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Planning a Menu With Meal Appeal

When you think about your favorite meals, factors other than great taste often come into play. Perhaps your favorite meal is Thanksgiving—maybe not because you're a huge poultry fan, but probably due to the family and fanfare surrounding the meal. Or, maybe you enjoy Deviled Eggs only because your Mom made them every year after the Easter egg hunt.

You likely won't be able to "hit it out of the park" with every meal, but knowing what triggers a positive dining experience will help you plan menus your clients will enjoy.

“” Knowing what triggers a positive dining experience will help you plan menus your clients will enjoy.

Everyone knows the basics – provide good-tasting, attractive dishes that feature a variety of colors and flavors. But think of other considerations when you develop your spring cycle menus. Appealing combinations, pleasant aromas, varied textures, the ethnicity or culture of your patrons.

Debbie Zwiefelhofer, RD, LD addresses Menu Planning in her page 17 article. She discusses some interesting insights on the food-pleasure connection, and offers a checklist for constructing menus.

Speaking of menus, Wayne Toczek provides strategies for determining menu costs. If the equation you're using for calculating cost per meal or cost per pa-

tient day does not seem to add up, maybe you're not considering the other variables that impact food costs. Toczek lists several factors that may cause your budget to take a hit. See page 22.

If you're not labeling your menus and products with nutrition information, you may be preventing your clients from making the most healthful food choices. Knowledge is power, and knowing what's in the item they're ordering or considering in the cafeteria might be a powerful determinant in making a sound decision. Tim Bauman, DHCFA, CDM, CFPP outlines labeling basics on page 26.

Need clarification on Dining Requirements? The Pioneer Network posed some questions to the Centers for Medicare & Medicaid Services (CMS) and received responses you'll find helpful and interesting if you're transforming your resident dining program. Consult page 29.

If you need continuing education hours before May 31, help is here. Articles on page 10 and 17 offer CE credit. In addition, we outline 10 Ways to Earn CE on page 16. Attending an ANFP Regional Meeting this spring is another great way to earn the hours you need if the clock is ticking on your CE requirement. ☺



Diane Everett
Editor

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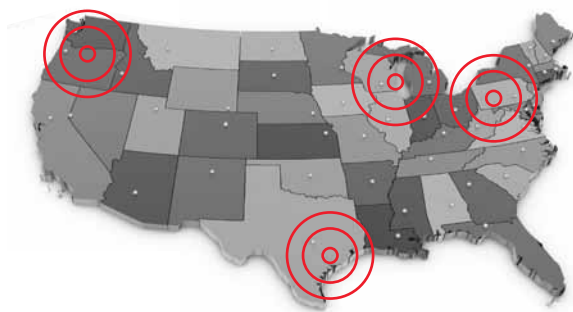
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DoubleTree by Hilton Hotel
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NORTH CENTRAL REGIONAL MEETING

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The recent ANFP Regional Meeting provided me with wonderful opportunities to not only attend a wide variety of interesting educational sessions that match my career needs, but also to gain valuable professional networking opportunities with like-minded professionals. **Thanks for making such a quality program so easily accessible and affordable.**



- Kimmi Campagna, CDM, CFPP

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The Truth About Dietary Supplements

...from the January 2013 *Harvard Women's Health Watch*

More than half of American women (and men) reach for a supplement bottle to get the nutrition insurance they think they need. But nutritional supplements rarely live up to their hype, reports the January 2013 issue of *Harvard Women's Health Watch*.

Over the years there has been a lot of highly positive news about supplements. Antioxidants such as vitamin E were once seen as a promising silver bullet against heart disease, cancer, and Alzheimer's disease. Omega-3 fatty acids were once touted for warding off strokes and other cardiovascular events. The latest supplement in the spotlight, vitamin D, is being eyed as a possible defense against a long list of diseases, including cancer, diabetes, depression, and even the common cold.

But here's the big caveat: much of the most exciting research included observational

studies, which can't show cause and effect. Observational studies follow large groups of people who *chose* to take the supplement. While that strategy can yield useful information, it isn't nearly as reliable as testing a particular supplement against a placebo (inactive pill) in a controlled setting. When that was done, the more stringent randomized controlled trials often found no effect for the supplement.

"Often the enthusiasm for these vitamins and supplements outpaces the evidence. And when the rigorous evidence is available from randomized controlled trials, often the results are at odds with the results of the observational studies," explains Dr. JoAnn Manson, chief of preventive medicine at Brigham and Women's Hospital, professor of medicine at Harvard Medical School, and principal investigator of a large randomized

trial known as VITAL (VITamin D and Omega-3 TriaL).

We need a variety of nutrients each day to stay healthy, including calcium and vitamin D to protect our bones, folic acid to produce and maintain new cells, vitamin A to preserve a healthy immune system and vision, and many, many more. Yet the source of these nutrients is important. "Usually it is best to try to get vitamins, minerals, and nutrients from food as opposed to supplements," Dr. Manson says. ☺

Read the full-length article: "Dietary supplements: Do they help or hurt?" at www.health.harvard.edu/womens

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Landmark Settlement Reached in Food Allergy Case at University

The first food allergy-related settlement in higher education under the Americans with Disabilities Act (ADA) was recently reached between Lesley University in Massachusetts and the U.S. Department of Justice (DOJ). The agreement ensures that students with food allergies and celiac disease can fully access the university's meal plans and food services.

In its press release, the DOJ noted that food allergies may constitute a disability under the ADA and that this is an issue colleges and universities nationwide need to consider. Under the settlement, Lesley University agreed to improve its practices in order for students with celiac disease and food allergies to obtain safe and nutritional foods, and

also agreed to pay \$50,000 in compensatory damages to previously identified students who have celiac disease or food allergies.

This settlement is likely to prompt colleges and universities to take a look at their own procedures to ensure they are implementing the proper protocols that will enable students with food allergies to have a safe college experience. The case has made headlines, including coverage on NPR.org quoting Maria Acebal, a spokeswoman for Food Allergy Resource & Education (FARE). FARE will have an in-depth look at the Lesley University case and its implications in the spring issue of FARE's newsletter. 🍌

Visit www.foodallergy.org

Five Tips for Making Amazing Soups

Millions of people eat soup in the fall and winter, whether they make it at home or eat it while dining out. Those making soup at home are often in search of the perfect way to make theirs taste as good as those they enjoy while dining out. "People are often intimidated when it comes to making tasty soups, but it's not nearly as challenging as it may seem," explains Ryan Fichter, Executive Chef of Thunder Burger. "Great tasting soups are within reach for everyone to make. It may just take a few extra steps to make it happen."

1. Start right. The soup base, or stock, is a big part of a great-tasting soup. Homemade base is usually the best first choice. If that's not an option, choose a stock with no MSG.

2. Mind the pasta. If you want pasta in your soup, cook it before adding. Many people skip this step, and it can throw off their whole recipe.

3. Go fresh. When it comes to soup ingredients, fresh is always best. If fresh is not an option, then go for frozen, before opting for canned.

4. Cook well. Using the right kitchen tools is important to a tasty soup. Some people prefer to use a slow cooker, which is fine. If you are using a pot, choose one that is large and heavy. Also, an immersion blender can be helpful when preparing soup.

5. Serve right. Enhance the soup's presentation with a garnish. Also, most people enjoy having something with their soup, so serve crackers, biscuits, muffins, bread, or breadsticks.

"Soup can be a great appetizer, side dish, or even a main course. With soups, you just can't go wrong," said Fichter. 🍌

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by Laura Vasilion

Kevin Sousa—Salt of the Earth

Kevin Sousa, 38, is the chef/owner of Salt of the Earth, an American restaurant which opened in September 2010 in Pittsburgh, Pa. In 2012, he opened Union Pig & Chicken, a barbecue joint, and Station Street Hot Dogs.

Sousa's rise to chef stardom began in 2004, at the age of 27, when he was voted a Rising Star chef by *Pittsburgh Magazine*. In December 2010, Salt of the Earth was favorably reviewed by the national publication *The Week*, along with restaurants in Los Angeles and Dallas. By 2011, Sousa was named Chef of the Year by *Pittsburgh Magazine* and his Salt of the Earth restaurant was recognized in *Food & Wine* magazine as having one of the "Ten Best Restaurant Dishes of 2011." That year *The New York Times* listed Sousa's restaurant as an integral part of Pittsburgh's farm-to-table movement. Named a semifinalist for *Food & Wine* magazine's "The People's Best New Chef" 2012, Sousa is currently a semi-finalist for "Best Chef: Mid Atlantic," James Beard 2012.



How did you first get involved in this profession?

Well, my father and grandfather had a small Italian American restaurant in Pittsburgh. I had lots of reasons not to do this for a living, but I always seemed to find myself back in the kitchen.

I went to culinary school after I had failed out of college a couple of times. I had to work full time while I was in school and work just took over. I found myself enjoying my time in the kitchen more than my time in the classroom.

Every job I ever had from the time I was 15 was in the kitchen. I worked at McDonalds, at pizza shops. Quick service places. But when I was 25, I decided I was going to go to culinary school.



From whom did you receive your inspiration?

Absolutely, I got the inspiration to be in the industry from my father and grandfather. It's in my blood. A lot of things can go wrong. Generally, you don't make a ton of money. But I grew up

with a love and appreciation for food. And restaurant people are my people. They're a different breed and we fit well together.

The only thing I don't enjoy about it is the notion that all restaurant people are hard living, hard drinking, hard drugging people. At one point in my life I might have been that, but I haven't had a drink in four years. In my restaurants, we try to create a healthy culture where adults take their jobs seriously. We care about each other and I care about their well-being.



How would you best describe your cuisine?

A lot of it comes from where I come from. A lot of peasant-inspired dishes. But as much as I am inspired by traditional food, I am equally inspired by modern techniques and what can make my food better. I guess my food is an amalgam of everything that is going on today in food.



Does your personal ethnicity play into your approach to your food?

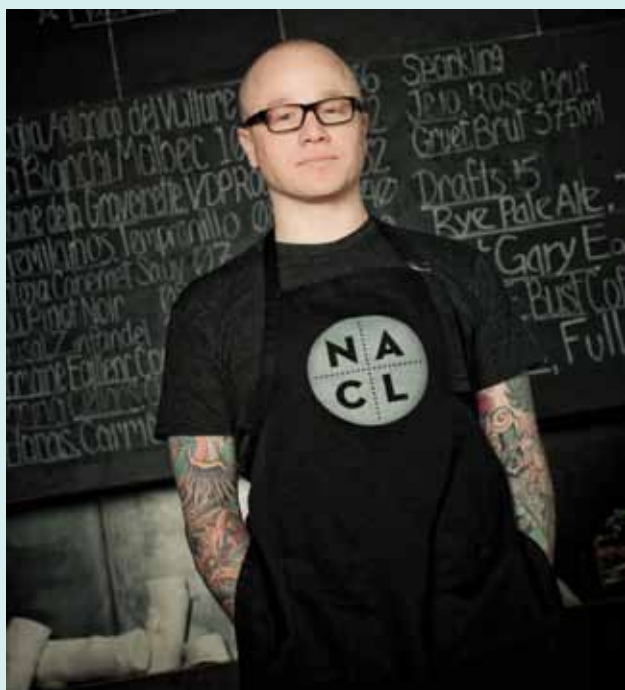
It certainly does. I am Italian, Czech, and Hungarian. So I draw on those flavors. I grew up with a mix of those flavors. For example, at Christmas this year we had the traditional Italian seven fishes and then sauerkraut and Czech kolaches. So those flavor combinations work their way into my food.



