

Food Service & Nutrition

CANADIAN SOCIETY OF NUTRITION MANAGEMENT NEWS

Summer 2012

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CSNM Canadian Society of
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Evolving to encompass
today's lifestyles

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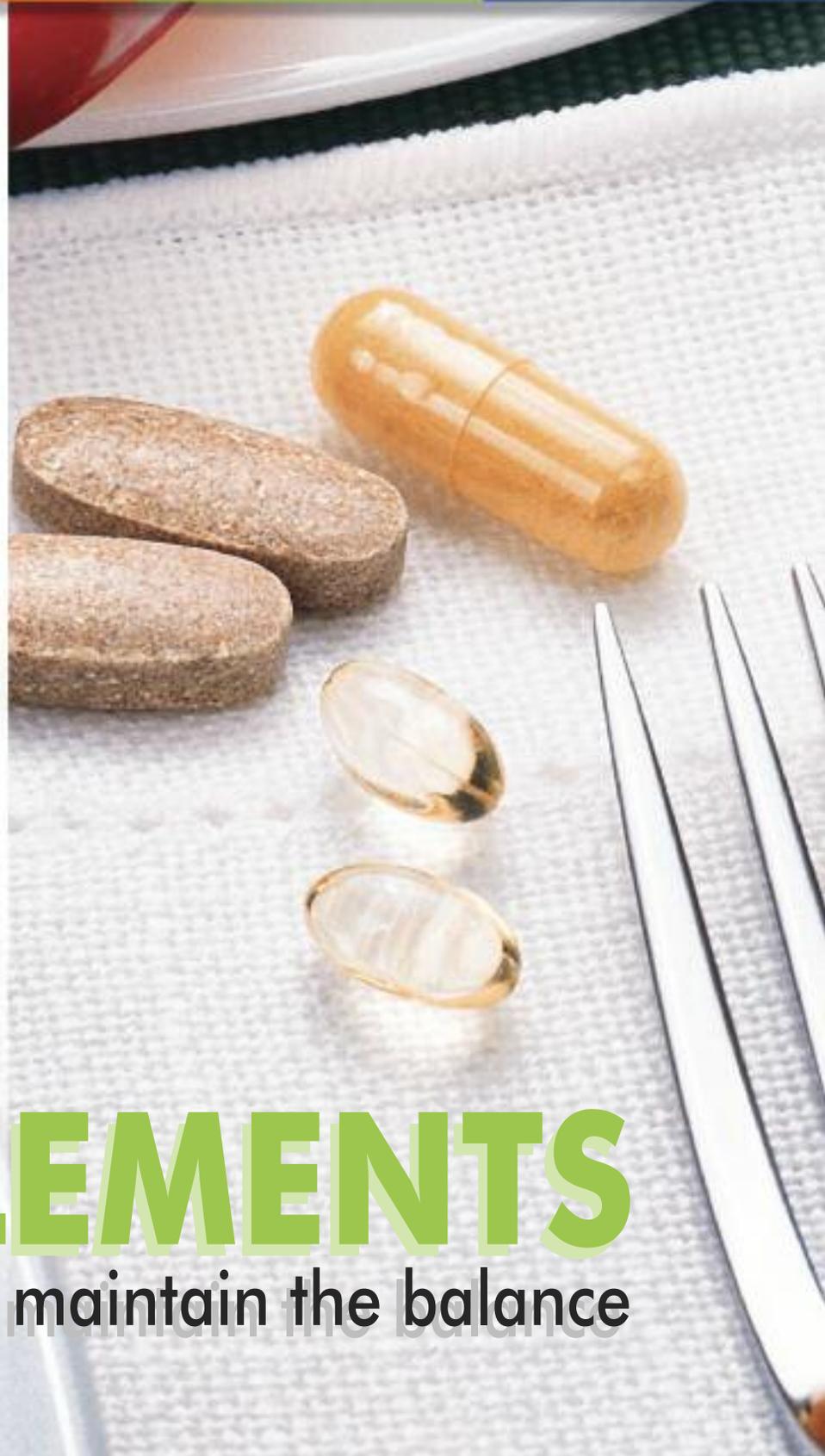
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Looking Past Summer

By Kathy Cuthbertson, CNM



How time flies! It is hard to believe that only a short time ago we were in Edmonton for the AGM and conference. The collaboration with Alberta Health Services for the conference was a huge success! Of the 400 people registered, approximately 100 were CSNM members. The break-out sessions included a variety of speakers and topics and delegates were able to pick and choose which sessions they wanted to attend. Thank you to those who responded to surveys about the conference, to those who attended and to those who assisted.

