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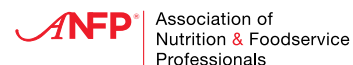


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Editor

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They're Here—The Baby Boomers

This month we welcome the return of our Nutrition Connection column. This bi-monthly feature by Brenda Richardson, MA, RDN, LD, CD is a great way to learn more about nutrition-focused topics while earning CE credit. Her article this issue, Aging in America: Nutrition is a Key Indicator of Well Being, focuses on two reports describing the impact of aging Baby Boomers on health care. You'll want to know how this population segment will affect your facility and your foodservice operation, and how you can best meet their nutritional needs. When the last

an article for all our tea drinkers. Turn to Tea Time on page 23 to learn about varieties, origins, and more.

We have a fun feature describing Holiday Food Traditions. Debbie Zwiefelhofer, RDN, LD researched the origins of several holiday foods and beverages ranging from champagne to Halloween candy. It's interesting to find out the roots of various seasonal food favorites. See page 27.

As more chefs are joining the healthcare foodservice team, it's critical for CDMs and chefs to work together effectively to produce high quality meals while meeting

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This month we welcome the return of our Nutrition Connection column. This month's article focuses on two reports describing the impact of aging Baby Boomers on health care.

Baby Boomer turns 65 in 2030, one of every five Americans—that's about 72 million people—will be an older adult. One statistic in particular struck me: by 2050, it's projected that the number of Americans 65 years and older will total nearly 89 million—that's more than double the number of older adults we had in the U.S. in 2010. See page 18 for more surprising figures.

Coffee or tea? For most Americans, the answer is coffee. But this month we have

budget objectives. Strategies for fostering a positive work relationship are provided on page 32.

ANFP recently launched the new CDM Career Network. If you're searching for a job, check out this free online career resource found at www.healthcareers.com/anfp. Here you'll find employment listings, career advice articles, and more. Turn to page 11 for details. ☺

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



- Kimmi Campagna, CDM, CFPP

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SUGAR FREE

DFW Airport Aiming to be “World’s Healthiest Airport”

Passengers traveling through Dallas/Fort Worth (DFW) International Airport can avoid diet turbulence and fuel their bodies with the right nutrients, thanks to the healthy offerings available at any DFW restaurant.

The airport has launched a marketing campaign called “Eat Healthy at DFW.” Concessionaires are each offering at least one low-calorie, low-fat, low-sodium, cholesterol-free, plant-based, or high-in-fiber entree or menu item.

“Although we are very proud to be the fourth busiest airport in the world, we are equally as proud to be one of the healthiest,” said Ken Buchanan, executive vice president of revenue management at DFW Airport. “Providing our customers with healthy, diverse and nutritious dining options is another sign of our commitment to making our customer experience exceptional and supporting those who strive to maintain a healthy lifestyle, even while traveling.”

Examples of such options include:

- Roasted corn and lime crema tacos and black bean and roasted red pepper quesadillas from Urban Taco
- Enchiladas de avocado (vegetarian enchiladas with artichoke and avocado) from Cantina Laredo
- Veggie-packed teriyaki bowls from Blue Bamboo Xpress
- “Tofusion” whole-grain brown rice bowls from UFood Grill
- Gourmet veggie plates such as the “Southern Classic” at Cousins Bar-B-Q, with baked beans, corn-on-the-cob, green beans, black-eyed peas, and okra; and the award-winning “Martha’s Vegetable Plate” at Reata, an expansive raft of simply grilled and roasted asparagus, zucchini, yellow squash, red bell pepper,



tomato, sweet potato, spinach, balsamic-glazed Portobello, sweet onion, ranch beans, and Spanish rice.

According to the Physicians Committee for Responsible Medicine’s 2013 Airport Food Review, DFW Airport ranked as the 5th best for healthy eating, with 79 percent of on-site restaurants offering at least one plant-based, fiber-packed entree. A restaurant ranks as “healthful” if it serves at least one high-fiber, cholesterol-free menu item, which includes a breakfast, lunch, or dinner entrée. The healthful option must include at least two of the four food groups on the Physicians Committee’s Power Plate: fruits, vegetables, whole grains, or legumes.

“It is our priority to top the 2014 Airport Food Review ranking with 100 percent of our eateries serving a nutritious option,” added Buchanan. “Our concessionaires are excited about ramping up their offerings to include gourmet, fresh, and even organic selections.”

The airport’s healthy eating campaign is its latest initiative which supports positive life choices for passengers. In 2012, DFW unveiled its LiveWell Walking Path inside Terminal D to give travelers an option to exercise while on-the-go. A Yoga Center and multiple children’s play areas provide additional opportunities for staying fit while traveling. ☺

Visit www.DFWAirport.com/HealthyOptions.

Continued on page 6

An advertisement for Smucker's Maple Bacon Foodservice. The top half shows a jar of Smucker's Maple Bacon syrup in the foreground, with a sunrise over a green field in the background. The text “New day. New flavors.” is written in a cursive font. Below this, there is a paragraph of text describing the product and where to find it. At the bottom, the Smucker's Foodservice logo is displayed, featuring two strawberries. The copyright notice “©/© The J.M. Smucker Company” is at the very bottom.

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FARE Launches Program to Make Campuses Safer for Students with Food Allergies

Food Allergy Research & Education (FARE) announces the launch of an ambitious new program aimed at providing students with food allergies a safer school experience by helping colleges and universities develop uniform policies to effectively manage this potentially life-threatening disease.

The FARE College Food Allergy Program will address all aspects of college life for students with food allergies including dining services, resident life and social well-being, health services, disability accommodations, and emergency services. FARE has partnered with several leading experts for the program, including the National Foundation for Celiac Aware-

ness (NFCA), the National Association of College & University Food Services (NACUFS), food allergy experts, college and university representatives, and industry representatives.

“Food allergy is a serious and growing public health issue, and colleges are beginning to realize the importance of ensuring their students with food allergies are safe and included in all aspects of campus life,” said John L. Lehr, CEO of FARE.

In 2014, the FARE College Food Allergy Program will focus on convening experts and stakeholders to create comprehensive guidelines and develop resources such as



training for dining services and resident advisors, educational materials for existing and prospective students and their families, and guides for creating campus social groups. FARE will also be securing university partners to implement the recommendations as part of a pilot phase.

“Working with FARE and NACUFS to address the needs of special diets students is a top priority that our organizations share,” said Beckee Moreland, Director of Gluten-Free Industry Initiatives for NFCA. “Together we are committed to ensuring that our children will be able to choose a college on the merits of the academic program instead of whether or not they will be safe in the dining hall.”

The program kicked off in January with its first College Summit, which focused on dining services. The summit welcomed representatives from 30 colleges and universities, in addition to the Program’s partners and experts. Additional colleges and universities are expected to participate in future meetings.

According to the Centers for Disease Control and Prevention, between 1997 and 2011, the number of children in the U.S. under age 18 with food allergies increased by 50 percent. This dramatic increase illustrates the need for widespread adoption of college food allergy management policies. ☺

For more information, visit www.foodallergy.org/collegeprogram.

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Speakers



KEYNOTE

HOT OFF THE MENU
Gerry Ludwig, Corporate Consulting Chef, Gordon Food Service

Gerry Ludwig offers his views on the biggest trends on restaurant menus and how they can translate to non-commercial foodservice.



WHAT'S WRONG WITH CULINARY EDUCATION
Pamela Allison, Ph.D., Associate Professor, The Hospitality College, Johnson & Wales University - Charlotte

Dr. Allison will discuss how culinary schools such as Johnson & Wales are changing their approach to educating chefs about non-commercial foodservice.



TRENDING NON-COMMERCIAL
Chris Ivens-Brown, Vice President, Culinary Development, Corporate Executive Chef, Eures, Compass Group

Chris Ivens-Brown shares his thoughts about the culinary trends that could have the biggest impact on non-commercial foodservice.

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by Laura Vasilion



Medicine at the Kitchen Table

Dawn Viola is Executive Chef and Culinary Program Director of Second Harvest Food Bank of Central Florida. Her responsibilities include overseeing the food bank's production and teaching kitchens, their culinary training program for adults, a farm-to-table catering operation, and their community meal outreach programs.

She also serves on the board of directors as education chair for the American Culinary Federation, Central Florida, and on the Advisory Board for Florida Technical College's Culinary Department.

After an accomplished career as a copywriter, creative director, and documentary producer in the advertising industry for over a decade, Viola switched her focus to food when she discovered she had multiple food allergies. She graduated with honors from the award-winning culinary management program at Valencia College, and completed her externship at America's Test Kitchen and Cook's Illustrated magazine in Boston. Viola's work has appeared in a variety of print and online publications such as FoodNetwork.com, BlogHer.com, Babble.com, SheKnows.com, Jamie Oliver's Food Revolution, Dessert Professional magazine, The Orlando Sentinel and Edible Orlando magazine, and published in several cookbooks. She has appeared on the Food Network, Cooking with Emeril, Martha Stewart Radio, and is a frequent guest chef on Fox News and The Daily Buzz.

A professional member of the American Culinary Federation and World Association of Chefs Societies, Viola was the first woman in the state of Florida inducted into Les Disciples d'Escoffier. Through these organizations, she volunteers her time offering cooking classes and seminars to schools and organizations about healthy food choices and cooking. She is currently pursuing a master's degree in holistic nutrition and then will go on for her doctorate.

FROM DISNEYLAND TO CULINARY SCHOOL



You started your career as a writer and switched to become a chef. What made you make that change?

I was working for Disney at the time, making documentary shorts for them, and found out I had food allergies. I had had them my whole life, but they'd been misdiagnosed. The allergies I have are to legumes. That includes peanuts, soy, guar gum, and carrot bean gum. Basically, a lot of the stabilizers that are used in processed food. I can have most nuts, though, on a limited basis.



How did you discover this?

I was overweight at the time and decided to go on a strict program of exercise and healthy eating. Initially, it worked and I lost weight. Then I hit a plateau and no matter what I did I couldn't lose a pound. I decided to try the Atkins induction diet. It was one of the most difficult things I have ever done in my life because it cut out so many of the foods I was used to eating. But after the third day, I felt amazing for the first time in my life. I did not have a stomachache or stuffy nose. I just felt really good.


I quickly decided that the only thing that had changed was what I was eating. So, I went to an allergist and left with two full pages of everything I was allergic to. Legumes, walnuts, pistachios. The legume thing was really interesting to me because soy is in everything. It's really startling.

Yes. I was angry, thinking back on all the doctors I'd been to and all the misdiagnoses I had received over the years. I was also determined. I come from a big Italian family and food is a big




Dawn Viola

part of our life. I knew, if I was going to have bread and things I love, I would have to make them from scratch. But I wanted to do it right. So I enrolled in culinary school and figured if this has happened to me, it must have happened to other people. That's why I decided to write about it and document my journey.

