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Subject: Jfs nutrition
Attachments: Older Californians Nutrition Program Menu Guidance (1).pdf; JFS Nutrition_FY20-21_Q4 Program Report_Final_11.19.21.pdf

Good Afternoon Chair Palmieri and Commissioners---

Below, please find responses from the JFS Nutrition program monitor regarding questions/concerns that have been raised about the JFS Nutrition services contract:

- (1) Has there been a significant number of complaints about the home delivered meals, juice, milk, bread, and produce?** If I had to estimate, I would say that I have received five or less complaints in the two years that I have served as the monitor for this program. Complaints are rare and as a result I have not formally tracked them.
- (2) Has council approved that we follow the nutrition pyramid? Is this a federally approved guideline?** As with all of the City's contracted agencies, we rely on JFS Nutrition to be experts in the field of food and nutrition; the City does not set specific nutritional guidelines for JFS Nutrition, Project Angel Food, or any other food service provider. That said, JFS menus follow the Older Californians Nutrition Program Menu Guidance (see attached), as required by the California Department of Aging.
- (3) Has there been significant requests for plant-based meals?** As City staff I have never received a request for a plant-based meal, but I can follow up with JFS staff to assess the number of requests that the program receives directly.
- (4) What demographics are they, as per contract, serving?** Please see JFS Nutrition's Q4 program report from the 20-21 grant year attached. Page 1 includes demographic information on all clients served between October 2020 and September 2021.

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Older Californians Nutrition Program Menu Guidance



This document is only intended to provide clarification on the application of the Dietary Guidelines for Americans requirement per existing laws to providers of the Older Californians Nutrition Program.

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Purpose & Overview

The Older Californians Nutrition Program Menu Guidance includes instruction on applying the Dietary Guidelines for Americans, 2020-2025 to menu planning for the Older Californians Nutrition Program (OCNP). This menu guidance is based on the Dietary Guidelines and other related sources (see *Resources* section on page 31).

The Dietary Guidelines provide science-based advice on what to eat and drink to promote health, reduce risk of chronic disease, and meet nutrient needs. They focus on the public, including healthy individuals as well as those who are at risk of chronic disease. The Dietary Guidelines is designed for health professionals, policymakers, and others to assist the public in making food and beverage choices that are enjoyable, affordable, promote health and help prevent chronic disease.

The overarching differences between the [Dietary Guidelines for Americans, 2020-2025](#) and prior editions include:

- ❖ For the first time, the Dietary Guidelines provide recommendations for healthy dietary patterns at every life stage, from infancy through older adulthood.
- ❖ Emphasis is placed on the importance of a healthy dietary pattern as a whole - rather than on individual nutrients, foods, or food groups in isolation.
- ❖ The Dietary Guidelines includes a call to action to help the public “make every bite count with the Dietary Guidelines for Americans”. As nutrition and health professionals, we are called to help people make food and beverage choices that are rich in nutrition—individual choices that can become a healthy routine over time.

The Dietary Guidelines provide four overarching guidelines that encourage healthy eating patterns at each stage of life:

1. Follow a healthy dietary pattern at every life stage.
2. Customize and enjoy nutrient-dense food and beverage choices to reflect personal preferences, cultural traditions, and budgetary considerations.
3. Focus on meeting food group needs with nutrient-dense foods and beverages and stay within calorie limits.
4. Limit foods and beverages higher in added sugars, saturated fat, and sodium, and limit alcoholic beverages.

Background

Since 1980, the U.S. Departments of Agriculture (USDA) and of Health and Human Services (HHS) review, update, and publish the Dietary Guidelines every five years.

The Dietary Guidelines establish the scientific and policy basis for all Federal nutrition food assistance programs and provide information for making food choices that promote health and prevent disease. The Dietary Guidelines are based on current science and priority has been placed on scientific studies that examine the relationship between diet and health across all life stages, in men, women, and children from diverse racial and ethnic backgrounds, who are healthy or at risk of chronic disease. A committee of experts recommends revisions to the Dietary Guidelines based on a comprehensive review of current scientific evidence and with consideration of Federal agency and public comments.

The Older Americans Act (OAA) and the California Code of Regulations (CCR) require that the Title III-C Nutrition Program complies with the most recent Dietary Guidelines and the Dietary Reference Intakes (DRI). The intent of these requirements is to sustain and improve participant health through the provision of safe and nutritious meals.

Menus that follow the Dietary Guidelines and provide one-third of the DRIs in each meal help to prevent nutrient deficiencies and reduce the risk of chronic diseases such as heart disease, cancer, and stroke. The menu planning guidance incorporates the key nutrient recommendations from the Dietary Guidelines that impact the health of older adults.



The Dietary Reference Intakes

As noted in the OAA and the CCR, meals must meet one-third of the DRIs. The DRIs are established and updated by the National Academies of Sciences, Engineering, and Medicine to provide requirements and limits for nutrients. The DRIs include four categories of reference intake values intended to help individuals optimize their health, prevent disease, and avoid consuming too much of a nutrient. The DRI values include:

- ❖ Estimated Average Requirement (EAR): Average daily nutrient intake level estimated to meet the requirement of half the healthy individuals in a particular age, sex, and life-stage group.
- ❖ Recommended Dietary Allowance (RDA): Average daily nutrient intake level sufficient to meet the nutrient requirement of nearly all (97-98%) healthy individuals in a particular age, sex, and life-stage group.
- ❖ Adequate Intake (AI): An intake (not a requirement) that is likely to exceed the actual requirements of almost all individuals in an age, sex, and life-stage group; established when scientific evidence is not sufficient to determine an RDA.
- ❖ Tolerable Upper Intake Level (UL): the highest average daily nutrient intake level likely to pose no risk of adverse health effects for nearly all people in a particular age, sex, and life-stage group.

Research indicates using the highest DRI value available, the RDAs, will ensure meals provide adequate nutrients to the population served. The AI value is used when the RDA is not available for a particular nutrient. (Note: This is the case with fiber and potassium).



Menu Planning Requirements

General Menu Planning Requirements

Providing nutritious meals is a fundamental goal of the OCNP. Nutritional adequacy in menu planning is of key importance since the meals represent a significant percentage of participants' daily intake. According to research of OAA participants (Mabli et al. 2017), participants obtained about 40 percent of their daily caloric intake, as well as 35 to 47 percent of their daily nutrient intake, from the OAA Nutrition Program meals.

Meals incorporating the DRIs are nutritionally adequate; in other words, they have a low probability of nutrient inadequacy or excess. The DRIs ensure nutrient adequacy in menu planning, while the Dietary Guidelines provide recommendations for healthy eating patterns and food choices. Utilizing the Dietary Guidelines along with the DRIs in menu planning ensures that meals meet the nutrient needs of older adults in a healthy and enjoyable dietary pattern.

Nutritionally adequate meals can help improve the diets of older adults by increasing the consumption of fruits, vegetables, whole grains, dairy and by providing adequate protein. Nutritionally adequate meals also reduce the intake of added sugars, saturated fat, and sodium to help older adults achieve recommendations and manage and avoid chronic conditions. Providing nutrient-dense options within each food group and appropriate portion sizes is also important since the caloric needs of older adults decline with age.