Congratulations to those who received awards at the conference. Three members received the Certificate of Recognition for their dedication and contribution in the development of the CSNM: Donna Kubista (Alberta), Shirley Ripley, and Jamie Chowns (Ontario). The Certificate of Achievement was awarded to Kari Schafer (Alberta) and Susan Malo (B.C.) in recognition of their leadership, dedication and positive support of the society. The Award of Excellence, reserved for an exemplary member of CSNM in recognition of his/her prominent leadership and dedication in strengthening the goals and professional development of the society, was awarded to Pat Sylvian (Ontario). Unable to attend the conference was Carol Wallace who was recognized with the Certificate of Honorary Member, awarded to a person who has contributed to the society for their entire professional working life.

For the new board members and those new to positions, it has been time of orientation to learn about and contribute to a variety of committees and projects. Strategies of ongoing board development provide the directors with appropriate knowledge to be effective decision makers for the CSNM.

The marketing committee, together with Thinkdo, are working diligently to identify and address priorities for our members and start on an action plan. This is a key focus for us this year as all of the portfolios are connected to marketing.

As we move through the summer, plans for the Fall OSNM conference in Kitchener/Waterloo are underway for the end of September. The CSNM board will be meeting there and attending the conference. We hope to see many members as well as others from our industry. Register early – this helps the organizing committee with their plans.

The 2013 CSNM AGM and Conference will be held in Ontario. As soon as we have concrete details, we will communicate this to members by e-blast.

Have a great summer!

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NUTRITIONAL

SUPPLEMENTS

Learning how to maintain the balance

By Sarah Remmer, RD

Choosing nutritional supplements can be confusing and daunting. Supplements are available in pills, capsules, coated pills, powders, liquids and chewables. There are multivitamin formulas and isolated vitamins and minerals as well. There are supplements that claim to be specifically for women, men, stressed individuals and seniors. No wonder it's confusing!

FIRST & FOREMOST: A BALANCED DIET

No nutritional supplement should replace healthy foods in your diet. You should have a nice balance of all food groups to achieve optimal nutrition. According to *Canada's Food Guide to Healthy Eating*, it is recommended that adults 18 years and older consume 7–10 servings of vegetables and fruits, 6–8 servings of grains, 2–3 servings of meats and alternatives and 2–3 servings of milk and alternatives, depending on gender and age, per day. It is also recommended to consume 2–3 tablespoons of healthy unsaturated fats and oils per day.

MULTIVITAMINS

It is unrealistic to achieve perfect nutrition everyday. Even if you are diligent about eating a balanced, healthy diet, you may need a daily nutritional top-up from a multivitamin. There are several different formulas out there including regular multivitamins (no age, gender or life stage specification), senior multivitamins, women's multivitamins, men's multivitamins and pre-natal multivitamins.

When choosing your multivitamin, it's important that you look for a multivitamin that is gender-appropriate and age-appropriate. For example, if you are a woman of childbearing age, it is recommended that you take a prenatal multivitamin, which offers extra folic acid, Iron and Calcium, nutrients that are important for pregnancy. If you are over the age of 50, you may consider taking a senior's multivitamin that offers added Vitamin B-12, a nutrient that is harder to absorb after the age of 50.

VITAMIN D

Vitamin D has long been touted for its role in building and maintaining healthy bones as it helps with the absorption of Calcium. There is also a growing body of research suggesting Vitamin D plays a significant role in many diverse disease processes. Studies have shown that people with Vitamin D deficiency have a higher risk of certain cancers and heart disease (specifically hypertension and heart attacks). Vitamin D may also play a role in preventing depression, autoimmune disease, diabetes, Alzheimer's, multiple sclerosis and obesity.

The Dietary Recommended Intake (DRIs) for Vitamin D for people ages 9–70 is 600 IUs (International Units) per day and 800 IUs for adults over 70 years old. If you are deficient in Vitamin D (as determined through a blood test), your doctor may recommend a higher dose of Vitamin D. Because there are few food sources of Vitamin D, most family doctors and dietitians are recommending that all adults (and babies and children) take a Vitamin D supplement ranging

from 400-2000 IUs per day. If you are taking a multivitamin, it may contain some Vitamin D as well. If you are unsure about how much Vitamin D to take in supplement form, ask your doctor or a registered dietitian.

