In October 2009, the Indiana Department of Correction (IDOC) joined forces with its food service provider, Aramark Correctional Services, and its medical provider, Correctional Medical Services (now Corizon), to implement a reduced-sodium/low-cholesterol menu. Participants in the menu evaluation included the department’s medical director, director of nursing and director of food services. Aramark was represented by registered dietitians from its Nutrition and Operational Support Services team. The partnership addressed each entity’s specific concerns. The key was to meet these concerns while developing a menu that met the following criteria: a healthier, well-balanced, nutritional meal service without increased cost to the taxpayers of Indiana.

Many considerations were generated through discussions regarding how to develop the menu. One of the largest considerations involved how healthier selections could be provided to the general population, which would result in a reduction in the number of therapeutic diets being ordered within the system by reducing sodium, fat and cholesterol contained in the regular diet served to the general population. The initial plan was to develop a menu that would prevent the need for certain therapeutic diets while remaining acceptable to the overall population. The cardiac diet involving low fat/low cholesterol and sodium reduction became the most targeted concerns that the group felt could be addressed efficiently through the overall menu for the offender population.
The department had several menus that had to meet the needs of adult and juvenile populations, both male and female. In an attempt to meet not only the nutritional requirements, but also to keep some popular items on the menu, health-conscious recipes were used that still considered some of the foods well-liked by the offender population while implementing a healthier menu. This included elements such as how it would appear on the tray; how it would fill the tray; types of color contrast; and other ways to contribute to the overall satisfaction of inmates. A few of the changes included low-sodium and sodium-free items, such as margarine and peanut butter, that add flavor and variety while reducing sodium in a discreet manner.

Further recipe adjustments were made to meet all objectives, including meeting the recommended nutritional guidelines of the American Correctional Association, Dietary Reference Intake recommendations and the National School Lunch Program — which limits fat and increases fiber, vegetables and fruit, as well as contract requirements once again limiting fat and sodium and ensuring recommended caloric requirements — to name a few. All of this had to be done while at the same time ensuring sufficient tray coverage, flavor, texture and an appealing appearance. Menu items were 20 percent lower in sodium than items on the previous menu. In conjunction with the reduction in sodium, the menu featured increased servings of fruit, which replaced some baked desserts. In addition, the menu addressed fat and cholesterol by serving no fried foods and fewer high-fat items by moving toward leaner meat items and skim milk. Portion sizes were increased to replace the caloric content lost due to the reduction in fat content, which assisted in tray coverage and helped with the offender perception of the overall meal presentation.

IDOC, along with its partners, Aramark Correctional Services and Corizon, began an informative campaign with the more than 26,000-offender population to advise them of the forthcoming menu changes. The population was also presented with the reasons behind the changes, including a healthier lifestyle and added menu variety. The communication of the changes was provided through offender information systems available at the various facilities including closed circuit television and presentations during offender representative meetings.

"This initiative not only translated into cost savings for tax payers, but also a much healthier diet for our offender population. By making small changes to the menu, such as reducing sodium, we can lower offenders’ risk for heart disease and other health issues," IDOC Commissioner Bruce Lemmon said. “The key to a good result for all was the creative and proactive partnership with IDOC and Corizon to address the needs of our population,” said Jane Stadick, a registered dietitian with Aramark.

As IDOC prepared for implementation, particular attention was given to monitoring the offender grievance process to ensure that immediate responses were supplied regarding any unforeseen issues that may arise. There were a few concerns expressed by the offender population initially, but the total was remarkably limited. The number of grievances dwindled each week to one or two per month within the first six weeks, depending on the facility.

Early studies found that in October 2009, when the menu was implemented, IDOC housed 155 offenders with a blood pressure greater than 140/90. Two months after implementation, in December 2009, that number had dropped to 103 offenders, representing a 31.6 percent decrease. However, it must be noted that the decrease cannot be solely attributed to the reduced sodium menu. Consideration must also be given to the medication management aspect of the initiative. Michael Mitchef, D.O., CCHP, medical director for Corizon stated:

Implementing our heart-healthy diet was part of our strategic preventative health plan, which we feel has been very successful. When you compare our clinical quality metrics to the nonincarcerated population, we far exceed the results of commercial insurance, Medicaid and Medicare. Keeping our patients healthy is a win/win for the patients and ultimately the taxpayers for the state of Indiana. We are grateful to our partner dieticians and [the] administration at Aramark for their cooperation and expertise in making this happen.
As time progressed, the partnership continued to strive for improvements to the menu to meet the needs of the offender population while considering their menu preferences. Quarterly meal service surveys were conducted and are still given to approximately 10 percent of the offender population. The surveys are divided into four sections. Section one prompts responses involving the general quality, overall flavor, serving temperature, texture and tray presentation of the food. Section two encourages input involving sanitation standards of the dining facilities and of the serviceware being utilized. Section three addresses service information, such as response time to offender perceived issues which might range from portion size to preparation quality and wait time while in the service line.

The final, and most informative, section allows for “constructive” comments on behalf of the individuals completing the survey. The department’s contract monitors spent time in the dining rooms of the facilities speaking with the offender population during their quarterly review of food service operations. During these site visits, further information and explanations were provided to the offender population regarding their questions involving the menu. The offenders were advised to utilize the quarterly surveys to express their thoughts about the reduced-sodium, low-cholesterol menu. They were told that in order for their comments to be considered, they must be constructive comments presented in a professional manner. The survey responses were compiled at the facility level and reported to the department’s director of food services. The information was then reviewed and shared with Aramark for consideration involving menu revisions. IDOC and Aramark made revisions to the menus every six months and implemented a spring/summer menu in April and a fall/winter menu in October each year. The menus were developed to utilize seasonal food items whenever possible.

