



Nutrition and Aging Resource Center

Guide to SUA Sodium Policies and Guidance

Table of Contents

Purpose	2
Toolkit Data Collection	2
OAA Nutrition Requirement Flexibilities	1
Sodium Reduction Efforts in the Food Supply	1
State Unit on Aging Policies and Procedures on Sodium Requirements	1
Common Themes in State Policies	1
Section I: Sodium Related Policy Examples	3
California	3
Colorado	4
Georgia	4
Iowa.....	4
New Jersey.....	5
Maryland.....	5
Texas.....	7
Vermont.....	7
Virginia	7
Wisconsin	8
Section II: Sodium Related Information for Menu Patterns	9
Texas.....	9
Vermont.....	9
Wisconsin	10
Additional Resources	11

Purpose

This toolkit provides a sample of state unit on aging (SUA) policies related to sodium requirements, as well as regulations related to demonstrating compliance through nutrient analysis or meal patterns. The toolkit is designed to help senior nutrition programs develop or refine policies and guidance that address the Older American Act (OAA) Title III-C nutrient standards related to sodium. The toolkit also includes key information pertaining to the Food and Drug Administration's (FDA) "Guidance for Industry: Voluntary Sodium Reduction Goals."

Toolkit Data Collection

From March 2022 to October 2022, the Administration for Community Living (ACL) and the FDA collaborated to consider incorporating aspects of the FDA's "Guidance for Industry: Voluntary Sodium Reduction Goals" into SUA, area agency on aging (AAA), and local service provider policies and procedures. As part of the initiative, a focus group was created between FDA, ACL, SUA dietitians, and the Nutrition and Aging Resource Center. The group reviewed guidance and identified key information that may be included in policies and contracts. The needs of the aging network were evaluated related to the FDA's Voluntary Sodium Reduction Goals. During this process, state policies were collected for review. Tufts University dietetic intern Alicia Lee reviewed SUA sodium-related policies and guidance. The review process took geographic differences into account, collecting policies from states across the country. SUAs and AAAs can use the toolkit to educate about the FDA's Voluntary Sodium Reduction Goals and to develop or refine policies and practices that assist local nutrition service providers in preparing meals that are consistent with OAA nutrition requirements and support the FDA initiative.

Thank you to the FDA for your partnership in this project.

Thank you to SUA nutrition program staff from the following states for assisting us with this project:

- California
- Colorado
- Georgia
- Iowa
- New Jersey
- Maryland
- Texas
- Vermont
- Virginia
- Wisconsin

OAA Nutrition Requirement Flexibilities

Section 339 of the OAA provides SUAs the flexibility to establish regulations on how Title III-C meals comply with the Dietary Reference Intakes (DRIs) and the Dietary Guidelines for Americans (DGAs). The sodium DRI for adults is $\leq 2,300$ mg daily. OAA funded meals must provide:

- A minimum of 33.3% of the DRIs for one meal per day.
- A minimum of 66.6% of the DRIs for two meals per day.
- A minimum of 100% of the DRIs for three meals per day.

[Nutrition Requirements of the Older Americans Act](#) provides further information on DRI requirements.

Sodium Reduction Efforts in the Food Supply

Due to the prevalence of sodium in the food supply, the DGAs encourage a multi-level approach to help reduce sodium intake. In 2021, the FDA released "[Guidance for Industry: Voluntary Sodium Reduction Goals](#)." This guidance encourages food manufacturers and food service operators to reduce sodium levels in the overall food supply by 2024. These efforts will support OAA Title III-C nutrition programs in meeting sodium requirements on menus.

State Unit on Aging Policies and Procedures on Sodium Requirements

This compilation of policies and procedures shows how SUAs use inherent OAA federal flexibilities regarding sodium content of meals and menus to meet the needs in their state. Maximum sodium levels ranged between 760 mg and 1,200 mg per meal. Some SUA policies require a specific sodium target value, while others provide a target range. The SUAs permitting nutrient averaging used weekly or monthly ranges.

Common Themes in State Policies

- Setting specific target values or acceptable ranges of sodium content per meal based on a weekly or monthly average.
- Providing tips on lowering sodium in menus when purchasing foods or preparing meals.

- Noting canned foods may be high in sodium. Providing tips on how to reduce sodium content for canned foods.
- Outlining strategies to reduce sodium by food group.
- Setting requirements to identify high-sodium meals on their menus (e.g., using an image such as a heart for low-sodium or saltshaker for high-sodium items).
- Providing low-sodium options alongside high-sodium items on menus to offer consumers choice in meal options.
- Indicating the use of certain low-sodium seasonings on their menu (e.g., herbal seasonings, etc.).
- Requiring a specific menu pattern to ensure nutritional adequacy of meals when nutrient analysis is not available. More information is available in the [DGA Toolkit](#).
- Listing examples of high-sodium foods with sodium content (e.g., sodium levels in protein foods) to help meet sodium targets when nutrient analysis is not utilized.