What is the most outrageous meal you've ever cooked?

Well, when I was first starting out I tried a lot of crazy things just because a lot of other people were doing them. But I have moved well beyond that. I think that years ago I might have served you the craziest dish ever although it might not have tasted all that great. I do like to mix it up, though. For instance,





Chef Kevin Sousa

we have a dish on our dessert menu that features chocolate, hazelnut, and Shiitake mushroom ice cream. The Shiitake mushroom ice cream is frozen in a dome shape with liquid nitrogen and covered with a mousse of chocolate and hazelnut. It's a flavor combination I had about 10 years ago at Charlie Trotter's restaurant and I knew that someday I would make a variation of it. It really works well together, the mushroom and chocolate flavors. It is a nice salty, savory dessert.



Tell us about your newest venture in Braddock, Pa. It's an urban renewal restaurant project, correct?

Yes. I have made a conscious effort to try to help with the revitalization and renaissance of certain neighborhoods. Restaurants have been a huge part of the renaissance of Boston, Brooklyn, Milwaukee, and Cleveland.

All my restaurants, at one time in their history, were in what were considered bad areas of Pittsburgh.



How did you become involved in this project?

The mayor of Braddock, John Fetterman, is a friend of a friend and he called me up and asked me if I knew about Braddock. I said I did. It is becoming a kind of cult arts community and I knew about that. When the steel industry was big, Braddock was very affluent. When the steel industry left Braddock that changed, as it did for a lot of cities in the Rust Belt.

At one time Braddock had 25,000 residents. Now it has 2,000. No restaurants. There hasn't been any place to eat in Braddock for 13 years. But it used to be this beautiful town, rich in history. So I went down and the mayor took me around. There are all these community gardens and a very homestead-type of thing is

happening there. People with a lot of vision are focusing on this community and I wanted to be a part of that. And I didn't know how until the mayor came to me and we discussed it.



What is different about this venture?

It will be a multifaceted project with a fine dining component. The building itself is about 15,000 square feet. A casual dining component will also be located in the space so it will be more accessible to people on a daily basis...to bring people to Braddock and encourage other businesses to come there and set up shop.

We will also be working with Springboard Kitchen, an organization which produces meals for Meals on Wheels. This is a project that will have a large non-profit component. Together with them, we will be providing job training for ex-cons and disadvantaged youths and creating a curriculum that helps create jobs in Braddock. Directly attached to the restaurant will be a one acre farm. We have already played around with the soil and this will be part of the curriculum and job training.

Mayor Fetterman has also secured an old convent that will be able to house students. That has already been remodeled. We are applying for more funding and hope people will volunteer their time and resources to make this a financially feasible project. Because if you can't make money it doesn't really help the community. It's a very ambitious project. But we hope to be open in early 2014. We hope to use a lot of local artists to create a very cool space and preserve the integrity of this rich history. We want it to become a unique, modern destination place, similar to the French Laundry.



What will this project be called?

It will be called Magarac, after Joe Magarac, who was a mythological folk hero in Pittsburgh, similar to Paul Bunyan. He was supposed to have protected the steelworkers.



If you could serve a meal to anyone in the world, living or dead, who would that be and why?

I would very much like to cook a meal for my father who passed away right when I was beginning to make a name for myself. He died about eight years ago, at age 56. He never got the chance to eat in one of my restaurants. So I would like to cook for him a meal that I feel represented the inspiration both he and my grandfather gave me and show him where that has taken me. 🍷



by Melissa Vaccaro, MS, CHO

Cracking the Code

on Expiration
Dates



It may come as a surprise to some that there are no federal laws requiring date marking of manufactured foods, with the exception of infant formula and some infant foods. Some states do have stricter and required “sell by” dating for specific foods, such as dairy products.

This should always be verified with your regulating agency. Neither the Food and Drug Administration (FDA) nor the US Department of Agriculture Food Safety and Inspection Service (FSIS) preclude the sale of food that is past the expiration date indicated on the label. As a matter of fact, FDA does not even require that manufacturers provide an expiration, a “sell by,” a “best if used by,” or similar date on food products. The use of ‘dating’ on foods is solely voluntary and at the discretion of the manufacturer. However, if a calendar date is used, it must express both the month and day of the month (and the year, in the case of shelf-stable and frozen products). If a calendar date is shown, immediately adjacent to the date must be a phrase explaining the meaning of that date such as “sell-by” or “use before.”

Foods must be wholesome and fit for consumption according to U.S. food laws. If a food manufacturer chooses to place a “best by,” “use by,” or an expiration date on their food, it will not alleviate them from their obligation to produce and sell safe food. Safety is regulated, quality is not.

OPEN DATING

When we discuss dating of food in this context we are talking about unopened packaged foods. Do not confuse this type of dating of food packaging with the FDA Food Code date marking requirements for Retail Food Facilities. A Food Protection Connection column to follow next month will discuss date marking of opened ready-to-eat foods in foodservice facilities.

Most dates on food products are quality dates and are in the form of “open dating.” Open dates are dates, not codes. They are dates a consumer would recognize. These dates are on the product to help food facilities, such as grocery stores, determine how long to display the product for sale for best quality. They are also there as an indicator to the purchaser or end user of the product as to the time limits to purchase or use the product at its best quality. Food is typically safe long after its marked expiration date as long as it has been handled and stored properly. This form of dating will often be seen on perishable foods such

as meats, poultry, eggs, and dairy products. Listed here are what the terms stamped on food products generally mean.

1. **“Use-by” date:** The last date recommended for the *use* of the product while at peak quality. The date has been determined by the manufacturer.

Recommendation: The best policy is to use the product by this date. However, unless verified otherwise by the company, this is a quality date and not a food safety date. The food could very well be safe to consume after the manufacturer’s recommended “use-by” date if the product was stored and handled properly.

2. **“Sell-by” date:** Advises the store how long to display the product for sale. It is not an expiration date or consume-by date. The manufacturer recommends this date so that consumers have adequate time to use the product. This is typically used for perishable food items that will spoil with time. Spoilage is a quality issue, not a food safety issue.

Recommendation: How long the food is safe to eat and/or maintains a high quality after this date depends on the food. The individual company determines this date based on their own internal studies and testing. If you are interested in knowing more about the safety and freshness of a particular product, there is usually a company email or toll-free numbers on the product packaging to contact the company. Using the Internet to research a company and their food products to determine freshness is always an option as well. Once a food is opened, it frequently needs to be used more quickly than it would if it remained unopened. Again, with the exception of infant formula and some baby foods, and potentially dairy in some states, “sell-by” dating is not required and does not necessarily imply lack of safety after that date. As a matter of fact, it is not a “consume by” date. The food can still be served or used after the “sell-by,” even in the case of dairy products whose dating may be regulated.

Continued on page 12

Sources

<http://www.fda.gov/AboutFDA/Transparency/Basics/ucm210073.htm>

http://www.fsis.usda.gov/Fact_Sheets/Food_Product_Dating/

<http://www.webmd.com/a-to-z-guides/features/do-food-expiration-dates-matter>

3. **“Best if used by” (or before) date:** Recommended for best flavor or quality. It is not a purchase or safety date.

Recommendation: If possible, contact the company for more information. If contact information for the product is not available on the packaging, as it should be, then you may need to search the Internet for information about the company. The food still may be safe. Yet, who wants to eat (or have their cooking ability judged by!) a baked product made from a mix where the leavening ingredients were too old to make the food rise. Or, where the fat in a food—such as nuts—turned rancid over time. One cake company hotline said its cake mix still should taste good for three months past the label date; however, it would be best to discard the accompanying nuts, which may no longer be at peak flavor.

CLOSED DATING

Closed or coded dating is the use of letters, numbers, and symbols to create a number for use by the manufacturer for product tracking, recalls, complaints, and similar. These are codes the general public would not recognize. They too are quality or tracking dates, not food safety dates. There is no standardized coding system used for foods. Sometimes it takes a call or research on a company to know and understand their coding system. You will often see this form of dating on canned and non-perishable foods. The Canned Food Alliance (www.mealtime.org) gives guidance on deciphering some coding on canned food products.

INFANT FORMULA

If you are working in a daycare or hospital setting where infant formula may be used, it is important to pay close attention to the “use-by” date marked on the product. It is a federal law to require a “use-by” date on infant formula and some types of baby food under inspection by the Food and Drug Administration. Baby formula is dated for both quality and nutrition retention. For more information on infant formula and use-by dates, visit http://www.fsis.usda.gov/factsheets/food_product_dating/index.asp



DATES ON EGG CARTONS

Use of either a “sell-by” or “expiration” date is not federally required. Some may be state required, as defined by the egg laws in the state where the eggs are marketed. Some state egg laws do not allow the use of a “sell-by” date.

Egg cartons with the USDA grade shield on them must display the “pack date” (the day that the eggs were washed, graded, and placed in the carton). The number is a three-digit code that represents the consecutive day of the year starting with January 1 as 001 and ending with December 31 as 365. When a “sell-by” date appears on a carton bearing the USDA grade shield, the code date may not exceed 45 days from the date of pack. Many eggs reach stores only a few days after the hen lays them.

For the freshest eggs, try to purchase them before the “sell-by” or “expiration” date on the carton. After purchase, refrigerate the eggs in their original carton and place them in the coldest part of the refrigerator, not near the door. For best quality, use eggs within 3 to 5 weeks of the date *you* purchase them. The “sell-by” date will usually expire during that length of time, but the eggs are perfectly safe to use.

SAFETY AFTER A MARKED DATE

“Use-by” dates usually refer to best quality and are not safety dates. But even if the date expires during storage, a product should be safe, wholesome, and of good quality if handled properly and kept at 40°F or below. Both FDA and FSIS have shelf life recommendation charts available on their websites. Just keep in mind these are recommendations, and in no way imply the food may not still be safe to eat after those recommended timeframes.

“ ” It is a federal law to require a “use-by” date on infant formula and some types of baby food under inspection by the Food and Drug Administration.

Answers to FPC Review Questions

CDMs who answer the FPC Review Questions on page 14 of this issue can check their responses against the answer key found on page 39. This “self check” allows you to confirm your understanding of the test questions.



“” Refrigerate perishable food promptly.

Mishandling of any food can cause foodborne illness.