CALCIUM

If you're not a milk drinker, chances are you aren't getting enough Calcium in your diet. Calcium is an essential mineral that is important for the growth and maintenance of strong bones, prevention of osteoporosis, maintenance of normal heart rhythms, normal blood clotting, normal nervous system functioning and normal muscle contractions.

Dairy products including milk, yogurt and hard cheeses are excellent sources of easily absorbable Calcium. To get the same amount of Calcium you would get from one cup of milk (300

mg of calcium) you would need to eat: 175 grams (3/4 cup) of yogurt, 50 grams (1½ ounces) of hard cheese or 500 mL (2 cups) of cottage cheese. Calcium requirements for adults ages 19-50 are 1000mg/day and then 1000mg/day (men) and 1200mg/day (women) for adults ages 51-70. After age 70, requirements go up to 1200 mg/day for both men and women. Adults should not consume more than 2000mg of Calcium due to risk of side effects.

Many people choose not to drink milk due to a lactose intolerance or milk allergy. In this case, Calcium-fortified soymilk or another fortified milk alternative may be a good option. People who have lactose intolerance may tolerate lactose-free milk, small amounts of yogurt and small amounts of hard cheese.

To reach our daily Calcium require-

ments as healthy adults, we need to be consuming 2-3 servings of milk, yogurt and hard cheese per day (it is assumed that most people who follow a balanced healthy diet receive about 300mg of Calcium from non-dairy foods per day). Receiving Calcium from food, especially milk products, is ideal because there are many other bone-building nutrients present such as protein, Magnesium and Phosphorus. However, if it is not possible to get enough Calcium from dietary sources, consult a healthcare provider to determine the best type, dose and timing of Calcium supplements.

The two most widely used Calcium supplement types are Calcium Carbonate and Calcium Citrate. Calcium Carbonate is effective and is the least expensive form of Calcium. It is best absorbed with a low-Iron meal such as breakfast. Calcium Citrate is absorbed

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best when taken on an empty stomach. If you are taking a multivitamin, there is likely some Calcium present there. Make sure to count this in your daily Calcium intake.

OMEGA-3

You have no doubt heard the buzz around the beneficial qualities of Omega-3 fatty acids – an umbrella term to describe three various forms of Omega-3 fats (ALA – Alpha-linolenic acid, DHA – Docosahexaenoic acid and EPA – Eicosapentaenoic acid). ALA is a precursor to DHA and EPA and can be found in plant sources such as canola oil, flaxseed oil and soybean oil. DHA and EPA, the two most important and beneficial forms of Omega-3, are found in fatty fish such as salmon, tuna, halibut and mackerel as well as certain Omega-3 fortified foods like yogurts, milk and cereals. DHA and EPA have been studied for

their beneficial effects on heart disease, cancer, arthritis, depression and asthma. DHA is also important for development of the brain and retina, and for neurological functioning and cognitive development.

Health Canada recommends that healthy adults consume about 500 mg of EPA and DHA combined per day. To achieve this, it is recommended to eat two food guide servings of fatty fish per week. For those with Coronary Artery Disease it is recommended to have 1g of EPA and DHA/day and for those with high triglycerides, 2–4g of EPA and DHA/day is recommended. For those with increased needs and those who do not eat fish, an Omega-3 supplement may be necessary. Omega-3 supplements can be made from ALA or DHA+EPA-rich oils in varying quantities, so it is important to carefully read labels.

HIGH POTENCY DOESN'T MEAN HEALTHY

Some nutrients can be harmful if taken in the large amounts found in some nutritional supplements. While this is rarely a problem when it comes to nutrients in foods, vitamin and mineral supplements (including multivitamins) often contain excessive amounts. For example, while the Recommended Dietary Allowance (RDA) for Vitamin C for adults is 75 mg/day, several Vitamin C supplements provide 500 mg or more in just one tablet. Taking excessive amounts of Iron can cause severe stomach upset and even liver damage. Vitamin A in large doses can lead to liver failure.

It's important to understand that there are risks if you overdose on some nutrients. Overdosing on vitamins and minerals can have serious health consequences, including death in some extreme cases. Some dietary supplements can also interact with certain

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medications you may be taking. If you're unsure whether you should be taking a vitamin or mineral supplement, or if you are questioning the safety or potency of your supplement, ask your family doctor or pharmacist.

