

VICTUS FOODSERVICE

The Leading Voice for Foodservice

Volume 1 No 1 2021

NACi



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Welcome to the first edition of Victus Foodservice

The word Victus comes from Latin and it means the provision of nourishment. The word nourishment includes the food for health but also includes “feeding” our minds, that important psychosocial factor of looking after and demonstrating caring. Foodservice has a role which is more than to provide just meals, but rather to provide nourishment. Those in residential care are especially in need of nourishment, rather than being “fed meals”. Foodservice needs to provide care as well meals.

The Nutrition and Catering Institute (NACi) is a non-for-profit research charity and uniquely uses foodservice systems to support the wellbeing and health of those in residential care and those providing care across the different foodservice sectors.

The NACi was conceptualised by me to fill a gap – to research aspects of foodservices, including how foodservices and those who work within foodservice contribute to improving health and provide caring services. There is a real lack of focus across both the scientific and health communities on the critical role that foodservices can play, especially those where the clients are dependent on that foodservice for most of their nutritional needs. There seems to be little emphasis on the role of foodservices in preventing chronic disease in certain groups nor viewing foodservice as an important part of any developed solutions.

The mission of the NACi is to

- Translate the science of foodservice into practice through research
- Provide mechanisms to showcase and promote industry-led solutions and innovations
- Provide networking, education, and professional development opportunities for those working in this sector
- Develop skill and to raise the profile of foodservices workers

Victus Foodservice will work towards the mission of the NACi, providing a light, easy to read publication providing information and ideas for those working in foodservices. It will also shine a light on the important role that foodservice plays in preventing and controlling chronic diseases such as malnutrition.

Come along on a journey where foodservice takes centre stage, and we build a proud industry which makes a huge impact on people lives and wellbeing.

Karen

Dr Karen Abbey CEO, Nutrition and Catering Institute NACi
To Donate and to help fund foodservice research
<https://nacinstitute.com.au/donate/>



Foodservice – a critical tool to prevent and fight chronic disease

Sandra Capra AM, PhD
Emeritus Professor of Nutrition
The University of Queensland

Foodservice usually refers to any meal and beverage preparation outside the home. It incorporates businesses, and industries that support those businesses, which provide ingredients or whole meals in a variety of contexts including schools, hospitals, cafes restaurants, cafeterias and aged care settings, but does not usually include supermarkets.

It is also the case that nutrition issues vary according to the population segment of interest. One size does not fit all. The frail elderly are quite different to the well younger adult or children. The fit are different to the unfit of any size and the obese have different nutrition needs compared to the non-obese. Children are in a separate group. Those with chronic disease already require a different focus to prevent the chronic disease from getting worse. It is impossible therefore, to make global statements such as “reduce total saturated fat” “reduce free sugars” as these messages are directed at younger adults and children. They do not relate to the over 70’s. Foodservice needs to differentiate among different target groups to make an impact.

Chronic diseases
A **chronic disease** is a disease or human health condition that is or long-lasting in nature. The chronic is usually applied w course of the disease lasts three months. Common to asthma, cancer

Foodservice can offer solutions to reduce chronic disease

The calls for foodservice to engage and offer solutions rather than being a cause of chronic diseases continue. As recently as April 2020 calls for chain restaurants to engage in addressing obesity have been made. Research continues as to how best to effect change, for example, reducing the price of vegetables to increase purchase. Changing procurement policy away from less desirable foods has also been shown to be effective.

Similarly, in the health and aged care sectors there is a need for clear policy and engagement. In these settings the primary chronic diseases are malnutrition and unintended weight loss, with the aged care sector also facing chronic mental health conditions related to loss of autonomy. These are very much food and nutrition related but differ considerably from the focus on obesity, diabetes, cancer, and heart disease that relate to other community sectors. This adds to the complexity of the sector. It also highlights how difficult the issues are for foodservice and that there is a real need for segmentation, similar to that found overseas.

Foodservice supports all age groups

While the role of foodservice in chronic disease development and amelioration has been understood for decades, leading to policy and practice to improve and change the meals and ingredients the industry provides, changes in the population, especially increased life expectancy, have made the issues more complex. Success has not always followed even when strategies for improvement have been enacted. The industry needs to increase its expertise in segmentation and increase research to understand barriers and enablers to change. When science underpins practice, the likelihood of success is increased. Foodservice will not continue to be merely a key tool

for chronic disease prevention and management but will become the main tool in sectors such as food provision for the elderly who can no longer prepare their own meals. The impact of foodservice on health is critical to the nation.



Read full article
<https://www.nacinstitute.com.au/institute/publications/>

Fats are found through-out the food supply. There is no one food which contains a particular fat.

Fats are a combination as shown by the diagram.

The three main classifications of fat are

- Saturated
- Polyunsaturated
- Monounsaturated

A healthy eating plan should include polyunsaturated and monounsaturated fats.