 *Were you still working at Disney?*


Yes. I was very lucky to be working at Disney at the time because of Chef Joel Schaefer. He developed their entire allergy program for the restaurant, at both Disney World and Disneyland. I went to his office and started crying. He had no idea who I was, poor guy. I told him I had no idea what to do and he took me under his wing. He really encouraged me to go to culinary school. I began going part-time, while I was at Disney.

Then in 2009, Disney experienced a big layoff, which affected me. I decided, while I was collecting unemployment, to go to culinary school full-time. The layoff was really a blessing, because it allowed me to focus entirely on food writing and culinary school. I dove in, head first, and loved it. In addition, I was competing too, winning lots of cooking medals.

 *Do you still have a relationship with Chef Schaefer?*


I do. He has moved on, has written a book on allergies, and started his own company. I belong to the American Culinary Federation and I see him at the conferences all the time.

MAKING THE LEAP

 *How did you make the jump into food writing, and appearing on radio programs, and television spots on the Food Network?*


Well, I relied on my combination of winning cooking awards, my newfound culinary avenue, and my writing background. I just approached people as though I'd been doing this my whole life, but I did have those three skills to help me get my foot in the door.

People are always asking me if I've met Jamie Oliver. I haven't. I am pretty sure he doesn't even know who I am. I work with his whole team of marketing people. Remotely. It isn't as glamorous as it sounds. Literally, I am writing at home from my bedroom.

 *Are you primarily a ghostwriter or have you written any books on your own?*

I am primarily a ghostwriter. My latest project was testing recipes for *The Ravenous Pig* cookbook. The Ravenous Pig is a restaurant in Orlando that has been nominated for several James Beard awards. That was a lot of fun to work on.


SPREADING THE WORD

 *Tell us about your work for the Second Harvest Food Bank of Central Florida.*

I was working freelance as a ghostwriter and testing recipes when I interviewed for the position and got the job. At the time, the food bank's kitchen didn't exist, the program didn't exist, the building didn't exist. The food bank was in several buildings down the street so they built a new building to pull everything together. They also had a great nutrition initiative they wanted to do, which required more space. Our food bank is actually very picky about what they will take in donations. We knew that we wanted to accept better choices, so if the donut place down the street said they wanted to give us a bunch of donuts for free, we simply say no thank-you. That's not what we want to be giving our community, especially if they are not on a very nutritious diet to begin with. I am so proud to tell people about that.

Continued on page 10

In building our new building, we also increased our capacity to hold fresh fruits and vegetables and frozen meats and proteins. So we're really pushing the fresh food to people and, in the next year or two, we'll be doing classes to show them how to cook with fresher and healthier food choices.

 *That's very admirable and ambitious. How will that work?*

My goal is to build a demo kitchen, where we can teach people in the community how to cook with all the great produce we get in. I want to partner with SNAP (Supplemental Nutrition Assistance Program) and work up a menu that can be used across the country. I would also approach cooking utensil and product companies to get involved.

 *Why is that?*

What a lot of people don't realize is that in order to cook healthier food you need pots, pans, and items that a lot of poorer people don't have access to. Crock-pots, for example, would be a great appliance for people to use and many people we serve don't have them.

 *Your health continues to be much improved?*

Yes. I am currently working on my masters in holistic nutrition and then I will go on for my doctorate.

The whole allergy thing kicked my life into high gear. Thinking of food as medicine. I wanted to learn more about that. 🍷



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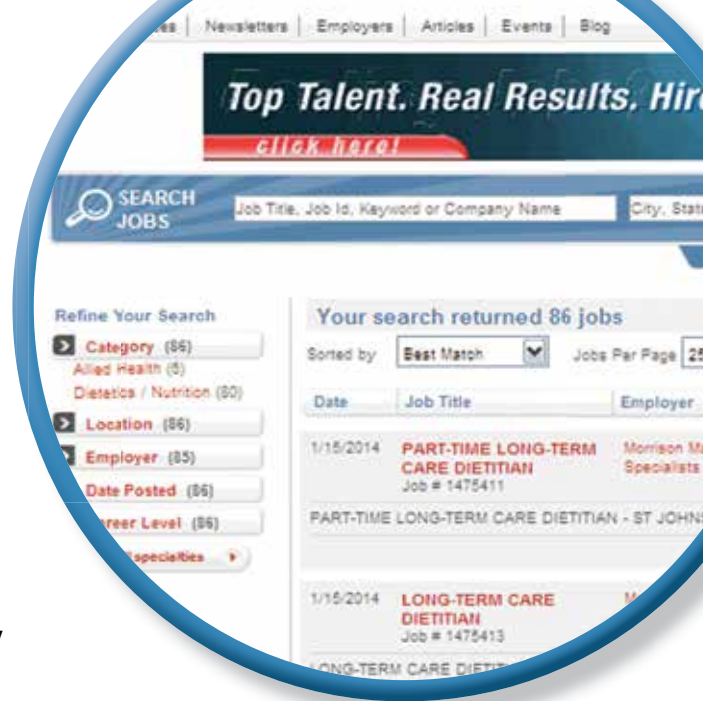


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Employers know that ANFP members, like you, are the most highly qualified, sought after candidates for their nutrition and foodservice job openings. Job seekers can now turn to the **online career resource, CDM Career Network**, for all qualified dietary manager job openings and career advice articles to assist in their job search.



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by Melissa Vaccaro,
MS, CHO

A top-down view of a white plate with a silver fork on the left and a silver knife on the right. A magnifying glass with a purple handle is positioned over the center of the plate. The lens of the magnifying glass is focused on two halves of a green avocado. The text "The Lowdown on Listeria" is overlaid in large white font on the magnified area.

The Lowdown on Listeria

Although not one of the Big 6 Foodborne Pathogens recognized in the 2013 FDA Food Code, *Listeria monocytogenes* (LM) is a foodborne pathogen of concern in the food industry, especially for those who serve a Highly Susceptible Population (HSP).

Listeria infection or listeriosis is an illness typically caused by eating food contaminated with the bacteria *Listeria monocytogenes*. According to the Centers for Disease Control and Prevention (CDC), an estimated 1,600 people in the US get sick from the Listeria germ annually; of these 260 die. At least 90 percent of the people who get listeria infections are in the HSP group. Listeriosis is relatively uncommon; however, the fatality rate can be as high as 30 percent among at-risk individuals.

Like many bacteria, LM can affect people differently. Healthy people can have limited or even no symptoms if exposed. However, for persons who fall into the HSP category, LM can be very serious or deadly. In 2001, LM was added to the list of nationally notifiable diseases by CDC, which means all health-care providers must report cases of listeriosis, and public health officials must interview all people with listeriosis promptly.

In recent years, you may recall several listeriosis outbreaks:

- 2013—Farmstead Cheeses: 6 cases, 5 states, 1 death, 5 hospitalizations
- 2012—Ricotta Salata Cheese: 22 cases, 14 states, 4 deaths, 20 hospitalizations
- 2011—Whole Cantaloupes—largest outbreak in US history: 147 cases, 28 states, 33 deaths, 1 miscarriage

LISTERIA—THE BACTERIA

LM is a facultative anaerobic bacterium. This basically means it is capable of surviving in the presence or absence of oxygen. Unlike some bacteria, Listeria can grow slowly at refrigerator temperatures as well, which is why it is often associated with meats, milk, or vegetable products that have been held at refrigeration for long periods of time. These two characteristics can make Listeria a tricky bug to control. Listeria bacteria, however, are not spore formers and can be killed by proper cooking temperatures.

WHERE IS LM FOUND?

The bacterium, Listeria, is widespread and commonly found in soil, silage, sewage, birds, and animals. It can also be found in a variety of foods including raw meats, raw vegetables, raw milk and some processed foods, such as hot dogs, soft cheeses, pâté, and coleslaw. Listeria can grow in those forgotten places that are cool, dark and wet; so be cautious of and remember to properly clean refrigerators, floor drains, air vents, grease traps, cracks and crevices of food equipment such as meat slicers, and other similar areas.

WHO'S AT RISK?

The following groups are at increased risk for *Listeria* infection:

Pregnant women: About one in seven (14 percent) cases of *Listeria* infection occurs during pregnancy. Infection during pregnancy can cause fetal loss (miscarriage or stillbirth), pre-term labor, and illness or death in newborn infants.

- Pregnant women are about 10 times more likely than the general population to get *Listeria* infection.
- Pregnant Hispanic women are about 24 times more likely than the general population to get *Listeria* infection.

Older adults: More than half (58 percent) of *Listeria* infections occur among adults 65 and older.

- Adults 65 years and older are about 4 times more likely than the general population to get *Listeria* infection.

People with weakened immune systems: Individuals within this group are also considered high risk for *Listeria* infection due to underlying medical conditions such as cancer and immunosuppressive therapy (i.e., steroids, chemotherapy, radiation), liver or kidney disease, diabetes, alcoholism, and HIV/AIDS.

SYMPTOMS OF LM

It's possible for a healthy person to be exposed to LM and not be affected at all. If symptoms develop they may include:

- Fever
- Headache
- Tiredness
- Aches and pains
- Diarrhea
- Nausea
- Abdominal cramps
- Stiff neck
- Confusion
- Convulsions



If symptoms progress, a more serious illness may develop to include:

- Meningitis (brain infection)
- Septicemia (blood poisoning)

Continued on page 14

Pregnant women typically experience fever and other non-specific symptoms, such as fatigue and aches. However, infections during pregnancy can lead to miscarriage, stillbirth, premature delivery, or life-threatening infection of the newborn. There is a plethora of information on the web for pregnant women regarding listeriosis prevention that anyone expecting or planning to have a child should become familiar with.

Unlike what most people believe, you do not “get sick” with LM immediately after consuming contaminated foods. Like most pathogens, there is a time period in which the pathogen is incubating within the body before outward symptoms appear, the onset time. For LM, the average onset time is three weeks; however, symptoms may appear between 9-48 hours for gastrointestinal symptoms and up to 70 days after consumption. The



duration of listeriosis is variable from days to weeks, depending on the health of the individual and severity of the illness.

Individuals infected with LM can excrete the bacteria in their feces for several months after exposure.

PREVENTION OF LISTERIA INFECTION

Recommendations for the General Population

Wash and handle food properly

- Rinse raw produce, such as fruits and vegetables, thoroughly under running tap water before eating, cutting, or cooking. Even if the produce will be peeled, it should still be washed first.

- Scrub firm produce, such as melons and cucumbers, with a clean produce brush.
- Dry the produce with a clean cloth or paper towel or air dry in a clean area on a clean surface.
- Separate uncooked meats and poultry from vegetables, cooked foods, and ready-to-eat foods.