Can retail stores and foodservice facilities sell, use, or serve foods whose packages are ‘out-of-date’? Yes, unless otherwise regulated by a more stringent state or local food law, as long as the integrity of the food is intact and the product has not been mishandled, these facilities may use or sell ‘out-of-date’ food (with the exception of infant formula). There is an entire food industry sector that revolves around outdated foods. Salvage dealers or businesses that purchase, re-condition, and/or re-sell foods that are out-of-date or nearly outdated are common in some areas of the country. Though some states do not allow the sale of ‘out-of-date’ foods, others have recognized that food is still safe beyond the marked date. Salvage operations and food outlet stores are a great way to provide good food at reduced prices. There is no need to throw away foods with out-of-date codes. If the food has been stored and handled safely it is still safe to cook with, serve, and eat. It might not be top-notch quality, but it would not make you sick.

Since product dates don’t give you a true guide to the safety or safe use of foods, here are some tips to remember:

- If purchasing or using a product that is out of date review the product packaging, storage method, and package integrity. If the product has been stored adequately and the product integrity is intact it will be safe to purchase or use. If using an out-of-date product, it should appear in as good of condition as an in-date product.
- To give you more time to store or use a food product, purchase products before the date expires.
- Refrigerate perishable food promptly. Mishandling of any food can cause foodborne illness.
- If you would like to hold perishable foods well beyond the date marked, freeze them. Once a perishable food is frozen,

it doesn’t matter if the date expires because foods kept frozen continuously are safe indefinitely.

- As with all shelf stable products, keep storage rooms clean and neat and free from storage pests such as Indian meal moths.
- Follow handling, storage, and preparation recommendations on all products.
- If purchasing in bulk, don’t overbuy. Overstock could lead to a lot of out-of-date product.
- Once opened, follow all FDA Food Code date marking requirements for ready-to-eat potentially hazardous foods to be held over 24 hours.
- Mark *your* purchase date on the product. This way several months from now you can make a more educated decision as to whether or not to use a product.

Next time you go into your storage pantry and pull out a can of green beans that has a ‘use-by’ date that is 6 months past, don’t automatically throw the food out. Stop and consider the product, the integrity of the packaging, the storage and handling methods used and make an educated decision as to whether to use or throw out the food. Many food facilities have Standard Operating Procedures (SOPs) that don’t allow food to be used or sold after the date marked or a specified time after the marked date. If specified, always follow your company SOPs on out-of-date foods. 🍷

Melissa Vaccaro, MS, CHO is a Food Program Specialist for the PA Department of Agriculture and an Executive Board Member for the Central Atlantic States Association of Food and Drug Officials (CASA). Contact her at mvacarro86@gmail.com



No. 377

Reading *Cracking the Code on Expiration Dates* in this magazine and successfully completing these review questions has been approved for 1 hour of sanitation continuing education credit for CDM, CFPPs. The article and questions are also online at www.ANFPonline.org/CE/food_protection.shtml.

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1. Which type of date marking is common on perishable foods, such as deli salads?
 - ☐ A. Open dating
 - ☐ B. Closed dating
 - ☐ C. "Best if used by" dating
2. Which type of date marking is common with non-perishable foods, such as canned foods?
 - ☐ A. Open dating
 - ☐ B. Closed dating
 - ☐ C. "Best if used by" dating
3. Which of the following is required by federal law?
 - ☐ A. That all meats have "sell-by" dates
 - ☐ B. That all infant formulas have "use-by" dates
 - ☐ C. That all dairy products have "sell-by" dates
4. "Best if used by" is
 - ☐ A. For safety and quality
 - ☐ B. For safety only
 - ☐ C. Recommended for best flavor or quality
5. "Sell-by" dates
 - ☐ A. Advise the store how long to display the product for sale
 - ☐ B. Are required for all dairy products
 - ☐ C. Are not required for any food products
6. "Use-by" dates are
 - ☐ A. Not required on any food products
 - ☐ B. Determined by the retail food store
 - ☐ C. The last date recommended for use of the product while at peak quality
7. Unless otherwise regulated by a state or local regulatory agency, can a food facility use or sell outdated food?
 - ☐ A. Yes, under any circumstance
 - ☐ B. Yes, if the product was handled and stored properly and its integrity is intact
 - ☐ C. No, not under any circumstance

Must Complete:

Please describe what you learned from this article:

What changes will you make at your facility after reading this article?

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Question of the Month

Last month, we asked some proven leaders to give a brief response to the following question:



What is the most important trait or skill of an effective leader?

More insightful answers follow.



Ruby Puckett, MA, FCSI

*Director, Dietary Manager Training,
University of Florida Division of
Continuing Education, Gainesville, FL*

To answer this question, we must first determine that the person selected to be leader possesses the interpersonal, technical, and conceptual skills needed

to perform the more scientific duties of the job. I am of the opinion that leaders need to add traits to their skills. Traits are those “enduring characteristics of a person.” A leader must first of all be trustworthy, open, honest, consistent, and possess integrity. To have honesty and integrity traits the leader must be trustworthy, open, and accepting of people’s differences, whether it is their creeds, culture, religion, sexual orientation, or disabilities. They must have drive to accomplish the goals of the organization and department. Their behavior must be consistent when dealing with all employees. They will need to take initiative, possess a high level of energy, and show calmness under pressure. The leader must set the example, “I will do what I said I would do.”

The leader who is self-confident encourages their subordinates to develop skills and competencies and will provide time, the needed funds, and opportunities for the staff to “move up.” They will develop the skills of the young and emerging staff.



Marty Rothschild

*President, Aladdin Temp-Rite,
Hendersonville, TN*

Leadership has many facets and it can be demonstrated in many ways, at different levels and various organizations. The organization can be home, school, church, company...you don’t need to be the president of a company to be a leader; as a matter of fact, if you are a parent, then you are a leader.

There is formal leadership and moral leadership. In the first case the leader is followed because he or she is “the boss;” while in the second case the leader is followed because of who or what they represent. It is this moral leadership that I want to explore.

Essential to this type of leadership is trust. How does a leader gain trust? By definition, leadership has both a direction and a future time element. Where are we headed next? However, past behavior is how trust is earned. To lead people into the future there must be a history of trust; an assurance cemented by consistency. Good leaders cannot be erratic in behavior or results. When employees know what to expect in management style, support, and behavior then they can perform at an optimum level and will follow the lead. This congruity between values and behavior will foster trust.


Emerson is often quoted, “What you are shouts so loudly in my ears that I can’t hear what you say.” By being genuine and consistent, a leader creates an atmosphere where employees feel comfortable taking risk, innovating, and excelling. The leader should be a model of the direction and the vision of the company—the poster child. This consistency generates trust and a following.

Leaders will be tested, particularly in times of stress, to see if they really mean what they say. It is in those times the organization will notice if the talk matches the walk. This is when it is most important to be consistent and where trust begins. While trust brings out the best, distrust can destroy a leader’s influence and an organization’s performance. Time is wasted, people become petty, bureaucracy expands, and the energy of the organization is sapped.


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**E-mail to Diane Everett at:
deverett@ANFPonline.org**



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Menu Planning

Thinking Beyond
Color, Flavor &
Texture

by | *Debbie Zwiefelhofer, RD, LD*

How many times have you heard someone say “I don’t like that soup”... or meat, vegetable, sandwich... you fill in the blank. Whether at work or home, most of you reading this are directly or indirectly responsible for feeding others.

With all the basic considerations that come into play, deciding on menus is no easy task, whether you are planning for a family or hundreds eating in your facility.

Granted, there is more latitude with family meals, but the challenges in achieving satisfaction are still there. We are taught that color, flavor, and texture play an important role in setting a menu. So why is it that after incorporating those key elements along with food variety the mealtime complaints are still heard? It might be because many factors, even ones not yet identified, work in concert to contribute to food satisfaction.

Table 1

Considerations for Planning Menus

- Food budget
- Equipment available
- Storage (and limitations)
- Delivery frequency/times
- Seasonal foods
- Skill of cook (scratch prep vs. convenience)
- Number of staff to cook, prepare, serve
- Number of meals to be prepared
- Type of meal service (buffet, cook to order, etc.)
- Selective or non-selective menu
- Meal times (holding time requirements)
- Client recipe/food preferences
- Special dietary considerations
- Nutrition (balanced and adequate)
- Visual aesthetics (avoiding the all “white” meal)
- Temperatures—keeping hot food hot and cold, cold
- Texture aesthetics
- Meeting federal and local regulations

WHY DO WE EAT?

This is a somewhat rhetorical question because, of course, humans need to eat to survive. If a person ‘listens’ to their body they can learn to differentiate thirst from hunger and hunger from eating “just because.” However, very few people eat simply to avoid starvation. In addition to satisfying the need to fuel the body, eating is social and food is pleasurable. Most people require somewhere between 1,600 and 2,400 calories daily to adequately support their body’s metabolic needs. People would probably not consume even their base requisite calories if foods tasted really bad. But, be aware that many influences impact an individual’s food selections, and those influencers can morph and change over time. This brings us to the topic of thinking more broadly beyond color, flavor, and texture.

Consider this, recent animal research suggests a strong connection between what a person will select to eat most often and what their mom obsessively consumed while pregnant.¹ The key word being “obsessive”—pregnancy cravings that are occasionally satisfied are not going to create some version of a foodaholic. However, if you have a strong penchant for a particular type of flavor, food or food category, ask your mother if that was something she happened to eat ‘obsessively’ when pregnant with you. Pre-birth hypotheses aside, it is not surprising that initial food preferences are learned from family. Children rely on others for meals and so they learn to eat what has been offered. It stands to reason that if someone has never been exposed to certain foods they may not eat them later in life.

Those familial preferences are tied to a number of considerations like geographic location, culture, religion, and so on. Geographic location leads to what foods are available and the ability to acquire them. The phrase ‘food desert’ is used to describe the lack of access to particular foods—usually healthier fare such as fresh fruits and vegetables. A person’s culture and religion can further sway food choice. Different cultures favor different varieties of foods, spices, and flavors. A religion can suggest avoiding or even prohibit select foods or food groups. Chosen lifestyles or socio-economic means can further influ-

Answers to Review Questions

CDMs who answer the Review Questions on page 21 of this issue can check their responses against the answer key found on page 39. This “self check” allows you to confirm your understanding of the test questions.

ence things like frequency of home-cooking vs. eating out. Then there are a host of psychological issues that surround eating (or not eating)—another whole topic onto itself. All these factors play a role in food preference and the evolution of food selection as a person ages, changes environments, experiences changes in health, and is introduced to new cultures and foods. The reality is that food choice is complex and, scientifically speaking, we really don’t know all there is to know about human food preference. The adage that “you can please some of the people all of the time, and all of the people some of the time, but you cannot please all of the people all of the time” is very fitting in the world of foodservice.

THE THEORY OF FAVORITE FOODS

Volumes of literature exist that attempt to explain food palatability and eating behaviors. Steven Witherly, PhD has done years of research into the topic of why people eat what they do. In his latest book “Why Humans Like Junk Food,” Dr. Witherly explores 16 different food perception theories and distills the theories down into his favored top six principles of food pleasure.² Those six points are worth expanding upon here to give some added perspective to planning recipes, food selections, and menus—especially if you are seeking to improve meal satisfaction scores.

