

JUNE 2014

# ***Nutrition & Foodservice*** **Edge**<sup>®</sup>

IDEAS AND RESOURCES FOR PROFESSIONALS



## ***Marketing Your Food Service***

### ***PLUS***

- ***Thermometers 101***  
*What You Need to Know*
- ***Managing Diabetes in Older Adults***  
*Honoring Choice*
- ***Service Styles***  
*What's Best for Your Community?*



Shelf drops down for easy maneuverability



Available with optional Cup Dispensers, Doors & Drawers



Cart includes four standard Adjustable Roller Shelves



**Ask for your Dinex  
Hydration Cart Demonstration**

## Proper Hydration Is A Critical Part Of Elder Care

Dinex Hydration Cart is a perfect addition to your Dining and Nutrition Program — allowing you to provide hot and cold beverage service any time of the day to residents, staff and guests.

- Fully Customizable
- Attractive design with a choice of panels
- Light & easy to maneuver
- Durable & HACCP compliant



[www.dinex.com](http://www.dinex.com)

See our complete selection of  
healthcare products at [www.dinex.com](http://www.dinex.com)

**DINEX**<sup>®</sup>  
A **CARLISLE** COMPANY

Toll Free: 800.654.8210 • [www.dinex.com](http://www.dinex.com)

©2014 Carlisle FoodService Products

# CONTENTS

June 2014 / Volume 23 / Issue No. 6



*Leaders & Luminaries:  
Chef Derrick Stevens*



*Honoring Choice and Positive Outcomes for Diabetes Management in Older Adults*



*Marketing Your Operation to the Community to Increase Revenue Potential*



*10 Ways to Market Your Food Service*

## DEPARTMENTS

- 4** *Food File*
- 7** *Leaders & Luminaries*
- 10** *Food Protection Connection*
- 38** *Legislative Report*
- 40** *Meet a Member*



## ALSO IN THIS ISSUE

- 34** *First Person: Implementing Room Service*
- 35** *Meet ANFP's New Leaders*

## FEATURES

### **16** Honoring Choice and Positive Outcomes for Diabetes Management in Older Adults

*by Brenda Richardson, MA, RDN, LD, CD, FAND*

This article presents best practice management of diabetes for older adults, and offers recommendations that support resident participation in the decisions.



### **22** Marketing Your Operation to the Community to Increase Revenue Potential

*by Bionca Lindsey, CDM, CFPP*

Your food and nutrition services department probably doesn't get the attention it deserves. Going into the community to share your skills and expertise can go a long way towards getting your program both accolades and revenue.

### **25** 10 Ways to Market Your Food Service

*by Diane Everett*

Looking for ways to publicize your food service to residents, administration, staff, and the community? Here are promotional ideas to consider for various audiences.

### **28** So Many Options—Deciding What's Best for Your Community

*by Wayne Toczek*

Achieving resident-centered dining requires you to explore a variety of service options. This article outlines several meal delivery methods to consider for your dining services program.

PUBLISHED BY



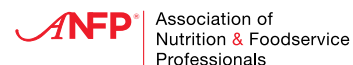
Association of  
Nutrition & Foodservice  
Professionals





Diane Everett  
Editor

Nutrition & Foodservice Edge<sup>®</sup> is the premier resource for nutrition and foodservice professionals and those aspiring to careers in this industry. It is published by the Association of Nutrition & Foodservice Professionals.



Editor . . . . . Diane J. Everett  
deverett@ANFPonline.org  
Senior Writer . . . . . Laura E. Vasilion  
lvasilion@ANFPonline.org  
Advertising Sales . . . . . Paula Fauth  
pfauth@ANFPonline.org  
Design . . . . . Mercy Ehrler  
mercy@advanceddesign-online.com

Nutrition & Foodservice Edge<sup>®</sup> (ISSN 21649669) is published monthly except combined issues in July/August and November/December.

©2014 by the Association of Nutrition & Foodservice Professionals, 406 Surrey Woods Drive, St. Charles, IL 60174. Phone: (630) 587-6336. Fax: (630) 587-6308. Web site: www.ANFPonline.org

Periodicals postage paid at St. Charles, IL and additional mailing offices. POSTMASTER: Send address changes to Nutrition & Foodservice Edge<sup>®</sup>, 406 Surrey Woods Drive, St. Charles, IL 60174.

**Subscription Rates**  
Edge subscription rate for ANFP members is \$15, which is included with annual membership dues. Subscriptions are available to other interested parties for \$40/year or \$5/issue. Outside U.S., contact ANFP for pricing.

**Editorial Policy**  
Readers are invited to submit manuscripts for publication consideration. Please contact the editor for specific publishing guidelines. Views expressed by contributors do not necessarily reflect the opinion of the association.

Follow ANFP on... Printed in the U.S.A.



EDITORIAL ADVISORY BOARD

- Lynne Eddy, MS, RD, FAND, CHE**  
Associate Professor, Business Management, The Culinary Institute of America, Hyde Park, NY
- Richard Hynes**  
Director, Consultant Services, Hobart Corp., Franklin, MA
- Kevin Loughran**  
Director of Support Services for Food and Dining, Healthcare Services Group, Bensalem, PA
- Ruby Puckett, MA, FFCSI**  
Director, Dietary Manager Training, University of Florida Div of Continuing Ed., Gainesville, FL
- Marty Rothschild**  
President, Aladdin Temp-Rite, Hendersonville, TN
- Bob Sala**  
Founder and Director at Large, Distribution Market Advantage, Hoffman Estates, IL
- Renee Zonka, CEC, RD, MBA, CHE**  
Dean, School of Culinary Arts, Kendall College, Chicago, IL

## Promoting Your Food Service

**D**eveloping a marketing plan for your food service can be an exciting proposition. You should first establish your marketing goals. Do you want to educate the public about your program? Create goodwill? Generate income? Gain recognition? Improve customer satisfaction? Maybe you are striving for a combination of these things. You also need to determine your audience. Are

ardson, MA, RDN, LD, CD, FAND discusses the importance of honoring choice for patients and residents who are diabetic. Resident-directed dining allows individuals to voice their likes and dislikes, and brings a level of self-determination previously not seen in long-term care. See page 16 for best practice management of diabetes in the elderly.



**Developing a marketing plan** for your food service can be an exciting proposition... We have two features this month that will help you promote your operation effectively.

you marketing to patients or residents, staff, administration, the community—or all of the above?

We have two features this month which focus on marketing. Our page 22 article describes ways you can promote your operation to the community. Bionca Lindsey, CDM, CFPP outlines several ideas to consider. Our page 25 feature presents 10 Ways to Market Your Food Service. This brief list is designed to be an idea starter and will hopefully trigger your own creative thinking.

This month our Nutrition Connection article focuses on Diabetes Management in Older Adults. Author Brenda Rich-

Our page 28 feature by Wayne Toczek also focuses on resident-centered dining to some extent, as it discusses meal delivery options. Traditional tray service? Concierge style service? Restaurant dining? Buffet line? Residents should have some say regarding their preferred meal delivery methods, menu offerings, and service times.

And finally this month, we urge you to meet ANFP's new leaders. On page 35, we introduce you to the dedicated team that will serve on the national board in 2014-15. We hope you'll take a moment to learn about the officers and directors who will lead ANFP in the year ahead. ☺

# feels like home



Good food can be a powerfully good thing. It brightens your mood; it comforts you; it awakens memories; it takes you back. When appearance counts, can you count on your traytop to light up the room?

Give your trays a hospitality makeover with supplies from Aladdin. Beverages, desserts and salads shine when served in our clear Dimensions® tumblers and bowls. Our Presentation™ china puts the focus on your tasty, nutritious meals. And our Heat on Demand® induction heating systems provide the holding time you need to keep hot foods hot, so they can arrive at their peak of flavor and goodness.

Pair it all with our ergonomic room service tray, add a designer tray cover to perfectly showcase the food, and you'll deliver a slice of hospitality with every meal.

Serving up a little taste of home—just another way we help you make your meals...better by degrees.

**See what's new at Aladdin! Visit us in Booth 400 at the National Leadership Conference, June 21-24**

For more information about our innovative **Heat On Demand®** induction systems and our newest **Allure®** color, Sea Mist, visit our website and online store at: [www.aladdintemprite.com](http://www.aladdintemprite.com)



[in](#) [f](#) [US](#) | 800.818.8018 | [info@aladdin-atr.com](mailto:info@aladdin-atr.com)

**Aladdin Temp-Rite®**  
...better by degrees

robot coupe®

The widest  
range of cuts



Veg' Prep Machines



52 discs



watch  
the video

800/824-1646  
www.robotcoupeusa.com

## Food File

### Soy Ingredients are a Growing Trend



**A**s American consumers discover the power of protein, new food products incorporating soy continue to proliferate. According to the newly-released study “Soy Ingredient Trends,” conducted by The Mintel Group for The Soyfoods Council, plant-based proteins such as soy are surrounded by a healthy halo. Last year, soy-based products accounted for 21 percent of all new product launches, up from 12 percent in 2008.

American consumers are discovering that soy ingredients offer not only a better-for-you nutrition profile, but also combine the characteristics of versatility and quality protein. Tofu and edamame are enjoying growth, including in prepared meals, while soymilk is found in energy drinks and other beverages. The study was conducted by tracking more than 30 soy ingredients and products in the Global New Products Database (GNPD) for retail food and beverage products in the U.S.

Today, easy-to-prepare soy ingredients are present in most major product categories found throughout the supermarket. Soy is found in approximately 40 percent of all meat and seafood products. In addition, meat-free soy product launches are on the rise. Americans enjoy soy in soups, sausages, prepared meals, snacks, and beverages. Soy protein meat substitutes include a wide range of products, such as burgers, roasts, patties, veggie protein slices, and sausages. The growing use of soymilk also is evident in options such as soy yogurt, energy drinks, and beverage mixes.

Soy is a lean, complete plant-based protein that makes it easy to reduce fat and calories without changing the way you like to eat. Soy also provides heart-healthy fat and is cholesterol-free. The Soyfoods Council offers a wealth of information about the healthful aspects of soy. 🌱

Visit [www.thesoyfoodscouncil.com](http://www.thesoyfoodscouncil.com).

### Making the Switch to a Vegetarian or Vegan Diet

**S**everal million Americans have abandoned red meat and poultry in favor of a predominantly plant-based diet. One reason some are making the switch is evidence of the health perks from going vegetarian or vegan, reports the May 2014 *Harvard Women's Health Watch*.

“There’s certainly some research on the benefits of the vegetarian diet,” says Kathy McManus, director of the Department of Nutrition at Harvard-affiliated Brigham and Women’s Hospital. It can help lower or control weight, reduce the chances of developing heart disease, diabetes, and cancer, and possibly lead to





a longer, healthier life. There are a variety of plant-based diets, named largely for what they include or exclude:


- **Semi-vegetarians** include meat and other animal-based foods. Many semi-vegetarians eat chicken and fish but not red meat.
- **Pescatarians** avoid meat and poultry but still eat fish and seafood.
- **Lacto-ovo vegetarians** skip meat, fish, and poultry but include dairy and eggs in their diet.
- **Vegans** eat only food from plants. They don't consume any animal-based foods—not even eggs or dairy products.

**While vegetarian** and vegan diets are generally healthy, they can lack certain nutrients.

While vegetarian and vegan diets are generally healthy, they can lack certain nutrients. People who follow these diets may have to use a little creativity to make sure they get enough protein, calcium, iron, and vitamin B12.

Vegetarians can find many of these nutrients in eggs and dairy, and vegans can get them from plant sources. But some people

may need an added boost. “Because vitamin B12 is found only in animal sources, if you're a vegan you might consider taking a vitamin supplement,” McManus says. Some vegetarians also take omega-3 fatty acid supplements. These can be made from fish or plants like flaxseeds.

Read the full-length article: “Is a vegetarian or vegan diet for you?” in the May 2014 issue of the *Harvard Women's Health Watch*. 

Visit [www.health.harvard.edu/newsletters](http://www.health.harvard.edu/newsletters)

*Continued on page 6*

**Your success** is at the center of what drives our people, our tools, and **our local focus.**



Experience the Reinhart® Difference. National scale with a local touch.





## Americans Prefer Their Spuds Baked

**A**nd the survey says...we live in a tater nation! In a new survey by the Idaho Potato Commission (IPC), 97 percent of Americans said they eat potatoes, and more than 81 percent enjoy them as a side dish, snack, or main course an average of three days per week.