Comparison of Dietary Fats

DIETARY FAT

Canola oil	7	21	11	61
Safflower oil	8	14	1	77
Flaxseed oil	9	16	57	18
Sunflower oil	12	71	1	16
Corn oil	13	57	1	29
Olive oil	15	9	1	75
Soybean oil	15	54	8	23
Peanut oil	19	33	*	48
Cottonseed oil	27	54	*	19
Lard	43	9	1	47
Palm oil	51	10	*	39
Butter	68	3	1	28
Coconut oil	91	2	7	

SATURATED FAT



POLYUNSATURATED FAT



linoleic acid
(an omega-6 fatty acid)



alpha-linolenic acid
(an omega-3 fatty acid)

MONOUNSATURATED FAT



oleic acid
(an omega-9 fatty acid)

*Trace

Fatty acid content normalized to 100%

SOURCE: POS PILOT PLANT CORPORATION

*A good alternative spread for bread
Avocados are a rich source of monounsaturated
fats and contain no cholesterol*



Controversy in Foodservice - to fry or not to fry



There has been a steady march away from aged care kitchens using fryers mainly due to producing what are thought of as healthier meals. What are the advantages of frying?

When food is fried it becomes more calorific because the food absorbs some of the fat used. Eating fat-laden food increases the food energy value, can increase blood cholesterol if the fat is a saturated fat and lead to increase weight. This is important for the well and younger population. For the elderly frying is a great strategy to provide extra energy in a smaller serve.

The common methods of frying include

- Deep frying (also known as immersion frying)
- Pan frying
- Sautéing.



Frying sears or even carbonizes the surface of foods while caramelizing sugars. The food is cooked much more quickly and has a characteristic crispness and texture. Depending on the food, the fat will penetrate it to varying degrees, contributing richness, lubricity, its own flavour, and kilojoules. Frying foods can be useful to increase energy to Support Malnutrition.



Maurice Kemp life-time of foodservice experience

Where did you start your career

In 1963 in Melbourne, Commercial Cookery at William Angliss Food School. I began my career at Eliza's Restaurant in The John Batman Motor Inn Melbourne in a Kitchen Brigade of seven. The Executive Chef, The Souse Chef, The Cold Larder Chef, The Grill Cook, The Ala Carte Cook, The Kitchen Man, & me. We worked 09:00. Hrs to 14:30 Hrs. returning for the evening at 17:00 Hrs. till 22:00 Hrs. five days a week. I still had a day in the week to attend William Angliss. Friday & Saturday evenings were our busiest serving around 100 guests a three-course meal.



Where have you worked

A successful career in International Hotels & Restaurants Maurice in 1973 joined a major food manufacturer as Product Development Chef, from there to being the National Product Manager for a major Catering Equipment Company. In 1984 Maurice established Maurice Kemp & Associates, Catering Equipment Systems, until his retirement in 2018.

Career highlights

President of the International Trade Fair Committee, President of NAFES, National Australian Food Equipment Suppliers, Australian Team Captain to the Culinary Arts Festival in Canada, Vancouver BC. MKA is now known as SKANOS Catering Equipment Systems, is still a major player with innovative products.

Having travelled the world Maurice brings a wealth of experience as a board advisor for the Nutrition and Catering Institute.

Cooking is my passion.

Maurice is helping the NACi Board as an advisor



Reducing the risk of chronic diseases

Nutrition is now becoming an important aspect of people's lives. Eating well makes you feel better and having a sensible eating plan is the best insurance for vitality and health.

What is nutrition?

It's all about how and why we eat, how the body uses the food and what happens to the end product. The study of nutrition examines the food requirements of different people and the effect on health of too much or too little of one type of food.

What is a lifestyle disease?

Lifestyle diseases are associated with foods which can lead to major health concerns. For example, too many kilojoules can lead to overweight, obesity and non-insulin-dependent diabetes. A diet high in saturated fat can lead to heart disease.

Reasons to eat well

- gives you vitality and energy
- healthy body weight
- boost your immune system
- builds strong, dense bones
- keeps you active and fit into old age
- protects your teeth
- enhances your ability to concentrate
- reduces your risk of lifestyle diseases



Some key steps in healthy eating – Comment – this is not the ADGs nor the US ones nor the AGHE and I feel is not correct – low fat is not the go now If you want to put this in – I would suggest you use the AGHE in terms of order and terminology

- 1) Eat a diet low in fat and especially low in saturated fat.
- 2) Eat plenty of grains and legumes
- 3) Eat lots of vegetables and fruits
- 4) Be moderate with sugar and sugary foods
- 5) Buy low-salt food and use salt sparingly
- 6) Limit your intake of alcohol'
- 7) Drink plenty of water
- 8) Maintain a healthy weight
- 9) Do some regular physical exercise throughout the week
- 10) It's all about balance, having some treats but not every day

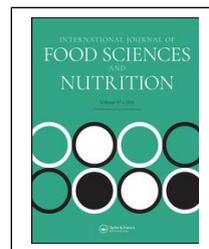


Research in Focus – Residential Aged Care

Can foodservices in aged care homes deliver sustainable food fortification strategies? A review

Danielle P Cave, Karen L Abbey & Sandra M Capra, 2019

All correspondence to d.cave@uq.edu.au +61 425 541 995



Web link - NACi <https://www.tandfonline.com/doi/full/10.1080/09637486.2019.1658722>

Study

Food fortification involves adding ingredients to make foods or beverages more energy and nutrient-dense without increasing the portion size. It is a common nutrition support strategy used in aged care as part of the food-first approach, which involves increasing nutritional intake through food.

