



Safe Food for the Hungry

A Newsletter for the Staff and Volunteers of Emergency Feeding Programs

Winter 2005

2005 Videoconference “Designing for Choice” February 22, 2005

Client choice has been well received in Indiana and has had a positive influence on the food pantries that have adopted this method of distributing food to clients. In light of the positive feedback about client choice, SafeFood for the Hungry will be hosting a videoconference on February 22, 2005 from 10:30 am-12:00 noon Indianapolis time (EST), entitled “Designing for Choice”. The videoconference will explore all the facets of a client selection food pantry. The conference will be hosted by Angie Abbott, Family Nutrition Program Director, Purdue University, and will have a variety of speakers who have first hand experience in the operation and design of client choice food pantries .

The videoconference is a great opportunity for existing client choice pantries to learn how to enhance their current pantry procedures and for others to learn the “how’s and why’s” of client choice. Pantries that have not changed to client choice can attend to learn about the benefits of this new approach to food distribution and how it can become a reality in their pantries.

It’s Free!!!

REGISTRATION DETAILS

To register call:

1-888-EXT-INFO (398-4636)

or to register by e-mail, go to:

<http://www.cfs.purdue.edu/safeFood>

click on the “Videoconference 2005” button to access the registration form.



The Designing for Choice video is now available for purchase. Call 1-888-EXT-INFO for more information.

The videoconference will also be available for purchase in VHS or DVD format a short time after the broadcast. Check the website for availability.

www.cfs.purdue.edu/safeFood



On the Menu

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Reminder.....

The new food code laws went into effect on December 31, 2004. Each establishment that serves food must have a certified food handler on staff. Training is available through ServSafer®, Supersafe Mark™ and the Essentials of Food Safety and Sanitation Program. See the Fall 2004 Newsletter or visit the Indiana Department of Health website:
www.in.gov/isdh/regsvcs/foodprot/foodhandler/certificationrule.htm

2005 Videoconference Details**Topics to be covered:**

“Why” client choice
 “How” to implement client choice
 Space organization for a client choice pantry
 Different methods of client choice
 An opportunity to call in or e-mail and ask questions during the live broadcast.

Who will be presenting:

Carol Boushey, MPH, PhD, RD
 Assistant Professor, Purdue University
 West Lafayette, Indiana

Pam Altmeyer
 President and CEO Gleaner’s Foodbank
 Indianapolis, Indiana

Erin Rockhill
 Director of Agency Relations and Program Development
 Second Harvest Foodbank of East Central Indiana
 Anderson, Indiana

Audience who will benefit:

Individuals associated with food banks and food pantries
 Directors, Staff, Volunteers

Contact Information Update

The contact number for the Safe Food office is changing. The new number is (765) 496-3260.



Indiana’s Directory of Food Assistance Organizations is at:
www.cfs.purdue.edu/safefood

Update your listing the following ways:

On the website:
<http://www.cfs.purdue.edu/safefood/database/changeOrgInfo.html>

Give us a call:
 (765) 496-3260

E-mail:
amyracle@purdue.edu

Fax:
 (765) 494-0906

Postal mail:
 Safe Food for the Hungry
 Dept. of Foods and Nutrition
 700 West State St.
 Purdue University
 West Lafayette, IN 47907-2059

Healthy Eating as You Age

by Ellen K. Chow

Our bodies naturally change as we age. These changes may include reduced muscle strength, lower metabolism rate, and a decline in sensing taste and thirst. Combined with the harsh environment during winter, some elderly may benefit from dietary suggestions and reminders. By working in the emergency food network, you have the opportunity to help the elderly to maintain good nutrition.

Adequate food supplies for a balanced diet and appropriate to the person's cooking ability are essential. This is especially true if the person is unable to drive on icy roads or has limited access to transportation. Canned and frozen food items such as fruits, vegetables, and fish, e.g. salmon, tuna, and sardines, are good sources of vitamins, fiber, and protein when fresh food cannot be obtained frequently. Nuts are dense in calories from unsaturated fats (the good fats) and fat-soluble vitamins.

Hydration is another important issue due to the decreased sense of thirst in the elderly. The cold weather and limited outdoor activities may further reduce fluid intake because of the apparently minimal perspiration. However, the cold dry air outdoors and the heated air indoor can cause much water loss. One way to counter the problem is to fill up a water bottle each day as a reminder to finish it by the end of the day. A humidifier may also be considered.