“We were thrilled with the survey results, which found consumer attitudes toward potatoes shifting,” said Frank Muir, president and CEO of the IPC. Potatoes are now consumed three times a week, up from two times per week in 2009. Other “eye-opening” survey results:

### TATER NATION

- Over four in five (81 percent) sit down with a plate of potatoes once a week.
- More men than women (84 percent vs. 78 percent) eat potatoes once a week.
- Midwesterners are more likely than those in other regions of the country to eat potatoes at least weekly (88 percent vs. 78 percent).



### POPULAR PREPARATIONS

Americans like convenience and it's evident in their favorite ways to eat potatoes.

- Baked (29 percent)
- Mashed (25 percent)
- French fries (17 percent)
- Hash browns (9 percent)
- Potato chips (5 percent)
- Baked potatoes are favored more by those who are 45+ than by 18-44 year-olds (36 percent vs. 23 percent).
- More 18-44 year olds than those who are 45+ prefer French fries (21 percent vs. 12 percent).

## Elevate your presentation and increase satisfaction



Reduce costs, increase efficiency and improve amenities.

No other supplier offers a more complete line of specialty disposable products.

To find out more about your custom print options, please contact us at 800-327-9774 or visit our website: [www.hoffmaster.com](http://www.hoffmaster.com)

Count on the best. Count on Hoffmaster®!



Hoffmaster Group, Inc. • 2920 N. Main St. • Oshkosh, WI 54901

**When asked** which vegetable you crave most, potatoes were the clear winner.



### CRAVINGS

When asked which vegetable you crave most, potatoes were the clear winner. Nearly one quarter (24 percent) of those surveyed chose spuds, followed by leafy greens such as lettuce, kale or spinach, broccoli, tomatoes, or corn.

The IPC survey was conducted by Kelton in January-February 2014 among 1,000 Americans ages 18 and over. ☺

Visit: [www.idahopotato.com](http://www.idahopotato.com).



by Laura Vasilion

# A Conversation with Chef Derrick Stevens



**Chef Derrick Stevens** is the Dining Services Director/Executive Chef for Unidine at Sanctuary of Holy Cross in South Bend, Ind. At the 168-bed long-term and rehab unit, Stevens manages the operation of six dining areas, five kitchens, a retail café, and a staff of more than 40 employees.

Stevens began his professional cooking career at the young age of 13 with a local restaurant, Johnny B's, and cooked at the restaurant throughout high school. Following graduation, he began culinary school at Kendall College in Evanston, Ill (now located in Chicago). While there, Stevens became General Manager of a local Chipotle restaurant. After two years of culinary school, Stevens joined the opening and training team for Carlson Restaurants Worldwide. He then moved on to open several new TGI Friday's restaurants across the country. After life took a sudden turn, Stevens opted to take an Executive Chef position for a pair of local restaurants. Prior to his current position with Unidine, Stevens worked as Dining Services Director for Rittenhouse of Michigan City and Rittenhouse of Portage.

### AN EARLY START



*How long have you been in the industry?*

Going on 18 years.



*How old were you when you first knew you wanted to be a chef?*

When I was five or six, I was trying to cook already. I was exploring. I would take the Worcestershire sauce and put it in a spoon and taste it and try to figure out what it was. I took a can of Campbell's Chicken Noodle Soup and tried to turn it into a gourmet meal by adding vegetables and re-seasoning it. I don't remember doing it, but my parents like to pull that story out at family parties.



*What is a typical day like for you?*

My day starts pretty early, usually about six or seven. I have a really big facility that I oversee. The first thing I do is make

sure we have everything we need for the day because we are a 100 percent scratch kitchen. We make everything ourselves. It's a huge process. We go through a lot of products so we have to make sure we have enough of everything that we need to make our own stews, stocks, dressings, sauces, and breads. We use locally sourced produce, except in the off-season when certain items aren't available locally. Then it's time to roll up my sleeves. I am involved in production every day, as well as handling all catering both in and out of the building.

Throughout the day, I accumulate massive amounts of paperwork. So I try to knock all that off first thing in the morning. Then I start my rounds, talking to as many residents as I can. Therapy and dining constitutes the biggest parts of our residents' day because they get to interact with other people. So, I talk to a lot of people.



*What do you talk about?*

Everything. In this industry you meet every single part of life that is out there and every type of person that has done just about everything. And everybody wants to talk to you. Because I wear a chef's jacket and run around like a crazy person, people recognize me and want to talk to me. They want to tell me how they used to make spaetzle with their mother 70 years ago. It doesn't matter how well you cook, with a population this large and diverse, someone is always saying, "Well, we want you to do it this way." So you try to integrate their requests the best you can without sacrifice.

*Continued on page 8*



*What is the worst part of the day?*

The paperwork. I like to get it out of the way really quick.



*And the best part of your day?*

I have some great people working with me and I like to think I teach them new tricks every day. That is what they tell me, that they learn something new from me each day. I really enjoy that. I don't want to be the only one who knows how to do something.

### A LAID BACK APPROACH



*What is your secret to accomplishing all that you do in a given day?*

Not getting frustrated. I don't get upset about things if I have a big challenge ahead of me. I am very, very calm. I am able to just take whatever I need to do in my mind and say this is what needs to get done. I think if you get frustrated, you lose focus.



*Is there music playing in your kitchen?*

Yes, always music, but mostly constant conversation. Lots of laughing. If there is ever a somber day when two employees have gotten into a tiff, it isn't long before someone is trying to make a joke and get them to laugh.



*Besides your job, you are also involved in outreach programs?*

Yes, I sit on at least three councils through Unidine. We do a community outreach program called Creating a Healthy Sanctuary. Trinity Senior Living pools some of their funds to get out into the HUD/low-income homes to try and teach them that you can still eat healthy on a budget. We highlight what we are cooking at our facility and pack a bag with all the ingredients so they can cook the same meal themselves at home.



*If you couldn't be a chef, what would you have pursued?*

I kind of wanted to be a surgeon. I guess it's because I like taking things apart and figuring out what is in them. That's what I do with food.



**“ ” I kind of wanted to be a surgeon.** I guess it's because

I like taking things apart and figuring out what is in them. That's what I do with food.



*What is always in your fridge?*

Really good free-range, grain-fed eggs. Also butter and bacon. Really, really good bacon. The kind of bacon that makes you say to yourself, "why did I spend so much money on bacon." Also cheese. A great aged Gouda.



*What would we never see in your fridge?*

Processed food. Other than mayonnaise, I make everything else. My fridge is full of raw ingredients. It's pretty boring to a child.




*Do you have a guilty food pleasure?*


Dark chocolate. Super dark, so that it's almost sour. Lindt has a chocolate that is 99 percent cacao. It comes in a golden wrapper and you can only get it from their stores. You eat one square at a time, you don't chew it up. You let it melt in your mouth and learn how complex chocolate really is.

# MASTER *the* ELEMENTS

## AN OPEN MIND

 *What advice would you give someone who wanted to follow in your footsteps?*

Always be open to learning. Never assume you know everything. Have patience. You can't look at your peers and say "I want that person's job." If you want to do what they're doing, watch what they do, follow their example. Learn from them.

 *If you could cook a meal for anyone, living or deceased, who would that be and what would you cook?*


Chef Anthony Bourdain. I got to meet him once in Chicago. He's just a normal person. I love his shows, all of them. He's on his third series. In the last episode, he was in Mexico. He talked about the wars and the culture, and then he was drilling that down into the cuisine. What they use and why they use it. That's just fascinating to me.

He had a tough spell when he was starting out and hit bottom. But he turned himself around and look where he is now. I would love to sit across from him at dinner and ask, "How did you do what you did? What makes you, you?"

Whatever I cook for him, it would have to be funky. He's seen it all, eaten everything. So I would probably cook him what I do best, which is seafood. And libations along with intriguing conversation.

 *What is the most rewarding aspect of what you do?*

Leaving a positive impact on the kitchen and culture. Seeing people that work for me make it. Like my little brother. He saw what I was doing and, after getting a degree in computer engineering, decided to be a chef. He went to culinary school and at the time I was running two different restaurants. He came under my wing and worked with me for six years and became a heck of a cook. He has the basics to create stuff on his own. He also has the ability to manage his own people. As a chef, your crew is more important to you than anything.

 *Does any part of your background or ethnicity find its way into your food?*

Absolutely. I'm Polish so I can do all the heavy potato and sausage meals really well. There's that. But I also like to use weird ingredients with a much lighter touch. I can do traditional but I like to put a funky spin on it. Like a weird Pierogi. 🍷



## — FIRE WATER AIR —

Take control of the elements with the new CT PROformance™ Combitherm® oven from Alto-Shaam. The PROformance Series offers versatility to execute every menu from basic to complex with flawless precision and consistency. And it does it all faster than ever before. Visit [www.ctperformance.com](http://www.ctperformance.com) to learn more.

**ALTO-SHAAM**®





by *Melissa Vaccaro,*  
*MS, CHO*

# Thermometer Education

Appearance Does Not  
Guarantee Doneness

## Time for some thermometer education! First and foremost, there's simply no way to know for sure if your food is cooked to the proper temperature without using a thermometer.

Many studies have concluded that color, look, texture, or “feel” of the food are simply not adequate indicators to determine doneness. You may get it right now and then, but the one time you get it wrong, you will regret it.

So take those thermometers out of your desk drawers or pockets and actually use them. It's very important to understand what kind of thermometer you have, its intended use, and its limitations. Read the manufacturer's instructions and keep them handy for reference if needed.

### DIGITAL FOOD THERMOMETERS

#### Thermocouples

Of all food thermometers, thermocouples read and display the final temperature the fastest—within 2 to 5 seconds. The temperature appears on a digital display. A thermocouple measures temperature at the junction of two fine wires located in the tip of the probe. Thermocouples used in scientific laboratories have very thin probes, similar to hypodermic needles, while others may have a thickness of 1/16-inch. Because thermocouple thermometers respond so rapidly, the temperature can be quickly checked in a number of locations to ensure that the food is thoroughly cooked. This is especially useful for cooking large

#### Digital Thermometers

- Thermocouples
- Thermistors
- Oven Cord Thermometers



foods, such as roasts or turkeys, when checking the temperature in more than one place is advised. The thin probe of the thermocouple also enables it to accurately read the temperature of thin foods such as hamburger patties, pork chops, and chicken breasts. Thermocouples are not designed to remain in the food while it's cooking. They should be used near the end of the estimated cooking time to check for final cooking temperatures. To prevent overcooking, check the temperature before the food is expected to finish cooking.

#### Thermistors

Thermistor-style food thermometers use a resistor (a ceramic semiconductor bonded in the tip with temperature-sensitive epoxy) to measure temperature. The thickness of the probe is approximately 1/8-inch, and it takes roughly 10 seconds to register the temperature on the digital display. Since the semiconductor is in the tip, thermistors can measure temperature in thin foods as well as thick foods. Because the center of a food is usually cooler than the outer surface, the tip should be placed in the center of the thickest part of the food. Like thermocouples, thermistors are not designed to remain in the food while it's cooking. They should be used near the end of the estimated cooking time to check for final cooking temperatures. Once again, to prevent overcooking, check the temperature before the food is expected to finish cooking.

### Thermometers 101

- Thermometers must be in degrees Centigrade (C) or both in Celsius (C) and degrees Fahrenheit (F)
- Thermometers only in F must be accurate to  $\pm 2^{\circ}\text{F}$
- Thermometers dually scaled must be accurate to  $\pm 1^{\circ}\text{C}$
- Examples of thermometers: Instant-read, thermocouple/thermistor, infrared, and time/temperature indicator



*Continued on page 12*

### Oven Cord Thermometers

Oven cord thermometers allow the cook to check the temperature of food in the oven without opening the oven door. A base unit with a digital screen is attached to a thermistor-type food thermometer probe by a long metal cord. The probe is inserted into the food, and the cord extends from the oven to the base unit. The base can be placed on the countertop or attached to the stovetop or oven door by a magnet. The thermometer is programmed for the desired temperature, and it beeps when the temperature is reached. While designed for use in ovens, these thermometers can also be used to check foods cooking on the stove.

## DIAL FOOD THERMOMETERS

### Bimetallic-Coil Thermometers

These thermometers contain a coil in the probe made of two different metals that are bonded together. The two metals have different rates of expansion. The coil, which is connected to the temperature indicator, expands when heated. This food thermometer senses temperature from its tip and up the stem for 2- to 2-1/2 inches. The resulting temperature is an average of the temperatures along the sensing area. These food thermometers have a dial display and are available as “oven-safe” and “instant-read.”