Make sure your supplement is government regulated as well. It should have a NPN (Natural Product Number), a DIN-HM (Homeopathic Medicine Number) or NHP (Natural Health Product Number) written somewhere on the label to prove that it is regulated and safe.

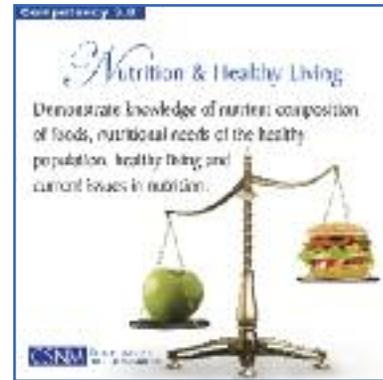
SPECIAL DIETARY CONSIDERATIONS

Some people need supplements because they do not eat foods from all four food groups, as recommended in *Eating Well with Canada's Food Guide*. Vegans and vegetarians who do not eat any animal products most often need to eat Vitamin B12-fortified foods or take a supplement. They may also find it difficult to meet their

needs for Iron, Zinc, Calcium, and Vitamin D with foods, and they may wish to take a supplement that provides these nutrients as well.

Adults who do not use milk or Calcium-fortified milk alternatives may need Calcium and Vitamin D supplements. People with osteoporosis also require more Calcium and Vitamin D. Multivitamin/mineral supplements do not contain enough Calcium to meet daily needs.

People with poor appetites, or those with many food allergies or intolerances, may need a multivitamin and mineral supplement and/or other supplements to meet their dietary needs. It is important for anyone with special dietary concerns to speak with their family doctor or a registered dietitian for guidance in terms of supplementation.



Sarah Remmer, RD, is a private practice registered dietitian and certified diabetes educator in Calgary. She specializes in prenatal and postnatal nutrition, healthy weight loss, prevention and management of chronic disease, gastro-intestinal issues and eating disorders. She is also a freelance nutrition writer.



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FOOD SERVICE TRENDS IN HOSPITAL SETTINGS

Evolving to encompass today's lifestyles and food preferences

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Health care reforms and a desire to be more customer-focused have affected how Canadian health care facilities set up their cafeterias. As people's lifestyles and food preferences evolve, hospital dining services must keep abreast of the trends to accommodate their customers' needs.

CONSIDER THESE TRENDS

Canadian lifestyles have vastly morphed in recent years. For example, the trend of eating six small meals instead of three large ones means more people are eating between traditional meal times. Many prefer meals served on smaller, snack-size plates to reflect these preferences. Plus, busy lifestyles dictate the need for quick meals and foods that can be consumed on the run.

Many of your customers are now seeking natural and organic foods. They are more educated and concerned about commercial methods of growing food and raising livestock.

Gluten-free foods have become a growing food requirement. The Global Agricultural Information Network's report focusing on Canadian food trends states that one in 133 Canadian citizens have Celiac Disease, which requires them to eat gluten-free. As more people are diagnosed with this disease and related health conditions, hospitals are charged with providing gluten-free choices.

Upwards of four per cent of Canada's adults are now vegetarian. Because this growing segment of the population seeks to consume a plant-based diet, health care dining services have had to modify their food offerings to

satisfy vegan and vegetarian tastes.

More and more, Canadian consumers are demanding healthful food that helps them limit sodium intake, trans fats and cholesterol. These health-focused eaters prefer low-fat dairy products and lean meats. Their diets are largely made up of fruits, vegetables and high-fibre grain products.

EVOLVING TO MEET THE TRENDS

Modifying hospital food services to meet all these consumer demands is a manageable task. In order to incorporate health care reforms, increase efficiency and reduce costs, food services administrators must be educated, innovative, open-minded and budget-conscious.

Speed Lines have sprouted in hospital cafeterias to ensure food choices are available for doctors, nurses, and others who have to eat on the run. In the speed line, customers can grab a boxed lunch and quickly be on their way.

Buffet Lines. Health care dining settings now often include buffet lines where customers can select foods in the amounts they prefer. Since fewer staff are required to serve the food, buffet lines provide convenience and flexibility in health care food service. Plus, many hospitals see buffet lines as viable cost-saving options, even though they require special equipment.