1. **First and foremost, taste is king!** Foods need to deliver on preferred ratios for salt, sugar, and umami (savory) taste preferences. Innate taste receptors are what protect us from eating things we should not (poisons) and “craving” the nutrients our body needs (salt, sugar, protein, et al). As important as taste is, all the other senses—including temperatures and textures—play an even greater role in taste perceptions. While it’s taste that gets the food into the mouth, it’s a whole host of other sensations and feedback mechanisms that impact the gut and the brain to arrive at food pleasure and satisfaction. Many human taste feedback mechanisms remain a mystery. Case in point, a research lab was just awarded a \$1 million grant to study salt taste detection and perception.
2. **Dynamic contrast is important—foods should not be one-dimensional.** Water would be an example of one-dimension; no color, no flavor, and no texture. And, no wonder why so many people don’t like to drink plain water. Humans are visual and people really do “eat with their eyes.” This is why the aspects of color, texture, and pleasing plate presentation are so important. Color variety and texture ranges like crispy, crunchy, and chewy make food exciting! Take a moment to reflect on a past holiday or party meal as compared to a usual

workday “sack lunch.” You probably arrived at a mental picture of noisy, festive, and fun versus “ho-hum.” This brings us to point number three.

3. **Foods should evoke pleasant memories.** These pleasant memories bring positive conditioned responses to something about the food or type of food. Growing up (happy) with spicy sauces drives a continued happiness from foods served in those spicy sauces. If you think about a favorite food or meal you can probably connect them to the pleasurable trigger. This might explain why holiday and other special event meals tend to rate better—they hit on foods that have good memories attached. On the opposite spectrum, who doesn’t avoid the food that made them ill? Whether it was an episode of food poisoning or over indulgence, it can take many months or years (if ever) to eat or drink that particular food again no matter how “good for you” the food might be. Unpleasant memories associated with a food will drive us away from that food. Consider this, if you cook for seniors that grew up during the Depression era, particular menu items (e.g. baked beans) may bring back unpleasant memories of tough times and having eaten the item far too often. This is why it is so important to find out food likes and dislikes,

Continued on page 20

Table 2

Checklist for Constructing Menus

Standard Considerations:

- Color
- Flavor
- Texture
- Temperature

Food-Pleasure Considerations:

- Salty and sugar (sweet)
- Spicy and bland
- Strong flavors and light flavors
- Crunchy and smooth
- Liquid, soft and firm
- Pretty and plain
- Variety in caloric density
- Aroma

References

1. Bayol, SA et al. BJN 2007; 98:842-851.
2. Witherly, Steven A. Why Humans Like Junk Food, Lincoln, NE: iUniverse, 2007.

especially in the presence of poor food intake. Consider going one step further and find out the “why” behind food likes and dislikes.

4. **There is a food-pleasure equation.** Explained simply, eating pleasure is a function of all the aesthetic sensations plus (macro) nutrient stimulation. These two dimensions must be in a balance to please. The body has feedback mechanisms that regulate the macronutrients, but calories are also key in this equation. Brain scans show reduced pleasure in subjects looking at a plate of vegetables versus a higher calorie alternative. In explaining the food-pleasure equation, Dr. Witherly states the “brain has the ability to quantify the pleasure contained in an eating experience as performed by certain dopamine neurons in the brain and sensing of calories in the gut.” Therefore, food satisfaction is some internal measure of what is seen, what is sensed, and what is eaten. This equation can explain why people trying to lose weight are often instructed to incorporate carbohydrate, protein, and fat with each eating occasion. Noshing on an apple might be low calorie and filling on one hand, but not entirely satisfying on the other. Dipping that apple in some peanut butter could move that eating occasion to a more pleasurable level and therefore satisfying. This is a good segue into point number five.

5. **Caloric density is more satisfying.** The aforementioned gut-brain connection apparently likes the caloric density of 4-5 (water is a 0 and pure fat is a 9). Plain vegetables score around a 1, meats are 2-3, and fast foods are 4-5. Most so-called junk foods have a caloric density in that 4-5 range. High energy density is associated with high pleasure. These foods are tasty (i.e. potato chips), but they are not filling whereas low energy dense foods are filling (i.e. raw carrots), but less tasty. Water scores a 0 for caloric density, so while it may be filling it is generally not satisfying. Exceptions exist, but the point here is that there seems to be an innate trigger for why we crave calorically-dense foods.

6. **Taste buds like emulsions.** What is an emulsion? It is a mixture of two or more liquids that are normally un-blendable. Examples of an emulsion would include vinaigrettes, mayonnaise, ice cream, and chocolate to name a few. Taste buds tend to prefer the salt-fat and sugar-fat emulsions best. Exactly the foundation of many foods that we might consider “junk” or at a minimum describe as having “non-nutritive” value. However, there is a menu application within this point. If an individual has a poor meal intake, adding an emulsion experience such as cheese sauce to vegetables or gravy to meats may help improve consumption.

Keep in mind that humans are the only species that require over 50 different macro and micronutrients to be consumed regularly to thrive. Given all the complexity surrounding food acceptance and satisfying the body’s nutrient needs, it’s a wonder we get any meals right! The theories of favorite foods teach us that menus need to be looked at from an even broader perspective than simply making sure that any given meal is not all “cold, soft and white.” The theories also emphasize that it truly is an art along with science that goes into getting any one individual successfully nourished.

CONSTRUCTING ‘BETTER’ MENUS

We have become a transient world, so part of the challenge in food operations today is pleasing the variety of palates that are now eating under one roof. By the time cultures, ethnicity, religion, special diets, and food/eating preferences are taken into consideration it would be just about impossible to please everyone with singular menu choices. This makes a good case for offering the selective menu. Providing options at every meal occasion allows for not only offering significant food variety, but also accommodating different cuisines. Instead of having singular themed meals like “Italian Day,” consider having a “Tomato Day” and offer tomato dishes from different cuisines. Some alternative thoughts for constructing menu cycles using the food-pleasure theories are proposed in Table 2. With choices come better odds of mealtime enjoyment and ultimately food-service satisfaction.

According to Brillat-Savarin, the early 1800s author of *The Physiology of Taste*, “Gastronomy is the knowledge and understanding of all that relates to man as he eats. Its purpose is to ensure the conservation of men, using the best food possible.” The word *gastronomy* is of Greek origin and can be defined as “the art or law of regulating the stomach.” Merriam-Webster defines it simply as the ‘art of food eating.’ The word itself is intended to cover every aspect tied to food, from nutrients to food selection to preparation and presentation and the meal experience. That sounds a lot like the definition of dietetics or nutrition. Instead of dietitians, technicians, or dietary managers, perhaps we could have the title *gastronomist*! ☺

Debbie Zwiefelhofer, RD, LD is the President of Nutrition Affairs LLC, Minneapolis, Minn. Visit www.NutritionAffairs.com or contact her at dznutrition@yahoo.com



Reading *Menu Planning...Thinking Beyond Color, Flavor & Texture* in this magazine and successfully completing these review questions has been approved for 1 hour of continuing education credit for CDM, CFPPs. The article and questions are also online at www.ANFPonline.org/CE/nutrition_connection.shtml.

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- Familial preferences for food may be tied to
 - ☐ A. Culture and religion
 - ☐ B. Geographic location
 - ☐ C. All of the above
- The phrase "food desert" is used to describe
 - ☐ A. Lack of access to certain foods, such as fruits and vegetables
 - ☐ B. Food that is very dry
 - ☐ C. Food that is coarse and grainy, like sand
- Unpleasant food memories might surface when
 - ☐ A. A food is served that previously made that person ill
 - ☐ B. The food triggers thoughts of a difficult time, like the Depression
 - ☐ C. Both of the above
- Why might eating a plain apple not seem satisfying?
 - ☐ A. The risk of pesticide residue diminishes enjoyment
 - ☐ B. Because the body tends to crave carbs, protein, and fat in combinations
 - ☐ C. They are often mealy and bruised
- Calorie-dense foods tend to be more satisfying. Which of these foods scores highest in terms of caloric density?
 - ☐ A. Plain vegetables
 - ☐ B. Fast foods
 - ☐ C. Meats
- Taste buds like emulsions. What are examples of emulsions?
 - ☐ A. Vinaigrettes, mayonnaise
 - ☐ B. Ice cream, chocolate
 - ☐ C. All of the above
- An individual with poor food intake may react positively if an emulsion experience is presented such as
 - ☐ A. Cheese sauce on vegetables
 - ☐ B. Gravy on meat
 - ☐ C. Both of the above

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Menu Cost

More Than Meets the Eye

by | *Wayne Toczek*

Wayne Toczek is CEO of Innovations Services, Norwalk, Ohio. Contact him at (419) 663-9300 or visit www.innovaservices.info



The belt in healthcare is tightening. As operators, we are being told to do more with less, yet still be innovative and implement current trends. Taking a closer look at your menu will help you explore costs. What is your actual cost per meal? How does that compare to the cost quoted by your food vendor? Is the menu you implemented really at your budgeted cost? How was it calculated?

MANY FACTORS AFFECT FOOD COSTS— use of a purchasing group, geographic conditions, brands and types of food, quantity served, and much more. Using the formula of actual purchases divided by census gives an operator a good idea of the cost of food. However, to get a more accurate figure, you can categorize costs and adjust for inventory change, staff meals, department requisitions, supplements, and other factors. This gives you a snapshot of your overall operational expenses.

The best method to calculate costs is:

$$\frac{(\text{Inventory} + \text{Purchases}) - (\text{Inventory} + \text{Issues/Transfers})}{\text{Census}} = \text{Cost per patient or resident day OR}$$

$$\frac{(\text{Inventory} + \text{Purchases}) - (\text{Inventory} + \text{Issues/Transfers})}{\text{Meals Served}} = \text{Cost per meal}$$

PRESSURE TO CUT COSTS

Perhaps in the past your vendor presented you with a menu, in front of your boss, and the vendor said with great enthusiasm, “This menu has a cost of “\$\$” and it will save you money!” Your boss probably turned to you and said, “Make it happen.” Suddenly, your budget is adjusted and the belt has tightened before you can utter a word.

So let’s look at what made it appear you would save money using the vendor’s or consultant’s presented menu, and address the factors that were most likely not considered by your vendor, your boss, and even you.

REAL-WORLD VARIABLES

Perfect math is presenting food cost without considering variables like those presented in the example below. It assumes that the exact recipe will be followed and you'll use the entire product purchased for that recipe. In other words, the usage is end to end. Your odds for having that actually happen are slim. As an example, let's take the beef purchased for the meal. Will all the beef be used from end to end for the recipe? Similarly, not every biscuit made will be used. Was a garnish factored in? Other factors include human error, equipment error, and product substitution.

Example: Your beef stew recipe calls for 18# of beef cubes. You purchase beef cubes 10#/case with 2 5# units in each case. What will your cook do? a) use 20# of beef cubes, or b) remove the additional 2# for another use and actually use them. Option A will likely be the choice in most cases, resulting in an 11 percent increase in the cost of the beef stew.