In addition to the menu, consideration was given to the continued development of the health and wellness programs within the department’s facilities. Particular attention was paid to the updated standards for juvenile facilities due to National School Lunch Program requirements. Once again, the partnership with Aramark and Corizon shared in the development. Educational posters and information regarding menu nutritional values were provided by Aramark’s regional dieticians. Corizon assisted with the efforts through their educational component related to chronic care. Educational flyers were provided to the offender population based upon their specific medical concerns. Counseling sessions were scheduled with chronic care patients to discuss the lifestyle patterns that could be hindering their medical progress. For example, the counseling sessions involving diabetic patients attempted to illustrate to the patient what they should be looking for when purchasing items from the commissary. Particular awareness of carbohydrate intake was stressed to the patients, as well as what would be considered an acceptable amount. Instructions on reading product package labeling and what the information should mean to the patients was provided. The patients were instructed to take into account the number of portions per package when evaluating the appropriateness of an item with regard to their prescribed diet.
As a result of the IDOC reduced-sodium initiative, the Centers for Disease Control and Prevention’s (CDC) Division for Heart Disease and Stroke Prevention took note. CDC reached out to the department requesting that an IDOC representative attend its summit scheduled for June 2010. The invitation was extended with the hope that the various entities involved might provide valuable insight regarding procurement decisions involving the reduction in sodium, while preventing, or at least limiting, the cost increase and strategies for implementation for confined populations. From June 9-10, 2010, CDC hosted the 2010 Public Health Law Summit on Sodium Reduction. The summit took place at CDC’s Global Communications Center in Atlanta. The purpose of the summit was to bring together key state and local policymakers, implementation specialists, industry representatives, school officials and others to begin formulating operational strategies to reduce sodium intake at the state and local level, as well as in venue-specific sites, such as correctional facilities.

The summit was a working meeting where participants engaged in developing needed tools for sodium reduction work and guides related primarily to healthful food procurement policies, menu labeling at the point of purchase and venue-based policies — such as those for schools, worksites and/or correctional facilities. There were presentations on the current landscape around sodium reduction, New York City’s National Salt Reduction Initiative, the legal framework for sodium reduction and the science base for sodium reduction. Breakout sessions on menu labeling and point-of-purchase practices, procurement and venue-based strategies, including those for confined populations, took place as well.

The summit had many plenary and breakout sessions to spur conversation around strategies to reduce sodium intake. The purpose of the breakout sessions was to strategize opportunities and discuss the pros and cons that exist around sodium reduction given the environment at that time. IDOC’s main role was to provide insight regarding issues faced while establishing procurement procedures, issues involved with reduced sodium menu implementation, and resulting questions and concerns from the offender population.

To date, CDC continues to disseminate weekly e-updates regarding advances in sodium reduction initiatives across the country involving many lines of business. Darwin Labarthe, M.D., director, Division for Heart Disease and Stroke Prevention, National Center for Chronic Disease Prevention and Health Promotion has acknowledged that high blood pressure contributes to heart disease and stroke, which are the first and third leading causes of death in the U.S. Reducing the amount of sodium in a person’s diet can reduce these events, Labarthe suggests.

“The heart healthy diet helps us manage our chronic care patients by reducing complications,” said Rose Vaisvilas, IDOC director of health services, “and it helps healthy offenders maintain more normal weight.” The department continues to monitor the information provided for possible use in its menus. The partnership has continued to search for alternatives to the current menu items to provide variety and improve nutritional value for the offender population. At the same time, considerations involving waste reduction, “greening” of the facilities and cost reduction are being researched.

To that end, the department is in the development stage of establishing a partnership with a local university to study the feasibility of converting food waste into biofuel. The department, along with Aramark, is implementing the utilization of compostable food containers made from food starch and moving away from Styrofoam for meal delivery services involving site feeding of work crews.

In September 2011, in response to offender surveys and the department’s attempt to serve healthier menu items, a change was made to poultry that was being used in the recipes. Again, a concerted effort was put forth to inform and educate the offender population of the impending implementation. A texture vegetable protein was added to the poultry used in the casserole recipes. The addition improved the texture and flavor of the casseroles while reducing cholesterol levels.

In October 2011, the department implemented a milk replacement program using a beverage similar to milk in taste, yet higher in Vitamins A and D and calcium. The replacement program was rolled out in a few facilities at a time in order to fine-tune procedures while testing the products’ ease of production. Offender responses were monitored. Some responses indicated that the morning beverage was similar to an instant breakfast mix. With the acceptance of the beverage substitute by inmates, the morning beverage program was expanded to other facilities. The product is now used at breakfast and with certain therapeutic prescribed diets. Added benefits from the use of the product include it being shelf-stable; reducing spoilage by allowing the product to be held for an extended period of time as compared to pasteurized milk; and saving on energy costs related to refrigeration — at least until the beverage is mixed and stored to reach proper temperatures for service. It also reduces paper waste in the form of milk cartons.

IDOC continues to strive to enhance its health and wellness initiatives through menu development and education programs linked to medical services. Health and wellness policies at the facility level are helping to raise the awareness of both the staff and offender population. It is through the joint efforts of IDOC and its contract partners that they hope to maintain, if not improve, the health and wellness of both the staff and offender populations moving forward, thus reducing the cost burden on the taxpayers of Indiana.

John Schilling is the executive director of contract compliance for the Indiana Department of Correction. He has current oversight of the department’s medical, food service and private facility contracts.