Salad Bars are a trend loved by many consumers. Hospitals have followed this trend by setting up a separate food line to accommodate the salad bar tastes of the masses — varying greens, freshly cut raw vegetables, peas, olives, cheeses, small cubed meats, such as ham, turkey or chicken,

and an abundance of dressing choices. The diner pays based on the weight of the food. A new stainless steel salad bar to keep the ingredients cool is costly, but worth it to facilities who strive to meet the ever-changing needs of consumers.

Soup and Salad Lines. Another option to accommodate those who prefer lighter fare is to set up a soup and salad line to entice diners with aromas of steaming hot soups (at least two choices) coupled with salad offerings. The soup and salad line is a scaled-down version of the larger salad bars to provide hospital dining customers with a traditional light meal.

Fresh Fruit Displays. To meet the healthy desires of diners, more lavish displays reflect a wider offering of fruit in today's hospital cafeterias. These attractive displays, built to show fruit at eye-level, seduce diners with a healthful mix of chilled and easily transportable fruits, such as apples, oranges, bananas and clumps of grapes. Foregoing the fancy stainless steel chilled fruit display and arranging fruits in bowls, instead, will cut costs.

Local Flavour. Food preferences are also trending toward local cuisine. Depending on the logistics of your facility, you may be able to serve your community's favourite dishes, save money, and provide fresh, healthy food choices by tapping into your local produce markets.

Canadians expect convenience, quality, safety, choice, and freshness in their food. Providing dining facilities to meet these needs will ensure a successful hospital cafeteria for your ever-evolving customers. ■■■■



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FROM TO **TOOLKIT DIGEST**

ALL THE UK'S FOOD SERVICE TOOLS IN ONE PLACE

BY MAXINE CARTZ, RD

The British Dietetic Association (BDA) *2006 Toolkit - Delivering Nutritional Care through Food and Beverage Services*, has been an essential document for dietitians and caterers involved in food service since it was introduced six years ago. The document is "owned" by Food Counts, a part of the BDA founded 12 years ago and made up of about 50 UK dietitians with a specific interest in food service. In the UK, the number of specialist dietitians in food service has been small compared with other parts of the world such as Canada, the U.S., Australia, South Africa and New Zealand, where more dietitians are employed in non-clinical dietetic positions – caterers, contract general managers and facilities managers. However, more dietitians in the UK are being employed these days as technical experts in an otherwise non-dietetic environment.

THE TOOLKIT'S PREDECESSOR

Within the UK, as elsewhere, there have been endless case studies, documents, standards, government guidelines, research studies and best practices to ensure the provision of good food to patients in hospital, residents in care home settings and vulnerable people in their own homes relying on food delivery.

The Health of the Nation Guidelines for Hospital Catering (1995) was one of the earlier tools used in the UK and, 17 years later, it is still used on a regular basis. Following that was the *Better Hospital Food Programme (2001)*, an initiative led by celebrity chefs to improve the quality and uniformity of hospital food. Another document, *The Dietetic Interface with Foodservice (2002)*, was the first of its kind; a document produced by dietitians for dietitians in the UK which focused on the issue of food for hospital patients.

FROM CHALLENGE TO DOCUMENT

The aim of the new and improved document is to make it more streamlined and user friendly. The passage of time together with many changes in food service, catering practices, new technologies, legislation, monitoring and dietetics since 2006 also figured prominently in the design of the new document.

Since the *2006 Toolkit* was launched, feedback from people who used it has been collected. These people are predominantly dietitians, but it has also been used by many catering managers and companies manufacturing food for patients in hospital. The Food Counts committee, all of whom work as catering dietitians in England, did a SWOT analysis (strengths, weaknesses, opportunities, threats) as the precursor to a launch event in November 2010 – a cross-professional study day in which Food Counts was joined by members of the Hospital Caterers Association (HCA) to kick start the review.

Many new and very relevant documents, regulations and standards have been produced over the past six years. All of these have an impact on food provision. The new document brings all of these up to date and into one place.

The new document was produced by a dedicated working group comprising dietitians, caterers and those with a "foot" in both camps. The core review team then wrote the new document - a task that required nearly a year to accomplish. The core review team had more than 250 collective years of catering/hospitality or catering/dietetic experience. Nearly everyone had something different and valuable to contribute. In addition, dietitians from Scotland, Wales and Northern Ireland were invited to add sections relevant to them.