Keep your kitchen and environment cleaner and safer

- Clean and properly sanitize hands, knives, countertops, and cutting boards after handling and preparing uncooked foods.
- Be aware that *Listeria monocytogenes* can grow in foods in the refrigerator. Use a thermometer to check the temperature inside your refrigerator daily. The refrigerator should be kept at 41°F or lower and the freezer at approximately 0°F.
- Clean up all spills in your refrigerator right away—especially juices from hot dog and lunch meat packages, raw meat, and raw poultry.
- Clean the inside walls and shelves of your refrigerator with hot water and liquid soap, then rinse. Sanitize properly once clean.

Choose safer foods. Do not drink raw (unpasteurized) milk, and do not eat foods that have unpasteurized milk in them if they have not subsequently been fully cooked.

Cook meat and poultry thoroughly

- Thoroughly cook raw food from animal sources—such as beef, pork, or poultry—to a safe internal temperature. Verify these temperatures with a calibrated food thermometer.

Store foods safely

- Use precooked or ready-to-eat food as soon as you can. Once opened, date mark all ready-to-eat foods to be held more than 24 hours with instructions for discarding after 7 days. This day or date may not exceed the manufacturer’s use-by date if the manufacturer determined the use-by date based on food safety, not food quality. Store at 41°F or below.

Answers to FPC Review Questions

CDMs who answer the FPC Review Questions on page 17 of this issue can check their responses against the answer key found on page 37. This “self check” allows you to confirm your understanding of the test questions.

- Hot Dogs, Luncheon and Deli Meat—Once opened, date mark all ready-to-eat foods to be held more than 24 hours with instructions for discarding after 7 days. This day or date may not exceed the manufacturer’s use-by date if the manufacturer determined the use-by date based on food safety, not food quality. For commercially packed and unopened product, freeze product before the manufacturer’s use-by date. Once thawed, use immediately.
- Divide leftovers into shallow containers to promote rapid, even cooling. Cover with airtight lids or enclose in plastic wrap or aluminum foil. Use leftovers within 3 to 4 days, but do not exceed 7 days. Date marking rules apply to leftovers as well.

Choose safer foods

- Do not drink raw (unpasteurized) milk, and do not eat foods that have unpasteurized milk in them if they have not subsequently been fully cooked.

CDC RECOMMENDATIONS FOR PERSONS AT HIGHER RISK

Meats

- Do not eat hot dogs, luncheon meats, cold cuts, other deli meats (e.g., bologna), or fermented or dry sausages unless they are heated to an internal temperature of 165°F or until steaming hot just before serving.
Avoid getting fluid from hot dog and lunch meat packages on other foods, utensils, and food preparation surfaces, and wash hands after handling hot dogs, luncheon meats, and deli meats.
- Pay attention to labels. Do not eat refrigerated pâté or meat spreads from a deli or meat counter or from the refrigerated section of a store. Foods that do not need refrigeration, like canned or shelf-stable pâté and meat spreads, are safe to eat. Refrigerate after opening

Soft Cheeses

- Do not eat soft cheese such as feta, queso blanco, queso fresco, brie, Camembert, blue-veined, or panela (queso panela) unless it is labeled as Made with Pasteurized Milk.
 - > Be aware that Mexican-style cheeses made from pasteurized milk, such as queso fresco, likely contaminated during cheese-making, have caused *Listeria* infections.

Seafood

- Do not eat refrigerated smoked seafood unless it is contained in a cooked dish, such as a casserole, or unless it is a canned or shelf-stable product.



Persons at higher risk should not eat refrigerated smoked seafood unless it is contained in a cooked dish, such as a casserole, or unless it is a canned or shelf-stable product.

- Refrigerated smoked seafood, such as salmon, trout, whitefish, cod, tuna, and mackerel, is most often labeled as “nova-style,” “lox,” “kippered,” “smoked,” or “jerky.”
- These fish are typically found in the refrigerator section or sold at seafood and deli counters of grocery stores and delis.
- Canned and shelf stable tuna, salmon, and other fish products are safe to eat

SAFETY TIPS FOR EATING MELONS

Follow this general FDA advice for melon safety.

- Consumers and food preparers should wash their hands with warm water and soap for at least 20 seconds *before* and *after* handling any whole melon, such as cantaloupe, watermelon, or honeydew.
- Scrub the surface of melons, such as cantaloupes, with a clean produce brush under running water and dry them with a clean cloth or paper towel before cutting. Be sure that your scrub brush is sanitized after each use, to avoid transferring bacteria between melons.
- Promptly consume cut melon or refrigerate promptly. Keep your cut melon refrigerated at or less than 41°F (32-34°F is best), for no more than 7 days.
- Discard cut melons left at room temperature for more than 4 hours.

There is no magic formula when it comes to listeriosis prevention. The food industry, food retailers, restaurants, the government, scientists, doctors, and consumers need to work together to prevent this illness. There are three basic fundamental strategies to prevent LM:

Continued on page 16



Promptly consume cut melon or refrigerate promptly. Keep your cut melon refrigerated at or less than 41°F (32-34°F is best), for no more than 7 days.

- Prevent the growth of LM in ready-to-eat foods
- Prevent the contamination of foods that support the growth of LM
- Target education messages to high-risk consumers and their caregivers

LISTERIOSIS PREVENTION REQUIRES TEAMWORK

The **food industry** takes seriously its responsibility and commitment to public health. Now, with the onset of the FDA Food Safety Modernization Act, food processors will be held to even stricter rules regarding food safety. Among their tools, food processors use a proactive preventive system called Hazard Analysis and Critical Control Point (HACCP) to make sure that foods are properly cooked to destroy *Listeria monocytogenes* and other harmful bacteria. They also clean and monitor the processing environment to reduce the potential for contamination of product after processing, which includes environmental and product sampling. Good Manufacturing Practices (GMPs) and the design of the equipment used in processing help prevent contamination.

Retailers and foodservice operators can educate food employees about avoiding cross-contamination between raw and cooked products, proper cooking temperatures, proper cleaning and sanitizing techniques, and other safe food handling and preparation procedures that will reduce the likelihood of LM contamination within the kitchen. Even at the basic level, food employees need to be taught about bacteria and how they grow. With knowledge comes empowerment. Employees who understand why they are being asked to do a task a specific way are much more likely to do it right.

Consumers can learn and implement safe food handling and preparation procedures in the home, including prevention of cross-contamination between raw and cooked products, keeping refrigerators as cold as possible, cooking food thoroughly, limiting refrigeration storage time for foods that allow *Listeria monocytogenes* to grow, and keeping refrigerators clean. Consumers who are pregnant or immune compromised must educate themselves on potential life threatening pathogens such as LM.

The **medical community** can educate patients and their caregivers about listeriosis and preventive measures. This is especially important for members of at-risk populations, including the immuno-compromised, the elderly, and pregnant women.

With scientific and food industry improvements, the potential to further improve listeriosis prevention strategies is encouraging; however, all stakeholders must work together for the most effective prevention strategy. 🍌

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

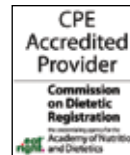
Sources

www.cdc.gov

www.fda.gov

Centers for Disease Control and Prevention. *Vital Signs: Listeria Illnesses, Deaths, and Outbreaks - United States, 2009-2011. MMWR Morbidity and Mortality Weekly Report. 2013; 62(22):448-52.*

Scallan E, Hoekstra RM, Angulo FJ, Tauxe RV, Widdowson MA, Roy SL, Jones JL, Griffin PM. *Foodborne Illness Acquired in the United States—Major Pathogens. Emerging Infectious Diseases. 2011; 17(1):7-15.*



No. 159981

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

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Please Mark Your Answer

- Listeria can grow in
 - A. Very dry, hot conditions
 - B. Moist, cool conditions
 - C. Both A and B
- Persons more susceptible to listeriosis illness are
 - A. Pregnant women
 - B. Cancer patients
 - C. Both A and B
- Some common foods associated with LM are
 - A. Hot dogs, lunchmeat, raw meat, soft cheese
 - B. Pasteurized milk, cooked beef roast, raw fruits
 - C. Hard cheeses, cooked lunchmeat, raw eggs
- LM in pregnant women can cause
 - A. Morning sickness
 - B. Large babies
 - C. Miscarriage
- The average onset time for Listeria symptoms to show is
 - A. 3 weeks
 - B. 3 hours
 - C. 3 months
- Cut melons left at room temperature should be discarded
 - A. After 7 days
 - B. After 4 hours
 - C. After 24 hours
- Key strategies to prevent listeriosis are
 - A. Prevent growth of LM in ready-to-eat foods; prevent contamination of LM in foods that support the growth of LM; education
 - B. Prevent sale of high risk foods and educate high risk consumers
 - C. Eliminate all high risk foods

Must Complete:

Please describe what you learned from this article:

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

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by Brenda Richardson,
MA, RDN, LD, CD

Aging in America

Nutrition Is A Key Indicator of Well-Being

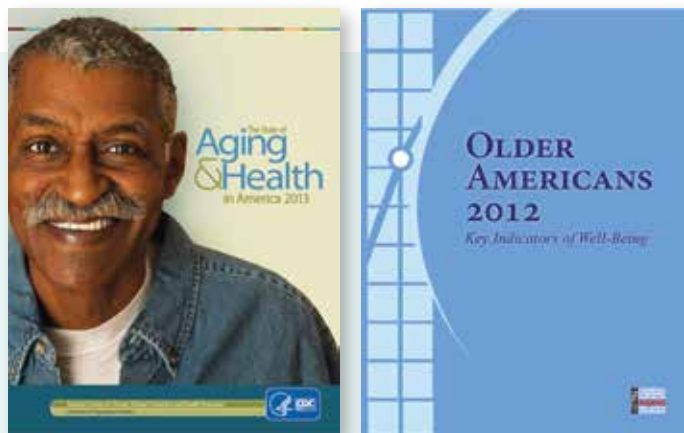
Brenda Richardson, MA, RDN, LD, CD is a lecturer, author, and consultant. She works with Dietary Consultants Inc. in business relations and development, and is president/owner of Brenda Richardson Associates, Inc. Contact her at brendar10@juno.com

As we usher in 2014, the Baby Boom generation (Americans born between 1946 and 1964) continues to bring important challenges to the healthcare systems and institutions that support and enhance American life.