Just as crucial as nutritious meals is food safety. Proper hand-washing, keeping food at correct temperatures, and prevention of cross contamination should be emphasized. In addition, fresh and cooked food generally should not be kept for more than 3-5 days once the package is opened, even with refrigeration. It may be helpful to write the date of opening or cooking on the container or wrap to avoid consuming spoiled food.

A dietary routine that includes tasty and safe food can keep everyone healthy, especially in the long winter months. Try these tips for yourself and your clients!



Image from Download-Free-Pictures.com

Tips for good eating during the Winter months

To get at least 2 servings of fruit each day try the following:

- Add raisins to your morning cereal
- Apples, oranges and bananas are always in season
- 3/4 cup of fruit juice also counts as a fruit serving

To get at least 3 servings of vegetables each day try the following:

- Have a warm cup of vegetable soup for lunch or dinner
- Choose canned or frozen vegetables when fresh produce is not available
- Add extra vegetables to tasty casseroles

To increase your calcium intake:

- Have a cup of hot chocolate prepared with milk
- Drink warm milk before you go to bed
- Add a slice of cheese to a sandwich and warm to melt

To increase you vitamin C intake:

- Drink 3/4 cup of orange juice with breakfast
- Prepare steamed broccoli





Isobel's Raisin Scones
provided by Isobel Miller

2 cups all purpose flour
2 tbs sugar
1 tbs baking powder
1/2 tsp salt
1/4 cup butter or margarine
1/2 cup raisins
2 eggs
1/3 cup half and half (or milk)



Preheat oven to 400°F

In a large bowl, stir together flour, sugar, baking powder and salt.

Cut butter into mixture until mixture resembles coarse breadcrumbs. Add raisins.

Break eggs into a small bowl and add half and half.

Mix well, then take out a tablespoon for painting scone tops. Add flour mixture and stir till moistened.

Gently knead dough on a lightly floured surface. Roll or pat into a 3/4" thickness. Cut dough with a biscuit cutter. Re-roll extra "odd" pieces and cut with biscuit cutter.

Place scones on lightly greased baking tray. Brush scones with reserved egg mixture.

Bake in pre-heated oven for 12-15 minutes until lightly browned. Split and serve with jam.

Serves 6



What to do with Raisins?

Raisins (1/4 cup) can be a fruit serving when added to the following:

- Cereal, hot or cold
- Pudding desserts
- Yogurt
- Cottage cheese
- Salad topping
- Baked apples
- Sweet potato casserole
- Pancakes
- Muffins

Raisins drying naturally in the sun.



Tip for using raisins:

To plump soak in hot water for 5 minutes.

Store in an air tight container to keep moist.

If refrigerated, raisins will keep for up to 1 year.

The history behind Client Choice in Food Pantries

Excerpts on Client Choice from the Safe Food for the Hungry Newsletter

Summer 1999

We all like to have a choice, whether it's deciding what to wear, where to go, or what to eat. Choice is good and we appreciate it when we can make decisions for ourselves. Food choice is highly personal. Each of us selects food based on our own unique background, likes, dislikes, health concerns, and other considerations.

Food choice is important for pantry clients too, yet many pantries find it easier to pre-bag food or feel their limited selection of items precludes individual choice. Frequently, clients discard items in standardized food bags when it's something the family does not eat. Allowing clients to select their own food decreases food waste and provides them with a feeling of control and dignity. You may think client choice is impossible at your organization, but, with some reorganization of shelves or re-training of staff and volunteers, it may be easier to accomplish than you think. Here are two ways client choice may be included in your pantry.

Think about it. Could YOU incorporate choice into your pantry?

'Client Choice' Works in Indianapolis

Fall 1999

In order to decrease food waste and increase client satisfaction, Indiana is requiring that all pantries receiving government commodities MUST incorporate some form of client choice by October 1999. This is not as difficult as it seems. From the very basic plan of asking clients if they prefer beans or carrots, to showing them an inventory checklist for them to circle preferences, to the reorganizing of your facility into a complete grocery store style "client choice" food pantry, this requirement can easily be met. Here's how one group of pantries achieved a "Client Choice" Food Pantry.

In June 1999, thirteen small food pantries in Southeastern Indianapolis joined forces and resources to create a new "Client Choice" Food Pantry. Like a conventional pantry, clients receive groceries, but the look is more reminiscent of a grocery store than a food pantry. Clients with shopping carts work their way up and down aisles, selecting the foods their family prefers as they go. The St. Vincent de Paul Client Choice Food Pantry has gone from serving just over 200 clients their first week to over 1200 a week in August.