### Oven-Safe Bimetallic-Coil Thermometers

This food thermometer is designed to remain in the food while it is cooking in the oven, and is generally used for large items such as a roast or turkey. This thermometer is convenient because it constantly shows the temperature of the food while it is cooking. However, if not left in the food while cooking, these thermometers can take as long as 1 to 2 minutes to register the correct temperature. The bimetal food thermometer can accurately measure the temperature of relatively thick foods (such

as beef roasts) or deep foods (foods in a stockpot). Because the temperature sensing coil on the stem is 2- to 2-1/2 inches long and the stem is relatively thick, it's not appropriate to measure the temperature of any food less than 3 inches thick. There is concern that because heat conducts along the stem's metal surface faster than through the food, the area of the food in contact with the thermometer tip will be hotter than the area a short distance to the side (the “potato nail effect”). To remedy this, the temperature should be taken in a second, and even third, area to verify the temperature of the food. Each time the thermometer is inserted into the food, let the thermometer equilibrate (come to temperature) at least 1 minute before reading the temperature. Some models can be calibrated. Check the manufacturer's instructions.

### Instant-Read Bimetallic-Coil Thermometers

This food thermometer measures the temperature of a food in about 15 to 20 seconds. It is not designed to remain in the food while it is cooking in the oven, but should be used near the end of the estimated cooking time to check for final cooking temperatures. To prevent overcooking, check the temperature before the food is expected to finish cooking. For accurate temperature measurement, the probe of the bimetallic-coil thermometer must be inserted the full length of the sensing area (usually 2 to 3 inches). If measuring the temperature of a thin food, such as a hamburger patty or boneless chicken breast, the probe should be inserted through the side of the food so that the entire sensing area is positioned through the center of the food. Again, some models can be calibrated, so check the manufacturer's instructions.

### Single-Use Temperature Indicators

One of the most recent developments in the retail food market is the emergence of disposable temperature indicators. These temperature sensors are designed for specific temperature ranges, for example, 160°F-170°F. These sensors should only be used with foods for which they are intended. Read the package directions to ensure that the temperature the sensor will reach is consistent with the recommended internal cooking temperature. The sensors on disposable thermometers are made from special temperature-sensitive materials. The sensor is inserted into a food. When the food reaches the proper temperature, the sensor changes color. They are designed to be used only once. However, if the desired temperature has not been reached, they can be reinserted until the temperature is reached. These sensors cannot be left in a food while it is cooking. They should

#### Dial Food Thermometers

- Bimetallic-Coil
- Instant-Read Bimetallic-Coil
- Single-Use Temperature Indicators





## Other Food Thermometers

- Infrared Thermometers
- Liquid-Filled Thermometers



be used near the end of the estimated cooking time. To prevent overcooking, check the temperature before the food is expected to finish cooking. Disposable temperature indicators are made from materials approved by the FDA for contact with food. If used in a foodservice facility they must meet the accuracy required by the Food Code.

## OTHER TYPES OF FOOD THERMOMETERS

### Infrared Thermometers

Besides the fact that they're shaped like a gun and have a built-in laser, infrared thermometers are just plain cool. They're very fast (instantaneous), provide a good indication of temperature, and allow you to collect data at a distance. The problem is you've got to look past the novelty and learn how to use them properly before they'll give you excellent temperature returns. An infrared thermometer infers temperature from a portion of the thermal radiation emitted by the object being measured. It measures an optical range, not a specific location. They are sometimes called laser thermometers if a laser is used to help aim the thermometer, or non-contact thermometers or temperature guns, to describe the device's ability to measure temperature from a distance. The laser pointer in an infrared thermometer is a guide that indicates where you're pointing the instrument.

When measuring the heat coming from a large kettle (for example), the laser helps to steady your aim and ensure that you're close to the area you're trying to temp. Sometimes, especially near ambient temperatures, false readings will be obtained indicating incorrect temperature. This is most often due to other thermal radiation reflected from the object being measured, but having its source elsewhere, like a hotter oven or other object

nearby—even the person holding the thermometer can be an error source in some cases. It can also be due to an incorrect emissivity on the emissivity control or a combination of the two possibilities. An infrared thermometer is a surface temperature tool—period! If you're grilling, baking, smoking, or roasting you'll need a penetration probe to tell you the internal temperature of the food you're cooking. Whipping out your infrared “laser gun” to temp burgers on the grill may have you explaining to your customers why they're undercooked.

### Liquid-Filled Thermometers

Also called “spirit-filled” or “liquid in glass” thermometers, these devices are the oldest kind of food thermometer used in home kitchens. They have either metal or glass stems. As the internal temperature of the food increases, the colored liquid inside the stem expands and rises to indicate the temperature on a scale. Heat conduction in the metal stems can cause false high readings. They are designed to remain in the food while it is cooking. They should be inserted at least 2 inches deep in the thickest part of the food; therefore, they are not appropriate for thin foods. Some liquid-filled thermometers can be calibrated by carefully moving the glass stem within the holder. Glass thermometers are not permitted in food facilities unless they are in a shatterproof casing.

## CHECKING YOUR THERMOMETER

Check the accuracy of all food thermometers:

- At least once a day
- Every time it is dropped
- After being exposed to extreme temperatures

If not correct, calibrate!

Methods to check the accuracy:

- Boiling water method
- Ice-point method

There are two ways to check the accuracy of a food thermometer: boiling water and ice water. Many food thermometers have a calibration nut under the dial that can be adjusted. Check the package for instructions.

Even if the food thermometer cannot be calibrated, it should still be checked for accuracy using either method. Any inaccuracies can be taken into consideration when using the food thermometer or the thermometer can be replaced. For example,

*Continued on page 14*

### Checking Your Thermometer

- Boiling Water Method
- Ice-Point Method



water boils at 212°F. If the food thermometer reads 214°F in boiling water, then it is reading 2°F too high. Therefore, 2°F must be subtracted from the temperature displayed when taking a reading in food to find out the food's true temperature. For another example, ground beef patties must reach 160°F for safety. In this instance, if the thermometer is reading 2°F too high, 2°F would be added to the desired temperature, meaning the hamburger patties must be cooked to 162°F.

#### Boiling Water Method

To use the boiling water method, bring a pot of clean tap water to a full rolling boil. Immerse the stem of a food thermometer in boiling water a minimum of 2 inches and wait at least 30 seconds. Without removing the stem from the pan, hold the adjusting nut under the head of the food thermometer with a suitable tool and turn the head so the thermometer reads 212°F or 100°C. For true accuracy, distilled water must be used and the atmospheric pressure must be one atmosphere (29.921 inches of mercury). Using tap water in unknown atmospheric conditions would probably not measure water boiling at 212°F. Most likely it would boil at least 2°F, and perhaps as much as 5°F, lower. Remember that water boils at a lower temperature in a high altitude area.

#### Ice-Point Method

To use the ice water method, fill a large glass with finely crushed ice. Add clean tap water to the top of the ice and stir well. Immerse the food thermometer stem a minimum of 2 inches into the mixture, touching neither the sides nor the bottom of the glass. Wait a minimum of 30 seconds before adjusting. Without removing the stem from the ice, hold the adjusting nut under the head of the thermometer with a suitable tool and turn the head so the pointer reads 32°F or 0°C.

## MEASURING FOOD TEMPERATURES

You must measure the temperatures of food during storage, cooking, and holding.

- Use an approved thermometer.
- Locate the sensing portion of the thermometer.
- Clean and sanitize the probe before use.
- Insert the sensing portion of the thermometer into the thickest part or into the center of the food.

#### Using a Food Thermometer

The FDA Food Code requires thermometers dually scaled to be accurate to +/- 1°C. The reading will only be correct, however, if the thermometer is placed in the proper location in the food. If not inserted correctly, or placed in the wrong area, the reading on the thermometer will not accurately reflect the internal temperature of the food. In general, the thermometer should be placed in the thickest part of the food, away from bone, fat, or gristle. Before using a food thermometer, read the manufacturer's instructions. The instructions should tell how far the thermometer must be inserted in a food to give an accurate reading. If instructions are not available, check the stem of the food thermometer for an indentation or "dimple." This shows one end of the location of the sensing device. Dial thermometers must penetrate about 2 to 3 inches into the food. Most digital thermometers will read the temperature in a small area of the tip.

## THERMOMETER CARE

#### Cleaning and Sanitizing Thermometers

The probe or stem of a thermometer must be cleaned and sanitized before it is used. The stem of a thermometer is a food-contact surface. Therefore, it needs to be properly washed, rinsed, and sanitized between uses. The stem can be sanitized by immersing in a properly prepared sanitizing solution or by wiping the clean stem with an alcohol swab. Use caution that the probe of a thermometer is not the source of bacterial or allergen cross contamination.

There you have it—some thermometer education to ensure you're serving foods to your clients at appropriate and safe temperatures. ☺

---

*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). She is co-author of the SURE™ Complete HACCP Food Safety Series, which features HACCP manuals for managers, employees, and trainers. Contact her at mvaccaro86@gmail.com*

## Review Questions

Food Protection Connection

Reading *Thermometer Education* and successfully completing these questions online has been approved for 1 hour of sanitation CE credit for CDM, CFPPs. This article is also available at [www.ANFPonline.org/CE/food\\_protection.shtml](http://www.ANFPonline.org/CE/food_protection.shtml). To earn 1 San CE hour, click the link provided with the article to purchase the online CE quiz in the ANFP Marketplace for \$12. CE credit is available **ONLINE ONLY**.



1. Which thermometer type reads food temperatures the fastest?
  - A. Thermistor
  - B. Thermocouple
  - C. Bi-metallic
2. A thermometer dually scaled in C and F should be accurate to:
  - A. +/- 1°C
  - B. +/- 1°F
  - C. +/- 2°F
3. Thermometers scaled to only Fahrenheit should be accurate to:
  - A. +/- 1°C
  - B. +/- 1°F
  - C. +/- 2°F
4. Check the accuracy of all food thermometers:
  - A. At least once a day
  - B. Every time it is dropped
  - C. Both A and B
5. Which thermometer is ideal for use with a thin food such as a hamburger patty?
  - A. Thermistor
  - B. Bi-metallic
  - C. Infrared
6. Which is a way to verify that a cold food thermometer is accurate?
  - A. Ice-Point Calibration
  - B. Water Bath Calibration
  - C. Hot Water Calibration
7. The probe or stem of a thermometer must be \_\_\_\_\_ before it is used.
  - A. Wiped down
  - B. Washed
  - C. Cleaned and sanitized

It's all about *Hospitality*.



Building on a history of more than 65 years in serving healthcare and hospitality, Carter-Hoffmann's products have been designed with guest-focused care in mind—not just patients, but families, visitors and staff.

- **hotLOGIX® Holding Cabinets:** holding for high volume service
- **Modular Holding Cabinets:** ideal for late tray service, remote serving locations or cafeteria menu expansion
- **Patient Tray Service:** Ultra-Quiet meal carts, 4-hour air screen refrigerators, heated base and plate dispensers and more...