Variables to consider:

- **Menu cost for exact menu as printed**—including the number of courses, serving sizes, and beverage selections. How are changes and additions adjusted or calculated? What happens to the food cost when half of your population expects juice at lunch and dinner and it's not on the printed menu? At 50 percent usage this will increase a \$2.50/meal cost by approximately 5 percent overall. Your cost per meal is now \$2.63! If you serve 10,000 meals per year, this simple change increases your annual food expense \$13,000! Consider that, not to mention the type of juice being purchased. Is it concentrate, frozen, bag in box, individual bottles or portion cups on this top-spend item?
- **Acceptance of a menu is based on what the customer expects**—Does the menu format flow with the residents? What do they normally expect for breakfast meat daily? Will there be too many casseroles or sandwiches, or not enough of a certain item offered on the menu? How are special meals factored in or accounted for?
- **Snacks included on preprinted menus**—Again, be alert to whether the snacks included on the menu fit your culture. Are your snacks more than just graham crackers and fruit juice?
- **Exact recipes and products**—What are the assumptions used? Are they products you had? Will you make your beef stew or use a convenience item? Is this the same preparation used in the "known cost" menu? If not, how does that

Make taking inventory meaningful and worth your time. Since dairy, produce, and bread are used within a week of purchase, consider not inventorying them. Similarly, you will generally have the same amount of open spices, oils, film, etc. in your kitchen so don't inventory those either. A bit more complicated is whether or not to inventory items that are in process for tomorrow's menu, i.e., roast beef for lunch tomorrow. Most important, be consistent, and taking inventory will be a meaningful tool to use in managing your food costs.

change impact the cost to produce the item? Determine whether the way you currently prepare the item is the best method for your community.

- **Inventory to build up for the menu**—Exactly what will it take to get this new menu rolling? What is needed on the shelf that's currently not there? What is on the shelf that won't be needed?
- **Exact recipe yields leftovers**—Chances are, not every portion will be used.
- **Portion control**—Second portions and over-portioning impact costs. Is your staff using the correct measuring utensil? Do they understand how to calculate based on pan size or scoop?
- **Shrinkage of yield**—The yield could be affected by production and cooking methods.
- **Waste**—When your "as purchased" amount gives you much less "edible purchase."
- **Specific products**—Is it the product your production staff is accustomed to? Is it bone-in or bone-out or ratio? Are you using the right product for the menu item? Are you getting increased value perception for higher cost items? The proposed menu likely assumes that all residents will be served the printed menu item. How many of your residents request a replacement item, double portion, or choose from the Always Available menu? It's inevitable that you will periodically have to offer a replacement or a second portion to your customer, so how are those variables factored in?
- **Market fluctuations**—Is the data used to calculate the food cost still current? Have you looked at the price of tomatoes recently?
- **Additional items**—Little things added mean a lot.
- **Therapeutic diets**—What about variations for adding thickener or fortifying foods?
- **Labor in production**—Do you have the equipment to cook the product in the manner in which it was factored? Do you have the skill or talent to prepare it that way?
- **Centralized or decentralized service**—Each decentralized service point increases the cost. Can you calculate a percentage? Trays equal waste!

Continued on page 24

- **Other variables**—This list is by no means comprehensive. Additional factors may come into play.

CONSIDER THIS SYSTEM

There's good news. You can navigate the world of food cost variables yourself and take hold of what affects it...and it can be done without spending days in front of a computer and shuffling invoices or searching online.

Consider these basic principles that may help you understand your food cost. The food cost on any menu has certain fixed or core costs. These costs do not change dramatically from place to place, because certain expectations are the same, such as:

Core Costs

- Condiments x 3: Sugar, salt, pepper, cream, butter
- Daily items: Juice, milk, coffee, other
- Bread, toast, etc.
- In theory, vegetables average the same cost after considering the variables (canned, fresh, frozen, high end).
- Starches can be averaged out to some degree as well.

Bottom Line Menu Costs

- The entrée and dessert become the variable and anomalies to the menu such as soups and appetizers.

Shop Costs

A colleague of mine explains it like this..."Shop costs" is when you take your car in for service. The shop does not charge you for every shot of WD40 and grease used in servicing your car. Instead, they develop an educated formula which covers these costs.

- There is a factor that should address the extra items—oil, salt, spices, onions, carrots, vegetable spray, soup base, and others. This can be a factor or it can be a percentage called the "Shop Cost."

Remember to factor in major differences in the proposed menu and what you have to offer, i.e., the proposed menu may offer soup twice a week, but you may offer it every day or even twice daily.

Once these things are factored, a base cost is established and from that a decision can be made for replacing core menu items that can directly affect cost.

Core items: Cost your top 15 or more core items in the following food groups and develop a cost range for each of them.

- Vegetables
- Starches
- Breads

Key areas: Entrées and desserts. Remember to balance the changes!

Other menu mixes: Appetizers and soups can be accounted for in the base cost or added to the key areas. If you can develop a cost range for them, a decision can then be made on "staying in the range." For example, maybe three home soups can offset the price of Lobster Bisque once a cycle.

If you have three higher-than-usual cost items, balance it out with three lower-than-usual cost items. Cost the core of the production: i.e., for spaghetti with meat sauce, cost the ground beef, spaghetti, and tomato sauce. The "shop cost" factors will cover the basil, oregano, other seasonings, and parmesan cheese.

Menu cost sample:

Shop cost is 8 percent. Consider how this shop cost will increase with lack of systems: order guides, recipes that are scaled and production sheets, training, and weekly production meetings and planning. Figure 1 provides a sample costing formula.

Understand the core cost of the entrée and dessert, and let the shop cost pick up the rest. If you have an entrée at 98, 78, 1.05

Figure 1

Sample Costing Formula			
Core cost:	\$1.34	For condiments, coffee, juice, milk	NOTE: Numbers in this sample are for example only and not based on actual costs. Each operator should determine specific costs based on their own operational particulars. Menu base cost: [Core plus Breakfast plus Bread (x2) plus Veg (x2) plus starch, condiments (x2)] Equals \$\$\$ PLUS (+) Entrée 1 and Entrée 2 and Dessert 1 and Dessert 2 TIMES (x) Shop Cost EQUALS (=) Menu Cost
Breakfast:	\$0.98	For eggs, breakfast, meat, toast, juice	
Lunch:	\$1.87	Veg \$0.24, Starch \$0.33, Bread \$0.12, Entrée \$0.76, Dessert \$0.42	
Dinner:	\$2.29	Soup \$0.32, Veg \$0.24, Starch \$0.33, Bread \$0.12, Entrée \$0.76, Dessert \$0.52	
SUBTOTAL	\$5.38	Plus 7% (shop cost) \$0.37 = Grand total = \$5.75	

make changes, the more days you cost out, the more precise your food cost. Remember to cost out both entrées and both desserts.

By using formulas such as the sample above, operators can make cost-effective decisions on products and replacements. Making educated menu changes and helping establish parameters on your terms of assumptions rather than the cost of a “menu as provided” or developed without daily considerations will help you more effectively budget your costs.

KEY POINTS

- Use a complete production system.
- Balance the sub.
- Cancel out high and low items against each other.
- Know product costs.
- Be consistent.
- Follow recipes and scale them to proper amounts.
- Work in seasonal specials when you can to increase customer satisfaction.
- Know yields.
- Ensure your equipment works.

- Educate your staff.
- Make it happen with solid production systems and training.

Understand all the other factors that impact cost per meal or go into your food cost, such as:

- Snacks
- Special meals
- Seconds
- Large portions
- Supplements or a fortifying factor
- Thickening agents
- Distributions
- Menu style or selection options
- Type of service.
- How items are presented or served
- Diet complexity
- Staff competency
- Equipment and new technology

Understanding these variables will allow you to operate with the control you want and the confidence you need to effectively understand the big picture of food cost. 🍷

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Labeling for Learning

How Nutrition Labeling on
Products and Menus Can
Improve Client Health

by | Timothy L. Bauman, DHCFA, CDM, CFPP

Can managers with limited direct exposure to patients help set the stage for more effective patient care? The new government labeling laws are raising an awareness healthcare operators can leverage to increase satisfaction and build patient confidence in our food and its medical efficacy. Health plans and even Medicare are finding ways to tie reimbursements to satisfaction in addition to outcomes.

RESEARCH INDICATES that learned behaviors are the main reason people eat what they do. Labels and menus help our customers and patients become informed consumers and positively affect health.

Labels are part of creating the atmosphere of good eating as are menus, signage, user-friendly dining areas, and knowledgeable staff. There are proper ways to create labels not only for patient care, but to meet government requirements. Use a good nutrition analysis program and have your registered dietitian review the information. Approval by an RD gives you more credibility with patients, customers, and in any legal action.

Once we buy the tools to create food labels and print nutrition information on menus, how do we present the data properly?

There are many reasons to do labeling right. Despite limited resources devoted to labeling, the FDA is making major changes, with the driving force being obesity. Food labeling requirements are reaching new venues, such as foodservice and vending.

Key government agencies working on labeling include the FDA, USDA, and FTC, along with state and local agencies. State and local agencies have primary responsibility for foods sold in retail establishments and generally follow the FDA and USDA labeling requirements. States have latitude to impose their own requirements such as safety requirements, open dating, and unit weight labeling.

Mandatory label information includes:

- Statement of identity (product name)
- Net contents declaration
- Ingredients declaration
- Nutrition Facts (or Supplement Facts for dietary supplements)
- Signature Line (name and place of business of manufacturer, packer, or distributor)

Information for particular types of food includes:

- Warning or notice statements
- Allergen information
- Country of origin labeling

- Percent juice declaration
- Dual language labeling

Optional information includes:

- Nutrient content claims
- Health claims
- Structure/function claims
- Other regulated claims (e.g., organic, natural, fresh)
- Miscellaneous information (e.g., “romance copy,” instructions, recipes)

False statements on labels are prohibited. The rules indicate “All statements made in food labeling must be truthful and not misleading (Source: 21 USC 343(a)).”

Now we are standing there with our labeling tool, product in hand, and contemplating how to put this together. You need a “net contents declaration” which includes the amount of food in the package by weight, volume, or count. *Compliance* includes “reasonable variations” based on gain/loss of moisture during distribution or unavoidable deviations in good manufacturing practice are allowed. You may “round down” to avoid overstating net contents. Content declaration *exemptions* include: foods received in bulk at retail and accurately weighed, measured, or counted in view of the consumer or according to the consumer’s order; and individual servings of food containing less than 0.5 oz for use in restaurants, institutions, or passenger carriers (ex: condiment packets). Allergen labeling: for “major food allergens,” an operation must declare the food source in the ingredients declaration or in a “*Contains*” statement following the ingredients declaration. Major food allergens include: 1) milk, eggs, wheat, soy, peanuts, tree nuts, fish, and crustacean shellfish; and 2) ingredients containing protein from any of these eight foods, except for highly refined oils and ingredients derived from these oils.

