

SAN ANTONIO METROPOLITAN HEALTH DISTRICT | San Antonio, Texas

Teaming Up to Reduce Sodium in Meals for Seniors



Problem

In 2013, heart disease and stroke were among the top causes of death for adults ages 55 and older in Bexar County, Texas. Excess dietary sodium can lead to high blood pressure, increasing the risk for stroke and heart disease.

Project

Partnering with the San Antonio Department of Human Services and Selrico Services, the San Antonio Metropolitan Health District was able to reduce sodium in the congregate (group) senior meal program by making changes in product and meal preparation.

Outcomes

Within 2 years, sodium was reduced by 16% across 235 food items. The number of lower sodium meals available to patrons doubled.

Resources

- Centers for Disease Control and Prevention: Salt www.cdc.gov/salt
- San Antonio Department of Human Services www.sanantonio.gov/humanservices

Statement of Problem: Nearly all Americans consume too much sodium on a daily basis. Elevated amounts of sodium in the diet can cause high blood pressure, a leading risk factor for heart disease and stroke. In Bexar County, heart disease and stroke were two of the leading causes of death in adults ages 55 and older in 2013. Although it is recommended that most people consume less than 2,300 milligrams (mg) of sodium per day, Americans consume an average of 3,500 mg daily. The San Antonio Metropolitan Health District (SAMHD) recognized the need to control blood pressure rates and reduce the risk for heart disease and stroke in the city's senior population.

Project Description: SAMHD focused on reducing sodium within the congregate senior meal program, which is operated by the Department of Human Services (DHS) and whose meals are provided by vendor Selrico Services. In 2013, the program served nearly 3,000 seniors daily at 60 sites within San Antonio. Because participants eat approximately one meal per day in the program, SAMHD recognized the importance of reducing sodium in its meals.

As a participant in CDC's **Sodium Reduction in Communities Program** (SRCP), SAMHD collaborated with DHS and Selrico to change procurement practices and preparation of foods served at the senior meal sites. SAMHD began with a nutritional analysis of menus and conducting site visits to interview chefs and buyers about recipe and product information. Selrico provided SAMHD access to the company's daily orders and the nutritional information and cost of its products, adding an important perspective to the analysis. SAMHD identified 235 food items that contained 1,200 mg of sodium or more, the average weekly limit per meal under the **Texas State Standards for Senior Meals**, and set a goal to reduce sodium across these items by an average of 30% over the course of the 3-year SRCP funding.

Outcomes: In the first year, SAMHD targeted cheese sauce, a core ingredient that could have a wide impact on sodium reduction. Instead of buying cheese sauce, Selrico began making the product from scratch. However, as this swap reduced sodium by only 1%, SAMHD realized that a new approach was needed for greater impact.



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In the second year, SAMHD opened a new channel of communication, initiating monthly meetings with DHS and Selrico, with the goal of substantially reducing the sodium content in meals served. SAMHD was integrated into the menu planning group, which included a nutritionist from DHS and Selrico’s operations team. Using the nutritional analysis, the group replaced five products—chicken gravy, teriyaki sauce, hot dogs, meatballs, and tater tots—with lower sodium equivalents and reduced the amount of barbecue sauce used. In addition, canned vegetables were replaced with fresh vegetables, and certain sauces were prepared from scratch. By making these changes, the partners successfully increased the availability of lower sodium meals on the menu.

Compared with the first year, sodium was reduced by an additional 211 mg, resulting in an overall reduction of 16% (227 mg) across 235 food items and 122 meals. Replacing five high sodium products and reducing the amount of barbecue sauce affected 43 meals and doubled the availability of lower sodium meals. Survey findings from 1,414 cafeteria patrons indicated that 46% selected the reduced sodium items and that 73% of those who purchased the items were satisfied.

Conclusions: SAMHD has made great strides in reducing sodium in the congregate senior meal program. The significant reduction in sodium between the first and second year demonstrates the importance of establishing relationships and collaborating with partners. SAMHD attributes the successful collaboration to increased communication and will continue monthly meetings to further reduce sodium within the congregate senior meal program.