ENTER THE DIGEST

The Nutrition and Hydration Digest: Improving Outcomes through Food and Beverage Services was unanimously chosen as the title for the new document, although it is simply and popularly referred to as *The Digest*. The primary audience for *The Digest* is dietitians and caterers, but there are elements of it which apply to the multidisciplinary teams looking after people in all care settings – nurses and speech and language therapists – as well as commercial operations manufacturing hospital food. Both in-house caterers and contractors tendering for catering contracts have been considered as well as the organizing bodies writing specifications for hospitals and care homes. It's hoped *The Digest* will also be used by key organizations creating nutritional standards for health and social care settings

The Digest is designed to be used as a reference that provides a source for standards, guidance and good practice, an evidence document for tenders and specifications, a tool providing a common language for clinicians, caterers, industry etc., the definitive approach in food service in care settings for professional (and

other) bodies and a quick-reference document on a multitude of food-related topics. It is detailed but precise and it has been written in such a way that it can either be accessed for help with specific topics or read in full. It is available electronically on the BDA website (www.bda.uk.com) and is to be officially launched this October. It has been endorsed by the Royal College of Nursing, The Patients Association and the Hospital Caterers Association – three key organizations in the UK.

LOOKING AHEAD

Good nutritional care in hospitals and other care settings is fundamental to good health and of course the provision of food and fluid are at the centre of this. *The Digest's* collaborative and inclusive approach will help dietitians speak with one voice to improve outcomes in care settings.

Dietitians are uniquely placed to be involved in each stage of food service, from menu planning and recipe development to nutritional analysis, ensuring that nutritional standards can be met. The skill of the dietitian should not be underestimated. The potential for catering and food services to

influence the health of the whole population should be embraced whether in the fight against malnutrition in hospitals and care facilities or in the care of vulnerable people within the community. Dietitians are perfectly placed from a catering and clinical perspective to ensure that opportunities to influence the food provision in all settings are best used.

Health policies and nutritional standards may differ slightly between the four home countries, England, Scotland, Wales and Northern Ireland, but the skills required of dietitians are similar. *The Digest* will support all dietetic colleagues working alongside their catering colleagues to assist them in achieving the standards established in every care setting. Although it mainly relates to the UK, much of *The Digest* will be applicable in healthcare settings anywhere in the world.



Maxine Cartz, RD, is with the Compass Group UK & Ireland Limited and is the chairperson for the Toolkit Review Working Group.

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High-Functioning Teams

An effective recipe for a multi-layered team-building plan

By Catha McMaster, MBA



Have you ever wondered how high-functioning managers create a supportive high-functioning team with sustainable performance? Let's explore a few concepts that you can apply to create your own high-functioning team.

MANAGER AS LEADER

A manager is the official leader - a strong influence, the pacesetter - and is an example to others. In order to create a high-functioning team, the leader needs to do a self-evaluation. How is the manager's work aligned with the organization's vision? Ensure that you are setting SMART (Specific, Measurable, Achievable, Reasonable, Time-bound) goals. Once goals are set, develop plans and milestones to keep you on track. Look at your own attitude, attendance and promptness, attention to detail and all the other attributes you wish your team to mirror. Leadership is developed and grown through awareness of one's own strengths and weaknesses. When the manager is high-functioning, the team will follow.

AN EFFECTIVE TEAM

An effective team has a number of qualities that support a high-functioning manager and contribute to a high-quality product and service outcomes. An effective team

- works together for a common goal

and makes decisions to serve the customer;

- can identify a problem, develop strategies to solve it and make decisions to achieve a successful result;
- is highly motivated and builds the company's credibility;
- forms long-term customer relationships;
- maintains continuous quality products and services; and
- is ready for change to improve and grow.

You might say, "How could my staff perform like an effective team when they can't communicate well among themselves, are rude to each other and can't deal with conflicts?" That is where your leadership comes in.

To develop an effective team, there has to be a plan for the team, ground rules, development plans for each individual and a manager who is ready to allow the team to take risks and learn from the experience. Create a plan of what knowledge, skills and attitude the organization needs within the team. Assess your team and assess each individual for how they measure up. This way you have a moving target goal and can start to aim in the right direction.

MAKING AND BREAKING RULES

Begin discussions with the team about ground rules that create openness and trust among the team members. Demonstrate, teach and insist that members of your team be open

with each other; do not allow backbiting. Ground rules may include allowing all members of the team to be heard at meetings and during conversations about work and not allowing a member to opt out of offering an opinion. Encourage brainstorming without judgement to gather ideas - all ideas have value. Establish that solutions to problems come from team contribution and should be tried, tested and evaluated by the team. Establish regular team development meetings and stick to the plan. Be flexible to adjust your team as members grow and develop.