Nutrition is one of the key indicators of well-being, and as healthcare providers we can provide better quality of life and care by having an awareness of the needs of older adults in the United States. Two reports that can assist in helping us better understand the nutritional needs of older adults are *Older Americans 2012: Key Indicators of Well-Being*, from the Federal Interagency Forum on Aging-Related Statistics; and *The State of Aging & Health in America 2013*, from the Centers for Disease Control and Prevention (CDC).

more older adults than in previous generations. Many Americans are now living into their 70s, 80s, and beyond. The leading edge of the baby boomers reached age 65 in 2011, launching an unparalleled phenomenon in the United States. In 2030, when the last baby boomer turns 65, the demographic landscape of our nation will have changed significantly. One of every five Americans—about 72 million people—will be an older adult.

Two reports that can assist in helping us better understand the nutritional needs of older adults are *Older Americans 2012* and *The State of Aging & Health in America*.



Older Americans 2012: Key Indicators of Well-Being (*Older Americans 2012*) provides a comprehensive picture of our older population's health, finances, and well-being. *The State of Aging & Health in America 2013* provides a snapshot of our nation's progress in promoting prevention, improving the health and well-being of older adults, and reducing behaviors that contribute to premature death and disability.

Following are some key sections that can assist us in assessing nutritional needs of the aging population.

THE U.S. POPULATION IS AGING

The current growth in the number and proportion of older adults in the United States is unprecedented in our nation's history. By 2050, it's anticipated that Americans aged 65 or older will number nearly 89 million people, or more than double the number of older adults in the United States in 2010. The rapid aging of the U.S. population is being driven by two realities: Americans are living longer than in previous decades and, given the post-World War II baby boom, there are proportionately

THE U.S. POPULATION IS BECOMING MORE RACIALLY AND ETHNICALLY DIVERSE

Along with the dramatic aging of the U.S. population, the next several decades will bring significant increases in racial and ethnic diversity. Although young people in the United States currently reflect diversity more strikingly than their older counterparts, the racial and ethnic makeup of older adults is changing as well.

In 2010, 80 percent of adults aged 65 years or older in the United States were non-Hispanic white. By 2030, that percentage will have declined, and older non-Hispanic white adults will make up 71.2 percent of the population, whereas Hispanics will make up 12 percent, non-Hispanic blacks nearly 10.3 percent, and Asians 5.4 percent. By 2050, the racial and ethnic diversity of older adults in the U.S. will have changed even more profoundly. Older non-Hispanic white adults, long deemed the

Continued on page 20

“majority population,” will account for only about 58 percent of the total population aged 65 or older, a decline of more than 20 percent from 2010. During the same period, the proportion of older Hispanics will almost triple—from 7 percent in 2010 to nearly 20 percent in 2050. The proportion of older Asian-Americans will more than double during 2010–2050, from 3.3 percent to 8.5 percent, and the proportion of older African-Americans will increase from 8.3 percent to 11.2 percent.

MAJOR CONTRIBUTOR TO HEALTHCARE COSTS

The nation’s expenditures for health care, already the highest among developed countries, are expected to rise considerably as chronic diseases affect growing numbers of older adults. Today, more than two-thirds of all healthcare costs are for treating chronic illnesses. Among healthcare costs for older Americans, 95 percent are for chronic diseases. The cost of providing health care for one person aged 65 or older is three to five times higher than the cost for someone younger than 65.

By 2030, healthcare spending will increase by 25 percent, largely because the population will be older. This estimate does not take into account inflation and the higher costs of new technologies. Medicare spending is projected to increase from \$555 billion in 2011 to \$903 billion in 2020.

ADDRESSING CHALLENGES FOR PEOPLE WITH MULTIPLE CHRONIC CONDITIONS

More than a quarter of all Americans and two of three older Americans have multiple chronic conditions, and treatment for this population accounts for 66 percent of the country’s healthcare budget. The nation’s healthcare system is largely designed to treat one disease or condition at a time, but many Americans have more than one, and often several, chronic conditions. For example, just 9.3 percent of adults with diabetes have only diabetes. Other common conditions include arthritis, asthma, chronic respiratory disease, heart disease, and high blood pressure.

People with chronic diseases may also have other health problems, such as substance use or addiction disorders, mental illness, dementia or other cognitive impairments, and developmental disabilities. The varied nature of these conditions leads to the need for multiple healthcare specialists, a variety of treatment regimens, and prescription medications that may not be compatible. People with multiple chronic conditions face an increased risk of conflicting medical advice, adverse drug effects, unnecessary and duplicative tests, and avoidable hospitalizations, all of which can further endanger their health. The figure below shows the rates of multiple chronic conditions among Medicare fee-for-service beneficiaries.

Multiple Chronic Conditions Among Medicare Fee-For-Service Beneficiaries, 2010



*Chronic Obstructive Pulmonary Disease

Source: Centers for Medicare & Medicaid Services. *Chronic Conditions Among Medicare* <http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/Downloads/2012Chartbook.pdf>

Answers to Nutrition Connection Review Questions

CDMs who answer the Nutrition Connection Review Questions on page 22 of this issue can check their responses against the answer key found on page 37. This “self check” allows you to confirm your understanding of the test questions.

DIET QUALITY

Dietary intake affects the health of older Americans, because poor diet quality is associated with cardiovascular disease, hypertension, type 2 diabetes, osteoporosis, and some types of cancer. An index that assesses the multidimensional components of diet is useful in describing diet quality. The Healthy Eating Index-2005, developed by the U.S. Department of Agriculture (USDA) Center for Nutrition Policy and Promotion, measures compliance with the diet-related recommendations of the 2005 Dietary Guidelines for Americans. It has 12 components, and a higher score indicates a higher quality diet. Scores are averages across all adults based on usual dietary intake.

In 2007–2008, the average diet of older Americans (age 65 and over) scored 100 percent for only three dietary components: whole fruit, total grains, and meat and beans. In other words, diets for these three components met the standard, while nine fell short—ranging from 33 percent (sodium) to 90 percent (total fruit).

The average diet of adults age 75 and over was superior in quality to the average diet of their younger counterparts, age 65–74, for total fruit, whole grains, milk, saturated fat, and sodium. For total vegetables and oils, adults’ age 65–74 average diets were better than those age 75 and over.

Average intakes of calories from solid fats, alcoholic beverages, and added sugars were too high and thus remained well below the quality standards for both age groups.

Improvements in the nutritional health of older Americans could be made by increasing intakes of whole grains, dark green and orange vegetables and legumes, and fat-free or low-fat milk products and by incorporating foods and beverages that are lower in sodium and have fewer calories from solid fats, alcoholic beverages, and added sugars.

OBESITY

Obesity is a major cause of preventable disease and premature death. Both are associated with increased risk of coronary heart disease; Type 2 diabetes; endometrial, colon, postmenopausal breast, and other cancers; asthma and other respiratory problems; osteoarthritis; and disability.

As with other age groups, the percentage of people age 65 and over who are obese has increased since 1988–1994. In 2009–2010, 38 percent of people age 65 and over were obese, compared with 22 percent in 1988–1994.

In 2009–2010, 45 percent of women age 65–74 and 30 percent of women age 75 and over were obese. This is an increase from 1988–1994, when 27 percent of women age 65–74 and 19 percent of women age 75 and over were obese.

Older men followed similar trends: 24 percent of men age 65–74 and 13 percent of men age 75 and over were obese in 1988–1994, compared with 43 percent of men age 65–74 and 27 percent of men age 75 and over in 2009–2010.

Over the past 12 years, between 1999–2000 and 2009–2010, there has been no significant trend in women, but among men there has been an increase in obesity prevalence.

It is noted in The National Report Card on Healthy Aging, which reports on 15 indicators of older adult health, that obesity is reported at 24.5 percent vs. goal of 30.6 percent which meets the targeted goal for this report.

CONCLUSION

Good nutrition plays an important role in aging for quality of life and quality of care. By having a picture of the aging population we can better understand and address their needs. The information shared in these reports reminds us of the importance of making sure we obtain the client’s history and food/nutrition-related history. Assessment of these key factors is needed to effectively determine the nutrition diagnoses and plan the nutrition interventions. ☺

References

Older Americans 2012: Key Indicators of Well-Being. Federal Interagency Forum on Aging-Related Statistics. Washington, DC: U.S. Government Printing Office. June 2012.

Available at: http://www.agingstats.gov/main_site/default.aspx

The State of Aging & Health in America 2013. Atlanta, GA: Centers for Disease Control and Prevention, US Dept. of Health and Human Services; 2013. Available at: <http://www.cdc.gov/features/agingandhealth/index.html>

Review Questions



Reading *Aging in America: Nutrition is a Key Indicator of Well Being* in this magazine and successfully completing these review questions has been approved for 1 hour of continuing education credit for CDM, CFPPs. The article and questions are also online at www.ANFPonline.org/CE/nutrition_connection.shtml. **No. 159983**

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Please Mark Your Answer

- By 2050, it's anticipated that Americans aged 65 or older will number nearly _____ million people.
 - A. 89
 - B. 67
 - C. 50
- The rapid aging of the U.S. population is being driven by:
 - A. Immigration from other countries
 - B. An increase in the economic forecast
 - C. Longer life spans and aging baby boomers
- By 2030, health care spending will increase by 25 percent, largely because:
 - A. Lack of savings
 - B. The population will be older
 - C. Decrease in technology
- The cost of providing healthcare for one person aged 65 or older is three to five times higher than someone younger than 65.
 - A. True
 - B. False
- Dietary intake affects the health of the older population because poor diet quality is associated with:
 - A. Cardiovascular disease
 - B. Hypertension
 - C. Both A and B
- Quality standards for average intakes of calories were too high and below quality standards for:
 - A. Solid fats, alcoholic beverages, added sugars
 - B. Total grains, whole fruit
 - C. Milk, meat, and beans
- The National Report Card on Healthy Aging reports obesity at:
 - A. 18.5 percent
 - B. 22.4 percent
 - C. 24.5 percent

Must Complete:

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Tea Time

Savor the Flavor

by | *Laura Vasilion*



Chinese legend contends that in 2737 B.C., leaves from a wild tea tree blew in Emperor Shennong's pot of hot water. Intrigued by the fragrance of the steeping tea, he took a sip. The rest, as they say, is history.



Anthony Borthwick

ALTHOUGH MOST AMERICANS favor coffee, 80 percent of the world's population prefers tea. To give us some perspective on this ancient brew, we talked with **tea expert Anthony Borthwick**. Borthwick began his career at Coffee Bean Direct in 2005 as temporary holiday help. Since then, Borthwick has devoted himself to learning the world of tea and developing Coffee Bean Direct's tea brand, Tattle Tea.

What is the biggest misconception about tea?

The biggest misconception about tea is that tea is complicated or in some way is too difficult for average people. We hear far too often "I'm not fancy enough to drink tea" or "I'm not smart enough to make tea." The truth is that tea is just leaves and water. You do not have to be a sommelier to appreciate tea or an expert to steep the perfect cup. Our goal is to "demystify tea" and prove that anyone can enjoy it.