*Hospitality*<sup>TM</sup>  
SERIES



WWW.CARTER-HOFFMANN.COM

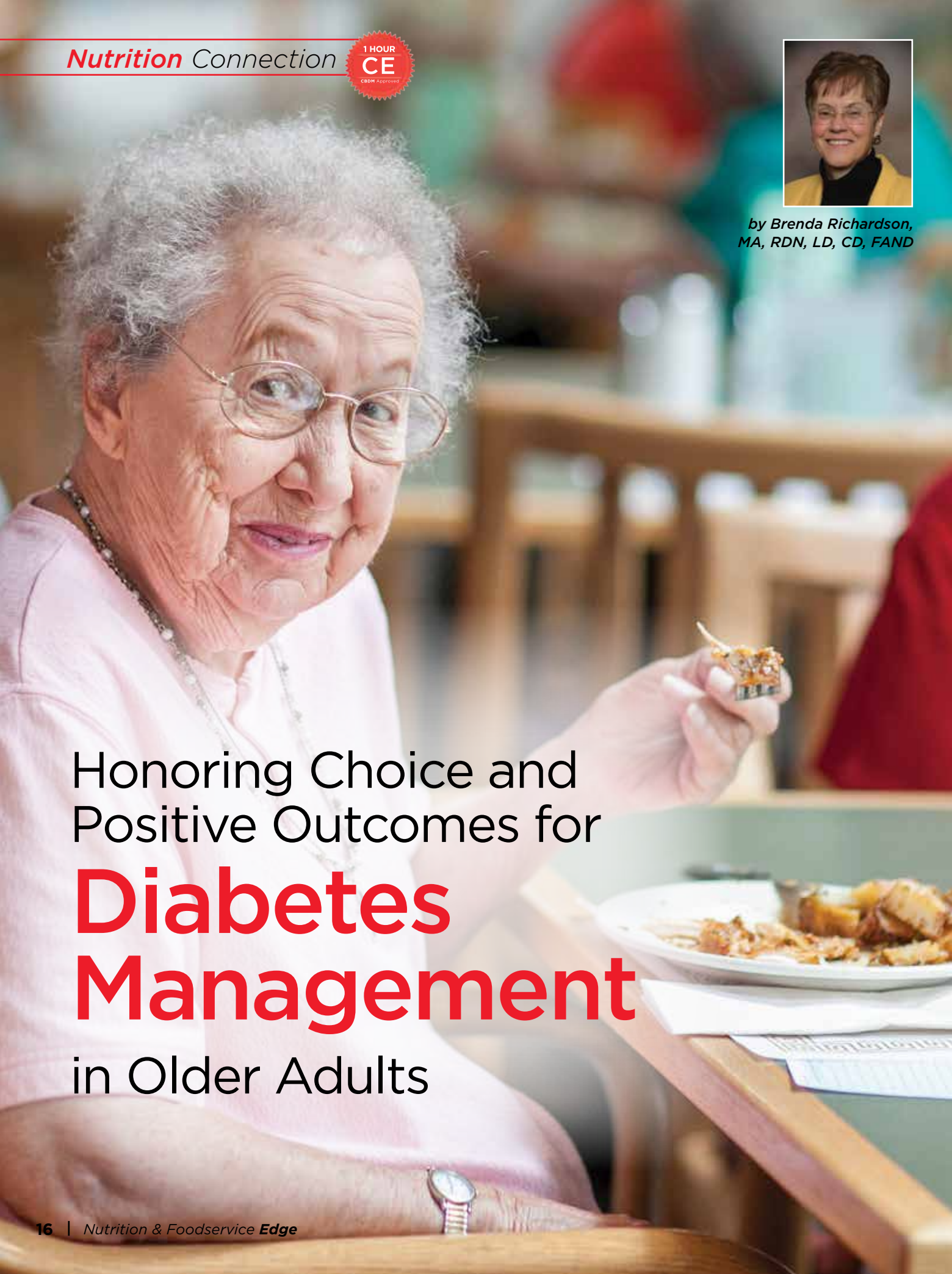
800.323.9793







by Brenda Richardson,  
MA, RDN, LD, CD, FAND

A large, high-quality photograph of an elderly woman with short, curly white hair and glasses. She is wearing a light pink long-sleeved shirt and a pearl necklace. She is sitting at a wooden table in a dining room, holding a small piece of food on a fork. In front of her is a white plate with a meal of spaghetti, meat sauce, and a bread roll. The background shows other wooden chairs and tables, slightly blurred.

Honoring Choice and  
Positive Outcomes for  
**Diabetes  
Management**  
in Older Adults

As healthcare providers, we focus on offering support in prevention of malnutrition and maintenance of nutritional well-being while honoring informed choices to our clients. This article presents best practice management of diabetes for older adults, and offers recommendations that support resident participation in the decisions.

The American Diabetes Association in their Standards of Medical Care in Diabetes 2014 Position Statement points out that diabetes is an important health condition for the aging population with at least 20 percent of patients over 65 having diabetes, and this number is expected to grow rapidly in the coming decades.

Older individuals with diabetes have higher rates of premature death, functional disability, and coexisting illnesses such as hypertension, CHD, and stroke than those without diabetes. Older adults with diabetes are also at greater risk than other older adults for several common geriatric syndromes, such as polypharmacy, depression, cognitive impairment, urinary incontinence, injurious falls, and persistent pain. Keeping this in mind, for older adults with advanced diabetes complications, life-limiting comorbid illness, or substantial cognitive or functional impairment, it is reasonable to set less intensive glycemic target goals.

Screening for diabetes complications in older adults should be individualized. Particular attention should be paid to complications that can develop over short periods of time and/or that would significantly impair functional status, such as visual and lower-extremity complications. Table 1 provides the framework for considering treatment goals for glycemia, blood pressure, and dyslipidemia in older individuals.

#### **Dining Practice Standards 2011: Standard of Practice for Individualized Diabetic/Calorie Controlled Diet**

The Pioneer Network Dining Practice Standards released in 2011 included a review of evidence-based research and consensus for nationally agreed to standards of care supporting individualized care and self-directed living in use of standard diabetic or calorie-controlled diets for the frail elderly. In the Dining Practice Standards, the American Medical Directors (AMDA) state that "...intensive treatment of diabetes may not be appropriate for all individuals in the LTC setting. To im-

prove quality of life, diagnostic and therapeutic decisions should take into account the patient's cognitive and functional status, severity of disease, expressed preferences, and life expectancy."

An individualized regular diet that is well balanced and contains a variety of foods and a consistent amount of carbohydrates has been shown to be more effective than the typical treatment of diabetes.

The Academy of Nutrition and Dietetics (formerly the American Dietetic Association) shares, "There is no evidence to support prescribing diets such as no concentrated sweets or no sugar added for older adults living in health care communities, and these restricted diets are no longer considered appropriate. Most experts agree that using medication rather than dietary changes to control blood glucose, blood lipid levels, and blood pressure can enhance the joy of eating and reduce the risk of malnutrition in older adults in health care communities."

The Centers for Medicare and Medicaid Services (CMS) has stated much about liberalizing diets and the importance of resident decision making in the process. This can be seen throughout many of the interpretive guidelines involving nutritional care and services.

The New Dining Practice Standards offer the following Recommended Course of Practice

- The diet is to be determined with the person and in accordance with his/her informed choices, goals and preferences, rather than exclusively by diagnosis.
- Assess the condition of the person. Assess and provide the person's preferred context and environment for meals. In other words, the person's preferences, patterns and routines for socialization, physical support needed, timing of meals, and personal meaning/value of the dining experience. Include quality of life markers such as satisfaction with food, service received during meals, level of control, and independence.

*Continued on page 18*

- Unless a medical condition warrants a restricted diet, consider beginning with a regular diet and monitoring how the person does eating.
- Empower and honor the person first, and the whole interdisciplinary team second, to look at concerns and create effective solutions.
- Support self-direction and individualize the plan of care.
- Ensure that the physician and consultant pharmacist are aware of resident food and dining preferences so that medication issues can be addressed and coordinated.
- Monitor the person and his/her condition related to their goals regarding nutritional status and their physical, mental, and psychosocial well-being.
- Although a person may not be able to make decisions about certain aspects of their life, that does not mean they cannot make choices in dining.

Continued on page 20

**Table 1. Framework for Considering Treatment Goals for Glycemia, Blood Pressure, And Dyslipidemia in Older Adults**

This represents a consensus framework for considering treatment goals for glycemia, blood pressure, and dyslipidemia in older adults with diabetes. The patient characteristics categories are general concepts. Not every patient will clearly fall into a particular category. Consideration of patient/caregiver preferences is an important aspect of treatment individualization. Additionally, a patient's health status and preferences may change over time, ADL, activities of daily living.

Patient Characteristics/ Health Status	Rationale	Reasonable A1C Goal <sup>1</sup>	Fasting or Preprandial Glucose (mg/dL)	Bedtime Glucose (mg/dL)	Blood Pressure (mmHg)	Lipids
<b>Healthy</b> Few coexisting chronic illnesses, intact cognitive and functional status	Longer remaining life expectancy	<7.5%	90-130	90-150	<140/80	Statin unless contraindicated or not tolerated
<b>Complex/ Intermediate</b> Multiple coexisting chronic illnesses <sup>2</sup> or 2+ instrumental ADL impairments or mild to moderate cognitive impairment	Intermediate remaining life expectancy, high treatment burden, hypoglycemia vulnerability, fall risk	<8.0%	90-150	100-180	<140/80	Statin unless contraindicated or not tolerated
<b>Very Complex/ Poor Health</b> Long-term care or end-stage chronic illnesses <sup>3</sup> or moderate to severe cognitive impairment or 2+ ADL dependencies	Limited remaining life expectancy makes benefit uncertain	<8.5% <sup>†</sup>	100-180	110-200	<150/90	Consider likelihood of benefit with statin (secondary prevention moreso than primary)

1. A lower goal may be set for an individual if achievable without recurrent or severe hypoglycemia or undue treatment burden.
2. Coexisting chronic illnesses are conditions serious enough to require medications or lifestyle management and may include arthritis, cancer, congestive heart failure, depression, emphysema, falls, hypertension, incontinence, stage 3 or worse chronic kidney disease, MI, and stroke. By multiple, we mean at least three, but many patients may have five or more (132).
3. The presence of a single end-stage chronic illness such as stage 3-4 congestive heart failure or oxygen-dependent lung disease, chronic kidney disease requiring dialysis, or uncontrolled metastatic cancer may cause significant symptoms or impairment of functional status and significantly reduce life expectancy.

<sup>†</sup> A1C of 8.5% equates to an estimated average glucose of ~200 mg/dL. Looser glycemic targets than this may expose patients to acute risks from glycosuria, dehydration, hyperglycemic hyperosmolar syndrome, and poor wound healing.

Source: Creative Commons





Sysco Delivers...



Quality,



Integrity,



Services,



Freshness,



Value,



Comfort.

Go to [www.sysco.com](http://www.sysco.com) to find your local operating company.

- When a person makes “risky” decisions, adjust the plan of care to honor informed choice and provide supports available to mitigate the risks.
- Most professional codes of ethics require the professional to support the person/client in making their own decisions, being an active participant.
- When caring for frail elders there is often no clear right answer. Possible interventions often have the potential to both help and harm the elder. This is why the overall information, risks and benefits should be discussed among the physician, team, and resident/family. The resident then has the right to make his/her informed choice, even if it is not to follow recommended medical advice and the team supports the person and his/her decision, mitigating risks by offering support. The agreed-upon plan of care should then be monitored to make sure it is meeting the resident’s needs.
- All decisions default to the person.

### The Academy of Nutrition and Dietetics: Diet Individualization With Older Adults in the Position Paper: Food and Nutrition for Older Adults

The Academy Position Paper states that older adults who consume a more varied diet have better health outcomes. Some individuals will make positive dietary changes following the

onset of certain chronic health conditions; however, dietary restrictions associated with chronic diseases can contribute to compromised nutritional status among older adults. A restrictive diet can be unacceptable to older adults and contribute to poor food or fluid intake, leading to undernutrition and poor quality of life and negative health consequences.

The benefits review of evidence-based research and consensus and risks associated with dietary restrictions and therapeutic diets for older adults should be considered. Less-restrictive diets that are tailored to each person’s needs, desires, and medical conditions can lead to enhanced quality of life and improved nutritional status for older adults living in healthcare communities.

### Nutrition Management Summary for Older Adults with Diabetes

In summary, nutrition therapy for the management of older adults with diabetes should be individualized for each patient/client. Choices for our clients should be based on current best practice standards supporting individualized care and self-directed living versus traditional diagnosis-focused treatment. ☺

---

*Brenda Richardson, MA, RDN, LD, CD, FAND is a lecturer, author, and consultant. She works with Dietary Consultants Inc. in business relations and development, and is president/owner of Brenda Richardson Associates, Inc. Contact her at [brendar10@juno.com](mailto:brendar10@juno.com)*

---

### References

Academy of Nutrition and Dietetics: Position Paper: Food and Nutrition for Older Adults: Promoting Health and Wellness Volume 112; Issue 8; Pages 1255-1277 (August 2012)

American Diabetes Association; Position Paper; Standards of Medical Care in Diabetes—2014. *Diabetes Care* January 2014 37: Supplement 1 S14-S80; doi: 10.2337/dc14-S014 1935-5548

Evert et al. Nutrition Therapy Recommendations for the Management of Adults With Diabetes. *Diabetes Care* 2013; 36:3821-3842

Pioneer Network. *New Dining Practice Standards, Food and Clinical Standards Task Force, August 2011; [www.pioneernetwork.net](http://www.pioneernetwork.net)*

### New ANFP Online Course

**20 CE hours (\$7.50 per CE hour)**  
**\$150 ANFP Members | \$170 Non-Members**



### Culinary Solutions: Basic Principles of Soups & Sauces

Preparing great soups begins with the basic principles of stocks and sauces. Learn how to make delicious soups with help from ANFP’s newest online course. Bring kudōs to your foodservice department and earn 20 CE hours by completing this course.