Since the "Client Choice" pantry is definitely the wave of the future we decided to go and see for ourselves how it worked. The system is very simple. At the door, clients are given a number and directed to the waiting area which can seat over 70 people. (They hope to soon have a TV/VCR in this area to show educational and information videos to those waiting.) When their number is called, clients proceed to the processing area.

The first rule for receiving food from the pantry is that clients must reside within the boundaries of the thirteen parishes involved in keeping the pantry running.

Usually, clients are allowed to take 25 items but, on the day we visited, the volume of clients was so high, the amount was reduced to 15 items to allow everyone a choice. First items to go from the shelves are always milk, cheese and white bread-they never have enough of these to satisfy everyone. By 1:30 pm the shelves are usually fairly empty and when the pantry closes at 2 pm, volunteers start to re-stock and continue the job the next day.

The "Client Choice" pantry concept not only allows clients to select the food they know their family will eat, it also restores their dignity by taking away the feeling of getting a hand-out.

Growing Older, Eating Better

Excerpt from: http://www.fda.gov/fdac/features/296_old.html

Why the Concern?

Nutrition remains important throughout life. Many chronic diseases that develop late in life, such as osteoporosis, can be influenced by earlier poor habits. Insufficient exercise and calcium intake, especially during adolescence and early adulthood, can significantly increase the risk of osteoporosis, a disease that causes bones to become brittle and crack or break easily.

But good nutrition in the later years still can help lessen the effects of diseases prevalent among older Americans or improve the quality of life in people who have such diseases. They include osteoporosis, obesity, high blood pressure, diabetes, heart disease, certain cancers, gastrointestinal problems, and chronic undernutrition.

Studies show that a good diet in later years helps both in reducing the risk of these diseases and in managing the diseases' signs and symptoms. This contributes to a higher quality of life, enabling older people to maintain their independence by continuing to perform basic daily activities, such as bathing, dressing and eating.

Poor nutrition, on the other hand, can prolong recovery from illnesses, increase the costs and chances of institutionalization, and lead to a poorer quality of life.

Food Programs

Many older people may find help under the Older Americans Act, which provides nutrition and other services that target older people who are in greatest social and economic need. The program focuses particular attention on low-income minorities and rural populations. According to the U.S. Administration on Aging, which administers the Older Americans Act, the nutrition programs were set up to address the dietary inadequacy and social isolation among older people.

Home-delivered meals and congregate nutrition services are the primary nutrition programs. The congregate meal program allows seniors to gather at a local site, often the local senior citizen center, school or other public building or a restaurant, for a meal, plus health screenings, exercise, or recreational activities.

Available since 1972, these programs, funded by the federal, state and local governments, ensure that older people get at least one nutritious meal five to seven days a week. Under current standards, that meal must comply with the Dietary Guidelines for Americans and provide at least one-third of the Recommended Dietary Allowances for an older person. Often, people receive foods that correspond with their special dietary needs, such as no-added-salt foods for those who need to restrict their sodium intake or ground meat for those who have trouble chewing.

Other nutrition services provided under the Older Americans Act are nutrition education, screening and counseling.

While these nutrition programs target those with limited incomes, they are available to other older people regardless of income, according to Jean Lloyd, a registered dietitian and the national nutritionist with the Administration on Aging. Although no one is charged for the meals, older people can voluntarily and confidentially donate money, she says. The meals provide not only good nutrition, but they also give older people a chance to socialize—a key factor in preventing the adverse nutritional effects of social isolation and a way of keeping people actively and socially engaged.

For those who qualify, food stamps are another aid for improving nutrition. Under this program, a one-person household receives an average of \$44 per month in food stamps to buy most grocery items.

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Phone: (765) 496-3260

*Please check your name
and address and let us know
of any changes we should
make in your listing in our
database.*

Food Safety Questions?

Educators at your local Purdue University Extension Office can answer your food safety questions. To contact your local extension office, call: **1-888-EXT-INFO**



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This newsletter is created by the Cooperative Extension Service staff in the Department of Foods and Nutrition at Purdue University, with funding from a Community Foods and Nutrition Block Grant administered by the Family and Social Services Administration, Division of Family and Children, Housing and Community Services Section.

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1-888-EXT-INFO

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