Nutrition facts are required for “all products intended for human consumption unless exempt.” Nutrition information is to be declared “per serving,” and serving size is based on the

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“reference amount customarily consumed (RACC)” (ex: RACC for bread is 50 g).

Mandatory nutrients for labeling include calories, calories from fat, total fat, saturated fat, trans fat, cholesterol, total carbohydrate, dietary fiber, sugars, protein, vitamins A & C, calcium, iron, and sodium. If you are in an organization that is “Exempt” from the rule then you can have some latitude, but the rules are standard for those who must comply. In this case, working closely with your dietitian is suggested. Voluntary nutrients include calories from saturated fat, polyunsaturated fat, monounsaturated fat, potassium, soluble fiber, insoluble fiber, sugar alcohols, other carbohydrate and vitamins and minerals with established Daily Values (DV) (other than A, C, calcium, and iron).

- Food sold by small retail businesses (annual gross sales of \$500,000 or less)

Foods subject to special nutrition labeling requirements:

- Medical foods
- Infant formula
- Foods for infants and children under 4 years of age
- Dietary supplements

Limited exemptions:

- Foods in small packages



When will we see FDA's new nutrition labeling requirements?

Some establishments are already posting nutrition information, but the nutrition labeling requirements won't be finalized until FDA completes the rulemaking process—that means reviewing comments that the public submits in response to the proposed rules and issuing final regulations. FDA is hoping to issue the final rules by the end of this year, and is proposing that the final rules become effective six months from the date of publication for covered restaurants and similar retail food establishments, and one year from the date of publication for covered vending machines, although input on these effective dates is welcome. (From the FDA Website, January 2013)

Pick up any labeled product in your storage area and look over the standard label format supplied by the manufacturer to help with your label design. This author creates them in Word and prints on label paper from our office supply vendor. Also printing directly on the menu and using company information outlets such as an Intranet can make the information widely available.

Exemptions include:

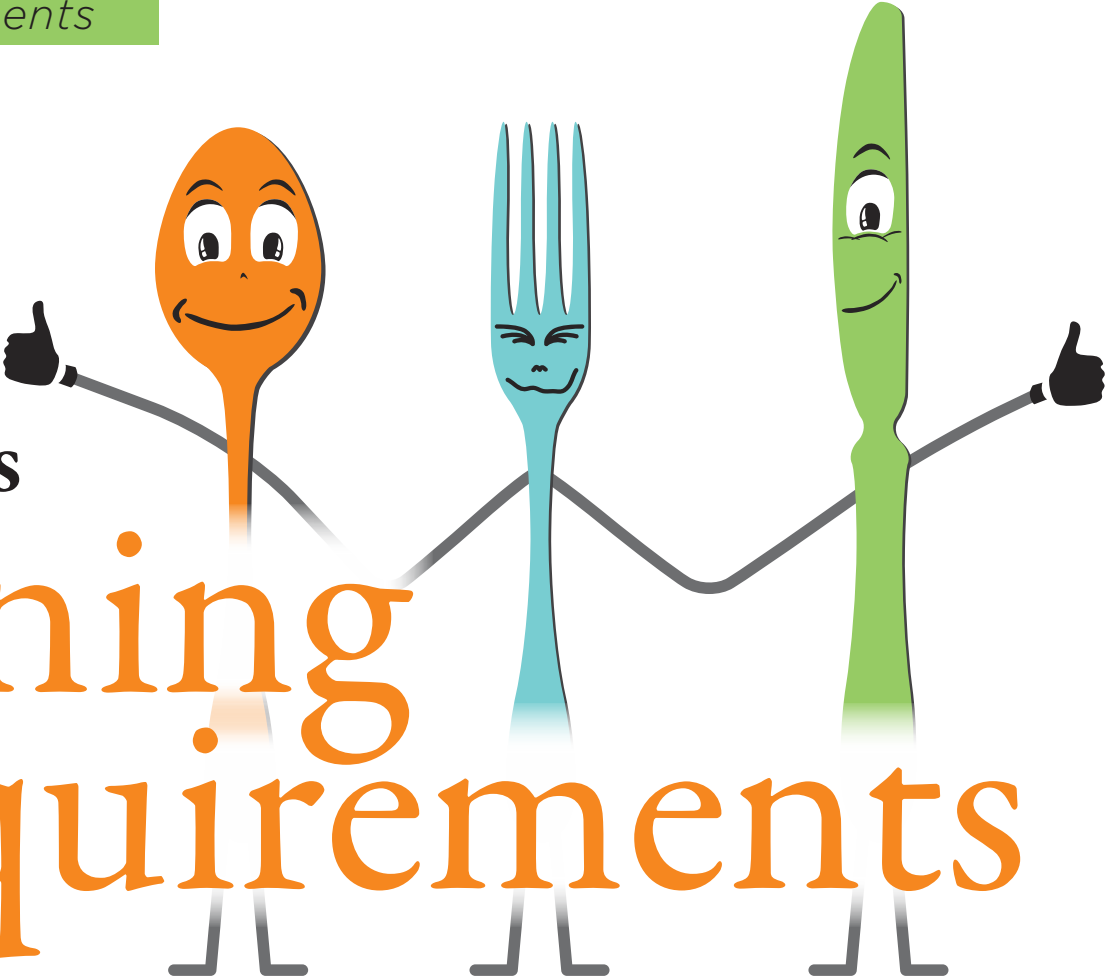
- Foods not offered for sale
- Foods served in restaurants and other establishments for immediate human consumption (e.g., hospital, school, or nursing home cafeteria)
- Foodservice distributor foods
- Ready-to-eat take-out foods
- Foods that contain insignificant amounts of all mandatory nutrients (e.g., coffee, tea)
- Raw fruits, vegetables, and seafood
- Low-volume products of small businesses (<100 FTEs and <100,000 units per year; must notify FDA)

- Multi-unit retail food packages
- Gift assortments (e.g., boxed chocolates)
- Foods sold from bulk containers

Consider steering clear of nutrition claims in healthcare as they are often hard to substantiate and can put healthcare practitioners such as dietitians in an awkward spot. A complete list of food information that may need to be claimed is on the FDA website at www.fda.gov, click the “Food” tab.

Management and education literature stress “feedback is the breakfast of champions.” Label and menu nutrition information allow the customer and patient to see a measure of what they're eating equates to in terms of their health each and every meal. As the general public and patients increase their understanding of the new supply of nutrition information, the end result will ideally be better health outcomes. ☺

Timothy L. Bauman, DHCFA, CDM, CFPP is Director of Food and Nutrition at Wood County Hospital in Bowling Green, Ohio. Contact him at baumant@woodcountyhospital.org



CMS Clarifies Dining Requirements

The Pioneer Network, a national non-profit serving the culture change movement, requested and received the following clarification from the Centers for Medicare & Medicaid Services (CMS) regarding dining requirements. Cathy Lieblich, Pioneer Network's Director of Network Relations, posed six questions to CMS from providers engaged in transforming their dining systems. CMS offered the following responses.

Surveyors focus on the scoop sizes in the kitchen instead of what portions a resident wants. Does CMS want providers to focus on generic RDA menu portions and generalized scoop sizes in the kitchen, or on assessing what a person prefers on a daily basis and serving them that? Can the survey process support comprehensive assessment and comprehensive care plans in this area?

CMS: Our regulations and interpretive guidelines stress resident individual assessment, participation in care planning, and resident choice.

It is true that in the Traditional Survey, the survey team will check on sizes of scoops used to dish food onto trays if they discover a nutrition or weight loss issue that they are investigating. The purpose of this check is to determine whether the facility is routinely providing sufficient food to all residents. The requirement for facilities to provide adequate nutrition is not intended to interfere with any resident's rights or preferences. If a specific resident requests to have a smaller amount of food because larger portions feel overwhelming, the facility should accommodate this request.

If that resident is losing weight unintentionally due to this choice, the surveyors will investigate the resident's preferences to determine what alternatives the facility is offering to accommodate the resident.

Many homes changing institutional culture to self-directed living are offering many non-institutional dining styles. One such style is restaurant dining in which the resident can place their order according to their preference and choice. Is it considered deficient practice if residents are served at various times according to when they come to the dining room, including sitting at a table where other residents have already been served? Also, is it considered deficient practice where a resident may have to wait just as a customer does in a restaurant?

CMS: There has been a problem in many nursing homes over the years with having some residents seated with others to wait long periods for their meals while others received theirs. Therefore, surveyors have been attuned to checking how long residents were waiting for service while seated with others who were already eating.

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The issue of restaurant style dining is a new concept and is one which we encourage, as it has the potential to provide additional enjoyment and quality of life to residents, when they are able to place an order from a menu with a variety of choices and have the meal of their choice prepared and delivered to them according to their preferences. In an actual restaurant, it would be very unusual for a person to sit with others who were engaged in dining, and then to order their meal. But we realize that this may indeed happen in a restaurant style dining presentation in a culture-changing nursing home. If a resident comes in at the time of their choice and discovers friends already there and eating, and the resident wishes to dine with these friends, we see no problem with the resident ordering her/his meal and waiting for it, as would occur when placing an order in an actual restaurant. As in an actual restaurant, we would expect to see presentation of a menu and taking of the order, followed by the usual practice of delivering silverware, a drink, and perhaps an offering of bread and butter while the meal was being prepared. This would make it more pleasant for residents arriving at different times, and would be more like actual restaurant service. Surveyors would consider whether the resident in question made the choice as to when she/he wished to come to the dining room, and whether the resident then chose to sit with friends who were already dining.

Is the buffet style dining where buffet steam tables are located in a dining room viewed as potential for harm? We're hearing that surveyors are citing this as an accident hazard, viewing the heating element as dangerous.

CMS: We encourage buffet style dining, as we believe the sight and smell of foods encourages residents to eat and also encourages them to make choices of foods and amounts they prefer. The presence of the buffet steam table in the dining room is not considered an accident hazard as the heating element is located below the food trays and is not directly accessible to the residents in the dining room who pass by the steam table.

Staff who are in the dining room should monitor resident use of steam tables to prevent accidental burns.

Will CMS guide surveyors to accept a person's preference not to follow recommended medical advice (i.e., not to accept a tube feeding, altered consistency diet, or restricted diet, among others) in writing or verbally if they do not want it? Providers want to acknowledge appropriately a person's choice while not forcing the person to follow recommended medical advice and in so doing honor their choice and right to refuse medical treatment.

CMS: We encourage homes to honor resident choices and preferences, and we also want to ensure that residents become aware of the consequences of their choices to accept or refuse tube feedings or diet restrictions. This is a complex issue that must be decided individually, depending on the specific choice/refusal, the level of resident (or representative) understanding of the health consequences of the choice, the work of the interdisciplinary team to attempt to uncover the root cause behind the choice and their attempts to provide a satisfactory alternative, etc. For example, one resident might refuse a medication because the pill is too large and hard to swallow, another because the drug causes stomach upset, another because of disturbing side effects, etc. A resident might make another choice to refuse some aspect of treatment for a variety of reasons. In any case, the team is responsible to make sure the resident (or representative if the resident is unable to make decisions) understands the issue, and to offer alternatives if any are available.