**Start today at [www.ANFPonline.org/market](http://www.ANFPonline.org/market)**



## Review Questions

Nutrition Connection

Reading *Diabetes Management in Older Adults* and successfully completing these questions online has been approved for 1 hour of CE credit for CDM, CFPPs. This article is also available at [www.ANFPonline.org/CE/nutrition\\_connection.shtml](http://www.ANFPonline.org/CE/nutrition_connection.shtml). To earn 1 CE hour, click the link provided with the article to purchase the online CE quiz in the ANFP Marketplace for \$12. CE credit is available **ONLINE ONLY**.



- Diabetes is an important health condition for the aging population and at least \_\_\_\_ percent of patients over 65 years of age have diabetes.
  - 20
  - 30
  - 40
- Older adults with diabetes are at greater risk than other older adults for several common geriatric syndromes, including:
  - Polypharmacy, depression, cognitive food preferences, urinary incontinence, injurious falls, and persistent pain
  - Polypharmacy, depression, cognitive impairment, urinary incontinence, injurious falls, and persistent pain
  - Polypharmacy, depression, cognitive impairment, urinary incontinence, injurious falls, and persistent complaints
- An individualized regular diet that is well balanced and contains a variety of foods and a \_\_\_\_\_ amount of carbohydrates has been shown to be more effective than the typical treatment of diabetes.
  - Consistent
  - Low
  - Decreased
- When a person makes “risky” decisions, adjust the plan of care to honor \_\_\_\_\_ choice and provide supports available to mitigate the risks.
  - Noncompliant
  - Negative
  - Informed
- Screening for diabetes complications in older adults should be:
  - Completed within 24 hours
  - Individualized
  - Based on the insurance carrier
- The Pioneer Network Dining Practice Standards released in 2011 included \_\_\_\_\_ and \_\_\_\_\_ for nationally agreed to standards of care supporting individualized care and self-directed living:
  - Review of evidence-based research, consensus
  - Total grains, whole fruit
  - Financing, wholesome foods
- A restrictive diet can be unacceptable to older adults and contribute to:
  - Family arguments, poor food temperatures
  - Lab inaccuracy, inaccurate heights and weights
  - Poor food/fluid intake, negative health consequences



## Dietary Manager Training Pre-Certification Program

*Available Online and Print Format*

### Program Features:

- Affordable Self-Paced Learning
- Nationally Recognized and ANFP Approved Program
- Newly Revised Course Content & Textbook
- Qualify for Membership in ANFP



800.327.4218 • [pd.dce.ufl.edu/edge](http://pd.dce.ufl.edu/edge)

**UF** Professional Development  
UNIVERSITY of FLORIDA







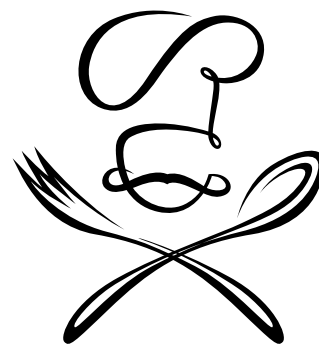
by Bionca Lindsey,  
CDM, CFPP

# Marketing Your Operation



**...to the Community  
to Increase Revenue  
Potential**

**Being in the military** has taught me a lot about the world outside of the military—and one thing I’ve come to realize is that most people really don’t understand what service members bring to the fight, or to their community as a whole.



I BELIEVE THIS IS ALSO TRUE of your organization or department. Your role may be undervalued or misunderstood. The dedicated employees in your operation wake before most of the world, and do more before 9 a.m. than many organizations do all day. We don’t often get much attention until someone has missed a meal or needs nutrition counseling.

I invite you to join me on a mission—the mission of telling your story. We need to show the world and our leaders how important we are as nutrition, culinary, and personnel management professionals.

It’s also important to share your knowledge and tell your story to those outside your doors. Maximize your potential by sharing your expertise and using your skills to better the community around you. Educate the public on what nutrition and culinary experts can offer to make their days go more smoothly, and to help them make healthier food choices. Remember, it takes a village to raise a child. We are part of the village—we know that what goes into a child nutritionally helps determine that child’s output and productivity.

Consider your recipe modification skills. You can show families how to stretch a meal or make it more flavorful without much additional cost simply by adding some extra spices or a little more broth or other liquid, and at the same time amp up the nutritional value. You can also teach people how to prepare healthy meals instead of purchasing a lot of processed foods. Invite family members to join their loved one for meals at your facility to help new residents transition better to their new environment and to showcase your department’s culinary abilities.

You can offer to teach culinary skills to individuals or families in the community or prepare meals for special events. Your employees might enjoy a small catering job on their off-time to showcase their skills and to bring money back into your organization. You could explain how resourceful you are in terms of planning meals with a limited budget. We’d all love to have more money for meals and snacks, but somehow we manage to produce appealing meals that meet the nutritional needs of our patients, residents, students, or inmates.

Have you ever thought about how to encourage local culinary school students to enter the healthcare field? Ask them to volunteer an hour or more at your establishment once a week to show them how the skills they are learning in their culinary program fit into what you do every day. You can let them meet the residents and perhaps showcase their basic food preparation techniques or other valuable skills they’ve learned.

Most people have little knowledge about how we have to modify food items for nutrition acceptance, appearance, nutrition value, and palatability, but we do it on a daily basis. Consider asking a local business if you can talk with their employees about what their parents might be eating at a skilled nursing facility, what their children may be eating in school, and what they should pack in their lunches to help them maintain their energy levels through a long work day. The goal is to be visible and gain respect as the nutrition and foodservice expert, so local businesses seek out you and your establishment instead of asking others to come into your community when catering is needed.

Going green is another way you can share your skills with the community. Focus on using fresh produce, growing your own vegetables, cooking fresh versus frozen produce, and optimizing its nutritional value by using appropriate preparation methods. You can teach others how to recycle—not just the earth-friendly recycling of cardboard, cans, glass and plastic, all of which are great and vital to saving our planet—but also recycling food items. We often refer to this as using leftovers, but I’m talking about showing how you use fruit left from the salad bar to make a smoothie for a patient. Educate the community about using bread ends in their cornbread or stuffing; how meat juices can be made into gravies; and making the most of an egg by using the yolk for banana pudding and the egg white for the meringue topping. Teach them to use the ham bone from their Sunday dinner as the basis for a stock for red beans and rice or soup, and to save citrus peels and incorporate the zest into recipes to bring out the flavor and get the most from an orange or lemon. We have so many skills and strategies that we use in

*Continued on page 24*

our facilities and homes, now it's time to share them with our community to help others make their lives easier, improve their nutritional intake, and stretch their food dollar.

As you read this article, you may be thinking this is all very basic, but in life it's often the small things that count, we miss or we just take for granted. Many of us have been working in food service for a long time and if we share the skills we take for granted every day, I guarantee the outcome will be surprisingly rewarding. One skill I share with everyone is my ability to take a long, complicated recipe and simplify it by removing or combining steps. I also take scratch items and show people how to find the equivalent items at their favorite grocery store to save preparation time, while explaining the difference in cost. Then I ask how much their time is worth to them.

If sharing these types of culinary strategies is not an option for you, consider educating the community on food safety. If we can educate families, businesses, and even people walking down the street on the importance of proper food storage, refrigeration, cooking temperatures and especially hand washing, we can have a big impact on their well-being.


Be willing to tell your story and toot your own horn every now and then, so people know the skills and abilities you bring to the table. You owe it to yourself and your organization to let everyone know what we do each and every day for the betterment of others. ☺

*Chief Master Sgt. Bionca Lindsey, CDM, CFPP is a member of the United States Air Force, and serves ANFP on the Culinary Task Force.*

Why choose DietMaster ...


# Still the Leader

- New, "restaurant style" menu format for maximum resident/patient choices.
  - ▶ Daily Specials from today's menu or a Specials menu.
  - ▶ Up to 75 additional items per meal
- Assignable and printable colors for diets, textures, notes and more.
- Automated "Daily Tips" to highlight new features.
- Customizable label formats and sizes. Additional menu card formats.
- Costing of menus and recipes with imported items and prices from popular food vendors.
- Graphically create and print dining room seating charts.
- Optional Security Log-in and accessibility restrictions by function.
- Utilities to track recipe usage in menus and personal data.
- Training, trouble-shooting and updating via the internet.
- Ease-of-use features constantly being added to streamline your work.
- 7600 recipes. Expanded for diets, textures with full nutritional data.



DietMaster

SYSTEMS



1-888-475-DIET (3438) [dietmaster.com](http://dietmaster.com)



# 10 Ways to Market Your Food Service

by | Diane Everett

Are you looking for ways to promote your food service to residents, administration, staff, or the community? Here are 10 ideas to consider. Some ideas work better with certain audiences, so plan your promotion with your target market in mind.

## 1. Offer cultural celebration days.

Think beyond traditional Mexican, Italian, Asian and German fare. Consider resident meals showcasing Middle Eastern cuisine, Peruvian foods, or other lesser known international menus. Don't forget corresponding décor and maybe even travel posters or slides showcasing the geographic area.

## 2. Provide cooking demonstrations.

Everyone loves to see fresh ingredients combined before their eyes to create a delicious dish. Cooking demos offer a feast for the senses as onlookers can hear the sizzle, smell the spice, see the colors, and then taste the flavor. Carefully choose your menu based on your timeframe for the demo. Chop, slice, and dice ingredients beforehand if necessary so you can complete the signature dish in the allotted time. Provide samples for the audience if feasible. Everyone likes to taste test!

## 3. Distribute nutrition information.

And be sure it features your company name and logo. Lots of copyright-free nutrition-related resources are available from the USDA, FDA, and other sources. Most people appreciate sound

information on lowering their cholesterol, keeping their weight in check, or cutting their risk of heart disease.

## 4. Offer nutritional screenings.

Take the pamphlets a step further and offer free or low-cost nutritional screening. Cholesterol testing, osteoporosis screening, Body Mass Index measurements, and more can be offered to promote well being and demonstrate your department's caring attitude.

## 5. Publicize your culinary skills.

Distribute menus, catering flyers, and other printed pieces that tout your offerings. Make menu descriptions as appealing as possible, and make your promotional pieces attractive.

## 6. "Brag" about your staff.

If your chef has professional credentials, make them known in your publicity by using the CEC or other credential after their name on their business card, your menu, and embroidered on their chef coat or printed on their name tag.

*Continued on page 26*

### 7. Do community service projects.

Consider sponsoring a canned food drive, volunteering at an area soup kitchen, or other initiatives which support the community. Not only is this a feel good team-building opportunity for your staff, it's also a great way to gain positive press in your facility newsletter or local newspaper.

### 8. Create memorable garnishes.

Make your meals and catered affairs memorable with distinctive and colorful garnishes. They add zip to the appearance and make the plate or tray memorable.



### 9. Run staff specials.

Keep your facility staff in the building at lunch time by offering cost-effective, appealing meals. Survey staff to learn more about their likes and dislikes. What would keep them from running to a fast food outlet at lunch? Survey results may

indicate a menu overhaul is in order, hours of operation need changing, or service speed needs improving.

### 10. Communicate with administration.

Don't forget to tout your department's value and your staff's abilities to administration. If you're unveiling a new menu, a staff member has achieved a certification, you received a deficiency-free survey, or you served a record number of meals last month, share the good news! Make sure your supervisors and administrator are aware of your accomplishments.

This is just the tip of the iceberg in terms of ideas on how to promote your foodservice program. Stretch your creative muscles and consider unique ways to reach your audiences. Know the groups you're targeting, and develop menus and programs that appeal to their senses. ☺

*Diane Everett is editor of Nutrition & Foodservice Edge magazine.*

## DIETARY MANAGER INDEPENDENT STUDY PROGRAM

Nationally recognized as the best  
on-the-job training program available  
for food service professionals.

- Learn at your own pace
- Meet criteria for qualifying dietary managers
- Qualify for membership in the ANFP
- Receive a solid foundation

AUBURN UNIVERSITY  
DISTANCE LEARNING  
282 THACH CONCOURSE  
118 FOY HALL  
AUBURN, AL 36849

866.684.5131  
audl@auburn.edu  
www.auburn.edu/dm



AUBURN  
UNIVERSITY



Association of  
Nutrition & Foodservice  
Professionals



# What will you make of it?™



## Red Thai Noodles

Made with Campbell's® Healthy Request®  
50 oz. Tomato Soup



## Chicken Parmesan Soup

Made with Campbell's® Healthy Request®  
50 oz. Tomato Soup



## Spiced Mini Cupcakes

Made with Campbell's® Healthy Request®  
50 oz. Tomato Soup

It's can-do in a can. Helping you do more with less. So serve it as-is, amp it up, or create a can't-miss meal. Campbell's® Healthy Request® makes it easy to deliver vegetable nutrition without giving up on taste. Now that's something to feel good about. Find menu ideas, share a few of your own, and get nutritional information at [CampbellsFoodservice.com](http://CampbellsFoodservice.com).

