

## Help sheet No.4

### Menu assessment

#### Need for assessment

Residents' enjoyment of the food is the single most important aspect in the evaluation of a menu. If they don't like it, they're less likely to eat it!

At the same time, your menu must meet the nutritional needs of each resident. Poor nutrition is associated with poorer health outcomes, such as increased infections, weight loss, pressure areas and fractures. Appropriate nutrition optimises quality of life for residents.

#### Menu planning

Menu planning is a complex task that needs to consider not only the food preferences of residents, but also nutritional and special dietary needs, kitchen staffing and equipment and, of course, the budget.

A poorly planned menu and food supply can lead to increased costs in food wastage and labour and to a greater risk of malnutrition for residents. A menu appropriately planned to meet the needs of residents may save costs.

#### Understanding nutrition

The knowledge of nutrition for older people and special diet therapy for common conditions, such as diabetes, are ever evolving.

An accredited practising dietitian is trained and maintains their practice knowledge by applying the science of nutrition to different groups and individuals. A dietitian can provide advice on a menu to meet the food and nutrition needs of your residents. It is worthwhile having at least an annual review of menus by an accredited practising dietitian.

#### Aims of assessment

Menu evaluation should aim to assess if the menu:

- meets the food preferences, traditions and cultural needs of all residents
- meets the nutritional needs of all residents
- provides variety in terms of food groups
- provides a range of dishes and choice for residents
- offers food suitable for all common special diet and texture types
- provides a range of fluid and the amount served
- combines cooking methods, ingredients, colours and flavours to avoid repetition.

#### Assessing the menu

To assess a menu, you may be asked for:

- information on resident health profile, food preferences and special diets
- copies of surveys and/or minutes of resident meetings about food
- number, age, sex and ethnic background of residents

- copies of the menu cycle and possibly some of the recipes
- a list of foods that are not on the menu, such as snacks and breakfast foods
- copies of invoices for food purchased for one or more months.

### Useful resources for assessing menus

#### *Dietary guidelines for older Australians (DGOA)*

- Enjoy a wide variety of nutritious foods.
- Keep active to maintain muscle strength and a healthy body weight.
- Eat at least three meals every day.
- Care for your food: prepare and store it correctly.
- Eat plenty of vegetables (and legumes) and fruit.
- Eat plenty of cereals, breads and pastas.
- Eat a diet low in saturated fat.
- Drink adequate water and/or other fluids.
- If you drink alcohol, limit your intake.
- Choose foods low in salt and use salt sparingly.
- Include foods high in calcium.
- Use added sugars in moderation

The DGOA target is for 'healthy, independent Australians aged 65 and over'.

For a complete copy of the guidelines, go to the National Health and Medical Research Council (NHMRC) website at <http://www.nhmrc.health.gov.au> or call on toll-free 1800 020 103 (extension 8654), email: [phd.publications@health.gov.au](mailto:phd.publications@health.gov.au)

For practical applications of the guidelines, see *Eat well for life* (NHMRC 1999).

Older people who are more independent, for example those who live in retirement villages, are more likely to fit the category of 'healthy' older person. Also, some younger people residing in residential facilities, for example Supported Residential Service accommodation, may be better guided by *The dietary guidelines for Australians* (NHMRC 1991 – currently under review).

#### *2. Australian guide to healthy eating (for consumers)*

Commonwealth of Australia, Phone 1800 020 103. See **help sheet No 7** for more information on using this guide.

- Hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment.

To get the most from your menu assessment and receive useful feedback, a dietitian will require sufficient consulting hours to:

- meet with staff, residents and management

- assess portion sizes at the different times of the day
- review copies of menus, recipes, invoices and any other relevant information
- prepare a detailed report.

If you do not have a dietitian, contact the relevant State Branch of the Dietitians Association of Australia for advice on how to find an accredited practising dietitian who specialises in nutrition and older adults and food services. Refer to help sheet 31 Accessing health professionals

Adapted from: Stewart A., (1999) *Nutrition guidelines for residential aged care facilities (unpublished)*. Contact Alison Stewart, Consultant Dietitian.

### Useful references

Jensen J., Styles M., (1993), *Quality food and nutrition services*, NZ Dietetic Association.

Martin J. & Backhouse J, (1993), *Good looking and easy swallowing - creative catering for texture modified diets*, Julia Farr Centre Foundation, PO Box 221 Unley South Australia, 5061.