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# Strategies to Overcome Food Fortification Barriers in Aged Care

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Food fortification is an effective, yet often undervalued practice used in residential Aged Care as a strategy to help combat unintentional weight loss and malnutrition. The prevalence of residents who are underweight and/or malnourished is said to be at a rate of up to 50%.

Loss of appetite, an illnesses, ageing, the inability to prepare food, changes to mealtime patterns and the way of eating can all contribute to poor oral intake.

**The role of food fortification is to make every mouthful count.**

This is achieved by adding ingredients to meals to increase their nutritional value without increasing the volume of food. Food fortification is not solely implemented for residents who are on texture modified diets as it is not uncommon for many residents to need a nutritional boost.

**Fortifying foods is not tricky; however, it does require some thought, preparation and testing.**

## Examples of Effective Food Fortification

- Adding butter/margarine & cream to fresh mashed potato
- Adding butter/margarine/olive oil to cooked vegetables
- Adding cheese sauce to broccoli, cauliflower & other vegetable dishes
- Adding cream & cheese to sauces such as vegetable patties, tuna bakes or pasta dishes
- Using full cream milk in porridge (rather than water). This can be further enhanced with additional skim milk powder
- Using full cream milk in hot drinks (rather than water) e.g. Milo, coffee
- Adding extra cream, yogurt, custard and/or ice cream to desserts when serving
- Implementation of HEHP (high energy high protein) drinks at snack times as a different option to tea/coffee. These drinks can be flavoured with coffee, chocolate, vanilla, strawberry etc and use full cream milk, cream and ice cream to add extra nutrients
- Adding skim milk powder in addition to full cream milk in custards & white sauces
- Using jelly whips, flummers & panna cottas as a snack. Especially beneficial for residents on texture modified food and/or fluid diets
- Adding cheese to mash potato or to other potato dishes such as scallop potatoes.
- Adding grains & legumes to main meals and/or soups to add extra protein
- Boosting flavour to boost the enjoyment & desire to finish the whole meal (or even ask for seconds) – e.g. adding a drizzle of honey to carrots, ensuring meals are seasoned correctly (salt + pepper – keeping in mind not too much salt intake), adding sautéed onions to green beans/peas, adding parmesan cheese to baked tomato dishes, using fresh and dried herbs and spices to enhance flavour

## Summary of Strategies to Overcome Food Fortification Barriers

Barrier to Fortification	Strategy to overcome Barrier
Not enough time to put extra flavours and/or fortify foods	Ensure adequate staffing for food preparation and serving. Decipher who will be responsible for food fortification for specific residents e.g. will the food be fortified prior to serving by the PCW's at the table and tailored to each resident OR will this be implemented in a batch prepared by the chefs in the kitchen and all residents are served the fortified product?
Reduced understanding from chefs/cooks regarding food fortification methods	Having chefs, cooks and all kitchen staff participate in nutrition training on a regular basis can highlight the importance of food on health and quality of life of Aged Care residents. Topics can include HEHP diets, food fortification, malnutrition etc.
Tight budgets	Highlight the importance of assessing the long-term beneficial outcome of a food first/food fortification approach rather than supplements. Spending a few dollars per day per resident on improving the nutritional quality of the menu can improve nutrition intake which can halt unintentional weight loss and the clinical conditions associated with that. This will also reduce the need for supplements which are often expensive per serve.
Supplements are too readily prescribed	Educate kitchen staff and PCW's on the food fortification approach using readily available and inexpensive whole foods rather than nutrition supplements. E.g. fortifying with skim milk powder, butter, cheese, cream. If the menu is not nutritionally adequate or poorly presented, residents will not consume the food and therefore, nutrition supplements are required.
Lack of education for kitchen staff regarding importance of food fortification for all residents	Ongoing nutrition education and training regarding food fortification techniques. This is beneficial when conducted as an education session; however, kitchen staff and chefs/cooks may also benefit from cooking demonstrations, recipe development and trialling of these recipes alongside a dietitian to ensure they meet criteria for nutritional adequacy, taste, presentation and ease of preparation.
Lack of facility/company direction and policies/procedures to enforce food fortification to reduce supplement use	Dietitians to provide assessed and standardised recipes and menus for main meals, desserts, soups, mid meal snacks and beverages (e.g. HEHP milkshakes etc.) Ensure facilities adhere to recipes to ensure nutritional adequacy – e.g. have them readily available throughout the kitchen (either laminated on the wall or in a recipe book) and ensure each new staff member is properly educated and trained on using these recipe cards. Ensure ongoing communication between Dietitians and catering staff to share the common goal to provide nourishment from foods.