You only need to know three simple aspects about the tea you're trying to steep: how much tea to use, water temp, and steep time.

For health reasons, why should we consider switching from coffee to tea?

I have to start with a bit of an "FDA Disclaimer." It seems every day you read more about the health benefits of tea, but so far the FDA has only verified one actual health benefit – using green tea as a topical skin care treatment. What I can say with certainty is that a cup of coffee contains more than four times the amount of caffeine found in the same amount of tea. Many tea drinkers find that while they don't get the same jolt they do from coffee, the tea still helps them focus.

There are a ton of hopeful studies that suggest the high antioxidant content of tea could provide a variety of health benefits. I've read that teas could possibly help prevent cancer, heart disease and arthritis, lower cholesterol, and support healthy digestion. It's also said that teas are anti-aging and boost your metabolism. Unfortunately, we live in an age of diet fads and

medical "quick-fixes" so it's important that we don't assume all this to be true.

Herbal teas are not really true teas, correct?

Correct. Technically "tea" only comes from one plant – Camellia Sinensis. All standard teas—White, Green, Oolong, and Black are made from Camellia Sinensis. Herbal teas like Rooibos, Honeybush, Peppermint, or Chamomile are made from other plants. The correct term for these infusions is "Tisane."

We like to simplify everything, so we won't judge anyone for calling it by the wrong term. If you make it by steeping it in hot water, call it tea if you want!

If all tea basically comes from the same plant, how are the different varieties (black, green, white, red, and oolong tea) created?

Oxidation is the key! For most teas, a chemical reaction is allowed to take place that affects the final product—think sliced apples turning brown, but much tastier. For white teas, the leaves and buds from the camellia sinensis are plucked and then dried, so no chemical reaction is allowed to take place at all. For green tea, the plucked leaves and buds are agitated in some way – crushed, hand rolled, or blended. This releases natural chemicals within the leaves' cells. The tea is then heated, halting the oxidation process just as it is about to begin. For black teas, the oxidation process is allowed to complete, turning the leaves from green to black. Oolong is a fun combo of the green and black process. Leaves are allowed to slightly oxidize, then they are slightly heated. This could be repeated over and over again. Oologons often have properties of both green and black teas.

Continued on page 26

Tea Types

From tattletea.coffeebeandirect.com

White, Green, Oolong and Black teas all start as fresh green leaves of the same plant—*Camellia Sinensis*. The leaves are agitated (ex. rolling, crushing, or blending) releasing enzymes that react to air causing oxidation. This chemical reaction continues to change the tea until the leaves are heated. The final creation is determined by the method in which the leaves are agitated and the duration of oxidation.



BLACK TEA

Black teas fully oxidize and are often the strongest tasting, most full bodied teas. For a strong cup of breakfast tea that really packs a punch, try black tea. While most are very bold, they can be complex and nuanced as well. Some black teas even have flavors of malted barley or muscatel and wine.



GREEN TEA

Green teas are heated (steamed or pan fired) right away to slow oxidation. The leaves retain their green color while varying between hand-rolled pearls, gunpowder, even leaves that look like “precious eyebrows.” More flavorful than white tea, greens often taste bright and crisp with a grassy, vegetal flavor.



WHITE TEA

White teas go through the least production, simply plucked, allowed to wither and then dried. When these teas are steeped, the liquor is soft with a light, delicate flavor. From earthy to sweet, white teas are often less flavorful than other varieties, yet nuanced and delightful.



OOLONG TEA

Oolong teas are rolled and then partially dried. This process can be repeated over and over, creating a unique tea with characteristics of green and black. Oolongs range from bright green to dark, fully oxidized teas. Soft and bright like green tea, yet less grassy or vegetal, many oolongs have light floral, fruity notes.



HERBAL TEA

Herbal teas like Rooibos, Peppermint and Yerba Mate aren't technically tea, since they are not made from the *camellia sinensis* plant. These herbal infusions are so delicious we're just going to call them tea! The most well-known is Rooibos or red tea, which is naturally caffeine free, decadent and sweet. It's the red velvet cupcake of teas. Yerba Mate, on the other hand, is a high energy tea with an earthy flavor.

Where is the best tea in America grown?

As of right now very, very little tea is being grown in the US. There is a plantation in South Carolina as well as a small crop being produced in Hawaii. Most of the world’s supply of tea is grown in China, Japan, Vietnam, India, and Kenya.

Fun fact: the best herbal peppermint in the world is grown in Oregon and Washington.

Is it harder to raise tea than coffee?

Great question! Both coffee and tea are fairly hearty plants. Coffee trees take four years before they begin to produce fruit and live 20 to 30 years. The camellia sinensis bush can live 100 years.

Tea is much more sensitive to light and moisture. Some award winning plantations are nestled in the perfect spot, tucked below misty mountains or protected by a perfect canopy of trees. Others are produced under very strict growing conditions where humans control the amount of watering and shade. Some green teas will only be given a few days or even a few hours of direct sunlight. Tea masters swear that finding the perfect amount of light makes a huge difference in the final flavor – distinguishing an average tea from an award winning one. ☺

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

Steeping Chart

Oversteeping can lead to bitterness. If your tea tastes bitter it has brewed too long. Tattle Tea has created the following chart to achieve tea steeping perfection.

	black	green	white	oolong	herbal	decaf
amount	1-2 teaspoons 1.5 teaspoons	1 teaspoon 1-2 teaspoons	1.5 teaspoons 1-2 teaspoons	1.5 teaspoons 1.5 teaspoons	1-2 teaspoons	1 teaspoon 1 teaspoon
temperature	195° F 4.5 minutes past boiling	160° F 23.5 minutes past boiling	180° F 10.5 minutes past boiling	195° F 4.5 minutes past boiling	200° F 3 minutes past boiling	195° F 4.5 minutes past boiling 160° F 23.5 minutes past boiling
steep time	3 - 5 minutes	2 - 3 minutes	1 - 3 minutes	2 - 3 minutes	5 - 7 minutes	3 - 5 minutes 2 - 3 minutes

After your water boils, let the tea kettle sit for the amount of time listed above. Letting the pot cool for 3 minutes should give you just the right temperature for most herbal teas.

Holiday Food Traditions

Exploring Their Origins

by | *Debbie Zwiefelhofer, RDN, LD*

My pocket calendar

lists 55 ‘notable’ holidays this year. Anyone looking at the list would see that it’s far from all-inclusive. Just about every event or theme imaginable seems to have its own “day” including individual foods. For example, besides the major events like Christmas, peanuts have their day (September 13) and blueberries (in muffins, pancakes and pie) have their days.

REGARDLESS OF WHAT EVENT is being celebrated, everyone seems to love their traditions—especially the part where food is involved. Planning for a holiday typically brings the anticipation of a favorite food or drink that will be served. But how did certain foods or beverages end up connected with some of these celebrations?

CHAMPAGNE AND NEW YEARS EVE

Not every country’s New Year begins on January 1, but in the United States many people count down to midnight on December 31 with a glass of champagne in hand. Champagne dates back to the fifth century and is linked to France’s Champagne wine region, where kings of France went to be crowned. It was a long journey to reach the location of the coronations, so the royal court would linger in the area to celebrate and partake of the local wines before returning home. Back then, the wines of Champagne were “still,” not effervescent, as some are today. As demand for wine grew and more wine was exported, some of it didn’t get opened right away. This delay in use meant that the yeast had time to ‘wake up’ again and start more fermentation. It’s the process of a secondary fermentation that creates carbon dioxide to form the wine that’s called champagne. The desire for this “fuzzy wine” grew as more areas outside of France were introduced to the product. And, as time went on, anyone with wealth could afford the champagne, not just the royals. Contrary to what some might guess, Dom Perignon did not invent champagne, but he did improve upon it and can be credited with the cork stopper that goes POP. Over time champagne became associated with all kinds of big festivities, from weddings to ship christenings to ringing in the New Year. A variety of sparkling wines are manufactured today and many call themselves “champagne,” but true champagne comes only from this region of France.

The exact connection of champagne to New Year’s Eve is a bit less direct. The concept of celebrating the New Year is believed to have originated many years ago as a religious ceremony. It was not unusual to celebrate with special drinks, like wine, and to offer them to the gods during these special observances. Over the centuries New Year’s celebrations grew more secular, but the tradition of including a “worthy” beverage carried on. Along

the way, smart advertising and promotion made champagne the prestigious luxury beverage that it is still considered today. And, why wouldn’t someone want to consume a luxurious beverage to start off their New Year?!

VALENTINE’S DAY AND CHOCOLATE

The history of Valentine’s Day is a bit of a mystery. The variety of legends aside, it’s true that there was a romantic figure called Saint Valentine and he is linked to the holiday. The celebration date of February 14 is thought to note the death of St. Valentine, but it might also be tied to the pagan celebration of Lupercalia, a mid-February fertility festival dedicated to Faunus, the Roman god of agriculture. Also, in France and Europe it was believed that February 14 was the beginning of birds’ mating season, which added to the notion of a day for romance. The oldest known written valentine was penned in 1415 by the Duke of Orleans to his wife. Today it’s estimated that 1 billion Valentine’s Day cards are sent annually.

Chocolate was not always a part of Valentine’s Day. The Mayans and Aztecs of Latin America are credited with first using cocoa beans to make chocolate drinks. The Aztec ruler, Montezuma, believed that chocolate was an aphrodisiac and he can be credited with making chocolate popular along with creating its connection to romance. Cocoa beans were like money for common people, so any “gifting” of chocolate became associated with wealth. Christopher Columbus is credited with bringing cocoa beans back to Queen Isabella of Spain, which created a chocolate frenzy in Europe. In the 1800s, the Cadbury brothers began making and packaging chocolate candies in Europe to sell to the public. The genius move came about in 1861 when Richard Cadbury created the first heart-shaped box to sell his candies in for Valentine’s Day. To this day the heart-shaped boxes filled with decadent chocolates appear in our stores to celebrate February 14.



ST. PATRICK'S DAY GREEN

Green beer comes to mind, but people might be surprised to learn that blue was the original color of the holiday. St. Patrick's Day was a Roman Catholic holiday celebrated only in Ireland to honor the country's patron saint. The anniversary of his death, March 17, has been St. Patrick's feast day for over a thousand years. Since the feast day falls during Lent, the prohibition against eating meat was lifted for the one day and people would dance, drink, and feast on the traditional meal of bacon (what we call corned beef), cabbage, and beer.