**PREPARE TO BE AMAZING™**

**Campbell's**  
FOODSERVICE







# So Many Options

Deciding What's  
Best for Your  
Community

*by | Wayne Toczek*

**As you attend various training programs** focusing on resident/patient-centered care, open dining, and creating a homelike environment, it's important to remember that your design and program should be flexible enough to meet more than one dining option.

DETERMINING THE RIGHT TYPE of service(s) for your community and changing it as your population changes will be the key to whether your dining program is outstanding or just serves meals. Understanding what flexibility you can offer will only enhance your meal service, and it can be as simple as allowing a customer the option to sleep in a little and still be able to get breakfast.

Before you start to consider dining options, step back and make sure you understand how many types of resident/patient customers you are serving. The most common in senior living are independent living, assisted living, health care, short-term rehab, and adult day care. Each of these groups has different needs and expectations.

Most healthcare residents lived through the Great Depression; incoming independent living residents and rehab patients are more and more likely to be Baby Boomers. The expectations of these two groups are very different. So as you consider service style, start with the understanding that the more resident/patient types you have, the more certain you can be that one type of service will not provide excellent service to all. As you begin this process, concentrate on what you can do with the current layout of the building and repurposing the equipment you already have, and then plan for enhancements that require bigger changes.

Let's review some options. Let these be a starting point to explore the possibilities the physical design of your community can support. Look for ways to meet the needs and desires of your current and future patients or residents. Listen for talk of "The customer likes the way we do it." Do they really like it or were they conditioned to accept it because there was no other option? How many residents would have chosen to have their meals selected for them, everything covered and wrapped and delivered to their room on a lackluster tray? We've taught patients and residents to expect that type of service by doing it that way for a generation.

It's also critical to understand your state and local guidelines; for example, will your area require a license from the local health department? In 25 years of dining concept design, I

have learned that understanding the regulations as related to the design or concept will save you unnecessary equipment purchases and help you make design recommendations that will be approved. When presenting your plan, understand it and the regulations well enough that you can sell the person who needs to give approval on the way(s) that it meets the regulatory requirements.

On a recent project that was at first rejected by the health department, we engaged the equipment manufacturer, submitted a written proposal outlining how we planned to use the equipment, and took multiple pictures showing where we would locate it. The end result was written approval. This written approval will help you later, when a different regulatory agency or inspector challenges you regarding its use. Keep in mind that fire marshals and regulatory agency inspectors rarely have experience as end users and usually prefer to see what they know. The bottom line is do your homework, ask questions, and get a second opinion. Technology is constantly changing. It was hard to imagine designing a kitchen or satellite kitchen without an exhaust hood or creating fried food without a fryer just a couple of years ago. Today such kitchens are in operation and approved by the appropriate regulatory agencies.

Understand the regulations and what new technology can help you achieve your goals, maximize your dollars, and meet the requirements. Remember that planning for resident safety must be part of your design. Will the area you design be safe for residents to roam freely around, or simply safe for staff with access by patients/residents denied. Consider the location of hot equipment—soup kettles and steam tables out in the open and minimally supervised self-service buffets—as potential safety hazards for residents. With a little extra planning you can accomplish your goals safely.

Following are several service options. A brief description is offered along with things you should think about or arrange for when planning this type of service. Any one of these options can be combined with any other, giving you the flexibility to meet the needs of all your residents. The second table describes

*Continued on page 32*

## Program Options for Dining Services

Option	Description	Notes
<b>Traditional Tray Service</b>	Food is assembled on trays in main kitchen and delivered to rooms.	You may have more difficulty attracting future residents with this service style. Start planning changes now to stay competitive.
<b>Upgrade Variations</b>	Food is assembled on trays in main kitchen and served to residents on trays in dining room(s).  Food is assembled on trays in main kitchen and removed from tray prior to service in dining room(s).	Dining staff usually assembles trays; nursing staff usually delivers and picks up trays.
<b>Cafeteria Style</b>	Food is prepared in main kitchen and delivered in bulk to one or more cafeteria-type service lines.  Residents/patients pick up a tray at the beginning of the line, make selections as they go through the line, and take tray to table in dining room.	<b>Independent Living:</b> Some residents will require staff assistance to deliver tray to table. All service is usually dining staff.  <b>Assisted Living:</b> 50-75% of residents will require staff assistance to deliver tray to table. Food usually served by dining staff, dining room service usually nursing staff.  <b>Health Care:</b> Nearly all residents will require staff assistance to deliver tray to table. Food may be served by dining or nursing staff; dining room service by nursing staff.  <b>Rehab:</b> Patient need for assistance will change as they progress through rehab—some will need assistance throughout their stay. Food usually served by dining staff, dining room service usually nursing staff.  Challenge is to have menu items at reachable height for residents in wheelchairs and those standing or have a server for cold items.  Adequate supervision to maintain food safety is a must if residents can reach the food.
<b>Concierge Style Service</b>	This is an enhanced room service, much like that in hotels. Orders can be called down to the kitchen or served from a closer service area. One staff member is generally assigned to a certain number of patients/residents and takes care of everything for them. May include activities of daily living, meals, and even housekeeping.	Staff member providing this service is usually from nursing.
<b>Open Dining</b>	This is dining that has a range for being open; the customer can eat at leisure and has options. This creates a more relaxed dining atmosphere.	Room trays usually done first followed by dining room service. Downside of this order is that it discourages some residents from leaving their rooms for meals.
<b>Restaurant Dining</b>	Service with a restaurant-style menu, options on the menu run for a week or longer with a daily featured special.	Selection at time of service is most appropriate for independent living and rehab neighborhoods. May be appropriate for assisted living depending on skill level of residents. In CCRCs consider allowing healthcare residents to eat in dining rooms offering this service as they choose.
<b>Buffet</b>	Food is set up as a buffet with a staff member assisting the customer as needed.	Have a plan for food safety and adequate supervision to ensure it.

(Continued)



Program Options for Dining Services (Continued)

Option	Description	Notes
<b>Family Style</b>	The customer is served from platters or a table side cart. Seconds are encouraged and generally staff assists in dishing up food.	French Family Style as described at left usually works better than placing bowls and platters on table American Style, as it is easier to keep the food safe from contamination.
<b>Mobile Carts Serving Meals to Room</b>	This service can be a mobile cart moving from room to room. Consider this as a way to offer continental breakfast service. Orders are taken at time of service.	Staff is almost always dining staff as nursing staff is assisting residents with morning routines and can't be dedicated to a food cart.
<b>Neighborhood Dining</b>	Featured items of the day and mechanically-altered foods are prepared in main kitchen and delivered in bulk in neighborhood pantries/serving areas for plating at time of service. Usually includes an Always Available Menu that offers additional foods which may be prepared in the neighborhood pantry or in the main kitchen.	<p>Centralized production of feature items and mechanically-altered items is key to managing quality.</p> <p>Plan to cook in neighborhood pantries usually requires approval of local health and fire departments.</p> <p>All equipment used in neighborhood pantries must be commercial equipment.</p> <p>Excellent opportunity for Open Dining which may include Early Riser Breakfast in health care to give residents choice of early breakfast and give community flexibility in required time between dinner and breakfast.</p> <p>Get buy-in from CEO/administrator/CFO early in the process as renovations may be costly.</p> <p>Layout of your community important in determining whether centralized or decentralized dishwashing allows best service and productivity.</p> <p>Stay positive—if renovations aren't in the budget, devise a plan to do as much as you can without expense.</p>
<b>24 Hour Dining</b>	Three or four meals are provided within designated times each day with a separate menu for items that are available anytime.	<p>Challenge is developing workable plan for providing this service 24 hours/day, 7 days/week.</p> <p>Usually nursing staff between dinner and breakfast so menu should be items easily stored and prepared in neighborhood pantry. Meals can be set up for reheat in a microwave if needed, or cold meals can be offered that are easy to assemble.</p> <p>Usually health care only, or rehab.</p> <p>Strong ongoing training program for nursing staff a must. Know the nursing turnover rate to calculate amount of time needed for nursing to participate and for you to provide training.</p>
<b>Brunch</b>	Offering a strong breakfast menu plus one or two solid meat items and complementary sides.	<p>Most common in independent living—maybe Sunday only or every day in a two meal/day program. Often open to assisted living and healthcare residents on an individual appropriateness basis.</p> <p>Can be full wait staff or self-service with minimal wait staff to refill beverages, clear tables, etc.</p> <p>If any component is self-service, have a plan for food safety and adequate supervision to ensure it.</p>

equipment and structural changes that should take place to best provide some of the service types. For the budget challenged, less expensive options are also included.

Changing the type of service you offer or where you offer it doesn't mean that everything changes. The amount of food produced won't change or the number of customers. Food cost shouldn't change. Staffing levels usually remain the same, although they will do their work differently. Duties may change, but each staff member will still have a group of tasks that fill their work day.

I had the experience of introducing "open dining" to one of my client communities and as I explained the program, a few concerns were raised, such as "How do I get people to the dining room early now when I have to get all my residents up by 7 a.m.?" My reply was "Why do you have such urgency to get all residents up by 7:00?" Their answer was because they have to have breakfast to meet the timeframe from dinner. I reminded her of the five residents sitting around as I entered at 6:30, and how if we offered at least beverages and cereal to those who desired, was not breakfast really starting at 6:30, thus relieving the pressure while starting early for those already up? The spark hit, the embrace came, and structured mealtimes are a thing of the past in that community. This example shows how the thought process needs to change so the benefits are understood by all.

The biggest challenge is how staff perceives the impact on them. The buzzword is culture change. It's key to get nursing staff to understand that food service is a component of patient/resident care. Use the care plan as your ally in communicating that nutrition status is a component of the same care plan that addresses medical and social care. The dining aide, hospital-ity aide, cook, or whatever the title is in your community, may have difficulty seeing themselves as part of the resident/patient care team. Changing the mindset that 'service needs to be finished so I can get back to the kitchen' is a culture change challenge that needs to be met.

Planning your changes so each group understands the full impact on them before implementation goes a long way in gaining their support. This includes making as many changes as you can at the same time so staff isn't always wondering "What next?"

As you begin to consider options and develop a plan, keep everyone in the loop, in-service staff and explain it to the entire community. Take advantage of the change as a reason to ad-



“” **Stay aware** of how your customer base is changing, and be ready with a plan of change to meet their needs and keep ahead of insanity.

dress issues, areas you may not have accounted for and skeptical staff. Turn them into your marketing ambassadors by allowing them to feel that they are part of the process.

As you roll out your plan, consider using your new policy and procedures as your training/in-service outline. Remember that the common stages of change may be present: shock, denial, anger, bargaining, depression, testing, and finally acceptance. When working with communities on change, I find these stages range from a few to all stages. My consulting experience has shown that by recognizing and confronting these stages with solid policy and procedures and community-wide training, we get better buy-in, insight, and even improved policies and procedures based on feedback from your end users. This feedback helps define your program, improves the customer experience, and helps staff feel the program is their own.