A healthy dietary pattern includes:

- ❖ Vegetables of all types—dark green; red and orange; beans, peas, and lentils; starchy; and other vegetables
- ❖ Fruits, especially whole fruit
- ❖ Grains, at least half of the daily grains are whole grain
- ❖ Dairy, including fat-free or low-fat milk, yogurt, and cheese, and/or lactose-free versions and fortified soy beverages and yogurt as alternatives
- ❖ Protein foods, including lean meats, poultry, and eggs; seafood; beans, peas, and lentils; and nuts, seeds, and soy products
- ❖ Oils, including vegetable oils and oils in food, such as seafood and nuts

A healthy dietary pattern limits:

- ❖ Added sugars to less than 10 percent of calories per day
- ❖ Saturated fat to less than 10 percent of calories per day
- ❖ Sodium to less than 2,300 milligrams per day

Special Nutrition Considerations

In addition to nutrients that are of concern for the general population, including calcium, vitamin D, potassium, and fiber, older adults have some special nutrition considerations.

Protein:

Adequate protein intake is important for older adults to prevent the loss of lean muscle mass that occurs naturally with age. Provide at least 15 grams of protein per meal from the protein and dairy/soy alternatives food groups (refer to the Food Group section).

Vitamin B12:

The ability to absorb vitamin B12 can decrease with age. Additionally, certain medications can decrease absorption. Vitamin B12 is found in foods of animal origin including tuna, salmon, beef, eggs, milk, yogurt, and cheese. B12 may also be added to some fortified foods such as breakfast cereals.

Beverages:

It is important that older adults drink adequate fluids to prevent dehydration and aid in the digestion of food and absorption of nutrients. In addition to water, unsweetened fruit or vegetable juice, and low-fat or fat-free milk or fortified soy beverages help to increase fluid intake. Nutrition providers should encourage participants to drink water to promote adequate hydration and water must be readily accessible to participants during mealtimes.

Requirements of Meals

In accordance with the OAA Section 339 and CCR Section 7638.5, the following requirements must be met for OCNP meals:

- ❖ Meals are in compliance with the most recent Dietary Guidelines and provide to each participating older individual:
 - A minimum of one-third of the DRIs per meal if the program provides one meal per day.
 - A minimum of two-thirds of the DRIs if the program provides two meals per day.
 - 100 percent of the DRIs if the program provides three meals per day.

If multiple meals are offered per day, each meal must provide one-third of the DRIs; however, the meals may be combined to meet the required DRIs if able to verify that the participant is receiving all meals. For example, if a nutrition provider verifies that a participant receives two meals per day, the combined meals must meet two-thirds of the DRIs and be supported by a meal analysis.

- ❖ Meal analysis is conducted using either a nutrient analysis or a meal component pattern and is approved by a Registered Dietitian (RD) to ensure compliance with Dietary Guidelines and DRIs.
- ❖ Food substitutions to originally planned meals are approved by a RD.
- ❖ Menus meet the following requirements:
 - are planned for a minimum of four weeks.
 - are posted in a location easily seen by participants at meal sites and are provided to home-delivered meal participants.
 - are legible and easy to read in the language of the majority of the participants.
 - reflect cultural and ethnic dietary preferences of participants when feasible and appropriate.

Participant Preferences

The meal planning process must not only include an evaluation of menus for nutritional adequacy but must also include procedures for obtaining participants' input regarding meals. Incorporating participant food preferences, including likes and dislikes and cultural food preferences, is a key aspect of successful menu planning.

Offer Versus Serve

Offer Versus Serve (OVS) is a concept that applies to menu planning and meal service. OVS requires that all meal components must be offered to every eligible older individual receiving a meal; however, individuals can decline any component they choose. Giving individuals the option to select what items they want to eat can help reduce food waste.

If a significant number of meal participants consistently decline a particular item, a nutrition provider should consider routinely offering an alternative item. For example, if meal participants consistently decline milk, the provider may consider offering a nutritionally equivalent food or beverage from the dairy and soy alternatives food group that is preferred by those participants.

Dietary Patterns and Target Nutrients

Dietary Patterns

The Dietary Guidelines include dietary patterns that provide a framework for healthy eating. A dietary pattern consists of nutrient dense forms of foods and beverages across all food groups, in recommended amounts, and at appropriate calorie levels.

The Healthy U.S.-Style Dietary Pattern is USDA’s primary dietary pattern and is the primary pattern used for the OCNP menu guidance. Other options for menu planning include USDA’s Healthy Vegetarian Eating Pattern and the Dietary Approaches to Stop Hypertension (DASH) dietary pattern.

Each dietary pattern is available in various caloric levels. The sample dietary patterns found in Appendices 1 - 4 are based on 1600 calories per day. Caloric needs are based on several factors, including age, sex, height, weight, level of physical activity. The caloric needs of older adults generally decrease due to reductions in basal metabolic rate that occur with aging. The 1600 calorie level meets the minimum caloric requirements of an older adult female, which is representative of the majority of the older adult population served by the OCNP.

RDs may determine the dietary pattern that best suits the population served. Additionally, the calorie level of the dietary pattern may be increased to meet the minimum caloric requirements of an older adult male (2000 calories per day) if the majority of the population served is male. Dietary patterns for higher calorie levels can be found in the Dietary Guidelines for Americans, 2020-2025, Appendix 3, Table A3-2.



Target Nutrients

The nutritional goals listed in Table 1 represent the current DRI values, per meal and per day, for target nutrients to meet the DRIs for a 51+ year old female which corresponds to 1600 calories per day.

Table 1. Nutritional Goals Per Day and Per Meal for Target Nutrients

Nutrient	Source*	Target per Day	Target per Meal
Calories (Kcal)	AMDR	1600	550 - 650
Protein (g) *	RDA	≥ 46	≥ 15 (from protein and dairy/soy alternative groups)
Fat (% of total calories)	ADMR	20 - 35%	20 - 35%
Saturated Fat (% of total calories)	DGA	≤ 10%	≤ 10%
Fiber (gm)	AI	≥ 22	≥ 7 (weekly average)
Calcium (mg)	RDA	≥ 1200	≥ 400 (weekly average)
Magnesium (mg)	RDA	≥ 320	≥ 105 (weekly average)
Potassium (mg)	AI	≥ 2600	≥ 860 (weekly average) **
Sodium (mg)	AI and CDRR	≤ 2300	≤ 760 (weekly average)
Vitamin A (mcg RAE***)	RDA	≥ 700	≥ 233 (2 - 3 meals out of 5 meals per week)
Vitamin D (IU)	RDA	600	200 (weekly average)
Vitamin C (mg)	RDA	≥ 75	≥ 25
Vitamin B12 (ug)	RDA	2.4	0.8 (weekly average)

* AI = Adequate Intake, AMDR = Acceptable Macronutrient Distribution Range; CDRR = Chronic Disease Risk Reduction Level; DGA = Dietary Guidelines for Americans, 2020-2025; RDA = Recommended Dietary Allowance.

** Prior to 2019, the AI for K+ was 4700 (1565 per meal) but was updated in 2019 to 2600 (860/meal) for women and 3400 (1133 per meal) for men. Source: <https://www.nap.edu/read/25353/chapter/8#120>

*** RAE = Retinol Activity Equivalents

Menu Analysis

Compliance Requirements

Menus must be analyzed for nutritional adequacy and to ensure that the meals follow the Dietary Guidelines and provide a minimum of one-third of the DRIs as required by the OAA and CCR. Nutritional adequacy is based on standardized recipes and nutritional information published by the manufacturers for all menu items, including condiments. Nutritional information for fresh fruits and vegetables should be based on the type and amount to be served. All menus, and any substitutions, must be approved by a RD.

