LOWERING SODIUM IN MENU ITEMS FOR SENIORS

Million Hearts™—Reduction of Sodium in Food

Location: Schenectady County, New York

Innovation: Schenectady County Public Health Services, in collaboration with Cornell Cooperative Extension, plans to reduce the sodium content in seniors' home-delivered meals and meals served at congregate meal sites by 30% over three years.

Improvement: Sodium decreased almost 10% in one year across a five-week rotating menu.

DEMONSTRATED RESULTS

In 2011, after a year of reducing sodium in food, the results indicated:

- Sodium was reduced across the entire menu (105 separate meals).
- Almost all seniors who participated in the home-delivered meals or congregate meal sites were served meals with lower sodium.
- Gradual reduction of average sodium per meal decreased from 1,270 mg to 1,146 mg, close to the 10% goal for the first year of the project, and was unnoticed by participants.

INNOVATIVE APPROACH

Nearly 109,000 senior home-delivered and congregate meals are prepared each year by staff at Glendale Nursing Home. Meals are delivered to 190 seniors at their homes and to 320 more individuals at senior centers and senior residential facilities. During 2010-2011, each meal was evaluated to determine a baseline nutritional analysis, and strategies to reduce sodium in food were implemented. Sodium was reduced by modifying recipes (e.g., eliminating added salt, decreasing or removing cheese); substituting products (e.g., sodium-free soup base, reduced-sodium ham); and changing cooking techniques (e.g., rinsing canned beans and tuna, not adding salt to cooking water).

Though the recommended daily sodium intake for older adults is 1,500 mg or less, sodium reductions in the Schenectady intervention are being implemented gradually to allow seniors’ taste buds to adjust.

The Schenectady intervention identified two ways that food service manufacturers and distributors can assist institutions in providing affordable lower-sodium foods for their residents. Food manufacturers can meet institutional needs by creating larger economy sizes of low-sodium products for food service providers. For instance, institutional kitchens would have an incentive to use low-sodium soup bases if they were available in 5- or 8-lb. institutional sizes rather than the currently available 1-lb. size.

Food distributors also can assist institutions by sharing commercial product databases, which include nutritional information, at no cost. Currently, food used for commercial preparation is not required to have nutritional labeling.

CHAMPION/POINT OF CONTACT

Glynnis S. Hunt, MS
Schenectady County Public Health Service

Be one in a Million Hearts™ | millionhearts.hhs.gov