There are many ways to provide dining service. These should be a starting place with thoughts and recommendations to help you toward your goal. Stay aware of how your customer base is changing, and be ready with a plan of change to meet their needs and keep ahead of insanity. Always doing what you have always done and expecting a different result equals insanity. ☹️

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

✓ = Required    Δ = Desirable

## What will you need?

Equipment:	Cafeteria	Concierge	Neighborhood	Early Riser	Continental	Brunch	Restaurant Style	24-Hour Dining	Family Style (French)	Room Trays for Any Style Service
Accessible buffet line	✓					Δ				
Assembly work station/table*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Neighborhood pantry			✓	Δ	Δ			Δ	Δ	
Commercial hood*	Δ		✓ or Δ							
Microwave		✓	✓	✓	✓		✓	✓	✓	
Toaster	Δ	✓	✓	✓	✓	✓	✓	✓	✓	
Refrigerator	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Freezer	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Hand sink	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Ice machine	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sandwich station*	Δ	✓	✓				✓	✓		
Steamwell(s)*	✓	✓	✓			✓	✓			
Fast cook oven			Δ				Δ	Δ		
Induction cooking burner						Δ				
Panini grill or commercial griddle	Δ		Δ				Δ	Δ		
Hi-temp undercounter dishwasher			Δ						Δ	
Dessert cart* / serving tray			Δ			✓	✓		Δ	
Beverage cart	Δ		Δ	Δ	Δ	Δ				
Beverage station*	✓	✓				✓	✓	✓		
Tray jacks	Δ		✓			✓	✓			
Flat top grill or tilt skillet						✓				
Insulated cart for bulk food delivery*	✓		✓			✓	✓		✓	
Small enclosed cart for tray delivery		✓		✓	✓			✓		✓
Insulated service ware		✓								✓
<b>Other:</b>										
Buy-in of nursing staff for their role	Δ	✓	✓	✓	✓	✓	Δ	✓	✓	Δ
On-going dining services training for nursing staff		✓	✓	✓	✓	✓		✓	✓	
Supervision to ensure food safety for self-service to residents	✓					✓				
Current regulatory codes governing your community	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Policies & procedures outlining/defining your service—use to develop training plan	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

\* Indicates items that can vary widely in cost, depending on budget and choices made. For example, steam wells may be the traditional built-in steam or electric hot well, or something as simple as a single unit electric unit. A sandwich station can be the traditional unit with refrigerated storage below, or a Cambro-type unit or hinged chafing dish supported by ice to one of the newer options, a coldpack unit that is placed in the freezer after each use. Think creatively for the “how can I answer” to the budgeting dilemmas of making change.



## Our Experience Implementing Room Service

**Aloha!** It's been more than a year since we implemented room service here at Kaiser Hospital in Hawaii. Through hard work and continued support from everybody we have enjoyed the benefits of it, but most importantly, so have our patients.

Thanks to our Support Services Director, who took the initiative to implement such a big project; our Food and Nutrition Services Director, who exerted so much effort and attended countless meetings; our Clinical Nutrition Manager, who worked long hours to prepare for the technical aspect of the project and train all the Diet Office staff. Thanks to our Call Center Supervisor for providing training in the Call Center and ensuring its smooth operation, and to our Administrative Secretary and Chef, who interviewed job applicants. Our Food Service Operations Manager joined us later, but brought valuable catering knowledge and insights to the job. Hats off to our Dietitians and all others who helped in the implementation of room service.

I am very proud that Kaiser was the first hospital in Hawaii to implement room service. Since its implementation, our scores have improved. Patients are happier. Employee morale is incredibly high. Oftentimes we remember our old tray line system, with only three people working under so much pressure, and how hard it was to come up with missing or special items. Now we have several new co-workers. If we need something chopped, all we have to do is ask our cooks and they do it. If we need something special, pantry will prepare it for us. Our job is now easier. Sure, there were tough times, complaints and disagreements among us, but because of unity and teamwork, we were able to overcome any obstacles.

I'll always remember one special moment that happened shortly after we implemented room service. Our census was high, and everyone was busy trying to finish their job—delivering snacks, making sure all the dishes were washed, and ensuring the dish room was cleaned. The kitchen staff needed to coordinate or they would finish late. At 8:00 pm, they were assembled by the time clock area to clock out. Before everyone departed, one of our dishroom employees said, "Guys, cheers." They all gathered together for a huddle, extended their hands, and on the count of 3, in a chorus, everyone shouted "F N S!" It was a heart-warming scene. They all looked sweaty and tired, but everyone was smiling and laughing. Yes, everyone left happy! Because of their teamwork and camaraderie, everything is achievable, both in fulfilling their work responsibilities and their self-esteem. They once called their group the "Dream Team." Now it's no longer a dream, but the "Real Team."

Because there were many of them, it took me awhile to memorize all the names and faces of the new hires. Some of them have more flexibility with their hours, enabling us to have more coverage with scheduling. Others have been cross-trained. Some prefer certain tasks. They have positive attitudes about their job and responsibilities. They try to make it fun. I can remember when two staff members were trying to race to segregate the silverware. They had a good time.

I am the expeditor in the tray line. As we assemble trays, one is at my left side ready to help catch trays that are ready to be placed on carts. Somebody is behind me to help make thickened liquids or hot water or coffee. Our starter, who's always smiling, is very accurate with his condiments. Our facilitator is so fast that I can hardly keep up with his speed. Somebody acts as a runner to grab last-minute orders that we need in the storeroom. And who wouldn't laugh if at the end of the tray line our cooks would close their imaginary window in front of us? These employees are just awesome to work with. That's the reason why I don't miss a night saying "thank you" to all of them for a job well done.

Since I work the p.m. shift, I don't get to interact with the a.m. staff but I know they are doing a good job as well. I thank everyone for all they do, too. After all, we all belong to one roof, one family, one department—the Food and Nutrition Services Department. We have one common objective. One common goal.

I also observed that everybody was happy working on Christmas Eve. I could hear laughter from the tray line. The p.m. cook kept singing Christmas songs. I asked him why he was so happy and he said "because it's Christmas." It was very inspiring to work in that kind of upbeat atmosphere. Somebody else mentioned being so lucky and thankful for their job.

There's still a lot more to be done, more to be achieved. I've encouraged staff to support our bosses so we can make any future projects a success. As one of our meeting speakers said, "Let's all be above the line," and not below the line. Let's make every day a happy day, not just during the holidays. Let's make each day an inspiring day to work for every one! ☺

*Caridad Namoca is a CDM, CFPP at Kaiser Hospital, Honolulu, HI.*

## Meet Your 2014-2015 Officers and Directors

Congratulations to the following individuals, who now serve as national leaders on the ANFP Board of Directors and the Certifying Board for Dietary Managers for 2014-2015. These individuals were recommended by ANFP's Leadership Development Committee, their names were distributed to the membership in late winter, and they were approved by the ANFP Board at their April 7 meeting. They took office June 1, 2014.

### ANFP CHAIR ELECT:



**Debbie McDonald,**  
CDM, CFPP

Burkburnett, TX  
Program  
Administrator—Food  
Service, North Texas  
State Hospital

**Years in Current Position:** 12

**Years Worked in Food Service:** 34

**Years in ANFP:** 33

**Notable Volunteer Activities:** Chair of the Certifying Board, ANFP Chapter President, Spokesperson and Event Planner-Texas, Wichita Falls Mission volunteer, and church volunteer

*Why are you interested in serving ANFP at the board level?*

I have been a member since 1990 and have served on the executive board for the state of Alaska and for Texas. I believe in and have a passion for ANFP. I have seen many changes and much growth over the years. I look forward to being a part of the positive growth during 2014-2015. I feel that from the experience I have gained that I'm ready to move to a higher level in this association. I want to be a part of the team to encourage, recruit, and support others from district to national. I want to take the challenge to make a difference.

*What do you think you'll bring to the ANFP Board?*

A positive and professional attitude, a passion to serve the members, willingness to work as a team member, willingness to learn new ideas, enthusiasm, experience working at the district level, state level, and the national board. Support ANFP Goals and Mission.

### ANFP TREASURER ELECT:



**Ken Hanson,**  
CDM, CFPP

Ankeny, IA  
Jail Services Supervisor,  
Polk County Sheriff's  
Office

**Years in Current Position:** 8

**Years Worked in Food Service:** 28

**Years in ANFP:** 10

**Notable Volunteer Activities:** ANFP Director at Large, ANFP Chapter President-Iowa, Led Iowa ANFP to 2008 Chapter Diamond Award, and First Friday Breakfast Club Board Member

*Why are you interested in serving ANFP at the board level?*

I would like to give back to the profession. While president of the Iowa chapter, I stressed that all CDMs need to not only ask what they have gotten out of ANFP, but also ask themselves what they are giving back to the association and the

profession. It's my belief that we all need to help those CDMs who will come after us and build on what those who have served before us have created. I want to practice what I preach and help advance ANFP nationally as an organization.

*What do you think you'll bring to the ANFP Board?*

One of my strengths is coalition building. While not afraid to share my opinion, I also am good at understanding various other positions on a topic and finding common ground that all parties can get behind. I am not afraid to tackle difficult decisions for the association and look to the long-term benefits of those decisions.

### ANFP DIRECTORS AT LARGE:



**Larry J. Jackson,**  
CDM, CFPP

Americus, GA  
Food Service Specialist,  
Sumter County Schools  
System

**Years in Current Position:** 2

**Years in Food Service:** 37

**Years in ANFP:** 10

**Notable Volunteer Activities:** ANFP Chapter President-Georgia, Led Georgia ANFP to 2012 Chapter Diamond Award, ANFP Leadership Development Committee, NFEF Pay it Forward Volunteer, and Boys and Girls Club President

*Continued on page 36*

*Why are you interested in serving ANFP at the board level?*

Even before the name of our annual meeting changed to include “Leadership,” ANFP opened my eyes to my role to be a better leader on my job, at home and at church. I have been in the foodservice business for over 37 years, so when I finally learned about getting my credentials though ANFP (then DMA) I was so excited, and I regret waiting so long to get certified. With that said, I want to make sure I can reach back and help someone else become certified sooner rather than later. Serving on the board at the national level will give me the chance to speak to others and share with them how beneficial this organization will be in developing their leadership skills and abilities in whatever they set their mind to do.

*What do you think you’ll bring to the ANFP Board?*

I will do my best to show what I have learned to be a leader in my life though ANFP, and becoming a national board member will give me that extra tool to share, not only with the members of this great association, but to add a set of fresh eyes to the organization of ANFP, and also learning something new by being a part of the national board. I have served two terms as the state chapter president, which I know prepared me to seek this goal in my life. Also I was very proud and honored to help the state of Georgia win the 2012 Diamond Award. I want to bring some insights and views, also to be a good listener and hear different views from fellow board members to share with the ANFP membership nationwide, and gain more information that will help me become a better leader, to mentor others.



**Richard “Nick” Nickless, CDM, CFPP**

Hanahan, SC  
Chef/Supply and Services Director,  
Department of Disabilities and Special Needs, Coastal Center

**Years in Current Position:** 9

**Years in Food Service:** 41

**Years in ANFP:** 11

**Notable Volunteer Activities:** ANFP Culinary Task Force Co-Chair, American Culinary Federation National Bylaws Chairman and National Public Relations Chairman, Twice President of the Charleston Chapter-American Culinary Federation, Adjunct General South Carolina Mayflower Society, and member of the Sons of the American Revolution

*Why are you interested in serving ANFP at the board level?*

ANFP has always been known for having a solid core of continuous leaders that take pride in consistently doing what’s in the best interest for its membership. ANFP, in my opinion, needs to cross reference with other associations and work on achieving a better awareness campaign in regards to what we could offer to all dietary managers, chefs, and others that are striving to serve proper well-balanced nourishments to the public. I truly believe we have yet to fulfill our true potential. My main focus will be to ensure our current board creates a lifelong legacy of membership growth, while protecting and ensuring the integrity of our organization. I believe we should reinvigorate our base to achieve a stronger brand name presence in today’s market. By working together, there should be no reason why we couldn’t achieve 20,000 members

strong by 2020. I’m ready—along with our dynamic board—to lead that charge. I hope you’ll join me.

*What do you think you’ll bring to the ANFP Board?*

Dynamic energy that will reignite our members. My association career encompasses over 25 years of leadership experience from the local chapter, state level, National Public Relations Chairman, National Bylaws & Resolutions Chairman, to the various subcommittees and task forces that I have successfully managed and directed. I can honestly say that every position I’ve held on a multitude of associations, societies, and federations has prepared me for this role on our national board. I believe all of those skills, and my diverse background and successful roles, make me a good candidate for our board. By working together, we can achieve those dreams and visions that will bring us to our rightful place as leaders in the dietary field.

**ANFP DIRECTOR AT LARGE—SUPPLIER:**



**Amy B. Lewis, MBA**

Mystic, CT  
Healthcare Sales & Marketing Manager,  
Hoffmaster Group, Inc.

*Given the exciting direction of ANFP, how will you best serve this association?*

It is both an honor and a privilege to be appointed to the ANFP Board of Directors. ANFP has a strong history and an exciting future! I look forward to serving the Association and its members by providing my time, energy, skills, ideas,



and resources to add value and insure continued growth. I believe in leading by example, and that transparency is the key to effectiveness. As Chairperson of the Industry Advisory Council, it will be my goal to bring the Mission and Vision of ANFP, as well as the direction of the ANFP Board, to the Corporate Partners.