To meet compliance requirements, meals must supply a minimum of one-third of the DRIs for:

- ❖ Calories
- ❖ Protein
- ❖ Fiber
- ❖ Calcium
- ❖ Vitamin A
- ❖ Vitamin C

Additionally, meals should not exceed 760 mg sodium per meal, on average per week.

Menus may be analyzed using either the Computerized Nutrient Analysis or the Component Meal Pattern system.

Nutrient Analysis

Computerized nutrient analysis is the most accurate method for analyzing meals for nutritional adequacy. Meals are in compliance with requirements when they meet one-third of the DRIs for target nutrients, provide an appropriate calorie level, and follow the Dietary Guidelines.

Component Meal Pattern:

The component meal pattern serves as a basic framework for menu planning. Meals are in compliance with requirements when food component guidelines and serving sizes are followed. A sample component meal pattern is pictured in Figure 1 and is also available on the CDA website.

Figure 1. Sample Component Meal Pattern

PM 21-XX Menu Guidance for the Older Californians Nutrition Program Sample Component Meal Pattern					
Nutrition Provider: _____		Approved Date: _____			
Menu Approved by: _____		Week: _____			
Menu Cycle Date: _____					
Food Group	Monday	Tuesday	Wednesday	Thursday	Friday
PROTEIN (2 oz equivalent) 2 oz equiv: - 2 oz meat - ½ cup beans					
VEGETABLES¹ (1 - 2 servings) 1 serving: - ½ cup cooked - 1 cup raw * indicates high in Vit C ** indicates high in Vit A					
FRUITS¹ (1 serving) 1 serving: - 1 medium fruit - ½ cup chopped * indicates high in Vit C ** indicates high in Vit A					
GRAINS (1 - 2 servings) 1 serving: - 1 slice bread - ½ cup rice or pasta * indicates whole grains (½ of					
Dairy and Soy Alternatives (1 serving) 1 serving: - 8 oz milk, yogurt, or soy beverage - 1½ ounce cheese					
Other (optional) (dessert, condiments)					
Sodium² (≤ 760 mg/meal) List mg sodium per meal					

¹ Requirement for Vit C source (25 mg) per meal and Vit A source (233 µg) 2 - 3 times per week. Indicate foods high in Vit C (*) and Vit A (**).

² Meals containing ≥1000 mg sodium must be identified as high sodium on the menu (for example, by using salt shaker icon). Must not serve more than one high sodium meal

To ensure nutrient adequacy using the component meal pattern, it is necessary to include specific types of fruits and vegetables, whole grains, high fiber foods, and the sodium content of foods and beverages.

❖ **Fiber:**

A weekly average of seven grams of fiber per meal can be met by including foods high in fiber each meal such as:

- Whole grains; vegetables; fruits; beans, peas, and lentils; nuts and seeds

❖ **Calcium and Vitamin D:**

Provide a calcium-rich food at each meal, such as:

- Milk, yogurt, and fortified soy beverages

Dietary sources of Vitamin D include:

- Seafood and foods that are fortified with Vitamin D, including milk and fortified soy beverages

❖ **Vitamin A:**

One-third of the DRI for vitamin A can be met by including a food high in vitamin A at least two to three times per week such as:

- Spinach, sweet potato, pumpkin, carrots, cantaloupe, red peppers

❖ **Vitamin C:**

One-third of the DRI for Vitamin C can be met by including a food high in vitamin C each meal such as:

- Fruits: orange, kiwi, strawberries, cantaloupe, tomato
- Vegetables: broccoli, green/red pepper, brussels sprouts

❖ **Sodium:**

Limit sodium to a weekly average of less than or equal to 760 mg per meal.

Meals containing over 1000 mg of sodium must not exceed more than one meal per week. Tips for reducing the sodium content of meals are found in Figure 2.



Food Groups

The Dietary Guidelines include recommendations for food groups—vegetables, fruits, grains, dairy, and protein foods. A healthy dietary pattern consists of nutrient-dense foods and beverages from each of the food groups, in recommended amounts. Selections, serving sizes, and tips are provided for each of the food groups in this section.

Protein Foods

When developing menus, be sure to include a variety of protein foods from both animal and plant sources. The meat, poultry, and egg subgroup is a common source of protein. Meat and poultry selections should be from fresh, frozen, or canned, and in lean forms (e.g., chicken breast or ground turkey) instead of processed meats (e.g., hot dogs, sausages, ham, and luncheon meats). Add variety by including foods from the seafood, fortified soy products, and beans, peas, and lentils subgroups which provide important nutrients that support health and are under consumed in older adults. For example, the beans, peas, and lentils subgroup provides dietary fiber while many choices within the seafood subgroup provide vitamins D, B12, and beneficial fatty acids.

Each meal should contain a minimum of a two-ounce protein equivalent from the categories below. If the two-ounce protein equivalent provided does not contain adequate protein, the requirement to provide 15 grams of protein per meal may be met by also counting the grams of protein provided from the dairy/soy alternatives food group. The following are examples of a two-ounce protein equivalent:

- 2 ounces cooked, edible portion of meat, poultry, seafood
- 2 eggs
- ½ cup cooked beans or tofu
- 2 tablespoons nut or seed butter
- 1 ounce nuts or seeds

The protein food group includes the following subgroups:

Meat, Poultry, Eggs: Meats include lean or low-fat beef, goat, lamb, pork, and game meat. Poultry includes chicken, Cornish hens, duck, game birds, goose, and turkey. Eggs include chicken eggs and other birds' eggs.

Seafood: Select seafoods that are lower in methylmercury such as anchovy, black sea bass, catfish, clams, cod, crab, crawfish, flounder, haddock, hake, herring, lobster, mullet, oyster, perch, pollock, salmon, sardine, scallop, shrimp, sole, squid, tilapia, freshwater trout, light tuna, and whiting.

Beans, Peas, and Lentils: All cooked from dry or canned beans, peas, chickpeas, and lentils: for example, black beans, black-eyed peas, bayo beans, chickpeas (garbanzo beans), edamame, kidney beans, lentils, lima beans, mung beans, pigeon peas, pinto beans, and split peas. Does not include green beans or green peas.

Please Note: Beans, peas, and lentils are part of the protein food group and the vegetable group but are counted in one group only. For example: If you are serving vegetarian burrito bowls with pinto beans and bell peppers, the pinto beans would be used to meet the protein requirement and would not count toward the vegetable requirement.

Nuts, Seeds, Soy Products: Nuts and seeds include all nuts (tree nuts and peanuts), nut butters, seeds (e.g., chia, flax, pumpkin, sesame, and sunflower), and seed butters (e.g., sesame or tahini and sunflower). Soy includes tofu, tempeh, and products made from soy flour, soy protein isolate, and soy concentrate. Nuts and seeds should be unsalted.



Vegetables

Healthy dietary patterns include a variety of vegetables from all five vegetable subgroups—dark green; red and orange; beans, peas, and lentils; starchy; and other. These include all fresh, frozen, canned, and dried options in cooked or raw forms, including 100% vegetable juices. Vegetables in their nutrient-dense forms have limited additions such as salt, butter, or creamy sauces.

Each meal should contain a minimum of one to two servings of vegetables, and a variety of vegetables from each of the five subgroups should be included each week. Meeting the recommended servings of vegetables will contribute to meeting the requirement for 7 grams of fiber per meal (may average fiber over the number of meals provided per week).