When middle-class protestant Irish immigrants came to America in the 1700s they brought the celebration with them. In 1762 the first ever St. Patrick's Day parade was held in New York City. The rowdy, unruly, and drunken characterization of the holiday participants goes back to the subsequent immigration of the poverty stricken Irish Catholic immigrant days and the popular press's portrayal of their celebratory activities. All protestant and catholic bickering aside, the Irish patriotism thrived and over the years the celebration grew beyond New York to all parts of the United States. The color green became more popular as the holiday was associated with Ireland, the "Emerald Isle," the Irish flag, and the Irish clover (shamrock) used by St. Patrick in his teaching about Catholicism. If you have been in Chicago on the holiday you may have seen the Chicago River dyed green—a practice dating back to 1962. Today St. Patrick's Day is a big "green" day of revelry in countries beyond the United States—even in Ireland where pubs may now stay open on March 17, which was not the case prior to the 1970s. Why pubs serve green beer on St. Patty's Day is a mystery, so let's chalk it up to just another stroke of marketing genius—along with green sprinkles, green frosting, green gelatin, and all foods served green on March 17.

WHY COLORED EGGS AT EASTER?

Another long-standing tradition is that of the Easter bunny and colored eggs. Once again, we look to pagan rituals tied to gods, goddesses, and changes of seasons. The month of April was a celebration to Eostre, the goddess of spring and fertility and her sacred animal was a prolific egg-laying rabbit. Eggs have been associated with fertility and spring festivals for as far back as anyone can look. Putting red color and designs on eggs dates back over 7,000 years. Some ancient societies actually believed that the world began from an enormous egg. Ancient Romans and Greeks used eggs when celebrating resurrected gods, and eggs are also a part of the ritual of the Jewish Passover. In early

Christianity, eggs were forbidden during Lent, which made them highly appealing 40 days later on Easter. Germany is credited with the Easter Bunny as we know it today. Their children found colored eggs left in nests by the bunny, Oschter Haws, on Easter morning. The tradition migrated to America in the 1800s. The ham and lamb that find their way to the dinner table can also be linked to earlier times. The lamb dates back to the first Passover of the Jewish people. Roasted lamb was eaten in hopes that the angel of God would pass over the home and bring no harm. The lamb has continued to be a symbol of Christianity (Christ the "lamb of God"), as well as another sign of spring (rebirth). Ham became a celebratory choice for Easter mainly because of when the holiday fell. Before refrigeration, fresh pork had to be cured—a process that took a long time. The pork was typically cured over the winter months such that the first of the cured hams were ready to eat around Easter time. After a long winter with no pork, everyone looked forward to a meal of ham. Today, lamb or ham continue to be the entrées of choice for many Easter meals, along with all the different ways colored eggs are incorporated.

TRICK OR TREAT

Popular in the US and UK, the concept of children trick or treating is catching on in other parts of the world. The custom has several origins. It started back in 370 as a Gaelic night of mischief. A rowdy pack of boys would go from farm to farm creating a raucous and seeking a sort of blackmail that was

Continued on page 30

Eggs have been associated with fertility and spring festivals for as far back as anyone can look.





fun in the asking and cheerfully given to them. The “trick” was disguised voices and the “treat” was usually slices of white bread offered by the lady of the house. The Celts can be credited with “inventing” the costume. They dressed up with masks and costumes to scare off the ghosts and spirits that visited on October 31, or All Souls/Saints Day. It was also tradition on this day to leave food on the doorstep for the spirits who came around to keep them from entering the house. The third connection comes from the British practice of handing out cakes on All Souls Day, observed November 1 or 2 to honor people who have died.

In the 19th century when the Irish and Scots arrived in America, the tradition of going door to door came with them—and got a bit out of control with heavy vandalism in the desperate days of the 1930s. To bring some control to the situation they organized an event similar to what we know today. Over the years there have been different versions of the traditions surrounding costumes, the foods handed out, and who participated. In the early days of the holiday children really did dress up and go door to door giving little performances to earn a sweet candy treat. Halloween as we know it is an American creation and the term “trick or treat” was first written about in 1939. Today, the trick part is pretty much non-existent except in the form of pranks (i.e. toilet papering, egging, spreading shave cream, etc.). However, the practice of going door to door and receiving sweet treats carries on. Latest estimates say that almost 600 million pounds of candy is sold for Halloween.

TURKEY AND THANKSGIVING

The Thanksgiving feast is thought to have started in 1621 as a celebration of the pilgrim’s first successful harvest – although historians will debate the particulars. Regardless, feasting became a celebration of thanks for the fall harvest (among other occasions), with each colony doing “their own thing” according to the traditions they brought along from ‘across the pond.’ Author Sarah Josepha Hale campaigned for 36 years to make Thanksgiving Day a national holiday. It wasn’t until 1863 that she succeeded when in the midst of the Civil War Abraham Lincoln declared the fourth Thursday in November as the national holiday. Fasting during difficulties and celebrating times of plenty crosses many cultures and centuries. Ancient Romans and Greeks feasted and paid tribute to their gods after the fall harvest. Thanksgiving is similar to the ancient Jewish harvest festival of Sukkot. And, Native Americans had a long-standing tradition of celebrating the fall harvest before any Europeans set foot on the continent.

Turkey is a renowned Thanksgiving Day food, but why turkey? Records of the earliest thanksgiving feasts don’t exactly relate what was on the buffet, so it’s assumed that it was the available foods of the day. Deer, corn, maple syrup, squash, and wild birds are a few foods that are named—the Indians supposedly brought the deer, and pilgrims hunted and prepared the fowl. The wild turkey was quite prevalent so it’s assumed that it was one of the ‘fowl’ that was probably eaten along with duck, goose, etc. Today, according to the National Turkey Federation, 90 percent of American households eat turkey—whether roasted, grilled, or deep-fried. The side dishes served with the turkey are regionalized—such that there is a long list of “usual and customary” Thanksgiving Day foods too numerous to mention here. Some of the better-known items include stuffing (of many variations), cranberry sauce, potatoes, gravy, yams, squash, breads (including cornbread), and most any vegetable imaginable (even sauerkraut). For dessert, any pie is fair game from apple to pumpkin and pecan. Today the typical Thanksgiving meal is estimated to deliver anywhere from 3,000-4,500 calories for turkey and all the fixings, dessert, and a glass of wine or two. Definitely a feast!

THE CHRISTMAS COOKIE AND CANDY CANE

Sugar was once the equivalent of \$100 per pound and any available flour was needed daily to make bread and biscuits – a key staple at family meals. These two items were not often “wasted” on sweets except on very special occasions like Christmas. The modern day Christmas cookie can be traced back to Medieval Europe’s sugar biscuits. German traditions included “lebkuchen” and “spritz” cookies, Sweden had “pepparkakor” (gingersnaps), and Norway had the “krumkake,” to name a few regional sweet treats. The one commonality of these recipes was sparing the sugar and instead using spices like cinnamon, cloves, and nutmeg along with dried fruits for flavors.

Why specifically decorated cookies? The beginnings might be best connected to the cookie cutter, which became popular in the late 1800s. Cookie cutters were imported to the US and designed in shapes that made them ideal to decorate and hang the cookies on the Christmas tree. This popular activity led to recipes printed in books and the creativity took off from there. Today many families have their traditional favorites that appear only for the holiday, but really any type of cookie, bar, or home-made candy is appreciated at holiday parties.

The candy cane goes back in time to when candy makers were fashioning hard sugar sticks. The original candy was straight

and white in color. The first reference to a candy cane goes back to 1670 Germany when the sugar stick was bent to represent the shepherd's staff. The canes were given to children during the [apparently very long] Christmas nativity service. Once again an idea that started one place spread across Europe and ended up in America. The stripes on the candy cane and the mint flavorings came sometime around 1900. Before then, Christmas cards showed only white canes. After 1900 the striped cane appeared. No one knows who to credit with the change. However, a Catholic priest automated the process of making candy canes during the 1950s.

FOOD: AT THE HEART OF CELEBRATIONS

These few holidays out of the many that are celebrated remind us that every celebration—and what we eat and drink for the occasion – typically had a beginning far back in time. Food

Today any type of cookie, bar, or homemade candy is appreciated at holiday parties.



and drink traditions have been passed down from generation to generation. Many times the small idea was made big simply by smart marketing and advertising. If you want to stay on top of the day's celebration or upcoming events visit this website: **daysoftheyear.com**. Holidays and special theme days are numerous, so make it a plan to celebrate in 2014! 🍪

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

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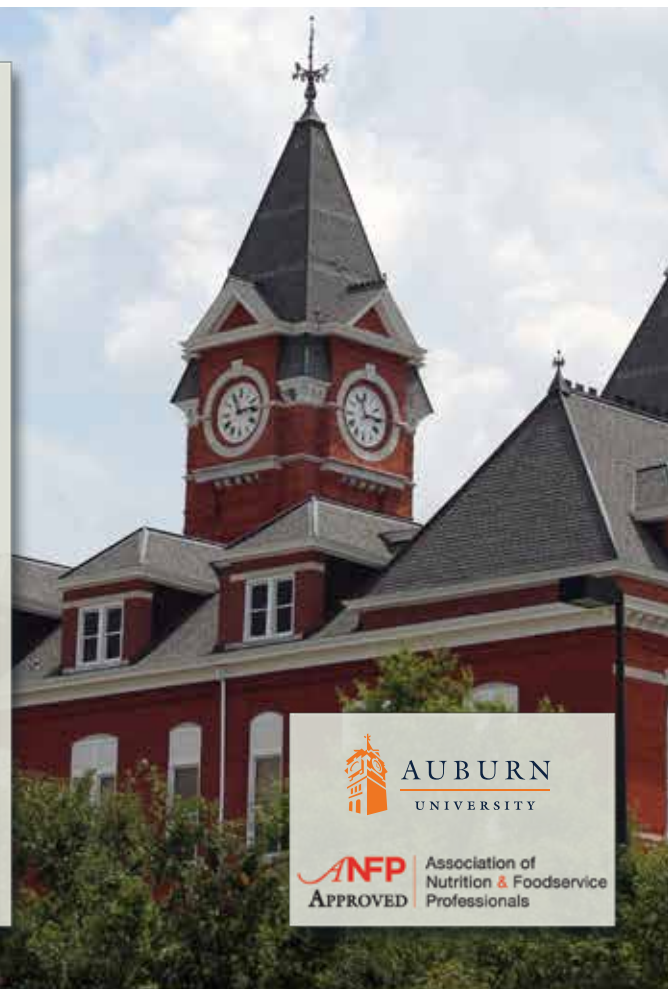
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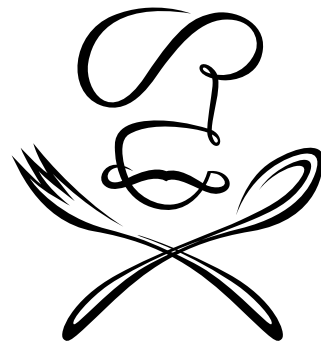


by Michael Roddey,
CDM, CFPP

CDM and Chef: **Working Together**

It takes all of our efforts to achieve optimum customer satisfaction

Since more operations than ever have both a CDM and a chef on their team, there's an increased need to understand each other's role within the operation.