*Lifelong professional development is a goal of ANFP. How will you encourage members to participate in ANFP to support their career goals?*

I believe in active engagement. Personal growth and professional development is ongoing. I would encourage members to get involved with ANFP at the state, regional, and national levels. Valuable leadership development and networking opportunities are available through the chapters and committees. As an industry partner, I will do my best to provide support and motivation to all members through awareness, recognition, and leadership. Healthcare food service is evolving to meet the changing needs of patients and residents. ANFP members are poised to meet the challenge. Through communication, networking, and social media, we can celebrate achievements, certifications, and best practices which will provide positive examples to inspire others to do the same.

## **CBDM**® | Certifying Board for Dietary Managers



**Barbara Thomsen, CDM, CFPP**

Norwalk, IA  
Executive of  
Healthcare & Business  
Development, Sysco  
Foods, Iowa

**Years in Current Position:** .5

**Years Worked in Food Service:** 30+

**Years in ANFP:** 18

**Notable Volunteer Activities:** ANFP Chapter President and Chapter Spokesperson-Iowa, helped lead Iowa ANFP to 2008 Chapter Diamond Award, Des Moines Area Community College Aging Resources Committee Member Dietary Manager Committee, Legislative Committee, and 2009 ANFP Public Policy & Advocacy Award winner

*Why are you interested in serving the CBDM at the board level?*

I fervently believe in promoting our education and skill set and keeping it fresh. We need to continue to offer advancement/enhancements to our certification to continue to be competitive and separate ourselves from other

similar degrees. Being able to help decide/design our future education and certification needs would be an awesome experience.

*What do you think you will bring to the CBDM?*

I have been very active in DMA/ANFP at both the chapter and national level for the past 10+ years. My experience working for both non-profit and for-profit long-term care communities has shown me how much we have evolved in servicing our residents and how important continuing education is in creating culture change in dining. Spending money on education is a long-term investment and is possible with a limited budget. I also have eight years working with CMS/State of Iowa with LTC regulation/clinical guidelines. This has given me the drive to promote our certification through legislation (H.R. 2181, Safe Food for Seniors), and I am blessed to serve as ANFP Legislative Chair. I have spent the last two years teaching at the local community college dietary manager course, educating new dietary managers on the value of earning their CDM, CFPP credential and the knowledge they can bring to their employers and those they serve. Currently I am employed by Sysco Foods of Iowa as their Executive of Healthcare and Business Development, giving me an awesome opportunity to again promote quality food and CDM services in health care. These experiences have built me as a CDM, CFPP—a title I bear with pride and continue to share with others.



## FOR CONTINUED SERVICE

### ANFP DIRECTORS AT LARGE

Terri J. Edens, CDM, CFPP, LNHA  
Richard D. Hoelzel, CDM, CFPP, FMP  
Sharon K. Vermeer, CDM, CFPP  
Sherri Williams, CDM, CFPP  
Beth Naber, MS, RD (Supplier)  
Kevin Loughran (Industry)  
Jeff Patton (Industry)

### CERTIFYING BOARD

Sue Zins, CDM, CFPP, **Chair**  
Theresa Fightmaster, MS  
Yvonne Foyt, CDM, CFPP  
Kristin Klinefelter, RD  
Dana Moyers, LNHA  
CarieAnn Williams, CDM, CFPP



by Craig Brightup

## ANFP Government Affairs Update

**A**s we go to press, the Safe Food for Seniors Act, H.R. 2181, has three bipartisan cosponsors: Rep. Earl Blumenauer (D-OR-3), Rep. Lynn Jenkins (R-KS-2), and Rep. Sanford Bishop, Jr. (D-GA-2). The bill was introduced by Rep. Tom Latham (R-IA-3) and ANFP has been working to generate seven more cosponsors as part of its “Gimme 10” grassroots campaign. This effort will get a significant boost if Reps. Latham and Blumenauer, the lead cosponsor, circulate a “Dear Colleague” letter to other House members encouraging them to sign on to the bill. Latham’s staff has been working on such a letter and it may be in circulation for ANFP’s National Leadership Conference in Minneapolis, Minn.

Another goal is to add more organizations to the official list of stakeholder groups that support H.R. 2181. An important milestone was reached on February 28 when the Association of Mature American Citizens (AMAC), which has 1.1 million members, sent a letter supporting H.R. 2181 to Reps. Latham and Peter Roskam (R-IL-6), whose district includes ANFP’s headquarters. In addition, on March 24, the 60 Plus Association, which has 7 million members, sent a letter of support for H.R. 2181 to Rep. Latham.

For now, the list of stakeholders officially supporting H.R. 2181 now stands at six organizations:

- Academy of Nutrition and Dietetics (AND)
- Association of Mature American Citizens (AMAC)
- Association of Nutrition & Foodservice Professionals (ANFP)

Join the Cause! Become a Grassroots Advocate.

### Dedicated Website Supports ANFP Advocacy Activities

[www.safefoodcdm.org](http://www.safefoodcdm.org)

ANFP’s advocacy website—[safefoodcdm.org](http://safefoodcdm.org)—supports the association’s mission to boost awareness of the CDM credential, and provide members with a voice in legislative issues affecting foodservice management and safety. The site offers easy access to essential information, including a means to find your representative and get updates on current legislation. View highlights of members’ campaign activity, obtain information on the ANFP-PAC, and take the opportunity to join ANFP’s grassroots network. **Check it out!**



- Colorado Health Care Association/Center for Assisted Living
- Kansas Health Care Association/Center for Assisted Living
- 60 Plus Association

Also, AARP has been actively reviewing H.R. 2181 for purposes of adding its name to the list, as well.

With regard to lobbying activities, ANFP Sr. Vice President Katherine Church, RD came to Washington, DC, on March 4 for a series of meetings on Capitol Hill and a fundraising dinner for Rep. Roskam. Offices visited were those of Reps. Latham, Randy Hultgren (R-IL-14), Erik Paulsen (R-MN-3), and Gene Green (D-TX-29).

On March 5, a delegation from ANFP’s Virginia chapter came to Washington for a “Day at the Capitol.” Spokesperson

Bionca Lindsey, CDM, CFPP; Chapter President Larry Moore, CDM, CFPP; and President-Elect Cecily Anthony, CDM, CFPP visited the offices of Reps. Gerry Connolly (D-VA-11), Rob Wittman (R-VA-1), and Sen. Tim Kaine (D-VA).

It should also be noted that Larry Jackson, CDM, CFPP, president of ANFP’s Georgia Chapter, and his team played a key role in securing Rep. Bishop as a cosponsor on H.R. 2181. The Georgia Chapter’s efforts are an excellent example that sustained grassroots outreach to elected officials produces results, and, as a result, ANFP is now closer to reaching its goal of generating 10 cosponsors for H.R. 2181. 🍷

Craig Brightup is ANFP’s government affairs consultant in Washington, DC.

## Thanks to Our Regional Meeting Hosts...

ANFP appreciates the hard work and dedication shown by our Spring Regional Meeting host chapters. Hats off to the Nebraska Chapter, the New Hampshire Chapter, and the Washington Chapter. The meetings were a resounding success thanks to your efforts.

**ANFP** | NEBRASKA   
Association of Nutrition & Foodservice Professionals

**ANFP** | NEW HAMPSHIRE   
Association of Nutrition & Foodservice Professionals

**ANFP** | WASHINGTON   
Association of Nutrition & Foodservice Professionals



**JUNE** CE MONTHLY SPECIAL

## Effectively Managing Food Allergies



### Master Track PDF Download

Provide needed support to your clients by ensuring they can enjoy their meals without worrying about an adverse reaction to their food. This Master Track book outlines the basic physiology of food allergies, sources of allergens, and how to protect your clients from unintended exposure.

Book **#FS12**

Save \$5 off the regular \$25 price!

**Discounted Price: \$20**

Special members-only pricing is good through June 30, 2014.



Order at: [www.ANFPonline.org/market](http://www.ANFPonline.org/market)



## ANFP-PAC—What it Means to You

**A**NFP's Political Action Committee (PAC) is a member-sponsored political action fund which supports federal congressional candidates who care about ANFP's mission and the work of our members.

The ANFP-PAC is the tool by which our association builds its strength in Washington and by which ANFP expands its visibility among elected officials. Our PAC supports members of Congress who support legislative positions that are favorable to ANFP members. This includes the Safe Food for Seniors Act of 2013 (H.R. 2181) which, if passed, will secure federal recognition of the CDM.

It's essential that ANFP members do everything possible to ensure the election of representatives who share our philosophy and mission. Voting records and positions of prospective recipients of ANFP-PAC funds are carefully reviewed by the ANFP Legislative Committee, our CEO, the Legislative Staff Liaison, and the Legislative Counsel, who then decide how to allocate funds. Input from ANFP members who know local candidates is welcome and encouraged.

The ANFP-PAC could not exist without the voluntary contributions of members. It is the way our association stands united in its support of pro-ANFP political candidates. It's meaningful to a politician if a substantial contribution is made from an organization representing thousands of members across the country.



**Stand united** and please consider a voluntary contribution to the ANFP-PAC.

The ANFP-PAC is an important strategic tool that can be used to promote H.R. 2181 on Capitol Hill. It is the voice of ANFP in Washington. Its strength lies in the number of members who contribute.

For more information contact Martha Abel at ANFP, [mabel@anfponline.org](mailto:mabel@anfponline.org), or (800) 323-1908, ext. 136. ☎



## Meet a Member

by Laura Vasilion

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

# On the Road Again

**K**armen Kortie, CDM, CFPP, of Yuba City, Calif., is Regional Sales Manager for Simply Thick, a gel-based thickener. She has been with the company for the past seven years. Prior to her current position, Kortie worked in sales for Hormel Health Labs, Medtrition, Inc., and as a foodservice director for Sodexo.

“I moved from Minnesota to California when I was 20 and started working for Red Robin. I was there three and a half years and rose from line cook to kitchen manager. I opened five stores for them. Working restaurants back in the 80s was not much fun. Being the only female, I wasn’t treated very well. So I went to work for a hospital and then Sodexo. I earned my CDM at American River College through Sodexo. I worked for them 12 years.”

Kortie’s original career goal was to study in France to be a chef. That plan changed in the 1990s when she got married, decided to take the job at Sodexo and settle down. During that time she also worked for a school district but left after six months. She was frustrated with all the red tape she had to contend with in her position. “There was more red tape there than we had in health care at that time,” she says.



Karmen Kortie, CDM, CFPP

In 2000, Kortie gravitated away from foodservice management and into sales, which she loves. Her territory covers northern California from Bakersfield to the Oregon border, and northern Nevada. Based out of her home office, she travels three to four days a week. In addition to sales, she held the role as California ANFP president for six years. She also speaks at Merritt College on the benefits of getting certified with ANFP.

“Thanks to ANFP, I walk the talk. ANFP has helped me in a lot of areas. For example, with networking—I have met people from all around the world through

ANFP. Right now, I am actually driving to Oakland to see the dietary manager students at Merritt College. They are graduating from the program and are getting ready to take the national exam. I will be giving them my “Why-You-Need-to-Take-the-Exam” talk, which I share with new graduates. I tell them what becoming a CDM did for me, which back when I took it, was an extra \$6,000 annual salary. I also tell them that certification can give them more than just extra income and take them so many other places. They don’t have to just be a dietary manager in a nursing home.”

When she’s not on the road, Kortie can be found rehabbing a house boat with her new fiancé or working in her garden.

“I love to garden. I have three chickens and a garden that feeds my neighborhood twice a year. Right now I have beets, eggplant, okra, zucchini, corn, potatoes, tomatoes, beans, and watermelon. Every square inch of my little yard is used. I also have a plum tree, three nectarine trees, and three citrus trees. In the winter we grow all the vegetables from the cabbage family.”

But Kortie doesn’t let much grass grow beneath her feet. Before long she’s back on the road again, riding a motorcycle with her fiancé or getting ready to explore the world.

### When she’s not on the road,

Kortie can be found rehabbing a house boat with her fiancé or working in her garden.

“Right now, I’m getting ready to go to Israel. I went there two years ago with a group and can’t wait to go back. It’s an amazing history lesson and life experience. I love Israel. It isn’t scary. I never felt fear while I was there. They may have war, but they do not have the crime like we do here.” 🇮🇱

# Bakery-Style Snacks, Homestyle Goodness

- Soft & Moist
- Individually Wrapped
- Good Value
- Great Taste!





A great marketing tool for attracting new residents as well as employees to your facility.

A touchscreen menu application that can be customized to your nursing or assisted living communities dietary needs.

Reduces and/or eliminates the need for paper menus and plastic tray cards that may not be up to date.