We are working on this issue and invite further dialog with the Pioneer Network and other stakeholders on this key concept of resident care planning and quality of care/quality of life.

Is it permissible for a resident to work in a household kitchen, in their home, as long as good infection control practices are followed?

CMS: Yes, this is permissible for a resident to assist with food preparation. We would consider this to be an activity the resident has chosen to do, as long as the resident is not being required to perform these tasks and all kitchen safety practices are followed.

Some homes are getting the message from surveyors that staff must wear hairnets for all interactions with food on a household. Must staff members wear hairnets for all interactions with food in the household? People do not wear hairnets in their own homes, nor do servers when waiting tables.

CMS: According to the Food Code of the Food and Drug Administration, dietary staff should be wearing hairnets during the cooking or preparation of food, such as stirring pots or assembling the ingredients of a salad. If staff are assembling food trays in a tray line they should wear hairnets. However, staff do not need to wear hairnets when conveying foods to the dining

“We encourage buffet style dining, as we believe the sight and smell of foods encourages residents to eat and also encourages them to make choices of foods and amounts they prefer. —CMS

table(s) or when assisting residents to dine. We are aware that in a small house or household setting, the customary roles of staff who are cooking/preparing and those same staff when they are serving food to a dining table are blurred and sometimes occur in quick succession as a staff member moves from a kitchenette to a dining table. Residents will also be entering the kitchenette to do preparation or serve themselves if they are able. ☺

ANFP to Be Involved in Developing New Dining Practice Standards Toolkit

Pioneer Network has invited ANFP to participate on a Task Force to assist in developing a New Dining Practice Standards Toolkit. Director of Professional Development Services Pam Himrod, RD, CDM, CFPP, will represent ANFP, and also served on the original Task Force that developed New Dining Practice Standards which support individualization and choice for older people living in nursing homes. These Standards were agreed to by 12 national standard-setting clinical organizations and released by Pioneer Network in September 2011.

The objectives of the new Toolkit are to develop model policies and procedures, worksheets, brochures, and other materials for use by long-term care professionals, direct caregivers, residents, family members, and others who contribute to resident autonomy in dining.

The New Dining Practice Standards Toolkit will be available as a free download and in hardcopy from the Pioneer Network. The goal is to finalize the Toolkit by November 2013.

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HCI Board Meets in Malaga, Spain

In October 2012, delegates from Healthcare Caterers International (HCI) met for the annual board meeting and conference in Malaga, Spain.

Robin Gaines, CDM, CFPP, ANFP board liaison to HCI; Deb Dawson, CDM, CFPP, chair of the Certifying Board for Dietary Managers; Colleen Zenk, CDM, CFPP, past chair of ANFP; and Bill St. John, CAE, ANFP President and CEO represented the Association of

(AEHH) President Jose Ianez and HCI President Miguel Herrera. Jose encouraged meeting delegates to enjoy the country, food, sessions, and expo. Spain is currently experiencing hard economic times. Vendor support at the expo was critical to the ability for AEHH to present the conference.

On October 4 the education sessions were presented with English translation. It was an interesting experience to have

importance of serving a balanced diet to people in hospitals and nursing homes. The third session was the HCI symposium's "Food Traceability." Speakers for this presentation were Russell Hardy from Victoria, Australia and Michiel Vonk from the Netherlands. This session emphasized the importance of being able to verify safe food production by means of policies, procedures, documentation, and corrective actions across the food chain. It is very similar to the HACCP systems we in the US are familiar with. It was interesting to note that Australia and New Zealand have only had a food code in place since 1998.

On October 5 we departed on a high speed train for Cordoba and a visit to Hospital Reina Sofia. This is one of the larger hospitals in Spain with many patient services as well as a teaching hospital. Our first visit was to the laundry where we gowned and wore booties for a tour of the "clean side." This area uses some of the most fascinating laundry equipment. Hospital gowns are put on hangers and then sent through a dryer. By drying them on hangers they do not wrinkle if left in the dryer too long. The sheets were also dried flat and then folded by another machine. After they were folded they were wrapped in plastic by another machine. A worker then put laundry in carts ready to go back to the floors. Two tunnel washers and several smaller washers for personals and infected linen operated to do 20,000 pounds of laundry a day.



Surgical masks, gloves, bonnets, booties and coats are worn during food prep at Hospital Reina Sofia in Cordoba, Spain.

Nutrition & Foodservice Professionals at this international gathering.

Located on the Mediterranean Sea, Malaga was a beautiful and exciting setting for the conference. This year's meeting was hosted by the Association Espanola de Hosteleria Hospitalaria

headphones on and hear the translator describing what the speaker was saying. Although it took some getting used to, after a few minutes it seemed very natural. Two of the sessions, "Nutrition and Dietetics in Healthcare Institutions" and "Feeding Anthropology," addressed the need for nutrition education and the



Spain



Denmark



Ireland



Sweden



Saudi Arabia



Norway



Netherlands



United States



Canada



United Kingdom



Australia



Portugal



Pictured left to right: Michiel Vonk (IQMO, Netherlands), Miguel Herrera (HCI president, Spain), and Russell Hardy (Manager, Ballarat Health Services Catering, Australia)

The centralized kitchen provides four meals per day: breakfast, lunch, snack, and dinner. Great care is taken with the safety of food through a program of traceability controls. There are separate refrigerated rooms to prepare different types of meat so there's never a chance of cross contamination. Separate refrigeration is provided for different meats, produce, dairy, and supplies. Meals are transported to the different units, hospitals, and cafeterias for rethermalization in enclosed carts and on large trucks. One thing done differently was everyone wore surgical masks and gloves during all of the preparation. We even wore the surgical coats, bonnets, booties, and masks. Needless to say we were very warm!

After the morning visit to Hospital Reina Sofia, we had lunch and then enjoyed a guided tour of La Mezquita, a ninth century mosque. It is impossible to describe the incredible architecture and how long it must have taken to build it without any modern equipment.

The HCI Board of Directors met during the conference to discuss 2012 business and 2013 plans. The budget and dues for 2013 were approved.

Members of the newly-formed association in Portugal were in attendance at this conference. They expressed enthusiasm for the HCI organization and invited members to attend their meeting in November. Notice was received in December that Portugal had accepted an invitation to become a member of HCI. Their enthusiasm will bring new ideas to the organization.

The 2013 HCI Annual Meeting is coming up quickly. It will be held in Zaandam, Netherlands, on May 27-30, 2013. This promises to be a wonderful educational opportunity and a chance to see several different hospitals, long-term stay and elder care. This will be the 30th anniversary of the Food and Hospitality Management Association (VHVG) Netherlands. They have graciously waived the cost of participating in the program for international

members attending. This would be a great time to travel to a different country to see how they operate foodservice and also see the sites. Hotels for this event are priced at \$117.95 for either single or double occupancy. The registration form for this conference can be found on the HCI website, www.hciglobal.org. ☺

Robin Gaines, BA, CDM, CFPP serves as the ANFP liaison to Healthcare Caterers International.

ANNAPURNA PROGRAM SEEKS PARTICIPANTS

Another ANFP member participated in the Annapurna Exchange Program in 2012. Elizabeth Hirsch Diers, CDM, CFPP spent several days in June at Crosshouse Hospital in Scotland. Elizabeth said she had a wonderful time and learned many new things, but was surprised at how we do so many things the same. Elizabeth applied for and was awarded the Annapurna Exchange scholarship, which helped her fund this trip. Congratulations to Elizabeth!

ANFP members are encouraged to apply for the Annapurna Exchange. This one to two week program gives individuals an opportunity to visit another country and work in catering (foodservice) while there. Scholarships for the Annapurna Exchange are available on the ANFP website, www.ANFPonline.org

New Digital Cookbook Features Nutritionally-Balanced Recipes for Healthcare

The new *Nourishing Inspirations* digital cookbook from General Mills Foodservice is a collection of nutritionally-balanced recipes created to inspire healthcare foodservice operators who are challenged to provide the best possible food experience for patients and retail customers while also meeting specific dietary needs. Available at GeneralMillsFoodservice.com, the cookbook offers wholesome, delicious recipes for breakfast, snacks, and desserts designed exclusively for use in a healthcare environment.

Nourishing Inspirations was developed by dietitians and nutritionists from Gen-



eral Mills' Bell Institute of Health and Nutrition, as well as chefs from General Mills' Culinary team, based on the needs of healthcare foodservice operators. Each recipe features accompanying nutrition information, serving suggestions, and retail merchandising tips.

Based on MyPlate nutritional guidelines, each recipe has less than 10 percent saturated fat, 300 milligrams cholesterol, 480 grams sodium, 1 gram trans fat, 20 percent total fat, and no more than 450 calories. In addition, recipes indicate if they are low sodium, low fat, heart healthy, gluten free, and 100-, 200- or 300-calories or less. The digital format lets healthcare operators search *Nourishing Inspirations* by recipe name, daypart, nutritional requirement, and General Mills product. 🍓

To download a copy of the *Nourishing Inspirations* cookbook, visit www.generalmills-foodservice.com.

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Redesigned Site Offers Simple Food Safety Solutions

The redesigned HomeFoodSafety.org has been launched by the Home Food Safety program—a collaboration between the Academy of Nutrition and Dietetics and ConAgra Foods. The redesign features improved navigation that highlights simple steps to reduce people's risk of food poisoning in the home, as well as a new RD Recipes video series.

“It's extremely important to keep safety in mind, especially when one in six people is sickened by food poisoning every year in the U.S.,” said Academy Spokesperson Marisa Moore, RD.

The site features new articles, tips, and downloadable tools organized in four simple safety steps to reduce your risk of food poisoning:

1. **Wash:** Wash hands often.
2. **Separate:** Keep raw foods and ready-to-eat foods separate.
3. **Cook:** Cook to proper temperatures.
4. **Refrigerate:** Refrigerate promptly at 40 degrees or below.

“Safe food handling in the home is extremely important, especially for those who may be more vulnerable to food poisoning, including older adults, infants, young children, and pregnant women,” said Barbara J. Ivens, MS, RD, FADA, senior nutrition director at ConAgra Foods. “HomeFoodSafety.org offers Americans the tools they need to help reduce the risk of food poisoning in the home.”

NEW FEATURES:

RD Recipes and Is My Food Safe? App

The redesigned site also features the new RD Recipes video series—tasty recipes designed with the expertise of a registered dietitian.

“RD Recipes provides consumers with the tools they need to safely spice up



any menu, while providing the nutrition needed to fuel any family,” Moore said.

The first two RD Recipes in a series include downloadable recipe cards and videos from Marisa Moore for “Kale with

Toasted Walnuts” and “Chipotle Lime Shrimp Tacos with Avocado Salsa.” These recipes are highlighted at: www.HomeFoodSafety.org/RDrecipes.

The site also features the program's new mobile app, Is My Food Safe? for Apple and Android devices. The app can be downloaded from: www.HomeFoodSafety.org/app.

