NSA Concurrent Oral Session 1: Public Health Nutrition

Making a healthy difference to menus: evaluation of a catering program in New Zealand

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Objective - To determine the effect of the Heartbeat Catering Program (HCP) on the provision of healthy menu items by measuring perceptions of caterers and dietitians involved in the program.

Design - A multi methods approach was used involving a postal questionnaire and telephone interviews with caterers, and telephone interviews with dietitians involved in the program.

Subjects - Caterers/food service managers n= 164. Dietitians n=15.

Setting - Food services in residential institutions (boarding schools, universities hostels, prisons, rest homes), workplace cafeterias, cafes and lunch bars.

Outcomes - While not the sole source of information and motivation for menu development, it was clear that for most participants information learnt through contact with the Heart Foundation was incorporated into recipes and food preparation techniques. Program resources and services of particular value to caterers were the mailed information packs and food demonstrations. Dietitians reported a high level of satisfaction with the program and agreed that the program was assisting caterers to offer nutritious menus to customers. Both groups recommended changes to the program resources to improve their usefulness.

Conclusion - The Heartbeat Catering Program appeared to be improving the nutritional value of food served in food service outlets. Program resources require updating in line with comments from caterers and dietitians. The program should be expanded to increase influence.

Process evaluation of the development of the user interface for a self-administered dietary assessment program for use in general practice

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Background – Increased involvement of the General Practitioner (GP) in the area of nutrition is vital for the growing population of persons with metabolic syndrome within Australia, as GPs are still the most trusted source of nutrition advice. Nutrition software may assist this process, but at present has limited capacity to provide individualized advice despite the broad range of programs available. ²

Objectives – To evaluate the early stages of development of the user interface component of a nutrition software program for self administration in the Primary Healthcare context.

Design – Process evaluation based on review of key components of interface development: statistical analysis of NNS data to identify core foods, multimedia questionnaire design, outputs for nutrient analysis software interface, dietary prescription protocols and responses from focus group discussion sessions with potential users. Design features of the program were addressed through in depth discussion sessions of the multidisciplinary team.

Outcomes - Outcomes of focus group discussion sessions saw a modification from a desktop based to web based interface. The core foods were collapsed from 106 to 98 groups and names were changed to simplify the interface design and reduce the speed required for completion of the dietary assessment.

Conclusions - Development of a self-administered dietary assessment program must ensure needs are met whilst upholding simplicity of the interface design. Evaluation of this development demonstrated how a greater collaboration between GPs and dietitians could be achieved, in delivering dietary advice as a factor of disease management.

- 1. Truswell SA, Hiddink GJ, Blom J. Nutrition guidance by family doctors in a changing world: problems, opportunities, and future possibilities. Am J Clin Nutr, 2003; 77: 1089S-1092S.
- 2. Probst YC, Tapsell LC. An Overview of Computerized Dietary Programs for Nutrition Education, Research and Practice. JNEB, 2004; In press.