The serving size for vegetables includes:

- ½ cup fresh, chopped, cooked, frozen, or canned vegetable
- 1 cup raw leafy salad greens
- ½ cup 100% vegetable juice
- ½ cup dried vegetable

Creating a healthy menu will require offering foods from all vegetable subgroups, offering a variety of different vegetables from each subgroup, and shifting to nutrient-dense forms. Vegetables can be part of many types of mixed dishes, from burgers, sandwiches, and tacos, to pizza, stews, pasta dishes, grain-based casseroles, and soups. Strategies to increase vegetable intake include increasing the vegetable content of mixed dishes or providing smaller main dishes to allow for more nutrient dense vegetables as side dishes. When counting vegetable servings in mixed dishes, it is important to review recipes to ensure the portion provided meets the required serving size for vegetables.

The vegetable group includes five subgroups and at least one serving from each subgroup should be included in the menu each week. The five subgroups include:

Dark-Green Vegetables: All fresh, frozen, and canned dark-green leafy vegetables and broccoli, cooked or raw: for example, amaranth leaves, basil, beet greens, bitter melon leaves, bok choy, broccoli, chrysanthemum leaves, chard, cilantro, collards, cress, dandelion greens, kale, mustard greens, romaine lettuce, spinach, nettles, turnip greens, and watercress.

Red and Orange Vegetables: All fresh, frozen, and canned red and orange vegetables or juice, cooked or raw: for example, calabaza, carrots, red chili peppers, red or orange bell peppers, pimento/pimiento, sweet potatoes, tomatoes, 100% tomato juice, and winter squash such as acorn, butternut, kabocha, and pumpkin.

Beans, Peas, Lentils: All cooked from dry or canned beans, peas, chickpeas, and lentils: for example, black beans, black-eyed peas, bayo beans, brown beans, chickpeas (garbanzo beans), cowpeas, edamame, fava beans, kidney beans, lentils, lima beans, mung beans, navy beans, pigeon peas, pink beans, pinto beans, split peas, soybeans, and white beans. Does not include green beans or green peas.

Please Note: Beans, peas, and lentils are part of the protein food group and the vegetable group but should be counted in one group only. For example: If you are serving vegetarian burrito bowls with pinto beans and bell peppers, the pinto beans can only be used to meet the protein requirement and cannot count toward the vegetable requirement.

Starchy Vegetables: All fresh, frozen, and canned starchy vegetables: for example, breadfruit, burdock root, cassava, corn, jicama, lotus root, lima beans, immature or raw (not dried) peas (e.g., cowpeas, black-eyed peas, green peas, pigeon peas), plantains, white potatoes, salsify, tapioca, taro root (dasheen or yautia), water chestnuts, yam, and yucca.

Other Vegetables: All other fresh, frozen, and canned vegetables, cooked or raw: for example, artichoke, asparagus, avocado, bamboo shoots, bean sprouts, beets, bitter melon (bitter gourd, balsam pear), Brussels sprouts, cabbage (green, red, napa, savoy), cactus pads (nopales), cauliflower, celeriac, celery, chayote (mirliton), chives, cucumber, eggplant, fennel bulb, garlic, ginger root, green beans, iceberg lettuce, kohlrabi, leeks, luffa (Chinese okra), mushrooms, okra, onions, peppers (chili and bell types that are not red or orange in color), radicchio, sprouted beans (e.g. sprouted mung beans), radish, rutabaga, seaweed, snow peas, summer squash, tomatillos, turnips, and winter melons.



Fruits

The fruit food group includes whole fruits and 100% fruit juice. Whole fruits include fresh, canned, frozen, and dried forms. Whole fruits can be eaten in various forms, such as cut, sliced, diced, or cubed. At least half of the recommended amount of fruit should come from whole fruit, rather than 100% juice as fruit juice lacks dietary fiber and can increase blood sugar (glucose) levels. When juices are provided, they should be 100% juice and always pasteurized. When selecting canned fruit, choose options that are canned with 100% juice.

When planning menus, select whole fruits instead of fruit juice to increase fiber content. Add variety by offering various types of whole fruits and offering them in forms that are easy for older adults to eat such as pre-peeled, sliced, cut or cubed.

Each meal must contain at least one serving of fruit. The following are examples of one serving:

- 1 medium sized whole fruit
- ½ cup fresh, chopped, cooked, frozen, or canned fruit
- ½ cup 100% fruit juice ¼ cup dried fruit

Please Note: Fruit-based desserts, such as pies or cobblers, may not be used to meet the full required servings for fruit in a meal. A fruit-based dessert containing one-quarter cup of fruit per serving may be counted as meeting half of the required fruit per meal.

The fruit group includes:

All fresh, frozen, canned, and dried fruits and 100% fruit juices: for example, apples, apricots, Asian pears, bananas, berries (e.g., blackberries, blueberries, cranberries, currants, dewberries, huckleberries, kiwifruit, loganberries, mulberries, raspberries, and strawberries); citrus fruit (e.g., calamondin, grapefruit, kumquats, lemons, limes, mandarin oranges, pomelos, tangerines, and tangelos); cherries, dates, figs, grapes, guava, jackfruit, lychee, mangoes, melons (e.g., cantaloupe, casaba, honeydew, and watermelon); nectarines, papaya, passion fruit, peaches, pears, persimmons, pineapple, plums, pomegranates, prunes, raisins, rhubarb, sapote, soursop, starfruit, and tamarind.



Grains

A healthy dietary pattern includes at least half of the total daily grains as whole grains and limits refined grains. When planning menus, at least half of the total grains in each meal should be whole grains. For example, if a meal includes two one-ounce servings from the grain group, one of the servings must be a whole grain food and the overall total of whole grains in the meal equal to or greater than 50 percent.

Refined grains have been processed to remove parts of the grain kernel in a process that also removes fiber, iron, and many B vitamins. Refined grains should be enriched which means that iron and some B vitamins are added back (fiber is not added back). When using refined grains, check the ingredient list to make sure that the word “enriched” is included the grain name. Fifty-fifty mixtures of white and brown rice meet the requirement for whole grain.

Shifting from refined to whole-grain versions of commonly consumed foods increases whole grains and lowers refined grains to help meet recommendations. Examples include shifting from white to 100% whole-wheat breads, from white to brown or wild rice, and from pasta to whole grain pasta.

Each meal must contain at least one to two servings from the grain group with at least half as whole grain in each meal. The following are examples of one serving:

- 1 slice bread
- ½ cup cooked rice, pasta, or cooked cereal
- 1 tortilla (6” diameter)
- 1 cup ready-to-eat-cereal
- 1 ounce whole wheat crackers

Please note: Grain-based desserts, such as cakes, pies or cobblers, may not be used to meet the full required servings for grains in a meal. A grain-based dessert containing one-quarter cup of grains (or equivalent) per serving may be counted as meeting half of a grain serving.

The grain group includes:

Whole Grains: All whole-grain products and whole grains used as ingredients: for example, amaranth, barley (not pearled), brown rice, buckwheat, bulgur, millet, oats, popcorn, quinoa, dark rye, triticale, whole-grain cornmeal, whole-wheat bread, whole-wheat chapati, whole-grain cereals and crackers, nixtamalized corn and wild rice.

Refined Grains: All refined-grain products and refined grains used as ingredients: for example, white breads, refined-grain cereals and crackers, cream of rice, cream of wheat, barley (pearled), masa, pasta, and white rice. Refined-grain choices should be enriched.

Identifying Whole Grain Foods

There are several ways to determine if a product meets the whole grain requirement.