Food fortification is a versatile strategy, that can be used across the menu in food and beverages served at all main and mid-meals. For example, by adding cream to porridge, a neutral supplement powder to a milkshake or lentils to soup.

This review was undertaken to explore the delivery of food fortification in aged care and the long-term sustainability of these strategies.

What was found

For the long-term sustainability of food fortification strategies, aged care homes should choose low cost ingredients that are easy to use, choose foods to fortify that are popular with residents and allocate a staff member to act as a nutrition champion and oversee the delivery of these strategies.

There is limited information on the costs of food fortification strategies in the literature.

Aged care homes should be implementing food fortification strategies for residents who are malnourished or those that could be at risk. We need to further investigate ways to support the long-term sustainability of food fortification within foodservices.

Practical applications

- Popular menu items are ideal for fortification.
- Fortification can be delivered across the menu, in all main and mid-meals.
- A nutrition champion, a person who supports and advocates for the nutritional care of residents should be responsible for monitoring the delivery of nutrition support strategies.

Referencing guide - to use materials in this summary sheet reference as follows:

D P Cave K L Abbey S M Capra. Can foodservices in aged care homes deliver sustainable food fortification strategies? A review. *International Journal of Food Sciences and Nutrition* **2019**; <https://doi.org/10.1080/09637486.2019.1658722>

Foodservice Projects - Dining Room Upgrades.

Cooinda Coonabarabran Limited
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The nursing home project was undertaken in 2014 to improve the ambiance of the dining room and provide residents with a more inviting space to enjoy their meals. Dining rooms play an important role in the delivery of nutrition to aged care residents. The dining design is important to encourage food intake and stimulate appetite resulting in increased energy. Having a pleasant area and the opportunity to enjoy the company of others is essential to entice residents to come to the dining room for meals.

Aim – to change the feel of the dining room with the use of warm, matching wooden furniture and window coverings.

Method

1. Assess the current dining room for ambiance and presentation
2. Ask residents what kind of furniture they would like
3. Assess the furniture for ease of use, movability, feeding assistance
4. Explore furniture options and costs

Results

The current look of the dining room was poor, drab, and uninviting as shown by the photos below.

The furniture was uncomfortable to sit in, difficult to move in and out and difficult for residents using wheeler walkers or in wheelchairs or comfort chairs.

The table clothes were all drab plastic

The furniture was mismatch and presented a cold feel to the dining room

Photos of the previous nursing home dining room furniture



The new nursing home dining room

Furniture was sourced from Crown Furniture and cost around \$8K in 2014. Wooden furniture was used, and it softened the feel of the room, taking away the cold feeling. Room still had to be left for wheelchairs and comfort chairs so that those residents could join in and attend the dining room if they chose to.

The wall mirror, corner unit containing old cups and saucers and memorabilia also added to the ambiance. Music and the radio were made available to residents as well.

The new dining room now has a consistent theme, it no longer looked mismatched. Tables were set nicely with the introduction of table centre pieces and new place mats. Removal of the plastic table clothes made a huge difference and reduced infection control risks.

The new chairs are light weight and cushioned to support residents. Leaving gaps at the back rest for ease of cleaning was important in the design. They also have wheels on the front legs to assist with ease of movement once residents are seated.



The final result of the refreshed nursing home dining room is pictured below.



Cooinda is currently undergoing a further refurbishment in our nursing home which will include the extension of our dining room linking in with a new living area. Our plans are to again furnish the dining area with similar wooden furniture and include a buffet servery. The current furniture will be moved to another wing of the facility as we now have a new colour scheme planned for the refurbishment. We are dealing with Quicksew from Bathurst for our new furniture and curtains/blinds and Paynter Dixon for the refurbishment and interior design.

Cooinda Hostel

We also purchased new dining room furniture for our hostel since the nursing home dining room was upgraded and have recently installed a breakfast buffet. Refer to before and after photos below.



If you would like more information, please contact CEO Leanne Redfern on 0268420888.

NACi Projects Update

Hydration and Electrolytes for the Fly-In-Fly-Out services – the role of foodservices

The NACi has been working with Village National in the mining sector to develop resources to support workers with their hydration and electrolytes intake. Workers in the mining sector work in 12 hour shifts in extreme heat conditions. It is important to stay hydrated and replace electrolytes.

This project enables research to be undertaken to source the best sources of hydration, foods with a high-water content, foods and fluids high in electrolytes.

Main electrolytes are – sodium, potassium, magnesium, calcium, phosphorus and zinc. These are found across the food supply, but good sources are vegetables and fruits.



Coconut water is high in electrolytes

This work has also led to the development of resources which can be used for young children and the frail elderly in residential aged care or in the community.

Resources can be found in the NACi library