Section I: Sodium Related Policy Examples

California

Although the established adequate intake (AI) for sodium is 1,500 mg per day, the Chronic Disease Risk Reduction (CDRR) recommendation is to reduce sodium intakes if above 2,300 mg per day. This recommendation is the basis for the Older Californian's Nutrition Program target of 760 mg sodium per meal.

When planning menus, the target for sodium content is less than or equal to 760 mg sodium per meal, averaged over the number of meals provided in one week.

Meals containing equal to or greater than 1,000 mg of sodium should be avoided. High sodium meals, containing equal or greater than 1,000 mg, must not exceed more than one meal per week. They also must be identified on the nutrient analysis and on the participant menu as containing greater than 1,000 mg sodium.

Meal analysis is conducted using either nutrient analysis or a meal component pattern and is approved by a Registered Dietitian (RD) to ensure compliance with DGAs and DRIs. The table below is adapted from "[Older Californians Nutrition Program Menu Guidance](#)," Figure 2.

Table 1: Reducing the Sodium Content in Meals

Instead of:	Try:
Flavoring foods with salt, high sodium seasonings, soy sauce	Onions, garlic, fresh or dried herbs, spices, vinegars, citrus juices, diluted soy sauce
High sodium soup bases and canned foods	Low sodium, reduced sodium* or no salt added soup bases and canned goods
High sodium canned foods (vegetables, legumes)	Drain and rinse canned foods like vegetables and legumes with water
Canned vegetables with salt, frozen vegetables with sauce	Fresh, canned without salt, or frozen vegetables without sauce
Processed meats, poultry, and seafood (deli meat, sausage, pepperoni, sardines)	Fresh meat, poultry, and seafood
Instant products like flavored rice and ready-made pasta	Regular rice and pasta with low sodium seasonings and sauces
High sodium condiments like ketchup, mustard, pickles, olives, salad dressings	Low or reduced sodium* condiments and salad dressings
Purchasing products without comparing nutrition labels	Reading the Nutrition Facts labels to compare products and choose lower sodium foods

* Foods labeled "reduced sodium" may still be high in sodium. Read the Nutrition Facts label to determine sodium content.

Colorado

The sodium limit is set at <1,200 mg per meal for all meal types, including shelf-stable, congregate, and home-delivered. The total sodium content of the meal is required to be provided and/or listed on the menus for clients. Some programs list the sodium amount per menu item, while others simply provide the total.

Nutritional adequacy of menus is documented through computer analysis and approved by the program RD, dietetic technician, registered, or nutritionist.

Source: [Colorado Rule Manual Volume 10](#)

Georgia

Nutrient content of meals is determined by the application of the DRIs and the DGAs.

To allow for regional preferences, the nutrient content of meals must:

- The nutrition analysis will show these targets are met over an average of one menu cycle (minimum of twenty days), within +/-10%.
- Target for sodium: 766 mg

Source: *Georgia Division of Aging Nutrition Service Program Guidelines & Requirements 2019*. For assistance accessing the document, contact <https://aging.georgia.gov> or (404) 657-5258.

Iowa

Iowa issued Operational Guidance in 2016 which provided information on the DGA recommendation to reduce daily sodium intake to 2,300 mg and established the target value for sodium at less than 800 mg per meal based on a weekly average. Other guidance includes:

- The DGA recommendation for persons who have pre-hypertension, hypertension, diabetes, or chronic kidney disease is to reduce sodium to 1,500 mg.
- Potassium: A potassium rich diet can blunt the effect of sodium on blood pressure.
- Use a salt-shaker icon to identify a high sodium meal (more than 800 mg) on the menu. High sodium meals are to be limited to twice a month.
- Nutrition Programs should establish purchasing policies and procedures for healthful foods that incorporate the sodium recommendations of the DGAs.

Sodium reduction in ethnic meals: Iowa Nutrition Programs are encouraged to provide culturally appropriate meals for an ethnically diverse population. Programs that provide culturally appropriate meals that may be higher in sodium are to place a statement on each menu.

- Explore ways to reduce sodium content of meals.
- Use low sodium soy sauce or dilute soy sauce with water to reduce sodium levels.
- Provide low sodium or dilute soy sauce as a condiment at meals, instead of adding to meals during preparation.
- Encourage vendors to provide low sodium alternatives at a reasonable cost.
- Place potassium rich foods on the menu consistently.
- Provide nutrition education on the health impacts of high sodium intake on older adults.