1. The food's ingredient list has whole grain as the first ingredient, or the second ingredient, after water and the next two ingredients must be enriched grain, bran, germ, or whole grain.
2. For ready to eat cereals, the first ingredient listed must be whole grain and the cereal must be fortified to meet the whole grain requirement.
3. If a food uses nixtamalized corn (meaning the corn is treated with lime) it can be counted as a whole grain. You can determine if it is a whole grain by using the ingredient list, the first ingredient must be corn treated with lime and enriched grains should be the second or third ingredient.
4. If the food meets the whole grain requirement for the USDA National School Lunch Program or the USDA Child and Adult Care Food Program.
5. A product formulation statement or standardize recipe from the manufacturer that shows the primary ingredient by weight are whole grain.

Please note that wheat by products/derivatives (dextrin, wheat gluten, corn starch, etc.) do not count toward the whole grain requirement.



Dairy and Soy Alternatives

Each meal should include one serving from the dairy or soy alternative group. Foods from this group should be fat-free or low-fat (1%) milk, yogurt, and cheese. Low-lactose and lactose-free dairy products are available for individuals who are lactose intolerant. Dairy alternatives, including fortified soy beverages (also known as “soy milk”) and soy yogurt are included as part of this group because they have similar nutrient composition to milk and yogurt. Products made from plants (e.g., almond, rice, coconut, oat, and hemp “milks”) are not included as part of the dairy group because their overall nutritional content is not similar to dairy milk and fortified soy beverages.

The following are examples of one serving:

- 1 cup (8 ounces) milk, yogurt, or fortified soy beverage
- 1 ½ ounces cheese or 1/3 cup shredded cheese

The dairy and soy alternatives group includes:

All fluid, dry, or evaporated milk, including lactose-free and lactose-reduced products and fortified soy beverages (soy milk), buttermilk, yogurt, kefir, frozen yogurt, and cheeses (e.g., brie, camembert, cheddar, cottage cheese, colby, edam, feta, fontina, goat, gouda, gruyere, limburger, Mexican cheeses [queso anejo, queso asadero, queso chihuahua], monterey jack, mozzarella, muenster, parmesan, provolone, ricotta, and Swiss). Most choices should be fat-free or low-fat.

Cream, sour cream, and cream cheese are not included due to their low calcium content.



Other Menu Planning Considerations

Sodium

The Dietary Guidelines recommend limiting sodium to the Chronic Disease Risk Reduction (CDRR) level defined by the National Academies based on evidence of the beneficial effect that reducing sodium intake has on hypertension risk and cardiovascular disease risk. Although the established AI for sodium is 1500 mg per day, the CDRR recommendation is to reduce sodium intakes if above 2300 mg per day and this recommendation is the basis for the OCNP target of 760 mg sodium per meal.









When planning menus, the target for sodium content is less than or equal to 760 mg sodium per meal, averaged over the number of meals provided in one week.

Meals containing equal to or greater than 1000 mg of sodium should be avoided. High sodium meals containing equal to or greater than 1000mg, must not exceed more than one meal per week and must be identified on the nutrient analysis and on the participant menu as containing greater than 1000 mg sodium.

Figure 2 provides strategies and tips for lowering the sodium content in meals.



Figure 2.

Tips for Reducing the Sodium Content in Meals		
Instead of:		Try:
Flavoring foods with salt, high sodium seasonings, soy sauce		Onions, garlic, fresh or dried herbs, spices, vinegars, citrus juices, diluted soy sauce (equal parts soy sauce and water)
High sodium soup bases and canned foods		Low sodium, reduced sodium* or no salt added soup bases and canned goods
High sodium canned foods (vegetables, legumes)		Drain and rinse canned foods like vegetables and legumes with water
Canned vegetables with salt, frozen vegetables with sauce		Fresh, canned without salt, or frozen vegetables without sauce
Processed meats, poultry, and seafood (deli meat, sausage, pepperoni, sardines)		Fresh meat, poultry, and seafood
Instant products like flavored rice and ready-made pasta		Regular rice and pasta with low sodium seasonings and sauces
High sodium condiments like ketchup, mustard, pickles, olives, salad dressings		Low or reduced sodium* condiments and salad dressings
Purchasing products without comparing nutrition labels		Reading the Nutrition Facts labels to compare products and choose lower sodium foods

* Foods labeled "reduced sodium" may still be high in sodium. Read the Nutrition Facts label to determine sodium content.

Hydration and Fluids

It is important that older adults drink plenty of water to prevent dehydration and aid in the digestion of food and absorption of nutrients. In addition to water, unsweetened beverages such as 100 percent fruit or vegetable juice, fat-free or low-fat (1 percent) milk, and fortified soy beverages all support the fluid needs of older adults. The water contained in foods such as fruits, vegetables, and soups also contributes to total fluid intake.

Nutrition providers should encourage participants to drink water to promote adequate hydration and water should be readily accessible to participants during mealtimes. Water intake is particularly important if non-fluid menu selections from the dairy and soy alternatives group are used.

Fats

A healthy dietary pattern includes oils, including vegetable oils and oils in food, such as seafood and nuts. Oils provide essential fatty acids are an important part of a healthy dietary pattern. Saturated fat, from sources including high-fat meats, full-fat dairy products, and butter, should be limited to less than ten percent of calories.

The saturated fat content of meals can be lowered by purchasing and cooking products made with oils higher in polyunsaturated and monounsaturated fat (e.g., canola, corn, olive, peanut, safflower, soybean, and sunflower) rather than butter, shortening, or coconut or palm oils.

Other strategies include providing lower fat forms of foods and beverages (e.g., fat-free or 1 percent milk instead of 2 percent or whole milk; lean rather than fatty cuts of meat) and reducing frequency and/or portion sizes of desserts containing saturated fats, which are also often high in added sugars.

As of June 2018, partially hydrogenated oils (PHOs), the major source of artificial trans-fat in foods, are no longer Generally Recognized as Safe (GRAS) and are no longer added to foods. Menus following the Dietary Guidelines are limited in trans-fat as a small amount of trans fat occur naturally in some animal source food.

Oils

Canola, corn, olive, peanut, safflower, soybean, and sunflower oils. Oils are also naturally present in nuts, seeds, seafood, olives, and avocados.

Note: Coconut oil, palm kernel oil, and palm oil are not included in the oils category because they contain a higher percentage of saturated fat than do other oils.

Saturated Fats

High-fat meats, full-fat dairy products (whole milk, 2% milk, cheese, ice cream), butter, coconut oil, palm kernel oil, and palm oil.

Dessert

The Dietary Guidelines include recommendations for nutrient-dense foods. Nutrient-dense foods provide vitamins, minerals, and other health-promoting components and have little added sugars, saturated fat, and sodium.

The caloric needs of older adults are often lower due to reduced physical activity, changes in metabolism, and/or age-related loss in bone and muscle mass, while vitamin and mineral needs are similar or higher compared to younger adults. The unique nutritional needs of older adults make it particularly important for OCNP menus to provide nutrient-dense foods and limit desserts which are often high in saturated fat, added sugars, and refined grains.

Desserts high in saturated fat, added sugars, and/or refined grains should be limited to no more than once a week and should be an optional element of the meal. Instead, provide fruits, including fresh, frozen, canned, or dried fruit as desserts.

If a fruit- or grain-based dessert, such as cake, pie, or cobbler, is counted toward the fruit and/or grains requirement, it may be used to meet a portion, but not the full required servings for fruit and grains in a meal. A fruit-based dessert containing one-quarter cup of fruit per serving may be counted as meeting half of the required fruit per meal. A grain-based dessert containing one-quarter cup of grains (or equivalent) per serving may be counted as meeting half of a grain serving.



