar coating</td>
<td>Cereal with sugar coating</td>
</tr>
<tr>
<td>Bread, dinner rolls</td>
<td>Biscuits, croissants</td>
</tr>
<tr>
<td>Skim or low-fat milk</td>
<td>Whole milk</td>
</tr>
<tr>
<td>Unsweetened or artificially sweetened beverages</td>
<td>Sweetened beverages</td>
</tr>
<tr>
<td>Reduced portion of butter; soft, nonhydrogenated margarine</td>
<td>Butter</td>
</tr>
</tbody>
</table>

Considerations for Food Preparation of Medical Diets

Policy and procedures for medical diets should address practices and considerations beyond the clinical aspects of diet parameters. Although these cannot be discussed in detail here, the following are some key areas that should be addressed in the overall planning to supply medical diets:

- Training and supervision of food workers who will prepare the diets
- Equipment and space to prepare and store diets
- A fail-safe system for the right diet to go to the right inmate
- A system to alert appropriate staff to diet noncompliance that does not involve disciplinary measures
- Periodic review of reasons for noncompliance as part of the continuous quality improvement program
Resources Online

Numerous professional resources are available, from federal regulatory agencies for researching data to dietetic practice groups with email lists for communicating with others on correctional topics.

Government Agencies

RESOURCE Center for Food Safety and Applied Nutrition
URL hwww.fda.gov/aboutfda/centersoffices/officeoffoods/cfsan

RESOURCE Gateway to Federal Food Safety Information
URL www.foodsafety.gov

RESOURCE U.S. Department of Agriculture
URL www.usda.gov

Professional Organizations

RESOURCE Academy of Nutrition and Dietetics
URL www.eatright.org

RESOURCE Nutrition Care Manual®
URL www.nutritioncaremanual.org

RESOURCE Dietetics in Health Care Communities DHCC Corrections Sub-unit
URL www.dhccdp.org

Contribution

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