THIS ARTICLE will draw from your contemporaries' experience and insight to present various perspectives on role delineation. Ultimately, the theme of these perspectives is aligned. They all relate to satisfying those who we have the privilege of providing meals to on a daily basis.

Since no two operations are the same, the following might not hold true for all readers. But by understanding the unique dynamics of the CDM and the chef, ultimately the two will be better when aligned and operating jointly.

So how do you create this synergy in your operation? The most important point to remember is that we all have a job to do. Whether one is the CDM, chef, or RD/DTR for that matter, it takes all of us to complete the picture.

If we look at the CDM's role from the marketing standpoint of the credential, we are expected to have some of the basic skills and knowledge of both the chef and the dietitian. CDMs have always engaged with the RD/DTR at some level. Now that chefs are becoming part of the team and assuming some duties related to the foodservices area, the CDM may have time to focus more on the clinical and patient side of their knowledge base.

Since the staff may not be accustomed to working with a professional chef, the transition phase of making them part of the team is critical. Clear expectations should be laid out, likely by the CDM. If the CDM is not the chef's supervisor, the foodservices manager or the joint superior should spell out expectations. This will prompt the chef to communicate with and begin to develop the culinary team.

Following are additional points to consider when releasing some of your duties to the new chef:

- The CDM and chef should create an operational plan to clearly define who has the primary oversight for various areas.
- The CDM should share with the chef any nuances and dynamics of the operation.
- Arrange a team meeting to provide an opportunity for employees to meet the chef and vice versa. This is a good time for the chef to share insights on their approach, philosophy, expectations, areas of oversight, and goals for the operation.

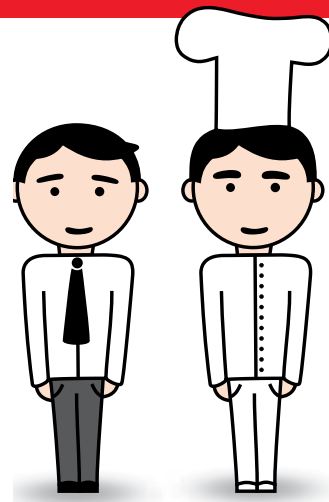
- The chef should learn the strengths and weaknesses of the individuals on the team.
- It will benefit the entire team if the chef can engage all shifts equally in the beginning to ensure that clear information is being delivered to the various shifts.
- The CDM should, as much as possible, be prepared to spend time with the chef and the other employees during these learning and training sessions. This is a perfect opportunity for the CDM to gain insight on how the chef operates, and learn what the chef is teaching to the kitchen crew.
- Schedule standard and recurring meetings between the CDM and chef to promote collaboration and open lines of communication.

Greg Nicklas, JD, CDM, CFPP is the Dining Services Supervisor at The Davis Community Healthcare Center in Wilmington, N.C. An ANFP Culinary Task Force member, Nicklas provides his operational perspective for the CDM and chef standing on common ground.

“Our administration sees our CDMs and our chef operating in mostly separate spheres; our CDMs mostly come from nursing and are therefore primarily responsible for charting and MDS compliance, while our executive chef doubles as the director of our Dining Services Department. As a supervisor for that department and a CDM, I wear both hats, but my responsibilities for each hat are fairly distinct. Our common ground, therefore, is primarily in philosophy – our CDMs want to encourage good intake of meals and prevent weight loss, while our chef wants to produce the best quality meals we can. The easiest way to ensure good intake is to make great food, and serve it hot and fresh.

“The answer to weight loss in long-term care and skilled nursing, where I operate, is not supplements and fortified products, it's serving meals people want to eat. So much of our institutional models are working against us here; tray lines and centralized kitchens ensure everyone gets the same meal (whether they want it or not), that it was made hours ago and has been sitting on a plate for at least 30 minutes.

Continued on page 34



“Budget-friendly canned goods and pre-fabricated meals lack nutrition and flavor, or are packed with fat and sodium to make them palatable. With all of that operating against them, most food doesn’t even look good, much less taste good after production. Our solution has been not only to cook from scratch with fresh ingredients, but to de-centralize, to build smaller kitchens out at the point of consumption where residents can pick their meal from the various options available, and where our staff has the ability to even make some items to order if nothing on the main menu appeals to that resident.

“By decentralizing, our CDMs have had to take a more active role in making sure doctors’ orders and therapeutic diets are honored, while our chef has had to provide training to front-line staff on various aspects of short-order cooking. While the two have distinct roles, it’s the common goal that unites us: make good food, and good nutritional health will follow.”

Richard “Nick” Nickless, CDM, CFPP, CEC, CCA is the Supply and Services Director at DDSN Coastal Center in Summerville, S.C. Nickless serves on ANFP’s Culinary Task Force as co-chair. Nickless builds upon Nicklas’s comments about flavorful, applied food service being at the forefront of our responsibilities.

“Finding common ground for CDMs and chefs can be as easy as co-mingling what each group truly represents. Remember as a CDM or chef, your immediate job focus can be reduced into two critical functions—first is to create flavors, second is to make or save your facility money. In both cases, it’s crucial that you see it from both a dietary manager and a chef point of view.

“With all the duties that we are required to handle in a single day, it’s easy for you to get buried under the weight of your own paperwork while ignoring the shortcomings that are going on in your kitchen. Imagine developing more intense flavors out of your current food? You can start by rediscovering and implementing the honored time-tested cooking techniques. Take time out of your busy schedule to re-discover a few basic cooking fundamentals. You may want to start with proper roasting techniques, and then move on to sautéing that will enhance your flavors, and then finish with simple stock productions. By focusing on these three techniques, you will not only enhance your flavors, but also find more savings by using every scrap of food that’s in your kitchen. Your newly-found flavors will pay immediate dividends with your customers.

“Every owner, local or corporately owned, looks to you to produce savings or profits. The best way to approach getting the results you

The CDM and the chef roles are both important in the successful function of a quality operation.

seek is to simply keep track of what and how your kitchen cooks its food, how many customers they are serving, how much is being eaten. In other words, watch your portion sizes.

“Think of it this way:

If you portion one extra ounce of protein (size of a quarter)
x three meals a day
x 200 meals served daily
x 365 days a year
= 219,000 oz. or 13,688 lbs. that was over purchased, produced, and portioned in a year.

With a low average of \$3.50/lb. for protein, the minimum potential savings is \$47,908 annually

“As you can see, by watching the smaller details, the larger savings will reveal themselves. By combining both the cooking skills of the chef and critical thinking skills of a CDM, you can’t help but have a successful 2014.”

Both Nicklas and Nickless, albeit from different perspectives, convey from experience how the CDM and the chef roles are both important in the successful function of a quality operation. They both amplify that by providing quality meals, approached first with good ingredients followed by sound cooking methodology and finally by proper service techniques, a dietary/food department can elevate many areas. Not only can they have a resounding impact on the health and morale of those who dine in your operation, one can also display improvements and increased profits within the department.

As with most any change, there will be growing pains. To help minimize these pains, consider the following:

- Communicate, communicate, communicate.
- Maintain an open mind.
- Identify when to be proactive and when to react as necessary.
- Learn by asking the best way to communicate (email, phone, text, face to face, etc.).

- Follow up to clarify your understanding of a conversation or meeting. So many things are lost in interpretation.
- Think about the final customer, your residents, guests, patients, etc.
- Lastly, if I forgot to mention, *communicate*.

The Culinary Task Force wants to provide worthwhile content for you. Our group was assembled so ANFP can better serve the culinary needs of our membership. As a Task Force, we welcome your feedback. Please email either Chef Nickless, nickless00@aol.com or me, chef@chefroddey.com with your comments and suggestions. ☺

Michael T. Roddey, MS Ed, CDM, CFPP, CEC, CCE, CCA, FMP is President & Principal Consultant at GASTRONOMIC Services & Consulting, Inc., Duncansville, Pa. He serves on the ANFP Board of Directors and Co-Chairs ANFP's Culinary Task Force.

Culinary Corner

Following is a sneak peek at the topics we'll be covering in *Edge* magazine in the coming months:

March—Benefits of whole grains and easy ways to incorporate them into your menu

April—Legumes, beans and lentils - what's old is new again

May—Sustainable approaches that can help trim your utility bills

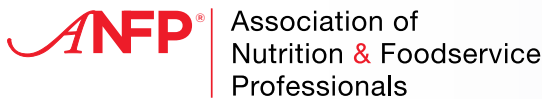
June—Marketing your operation to the community for increased revenue

July/August—Using resources to enhance your employees' culinary skills

September—How prep and cooking techniques can enhance plate appearance

October—Fresh vs. frozen—tips to make vegetables the centerpiece of the meal

November/December—Technology advances in equipment and food



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The Power of a Global Community

Healthcare Caterers International (HCI) is a global alliance of membership associations representing caterers, hospitality professionals, and foodservice managers in healthcare industries to benefit the members of each participating association. ANFP is a member of this alliance. Some objectives of HCI are to: Share resources and advance the profession; build a Web-based reference library; enjoy online networking and education; and assist in forming new organizations.

Bob Mulder of the Netherlands, who is Vice Chair of HCI, has written the following article on the positive impact of a global organization.

vHMN—Hospitality Management Netherlands is linked with ANFP as an HCI member association. Recently, the vHMN celebrated its 30th anniversary. It is a small though active association in the field of hospitality in health care and beyond. The vHMN has approximately 100 members and has managed to establish relations with over 70 companies that support the association financially and technically. Activities throughout the year consist of thematic meetings, workshops, and international working visits. By programming current topics at the meetings, the vHMN has earned a firm position in the healthcare hospitality world, and its opinions and views are highly appreciated by many agencies and companies. The association is slowly growing after the number of members had remained steady for some time.

Issues and Solutions

In the many years I have been active in the hospitality world, I have kept on discovering new things. These things all matter, for hospitality is the work of man. The organizations we work in sometimes take a different view. Supporting activities in hospitals and healthcare institutions are generally hit first by cuts when the financial situation becomes precarious, but this trend is noticeable everywhere. During my latest visits to Portugal I heard many stories about the huge challenges our Portuguese colleagues are facing in

their work: cuts, lay-offs, salary drops, etc. These are developments with an enormous impact. Under such circumstances it is hard to keep yourself and your employees motivated and enthusiastic, and to keep providing your patients and residents with high-quality support and care.