Reading Food Labels

Reading food labels on packaged foods and beverages will provide important nutrition information to assist you in menu planning.

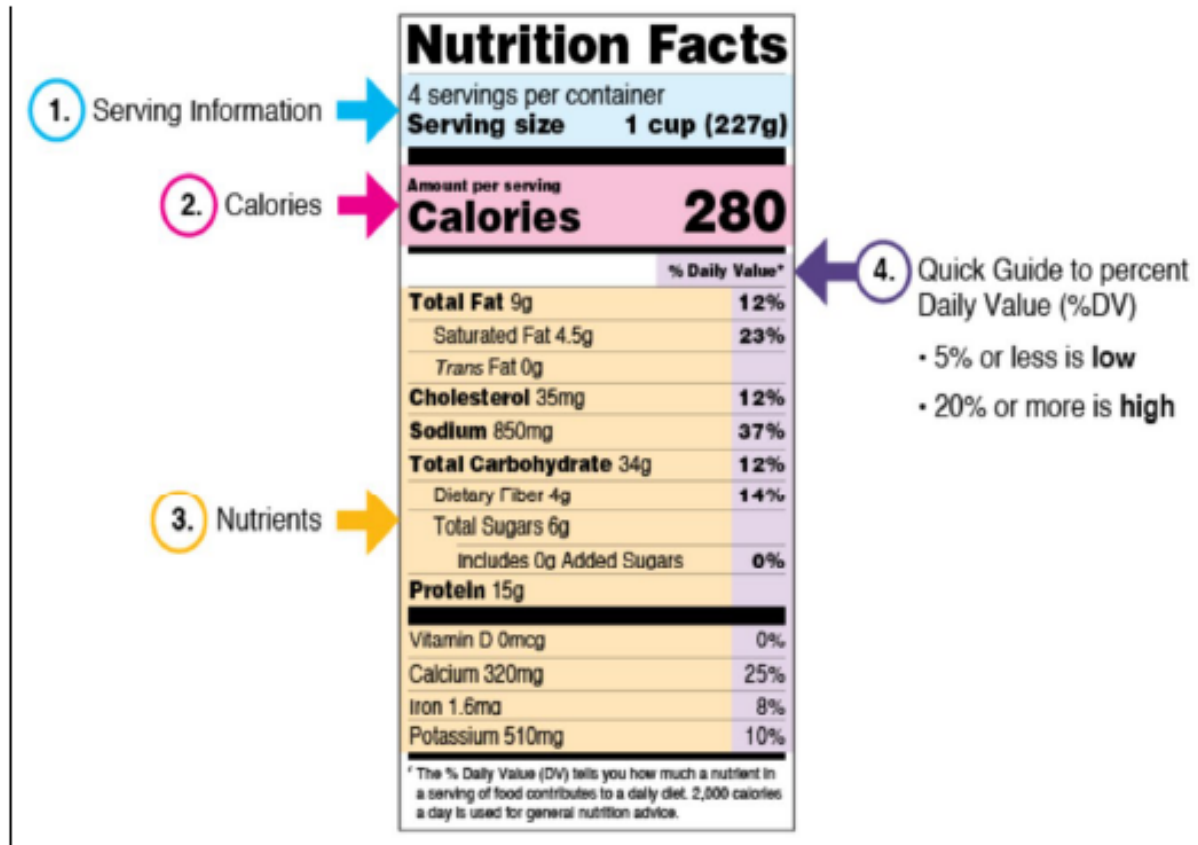
Ingredient List

The ingredient list identifies each ingredient in the food product. Ingredients are listed in order of predominance, with the ingredients used in the greatest amount first, followed in descending order by those in smaller amounts.

Nutrition Facts Label

The Nutrition Facts Label contains product-specific information for serving size, calories, and nutrient information. The U.S. Food and Drug Administration (FDA) requires a Nutrition Facts label on most packaged food and beverages. See Figure 3 below for details.

Figure 3. Nutrition Facts Label



Source: <https://www.fda.gov/food/new-nutrition-facts-label/how-understand-and-use-nutrition-facts-label>

1. **Serving Information:** The serving size is listed at top of the Nutrition Facts label and is based on the amount that people typically eat at one time. It is not a recommendation of how much to eat. All the nutrient amounts on the label refer to the serving size listed.
2. **Calories:** The calorie level is provided for the serving size listed. The target for OCNP meals is 550 – 650 calories per meal.
3. **Nutrients:** The nutrients section of the Nutrition Facts label provides the amount of each nutrient for the serving size listed. This will help you identify foods high in saturated fat, sodium, and added sugars (sugars that are added during food processing) and compare with other products. The label will also help you identify nutrients that should be included in a healthy diet, including fiber, vitamin D, calcium, iron, and potassium.
4. **Percent Daily Value (% DV):** The percent Daily Value provides the percentage of each nutrient in a 2,000-calorie diet. Since the OCNP meal is based on a 1,600-calorie diet, the actual % DV will be higher than what is listed on the label.

As a rule of thumb, if a food has five% DV or less of a nutrient per serving, it is considered low in that nutrient. If it has 20% DV or more of a nutrient per serving, it is considered high in that nutrient. Low or high can be either good or bad—it depends on whether you need more of a nutrient (like fiber) or less (like sodium). Nutrients that should be included in a healthy diet, including fiber, vitamin D, calcium, iron, and potassium should ideally have a high DV. Since saturated fat, sodium, and added sugars should be limited in a healthy diet, the DV for these should be low.



Nutrient Content Claims on Food Packaging

Nutrient content claims on food products characterize the level of a nutrient in the food. The U.S. Food and Drug Administration (FDA) provides specific definitions for nutrient content claim on food packaging. Figure 4 provides commonly used claims on food packaging and what these claims mean.

Figure 4. Understanding Nutrient Content Claims on Food Packaging

Sodium Claims	Meaning of Claim
Sodium free or salt free	Less than 5 mg per serving
Very low sodium	35 mg or less per serving
Low sodium	140 mg or less per serving
Reduced or less sodium	At least 25% less than the regular product
Light in sodium or lightly salted	At least 50% less than the regular product
Unsalted or no salt added	No salt added during processing (this is not a sodium-free food)
Fat Claims	Meaning of Claim
Fat-free	Less than 0.5 g per serving
Low saturated fat	1 g or less per serving and 15% or less calories from saturated fat
Low-fat	3 g or less per serving
Reduced fat	At least 25% less than the regular product
Sugar Claims	Meaning of Claim
Sugar free	Less than 0.5 grams sugars and no ingredient that is a sugar
Reduced sugar or less sugar	At least 25% less sugars than the regular product
No added sugar	No sugar or sugar-containing ingredient added during processing

Source: <https://www.fda.gov/regulatory-information/search-fda-guidance-documents/guidance-industry-food-labeling-guide>