Source: [2016 Iowa Aging Operational Guidance](#)

New Jersey

Compliance Range (weekly averages): 900 mg. Limit processed smoked or cured meats to no more than twice per month. (smoked ham, sausage, cold cuts, hot dogs, etc.)

Source: *2018 New Jersey Menu Guidelines*. For assistance accessing the document, contact <https://www.state.nj.us/humanservices/doas/contact/>

Maryland

The DGAs recommend moderate sodium (e.g., salt) intake, and therefore the Maryland Department of Aging Menu Policies have established a maximum sodium content per meal (1,400 mg), averaged over a month. To assist SNPs in determining if food products meet the sodium limits, please refer to Table 2, below.

Table 2: Food and Drug Administration Regulations for Low Sodium Labeling Terminology

What the Label Says	What the Term Means
Sodium Free	Less than 5 mg of sodium per serving
Very Low Sodium	35 mg of sodium or less per serving
Low Sodium	140 mg of sodium or less per serving
Reduced Sodium	At least 25% less sodium than the regular product
Light in Sodium or Lightly Salted	At least 50% less sodium than the regular product
No Salt Added or Unsalted	No salt is added during processing, but these products may not be salt/sodium free

Source: [Sodium in Your Diet](#), FDA

Typically, the entrée contributes the majority of sodium in a meal and can also be the most variable in sodium content, depending on the protein food selected as well as any sauces, gravies, and other seasonings which may be added.

The sodium in the Protein Food should not exceed 1,000 mg per serving. High sodium foods (e.g., processed cheese, hot dogs, sausage, bacon, ham, cold cuts, etc.) are not recommended, unless replaced with a low-sodium version, more than:

- Twice per week for 1 meal per day
- Four times per week for 2 meals per day
- Six times per week for 3 meals per day

Use of canned vegetables is discouraged due to added sodium in these products.

Source: [2017 Maryland Senior Nutrition Meal Policies](#)

Table 3: Sodium and Saturated Fat Content of Select Protein Foods

Protein Food	Portion for 7 grams protein or 1 oz serving	Sodium in 1 oz (mg)	Sodium in 3 oz serving (mg)
Beans, baked	½ cup	576	1,728
Beans, canned	½ cup	200	600
Beef, fresh	1 oz	30	90
Cheese, processed	1 ½ oz	530	1,350
Cheese, natural	1 ½ oz	264	792
Cheese, cottage	¼ cup	229	687
Egg	1	140	420
Fish, breaded, baked	1 oz	150	450
Fish, canned	1 oz	116	348
Fish, frozen	1 oz	111	333
Hog Dogs, beef	1 oz	319	957
Nuts, unsalted	1/3 cup	12	36
Peanut butter	2 Tablespoons	147	440
Pork, fresh	1 oz	62	186
Pork, ham	1 oz	340	1,020
Pork, sausage	1 oz	210	630
Poultry, baked	1 oz	90	270
Poultry, deli meat	1 oz	288	864
Poultry salad	1 oz	85	340
Tofu, firm	¼ cup	9	27

Source: [2017 Maryland Senior Nutrition Meal Policies](#), Appendix D Sodium and Saturated Fat Content of Select Foods compiled from the 2015 - 2020 DGA.

Texas

The nutrition program guidelines align with the most recent Dietary Guidelines for Americans (DGAs) and Dietary Reference Intakes (DRIs) to support more fruit, vegetable, and whole grains consumption, reduce the sodium content of the meals substantially over time, and control fat and calorie levels. The established guidelines specifically address prevalent disease conditions for the aging population.

The compliance range for one meal is 1,200 mg or less of sodium.

The DRI target value per meal is 800 mg to 1,000 mg of sodium.

Source: [Texas Area Agency on Aging Policies and Procedures Manual, Chapter F, Title II-C, Nutrition Services](#)

Vermont

High sodium meals are to be limited to no more than once a week. When a high sodium meal is served, a low sodium option must be available. Meals that contain over 1,200 mg must be noted as a high sodium meal on the menu. Any single item with greater than 500 mg of sodium must also be marked on the menu. A meal should contain between 750 mg – 1,200 mg of sodium.

Menus may be reviewed and approved using either a meal pattern method or nutrition analysis method.

Source: [2019 Vermont Older Americans Act Policy and Operations Manual](#)

Virginia

Sodium target values are based on a per meal basis.

- Target value per meal: 800 mg
- Compliance Range: <1,200 mg (acceptable maximum value)

Canned vegetables are usually high in sodium; low sodium varieties are available but may be higher in cost. If it is necessary to use canned vegetables, they may be rinsed thoroughly to remove up to 40% of the sodium*. However, rinsing may also remove other nutrients.

Source: [2016 Virginia Menu Planning Guidelines](#)

*Source: [How to Reduce Sodium | American Heart Association](#)

Wisconsin

Sodium standards are set to an upper limit average of 1,200 mg for one meal daily, 2,400 mg for two meals, or 3,600 for 3 meals per day.