Logistic Issues

Logistics are considered one of the most important issues in modern foodservices. More and more healthcare food production units are being outsourced. Buying ready-to-use meals for our patients requires new logistic solutions.

Staffing Issues

As the number of staff decrease (due to cuts), we often see the quality of services to our clients decreasing as well. Nevertheless, we want to continue providing the quality we feel our patients and residents are entitled to, despite the mounting pressure of legislation and regulations.

These issues require solutions. After all, inventiveness and the urge to innovate are typical characteristics of the professionals in our field, which is one of the reasons these were chosen as themes for the vHMN & HCI congress in the Netherlands in May 2013. It is getting more and more important to use innovation to respond to the increasing pressure of providing higher quality and better results with less means.

Together We Are Strong

In the past few years, the vHMN has greatly benefited from its HCI membership. The professional network has extended by more than 20,000 colleagues all over the world. All the challenges I mentioned previously are recognized by each of the other HCI member organizations. This much has become clear from the mutual contacts and visits. Whether it is in southern or northern Europe, Canada or Australia, we are all facing the same issues and challenges. Gathering knowledge and providing knowledge—this is what we consider important in the Netherlands.

HCI—The Power of Global Informing and Learning

HCI is a great initiative to unite healthcare hospitality professionals and support them. Globalization offers excellent opportunities, but also has its limitations. Language and distance, for instance, make it almost impossible to meet all colleagues annually. Fortunately, we all have access to the Internet. HCI has recently updated its web page for a more user-friendly presence. HCI wants to develop more activities in the next few years. The Annapurna Exchange program is an example: doing work placement at very low costs with colleagues in HCI member organizations. Investing in yourself has never been more affordable.



Sustainability

Sustainability is not only a buzzword, but it is also a socially responsible and necessary theme. This is one reason we chose to emphasize it during our jubilee congress. International companies explained their views on sustainability and why it is so important, and also what it means for health care. In the Netherlands, sustainability as a whole is gaining in importance. We are aware that together we must work to make a better world for future generations.

Hospitality

The vHMN has made hospitality a spearhead for the next few years. However, with healthcare regulations continuously changing, methods and procedures often need to be adjusted during the process. General and technical services in health-

care institutions can no longer rely on a stable pattern, neither for health care nor for hospitality-related aspects, such as food and drink. In the Netherlands, the number of people having a meal in the institutional restaurants is steadily decreasing, which renders making a profit difficult, and therefore makes it hard to achieve good business results for both the supplier and the institution. As a result, hospitality becomes harder to define, since the financial results are becoming more and more important. In the Netherlands, we have to recover the costs on hospitality.

Summing it Up

I have touched on several important issues we are all currently facing every day. As our colleagues in the United States, you will recognize many issues and will use your views and expertise to find accept-

able solutions that fit in with the social context of your organization. When somebody invented the wheel long ago, the world made a huge leap forward. Suddenly, many things became possible and easier. Let's not waste our efforts on inventing our own wheels. Knowledge that is available everywhere should be used in an international context. Let us continue to visit each other and learn from each other. Let us also share our knowledge to make the hospitality world a little bit better.

Best wishes from the Netherlands to all our American colleagues, and I hope we will meet again in Minneapolis this July at ANFP's National Leadership Conference. 🍷

Bob M. Mulder is Manager, General Services, Franciscus Hospital, Roosendaal, Netherlands. He serves as Vice Chair of HCI.

Food Protection Connection



Following are answers to “**The Lowdown on Listeria**” review questions printed on page 17.

- | | | | |
|-------------|-------------|-------------|-------------|
| 1. B | 3. A | 5. A | 7. A |
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Nutrition Connection



Following are answers to the “**Aging in America: Nutrition as a Key Indicator**” review questions printed on page 22.

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

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

CPE Accredited Provider
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Certificate of Completion
This certifies that

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Aging in America: Nutrition as a Key Indicator
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Date _____

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

CPE # D1005 ANFP # 159983

Attention CDMs!

Coming this June—A New and Easy Way to Report CE Hours

Look for more detailed information on CE self-reporting in the March issue of *Nutrition & Foodservice Edge*. Then watch your mailbox this spring for the CE Self-Reporting Guidebook, which contains detailed instructions and CE documentation requirements.

It's easy, it's convenient, and it's coming this June—**CE self-reporting**. Beginning June 1, 2014, CDMs will be responsible for tracking their own continuing education (CE) hours and submitting them at the end of their three-year cycle.

It's Easy as 1, 2, 3

CDMs will take these simple steps:

- 1) **Participate.** Take part in a continuing education activity.
- 2) **Record.** Enter the CE activity in the CE reporting record.
- 3) **Save.** File their Certificate of Completion or proof of attendance (including documentation) for verification purposes.

What This Means to You

CE self-reporting will be mandatory to maintain certification as of June 1.

In brief, CDMs will maintain their own continuing education records and report CE hours in their online record or provide hard copy as they complete CE or at the end of their three-year cycle on May 31.

Each year a percentage of CE reporting records will be randomly selected for an audit. Individuals selected for an audit will be notified in writing and required to submit verifiable documentation (e.g., certificates of completion or similar materials) for each activity listed on the CE Report by the due date specified on the audit notification.

Why CE Self-Reporting?

CE self-reporting is a successful and proven method that:

- Puts you in **control** by giving you the capability to keep track of your CEs with access to view balance and transactions in real-time.
- Gives you **convenience and peace of mind** with the ability to submit your CEs anywhere anytime. There's no longer a need for subsequent approvals.
- Provides you with a sense of **security** and no longer missing deadlines because your CE report was lost in the mail. ☺

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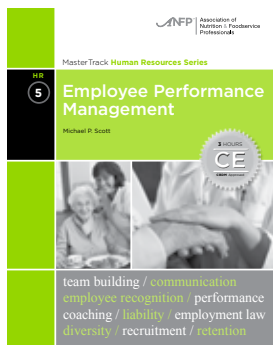
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Safe Food for Seniors Act of 2013

The Safe Food for Seniors Act of 2013 (H.R. 2181) ensures a consistent level of quality care for our senior residents nationwide and strengthens the marketability of the CDM credential. H.R. 2181 requires that federal skilled nursing facilities have their director of food services, in the absence of a full-time dietitian, be trained as a CDM, CFPP or a DTR, or have the equivalent training from military experience or traditional education.

ANFP urges you to contact your federal representative and give the *ask*—Will you co-sponsor the Safe Food for Seniors ACT, H.R. 2181? Don't underestimate your power as a constituent—legislators want to hear what you have to say!

Watch for the new Safe Food for Seniors web page at safefoodcdm.org. In the meantime, “like” the SFS Facebook page—and invite your friends to do the same. Let's build a community of supporters, both members and non-members, who want to help the bill succeed. H.R. 2181 is important to the viability of the CDM credential and the welfare of our senior residents in long-term care. Please do your part to bring it to fruition. ☺

Questions? Contact Martha Abel at mabel@ANFPonline.org



by Laura Vasilion

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

A Two-Pronged Approach to Success

Bill Donnelly, CDM, CFPP, of Garden Grove, Calif., spent 18 years working as an executive chef at the international corporate and freestanding restaurant levels. For 15 years, Donnelly worked for the airline catering company LSG Sky Chefs at Los Angeles International Airport (LAX). While there, he developed menus for international airline carriers in the Pacific region. In addition to his menu responsibilities, Donnelly delivered presentations that resulted in multi-million dollar airline catering contracts for his employer.

“When I ran International Kitchen 1510 at LAX we served about 15,000 meals a day, all pretty much from scratch. I also designed all the healthcare meals for those on special diets, whether it was diabetic, gluten-free, or low-sodium. It was lots of fun. Very interesting,” said Donnelly.

Before Donnelly went to work at LSG Sky Chefs, he took a career detour few chefs would: nursing.

“Nursing is different from being a chef, but there are commonalities. Chefs and nurses are both essentially caregivers, both working to please their clients and make them feel good. I like to say I cooked my way through nursing school and nursed my way back through chef school.”

While attending nursing school, Donnelly continued to cook to pay the bills. Once he became a Licensed Vocational Nurse, he embraced that calling for the next seven years. He never regretted his decision to go into nursing but, at some point, found himself missing the excitement and energy of being in the food industry.



Bill Donnelly, CDM, CFPP

“Nursing is different from being a chef, but there are commonalities. Chefs and nurses are both essentially caregivers... I like to say I cooked my way through nursing school and nursed my way back through chef school.”

That is when he shifted gears again and returned to being a chef. This time, his job as a nurse paid the bills for his culinary school classes. Although his career route is atypical, Donnelly claims it helped lay the groundwork for his newest pursuit: healthcare food service.

“Because I understand the nursing side and culinary side of healthcare food service, I think it’s the perfect fit for me.”

Donnelly developed a deep love of food in childhood by watching his grandmother cook. During the winter months, she lived with Donnelly’s family in Boston. During the summer, she went back to her rustic home in Nova Scotia. Donnelly spent his summer vacations there with her.

“She lived in the country. There was just farmland for as far as you could see. She cooked on a wood stove and there was no plumbing like we’re used to, just a well and pump. She cooked a lot and we were always picking fresh food from her garden. It was up there that I got a taste in my mouth for the flavor of fresh food. I followed those flavors into my career.”

Donnelly’s current plans are to stay in healthcare food service permanently. His experience as both a chef and a nurse will no doubt help him reach his goal of landing the perfect position. Now that he is a certified dietary manager, he feels even more confident about his prospects.

“Everywhere I interviewed for healthcare positions, people asked me if I had a CDM, CFPP. It didn’t take me long to

Continued on page 40

realize that if I wanted to succeed in this field, I better get one of those. So, I sent ANFP my transcripts, my resume from being a chef and nurse, and got the materials to study for the test. And I passed. Since I've gotten my certification I've gone on a lot more interviews. I picked health-care food service because it is wide-open. This is an interesting, growing, and very competitive field. I know it won't happen overnight, even though I have a lot of experience already. What I'd really like to do is work in a retirement community, maybe with assisted living."

In his free time, Donnelly likes to tend to his home garden, where he grows herbs and fruit trees like blood orange and kaffir lime. He even grows his own ginger. He is also in the process of writing a sugar-free cookbook that uses natural Stevia instead of artificial sweeteners.

"In my book, I stress using foods that are organic and free of GMOs. I believe that if I'm going to write a health cookbook, I have to make those adjustments. It's very hard to know which foods are not genetically modified, because a lot of money goes into keeping that kind of information off of food labels. The best way to

make sure your food is not genetically modified is to simply buy food that is certified organic. That goes for oils, too. I emphasize staying away from soybean and corn products as much as possible, as they are usually genetically modified," said Donnelly. ☺

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



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