Appendices

Appendix 1

Older Californians Nutrition Program 1600 Calorie Dietary Pattern			
Calorie Level		Per Day 1600	Per Meal 550
Food Group or Subgroup	Serving Size	Serving(s)	Serving(s)
Vegetables <ul style="list-style-type: none"> • Dark-Green Vegetables • Red and Orange Vegetables • Beans, Peas, Lentils • Starchy Vegetables • Other Vegetables 	<ul style="list-style-type: none"> • ½ cup fresh, chopped, cooked, frozen, or canned fruit • 1 cup raw leafy salad greens • ½ cup 100% vegetable juice • ½ cup dried vegetable 	4	1 - 2
Fruits	<ul style="list-style-type: none"> • 1 medium sized whole fruit • ½ cup fresh, chopped, cooked, frozen, or canned fruit • ½ cup 100% fruit juice • ½ cup dried fruit 	3	1
Grains (at least 1/2 as whole grain)	<ul style="list-style-type: none"> • 1 slice bread • ½ cup cooked rice, pasta, or cooked cereal • 1 tortilla (6" diameter) • 1 cup ready-to-eat-cereal • 1 ounce whole wheat crackers 	5	1 - 2
Dairy and Soy Alternatives	<ul style="list-style-type: none"> • 1 cup (8 ounces) milk, yogurt or fortified soy beverage • 1½ ounces cheese or ⅓ cup shredded cheese 	3	1
Protein Foods	<ul style="list-style-type: none"> • 2 ounces meat, poultry, seafood • 2 eggs • ½ cup cooked beans or tofu • 2 tablespoons nut or seed butter • 1 ounce nuts or seeds 	2.5	1

Appendix 2

Healthy U.S.-Style Dietary Pattern

Calorie Level	Per Day 1600	Per Meal 550
Food Group or Subgroup	Number of servings	Number of servings
Vegetables <ul style="list-style-type: none"> • Dark-Green Vegetables • Red and Orange Vegetables • Beans, Peas, Lentils • Starchy Vegetables • Other Vegetables 	2 cups (4-½ cup servings)	1 cup (2-½ cup servings)
Fruits	1.5 cups (3-½ cup servings)	0.5 cup (1-½ cup servings)
Grains	5 ounces	1.5 - 2 ounces
• Whole Grains	3 ounces	1 ounce
• Refined Grains	2 ounces	0.5 - 1 ounce
Dairy and Soy Alternatives	3 cups	1 cup
Protein Foods <ul style="list-style-type: none"> • Meats, Poultry, Eggs • Seafood • Nuts, Seeds, Soy Products 	5 ounces	2 ounces
Oils	22 grams	7 grams
Limit on Calories for Other Uses	100 calories	33 calories

Appendix 3

Healthy Vegetarian Dietary Pattern		
Calorie Level	Per Day 1600	Per Meal 550
Food Group or Subgroup	Number of servings	Number of servings
Vegetables <ul style="list-style-type: none"> • Dark-Green Vegetables • Red and Orange Vegetables • Beans, Peas, Lentils • Starchy Vegetables • Other Vegetables 	2 cups (4-½ cup servings)	1 cup (2-½ cup servings)
Fruits	1.5 cups (3-½ cup servings)	0.5 cup (1-½ cup servings)
Grains	5.5 ounces	1.5 - 2 ounces
• Whole Grains	3 ounces	1 ounce
• Refined Grains	2.5 ounces	0.5 - 1 ounce
Dairy and Soy Alternatives	3 cups	1 cup
Protein Foods <ul style="list-style-type: none"> • Eggs • Beans, Peas, Lentils • Soy Products • Nuts and Seeds 	2.5 ounces	1 ounce
Oils	22 grams	7 grams
Limit on Calories for Other Uses	150 calories	50 calories

Appendix 4

Dietary Approaches to Stop Hypertension (DASH) Dietary Pattern

Calorie Level	Per Day 1600	Per Meal 550
Food Group or Subgroup	Number of servings	Number of servings
Grains*	6	2
Vegetables	3 - 4	1 - 1.5
Fruits	4	1 - 1.5
Dairy Products	2 - 3	1
Lean Meat, Poultry, Fish	3 - 4	1 - 1.5
Nuts, Seeds, Legumes	3 - 4	1 - 1.5
Fats and Oils	2	.5 - 1.0
Sweets	3 or less per week	1 or less per week

* Whole grains recommended for most grain servings.

Refer to the DASH Eating Plan for serving sizes and examples of foods in each food group: <https://www.nhlbi.nih.gov/health-topics/dash-eating-plan>

Resources

National Academies of Sciences, Engineering, and Medicine 2019. *Dietary Reference Intakes for Sodium and Potassium*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25353>.

Institute of Medicine. 2006. *Dietary Reference Intakes: The Essential Guide to Nutrient Requirements*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/11537>.

Mabli J, et al (2017) *Evaluation of the effect of the Older Americans Act Title III-C Nutrition Services Program on participants' food security, socialization, and diet quality*, April 21, 2017. https://acl.gov/sites/default/files/programs/2017-07/AoA_outcomesevaluation_final.pdf

National Heart, Lung, and Blood Institute: *Dietary Approach to Stop Hypertension*: <https://www.nhlbi.nih.gov/health-topics/dash-eating-plan>

Older Americans Act of 1965, as Amended, Section 339 - Nutrition Service. [Older Americans Act of 1965 Amended March 2020 \(acl.gov\)](https://www.acl.gov/older-americans-act-of-1965-amended-march-2020)

Title 22, California Code of Regulations, Chapter 4, Article 5. Title III C - Elderly Nutrition Program.

U.S. Department of Agriculture and U.S. Department of Health and Human Services. *Dietary Guidelines for Americans, 2020-2025*. 9th Edition. December 2020. Available at [DietaryGuidelines.gov](https://www.dietaryguidelines.gov) (<https://www.dietaryguidelines.gov/resources/2020-2025-dietary-guidelines-online-materials>).

U.S. Food and Drug Administration, *A Food Labeling Guide*. 2013: <https://www.fda.gov/regulatory-information/search-fda-guidance-documents/guidance-industry-food-labeling-guide>

U.S. Food and Drug Administration, *How to Understand and Use the Nutrition Facts Label*: <https://www.fda.gov/food/new-nutrition-facts-label/how-understand-and-use-nutrition-facts-label>

U.S. Food and Drug Administration, *Using the Nutrition Fact Label: For Older Adults*. February 2020. <https://www.fda.gov/media/135599/download>.

U.S. Department of Agriculture, *USDA Food and Nutrition Service Crediting Handbook for the Child and Adult Care Food Program*, March 2020. <https://www.fns.usda.gov/tn/crediting-handbook-child-and-adult-care-food-program>

**CITY OF WEST HOLLYWOOD SOCIAL SERVICES DIVISION
PROGRAM REPORT – COVER PAGE
(Contract Year: October 1, 2020 - September 30, 2021)**

AGENCY: Jewish Family Services of Los Angeles

PROGRAM: Senior Nutrition

QUARTER 4 (July 1, 2021 - September 30, 2021)

NEW, UNDUPLICATED PERSONS served by the project.

TOTAL PROJECT: This Quarter: _____ Year-to-Date: 0

WEST HOLLYWOOD: This Quarter: 34 Year-to-Date: 338

Which service category(ies) on the Scope of Services page did you use to obtain these figures?

PLEASE PROVIDE DEMOGRAPHIC INFORMATION BELOW TO THE BEST OF YOUR ABILITY FOR NEW, UNDUPLICATED PERSONS
Quarterly and Year-To-Date totals should correspond in all the yellow highlighted areas.

AGE AND GENDER										
AGE	MALE <i>(includes Trans Male)</i>		FEMALE <i>(includes Trans Female)</i>		NON- BINARY*		UNKNOWN		TOTAL	
	Quarter	YTD	Quarter	YTD	Quarter	YTD	Quarter	YTD	Quarter	YTD
-17	0	0	0	0	0	0	0	0	0	0
18 - 23	0	0	0	0	0	0	0	0	0	0
24 - 39	0	1	0	0	0	0	0	0	0	1
40 - 49	1	5	0	1	0	0	0	0	1	6
50 - 59	0	6	1	12	0	0	0	0	1	18
60 - 69	2	24	4	35	0	0	0	0	6	59
70 - 79	6	44	6	53	0	0	0	0	12	97
80+	5	60	9	97	0	0	0	0	14	157
Unknown	0	0	0	0	0	0	0	0	0	0
TOTAL	14	140	20	198	0	0	0	0	34	338

If any West Hollywood clients identify as Transgender, please indicate numbers below.