Weekly average of nutrient content of meals may be used to evaluate compliance with nutrient standards. Nutrient analysis and meal patterns are allowed with nutrient analysis of menus being recommended. See Food Service Chapters E through H of the Wisconsin Aging Policy Manual for more information.

Source: [2021 Wisconsin Aging Policy Manual Nutrition Program Operations, P-03062-38](#)

Section II: Sodium Related Information for Menu Patterns

Below are examples of state policy guidance to address sodium content using meal patterns.

Texas

The Texas Model for Menu Planning chart must be used to identify the types and amounts of foods recommended to meet specific nutritional requirements when Computer Analysis of Nutrients software is not used.

Limit foods high in sodium and include foods high in potassium, vitamin C, and fiber daily.

- Meat Limit:
 - Processed, smoked, cured meat, or a high sodium content meat or meat alternate to no more than one three-ounce serving per week.
 - Examples: cold cuts, ham, hot dogs, canned tuna or salmon and sausage.
- Cheese to no more than three ounces per week because of high sodium content.
- Vegetables Limit:
 - Canned vegetables with sodium or salt to one serving per meal.
 - Canned soups or bouillon with sodium.
- Grains: Limit:
 - Quick breads such as cornbread, biscuits, and muffins to once per week due to a higher fat and sodium content.
- Other Foods: Limit:
 - Foods high in sodium.
 - Examples: canned soup or bouillon, prepared cooking sauces, pickles, olives, processed foods, salted foods or soy sauce.

Sources: [Texas Area Agency on Aging Policies and Procedures Manual, Chapter F, Title II-C, Nutrition Services; Appendix IV, Texas Model for Menu Planning](#)

Vermont

High sodium meals are to be limited to no more than once a week. When a high sodium meal is served a low sodium option must be available. Meals that contain over - 1,200 mg must be noted as a high sodium meal on the menu. Any single item with greater than 500 mg of sodium must also be marked on the menu. A meal

should contain a between 750 mg – 1,200 mg of sodium. This requirement is waived for emergency meals, although inclusion of low sodium items is encouraged.

Source: [2019 Vermont Older Americans Act Policy and Operations Manual](#), page 35

Wisconsin

The meal pattern is used as a planning tool to ensure food plate coverage and that the required types and amounts of foods are offered. The following meal patterns provide specific meal components and serving sizes based on the MyPlate food guidance system; however, it does not assure that when meal components are combined, the meal pattern will meet 1/3 the DRI and the current dietary guidelines.

Guidelines for offering grains:

- Reduce sodium by:
 - Choosing not to add salt to cooking water for pasta or rice.
 - Choosing lower sodium sandwich breads, rolls, bagels, and buns.

Guidelines for offering vegetables:

- Reduce sodium by:
 - Choosing not to add salt to cooking water for vegetables.
 - Using canned vegetables less often and fresh or frozen vegetables without added sauce or sodium more often.
 - Preparing potatoes without added salt.
 - Serving lower sodium vegetable juice.
 - Choosing lower sodium canned tomato products.

Guidelines for offering protein foods:

- Reduce sodium by:
 - Lessening salt in recipes
 - Make soups or stews from scratch without purchased soup base, use reduced sodium soup base for soups and stews, or dilute high sodium soup base.
 - Choosing protein foods which are relatively low in sodium.
 - Limit processed meats such as ham, bacon, sausage, frankfurters, and luncheon or deli meats that typically have added sodium.
 - Fresh chicken, turkey, and pork that have been enhanced with a salt containing solution also have added sodium. Check the product label for statements such as “self-basting” or “contains up to __% of __”,

which mean that a sodium-containing solution has been added to the product.

- Choose unsalted nuts and seeds.
- Prepare meat, poultry, and fish without breading.
- Choose lower sodium cheeses.

Guidelines for offering fats and oils:

- Reduce sodium by:
 - Making salad dressings from scratch without added salt.
 - Use “low sodium” or “reduced sodium” salad dressing.
 - Make sauces from scratch without purchased soup base or use reduced sodium soup base for sauces.
 - Use olive oil, vegetable oil, and unsalted butter in cooking rather than salted butter.
 - Serve salad dressing on the side.

Source: [2021 Wisconsin Aging Policy Manual Nutrition Program Operations, P-03062-38](#)

Additional Resources

[Nutrition Requirements of the OAA](#): Reviews the basic requirements and provides information on flexibilities and responsibilities of the OAA.

[DGA Toolkit](#): Provides information on general guidelines for nutrient analysis and meal patterns.

Dietary Guidelines and Dietary Reference Intakes [Network Discussion \(YouTube\)](#) and [takeaway sheet](#).