The Home Food Safety program is dedicated to raising consumer awareness about the seriousness of food poisoning and providing solutions for easily and safely handling food in their own kitchens. 🍷

For more information, visit www.HomeFoodSafety.org

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Pride in Foodservice Week—How Did You Celebrate?

ANFP's annual Pride in Foodservice Week was February 4-8. Tell us your story about how you celebrated! Your winning ideas for promoting Pride in Foodservice Week with your staff, management team, and/or clients may earn you a free registration to ANFP's first National Leadership Conference (NLC) this summer! One lucky contest winner will be announced in early spring. Your photo submissions of your recognition week activities may be published in the April 2013 issue of *Nutrition & Foodservice Edge* magazine or in other association materials. The contest application is



on the ANFP website, and must be completed and submitted to ANFP by February 28. ☺

Visit www.ANFPonline.org

Hot Off the Press!

ANFP's new 2013-14 Continuing Education Resources brochure is hot off the press. All Professional and Allied Professional ANFP members received it with the January issue of *Nutrition & Foodservice Edge* magazine. Need another copy or want your colleague to have one? Download it at www.ANFPonline.org.

The brochure outlines ANFP's continuing education (CE) resources—Master Track books, webinars, courses, and other CE materials available in print and/or online. ☺



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Digital *Edge* Available!



Nutrition & Foodservice *Edge* magazine is available online in the Members Only section of the website. Professional and Allied Professional ANFP members also receive a hardcopy of the magazine in their mailbox each month. The digital magazine makes it easy for members to access articles and click links to advertiser websites. ☺

Visit www.ANFPonline.org

Computer-Based CDM Exam Means More Test Dates, Locations

Beginning in March 2013, the CDM Credentialing Exam is a computer-based test. That means examinees will report to their chosen site and take the test on a computer—there's no more paper and pencil exam.

The new format gives applicants more dates and more location options for taking the exam. There are 16 dates to choose from during two testing date windows in March and October. More than 250 approved test centers are available in the U.S. and Canada. **The registration deadline for the October 12-19 testing dates is August 15, 2013.** ☺

Learn more at CDMcareer.info

WEBINAR COMING IN MARCH

ANFP Association of Nutrition & Foodservice Professionals



Workplace Communication: Essentials for Foodservice Managers **WEBINAR**

Presenter: Michael Scott, MPA

**Thursday, March 14, 2013
1:00 - 2:30 pm CST (90 min.)**

Cost: \$25



Michael Scott

Sign up at www.ANFPonline.org

Discover proven communication strategies that will ensure a highly collaborative and productive work environment! This webinar will provide you with the most essential workplace communication skills.

- Learn from specific, real-life examples demonstrating how to language your face-to-face, email, and voicemail communication to get your message across effectively.
- Discover communication tools for handling “dicey” workplace scenarios, such as staff performance issues and petty conflicts.
- Develop strategies for conveying a culture of acknowledgment, thereby fostering high-functioning teams and successful client outcomes.

By participating in this ANFP webinar, you are guaranteed to take away at least one practical idea for boosting your communication effectiveness in the workplace!

Presenter Michael Scott is an organizational development strategist with extensive experience in the healthcare field. He is a frequent speaker and writer for ANFP.

Archived webinars are available in the ANFP Marketplace: www.ANFPonline.org/market

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Happy Anniversary!

These ANFP state chapters are celebrating a milestone anniversary in 2013:

50 YEARS

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40 YEARS

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35 YEARS

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30 YEARS

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Join
them in the
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Find more information at
www.ANFPonline.org/Chapters

NFEF Scholarships Available for ANFP Events and Education



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Thanks to the generous support of donors, the Nutrition & Foodservice Education Foundation (NFEF) provides scholarships to help advance the careers of promising individuals who are committed to the field of nutrition and foodservice.

Visit www.NFEFoundation.org to access scholarship applications for ANFP live meetings, including the National Leadership Conference, Two-Day Regional Meetings, and the Leadership Institute. NFEF is proud to also offer scholarships to support students currently enrolled in ANFP-approved dietary manager programs. Apply today!

"Because of the NFEF scholarship, I was able to attend my first ANFP national meeting and was just amazed at all I learned from the incredible speakers and the opportunity to network with colleagues. I'm inspired to return to work and mentor someone else to experience this level of education."

—Shona McCue, CDM, CFPP

Spring Regional Meetings Begin in March

Four Locations to Choose From

Learn, Explore, Connect at an ANFP Regional Meeting this spring! Two one-day meetings are planned for March. The West Regional Meeting is March 19 in Portland, Ore. The South Central Meeting is March 27 in Houston, Texas. Two-day meetings are planned for April. The Northeast Regional Meeting is April 4-5 in Pittsburgh, Pa., and the North Central Meeting is April 18-19 in Milwaukee, Wis.



The Nutrition & Foodservice Education Foundation (NFEF) is offering scholarships to defray Regional Meeting costs. ☺

Meeting info: www.ANFPonline.org/events
Scholarship info: www.nfefoundation.org

February CE Monthly Special

Team Building & Conflict Resolution

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Special members-only pricing is good through February 28, 2013.



Order at: www.ANFPonline.org/market

Food Protection Connection



Following are answers to the “**Cracking the Code on Expiration Dates**” review questions printed on page 14.

1. A 3. B 5. A 7. B
2. B 4. C 6. C

Please remember to complete the two short essay questions before submitting the CE form.



Certificate of Completion

This certifies that



Has successfully completed the review questions for the Nutrition & Foodservice Edge article:

Cracking the Code on Expiration Dates

Offered by ANFP
Approved for 1 hour of sanitation CE credit.

Date _____

Note: This is not valid for CE reporting for certified dietary managers. CDMs need to complete and mail the CE reporting form that accompanies the article.

CPE # D1005

ANFP # 377

CE Article Questions



Following are answers to the “**Meal Planning...Thinking Beyond Color, Flavor & Texture**” review questions printed on page 21.

1. C 3. C 5. B 7. C
2. A 4. B 6. C

Please remember to complete the two short essay questions before submitting the CE form.



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CPE # D1005

ANFP # 378

Meet a Member

by Laura Vasilion

Laura Vasilion is a staff writer for Nutrition & Foodservice Edge magazine.



Do you have a passion on the job or off that you'd like to share with us? E-mail Laura Vasilion at lvasilion@ANFPonline.org. We want to tell your story in an upcoming issue.

Lighting Up Her World

Meet Ada Evans, CDM, CFPP

When she was a young girl, Ada Evans, CDM, CFPP, drew pictures of houses and filled them with colorful renderings of furniture she designed. Her dream was to be an architect or interior designer someday. Although those plans changed as she got older, Evans kept her love of creating and collecting beautiful things.

"I just gravitated to working in the food industry after high school. But I do still like decorating and crafting whenever I get the time. I collect decorative light-houses, too. I currently have over 300 of them in my home. They are lovely and they are everywhere," she said.

Like a beacon atop one of her prized lighthouses, Evans also lights up the world around her. She does it with dedication to her clients at River Trace Nursing & Rehabilitation in Washington, N.C., and a pervading desire to give of herself at work and beyond.

"I get my inspiration from the nutritional end of it. The service I provide is what satisfies me and keeps me fulfilled. It's really special when people recover and move on and leave here and I feel like I helped them heal by feeding them well," she said.

However, it is not just Evans' patients who are the recipients of her kindness and expertise.

"My sister actually ended up getting cancer a couple of years ago. Through radiation and chemotherapy she had gotten so weak and was eating so little that I took her food for a time because I knew the nutrition would help her to get her strength back. And it did. So that's part of it, to help someone regain a quality



of life makes the end of the day a good one," she added.

When she isn't at her facility, Evans helps out her community volunteering as a local firefighter. It came out of a need that hit very close to home.

"One Christmas we had three bad traffic accidents right in front of my house. A friend of ours who is in the fire department kept talking to my husband saying, 'You need to join, you need to join. We need more guys at the fire department.' He filled out the application and met with the fire chief the next morning. Since my husband and I have always done everything together, I told him I was going to join the fire department with him. Now, we are a big part of the department. Our

records speak for themselves. Two years after we joined we were both named fire fighters of the year. In 2010, I was selected as firefighter of the year for my department, as well as the two counties my department serves."

It seems caring for others is a family legacy Evans and her husband have passed on to the couple's 21-year-old son, Trey. After going to college for two years, he decided he wanted to pursue a career in EMS (Emergency Medical Services). Right now, he is a basic EMT, getting ready to take an exam for an intermediate position.

When asked if she was proud of his decision, Evans did not hesitate.

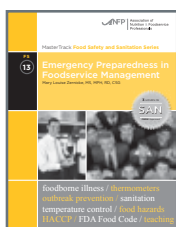
"Oh, yes. Very." ☺

5 New Master Track Books From ANFP

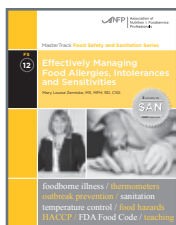
Need Sanitation CE hours? These new Master Track books offer expert information and guidance on a variety of sanitation and food safety-related topics. **Earn 3 San CE hours per title!**



Mythbusters • Are you current in your knowledge of food safety principles? This book is designed to provide updates on current food safety and sanitation topics in a fun way! Learn about changes in food safety standards of practice and regulations, as well as recent food safety topics in the news. Armed with the most up-to-date information, you can amend your foodservice department's policies and procedures accordingly. **FS15**



Emergency Preparedness in Foodservice Management • Given the vulnerability of seniors and persons with disabilities in disasters, organizations serving them play a critical role in ensuring their clients' safety during emergencies. Use this valuable resource to maximize the safety of your clients against natural and/or man-made disasters. Learn the expectations of government agencies and CMS guidelines; determine the role of your foodservice department in the emergency response system. Many practical preparedness tips are included. **FS13**



Effectively Managing Food Allergens • Food allergies are on the rise. Provide the needed support to your clients by ensuring they can enjoy their meals without worrying about an adverse reaction to their food. Learn about the basic physiology of food allergies, sources of allergens, and how to protect your clients from unintended exposure and resulting food reactions. **FS12**



Culture Change and Food Safety Regulations • Meals and food are the focal point for many older adults, thus making the foodservice operation a key component in resident-centered care. It's important that today's certified dietary manager embrace this culture change, as the CDM is a pivotal player in the future of long-term care. Review the concepts and benefits of culture change from a foodservice perspective, and focus on the safety and sanitation issues that may arise by making these positive changes. CMS regulations guide the discussion throughout this book. **FS11**



Food Safety Training: Tools and Techniques • Food safety training is an important mandate for all nutrition and foodservice professionals. Many managers have limited exposure and insufficient resources to help them become effective trainers. Review the foundation of basic adult learning theory and garner practical ideas for training staff in a multi-cultural environment. Learn how to motivate staff, how to present yourself professionally, and how to create simple training outlines. Sample training materials are included. **FS14**

Each Master Track title is available in PDF or hard-copy format. Only \$25 per PDF title or \$30 (plus s&h) for each hard-copy title. Books are also sold in a series bundle at a discount price.

To order, visit www.ANFPonline.org/market.

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