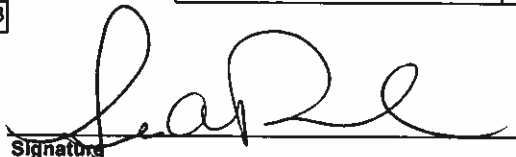
TRANSGENDER	Quarter	YTD
Trans Female	0	0
Trans Male	0	0
Non-Binary*	0	0

*Non-Binary may also be referenced as Genderqueer, Gender non-conforming, etc.

ETHNICITY	Quarter	YTD
Asian/Pacific Islander	0	5
Black	0	10
Hispanic	0	13
Native American	0	1
White	31	303
Other (Specify)	3	3
Unknown	0	3
TOTAL	34	338

HOUSEHOLD LANGUAGE	Quarter	YTD
English	20	189
Russian	9	133
Spanish	0	5
Farsi	0	3
Unknown	5	5
Other (specify)	0	3
TOTAL	34	338

Siri Perlman, Director of Senior Nutrition
Name/Title (Print)


Signature

11/18/21
Date

Reports are due on the 15th calendar day following the completed quarter.
Sign, scan and email to your Program Monitor.

**CITY OF WEST HOLLYWOOD SOCIAL SERVICES DIVISION
PROGRAM REPORT – SCOPE OF SERVICES
(Contract Year – October 1, 2020 - September 30, 2021)**

AGENCY: Jewish Family Services of Los Angeles PROGRAM: Senior Nutrition

QUARTER 4 (July 1, 2021 - September 30, 2021)

OUTCOME OBJECTIVES: 100% of West Hollywood clients will decrease food insecurity by the end of the program year.

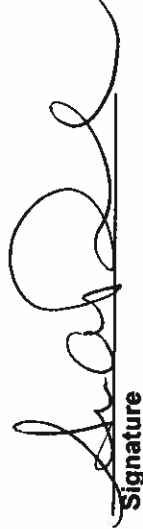
PROGRAM OBJECTIVES	NUMERICAL GOALS												
	West Hollywood						Total Project						
	Quarterly Goal	Actual	Percent	Annual Goal	Actual	Percent	Quarterly Goal	Actual	Percent	Annual Goal	Actual	Percent	
CONGREGATE MEALS													
WEST KNOLL	1,385	1,265	91%	5,540	6,579	119%	N/A			N/A			
SENIOR CENTER	23	21	91%	N/A			N/A			N/A			
NORTH PALM	1,565	2,220	142%	6,260	19,332	309%	N/A			N/A			
FAIRFAX TOWERS	26	37	142%	N/A			N/A			N/A			
OTHER SITES	1,385	1,553	112%	5,540	8,258	149%	N/A			N/A			
TOTAL CONGREGATE MEALS	23	26	113%	N/A			N/A			N/A			
HOME DELIVERED MEALS	1,565	2,407	154%	6,260	11,228	179%	N/A			N/A			
SUPPLEMENTAL NUTRITION	26	26	100%	N/A			N/A			N/A			
	600	192	32%	2,400	192	8%	N/A			N/A			
	10	3	30%	N/A			N/A			N/A			
	6,500	7,637	117%	26,000	45,589	175%	N/A			N/A			
	108	127	118%	N/A			N/A			N/A			
	8,964	9,688	108%	35,856	32,316	90%	N/A			N/A			
	105	114	109%	N/A			N/A			N/A			
	825	756	92%	3,300	3,294	100%	N/A			N/A			
	11	10	91%	N/A			N/A			N/A			

New, Unduplicated refers to clients who are receiving services for the first time in the quarter. They should be counted once in the current contract year even if they were served in

New and Ongoing refers to clients listed as new, unduplicated for the quarter plus ongoing clients from previous quarters who remain in service.

Siri Perlman, Director of Senior Nutrition

Name/Title (Print)



Signature

11/18/2021

Date

**CITY OF WEST HOLLYWOOD SOCIAL SERVICES DIVISION
PROGRAM REPORT – Narrative PAGE
(Contract Year – October 1, 2020- September 30, 2021)**

Agency: JFSLA

Program: Senior Nutrition

QUARTER 4 (July 1, 2021 - September 30, 2021)

Please keep the narrative to one page and note any special events, successes, challenges, personnel changes, explanation of program elements that are plus or minus 10% of goal, and any other program issues of note. The narrative content should relate to West Hollywood affiliated clients and programs.

In this Quarter 4 of meal service, the JFS Senior Nutrition Program provided a total of 17,325 frozen meals to West Hollywood constituents. This is 12% greater than the quarterly goal.

Over the course of this entire fiscal year of October 2020-September 2021, a total of 77,905 frozen meals were provided to West Hollywood clients. This is 26% greater than the annual goal.

The 32% of quarterly goal noted in "Other Sites" is specific to the Congregate Non-Senior clients. This method of tracking the non-senior clients as "Other Sites" was initiated in this Quarter 4. Therefore, this is also why the 8% of annual goal is low in this category.

As a result of MV Transit returning to its regular transport services to the West Hollywood community, a Grab N'Go method for Congregate C1 clients was implemented at Plummer Park beginning on July 6. We greatly appreciate the partnership with the City of West Hollywood to determine and maintain a centrally located distribution area to be utilized on a weekly basis until the meal site can reopen. Fairfax Towers, Palm and West Knoll congregate clients continue to have meals delivered to their homes.

In September, JFS Senior Nutrition began collaboration with the City of West Hollywood and Project Angel Food to make arrangements for 12 eligible seniors to transition to the JFS meal program in October.

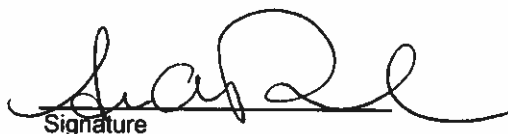
A tremendous success of note is that the JFS Senior Nutrition Program has provided uninterrupted, high quality meal service to West Hollywood clients while the Hirsh Kosher Kitchen has remained closed for repair for 5 months. The program has continued to operate out of the JSFLA building headquarters and soon plans to reinstate food production in Hirsh Kosher Kitchen beginning Mon, November 8.

This has been a year of many challenges and heartbreak through the pandemic, but the resilience and dedication of the Senior Nutrition Program staff has been tremendous and West Hollywood seniors have remained supported and nourished. This is clearly exhibited by 309% of annual goal provided to Plummer Park Senior Center clients and 175% of annual goal provided to Congregate clients as a whole. Annual goals were also exceeded at West Knoll (119%), North Palm (149%) and Fairfax Towers (179%) and met 100% for Supplemental Nutrition. Home Delivered Meals met 90% of the annual goal.

Our annual outcome objective was that "100% of West Hollywood clients would decrease their food insecurity by the end of the program year." During normal times, we complete client satisfaction surveys twice per year and menu surveys at the sites. This was not possible this program year due to the pandemic. However, the number of clients that enrolled and stayed in both the congregate meal and home-delivered meal program indicates overall client satisfaction.

Siri Perlman, Director of Senior Nutrition

Name/Title


Signature

11/18/2021

Date