## Budget

In an Aged Care setting, food fortification can be challenging, as budgeting may leave little room for additional supplies.

The cost of fortifying foods is far less than the cost of nutritional supplements, not to mention the other factors in play when supplements are used as a first point of call, including the environmental impact (excessive plastic these supplements are packaged in), reduced desire to consume supplements compared to food and the resident's reduction in appetite to eat meals and snacks as a result of consumption of nutritional supplements.



## Time

The catering team's day is busy from start to finish so the idea of making more work to fortify food may come across as "too hard"; however, with sufficient planning and effective time management, these processes can be achievable and rewarding for the residents.

Planning is imperative to ensure the residents who require fortified meals and snacks are receiving them. Often, the Dietitian who has recognised a resident who may need nutritional support will prescribe food fortification. It is expected that this is performed daily until further notice. This may include adding cream and honey to porridge at breakfast, adding 2tsp butter/margarine and some grated cheese to mashed potatoes at lunch and dinner or serving dessert with 100mL instead of 50mL of custard. Whether facilities want to make this a kitchen job (performed in the kitchen by kitchen staff/cooks/chefs prior to serving in the dining room/room) or by the PCW's prior to serving in the dining room/resident's room will depend on staffing and facility. It is important to ensure all staff are up to speed with each resident's dietary care plan and confirm the food they are served is what has been prescribed. The role of the dietitian is to communicate the new/updated diet plan with staff to ensure residents needs are met.

## Evolving Food Industry

The food industry is ever evolving and there are always new products, recipe ideas, flavour combinations and ingredients. Working alongside Aged Care Dietitians in the food service setting can change the way we think about food. Learning new techniques and tips on how to best achieve nutritional quality (e.g. steaming vegetables for a shorter period of time instead of boiling to increase nutritional content, visual appeal and colour), how to add flavours without salt (e.g. using different herbs, spices and flavourings such as lemon juice) and how to turn a standard meal into a nourishing one (e.g. adding HEHP foods throughout the recipe) can create new challenges in the culinary world and allow us to strive for excellence.



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## Training

The role of ongoing education & training in the Aged Care industry is vital. Training for both catering & clinical staff regarding the importance & impact of nutrition on the elderly, increases understanding & encourages procedures to be in place to ensure effective implementation of nutrition strategies. Having procedures in place for food and fluid fortification within residential Aged Care facilities & ongoing evaluation/quality improvement of these procedures is required to guarantee that all residents are receiving adequate food provision. Evaluation tools could be in the form of comparing a resident's weight over a period of time to oral intake, noting any additional fortifications that were provided over the trial period (e.g. evaluating consumption via food and fluid charting, meal satisfaction surveys and consumer feedback).

## Supplement Refusal

An Aged Care Dietitian may recommend nutritional supplements for the resident's meals and snacks throughout the day. Residents may refuse to take the supplement drinks and would prefer to have their usual tea/coffee.

We must respect the wishes and choices of these residents; however, we know that the Dietitian has prescribed these drinks for the purpose of improving their health and wellbeing. As a result of the refusal of these supplements, this results in a large amount of wastage which poses environmental and economic downfall within the facility.

Research has shown that a food first approach with additional fortification is beneficial in meeting nutrition needs and improving mealtime enjoyment. It is important to highlight the long-term effects of spending a couple of extra dollars per resident per day to improve the nutritional quality of the menu which in the long run, can improve nutritional intake and reduce the need and provision of additional supplements.

## Nutrition Education

**OSCAR** Care Group Dietitians can provide nutrition education to assist in reinforcing the importance of these guidelines as well as offering new tips and strategies. Collaborating with Dietitians for cooking demonstrations, recipe development and recipe testing in the kitchen will ensure they meet criteria for nutritional adequacy, taste, presentation and ease of preparation.

Having standardised recipes that have been assessed by Dietitians alongside Aged Care menu planning guidelines is the most beneficial way to meet dietary requirements. Having them readily available (either laminated on the wall or in a recipe book) within the kitchen is necessary.

Regular audits and training of chefs/kitchen staff and PCW's (if involved in food fortification during meal service) by management and dietitians is essential to ensure guidelines are followed appropriately. This is significantly important for new staff to ensure they are well equipped with the resources and knowledge to effectively manage food production and service.



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## DIETETIC SERVICES

- Friendly & Qualified Dietitians  
– in person or Telehealth
- Nutritional & Menu Assessments
- Staff Workshops & Training  
– in person or online



### Do you need support with Food Fortification for someone you care for?

This article was written by **OSCAR** Care Group's Auditor & Trainer Sarah Friedrich, and Dietitian Lauren Goffredo. Please call or email via the contact details below.



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