Conflict is embraced by effective teams. A difference of opinion, approaches or processes generates discussion and communication. Constructive conflict creates new ideas and a synergy to get the new ideas moving. Invest the time to teach conflict resolution principles to your team. A leader's role is to facilitate discussion objectively and stay focused on the issue and solutions. When the ground rules are applied consistently, trust will grow and teamwork will be enhanced.

HOW TO DEVELOP EFFECTIVENESS

Facilitate effectiveness in your team by developing skills, knowledge and processes. As the leader, delve into the skills your team says they need or that you choose, then train and evaluate the effectiveness of the training. Have speakers and webinars about team cohesion, teamwork and team communication. Offer tools to assist

the team to apply new skills within the work environment. If team communication is a challenge, implement a blog, bulletin board or log book to have messages relayed. Invest in your team's individuals. Schedule one-on-one time for each of the team members and ask them in what areas they would like to grow.

ROLE CLARITY

Role clarity is a process that will support a highly functioning team. Role clarification provides the team members with clear overview of their work, identifies overlaps and gaps, and can offer resolution of conflicts and open communication. Have each member of your team complete a few sentences:

- My role on this team is to ___;
- I understand the following are my responsibilities to the team ___;
- I am unclear about the following responsibilities ___;
- I see overlap in work in the following areas ___;
- I am not sure what is expected of me in the following areas ___;
- I would like to be clearer about the job role(s) ___;
- I can make decisions about ___;
- I cannot make decisions about ___.

Using this information, the manager can host a discussion with the team about roles, responsibilities,

boundaries and authorities to arrive at clearer, more defined roles. Each team member is better informed and has a clearer vision of accountability from defining the roles for themselves, their team members and the manager. The exercise of role clarity has many benefits and can lead to efficiencies, time savings, product and services enhancements and improved team work as people understand what is within and outside of their realm of control.

“NATURAL” LEADERS

Every team has “natural” leaders. These are the people who have influence without the formal authority of a manager’s title. We have all worked with them: the cook who is able to direct with a positive attitude and the dietary aide who can coordinate her team members casually to improve customer service. Identify your “natural” leaders and think about how to develop them as individuals to support and contribute to your team’s effectiveness.

RECOGNITION

Formal recognition for high performance might be a printed certificate or pin for years of service. Your team will appreciate the effort to recognize their work and dedication. Informal recognition can occur more frequently

and only takes a few seconds. While you walk by a team member, acknowledge how much you appreciated their response to a short-notice request or emergency situation. Occasionally, bring in doughnuts or a special coffee or other item you know team members enjoy.

Building effective, high-functioning teams to support high-functioning leaders takes time, planning and effort, but the benefits to morale, customer service, product quality and innovation are worth the investment.



Catha McMaster, MBA, is president of Engaged CFT Corporation and is an active CSNM member. Her diverse experience in long-term care, retirement, acute care and community health have provided the foundation for her current business of training and education in the healthcare industry.

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Spice World

McCormick Canada uses global reach to remain ahead of the mix

By Jamie Parcells



In the flavour-filled world of food, one Canadian manufacturer continues to benefit from the sweet taste of success.

London, Ontario-based McCormick Canada is the largest spice, dry sauce, seasonings, extract and specialty foods operation in the country employing more than 600 Canadians with sales of more than \$250+ million annually. It is a wholly-owned subsidiary of McCormick & Company, Inc., a global leader in the manufacture, marketing and distribution of spices, seasonings and flavours to the entire food industry.

"We embarked several years ago on truly becoming a global company and it's ironic that we have been sourcing product from around the globe for 100 years – and yet we didn't truly consider ourselves a global company," says company president and CEO Keith Gibbons. "We've been working really hard on expanding our company through acquisition – in those markets where we currently don't have a significant presence – primarily the emerging developing markets like China and India."

This growth model enables McCormick Canada to address demographic changes in Canada, primarily those from the ethnic landscape. "We can leverage these products for our customers in Canada – not only for the immigrants coming from these countries, but also so that people born in Canada can become more

comfortable working with and excited about trying different flavours and food ideas," Gibbons says. "We continue to learn through the acquisitions that we make, and that knowledge transfer is happening on a constant basis throughout the company."

He continues, "We realized that spices, recipe mixes and convenient meals were going to be the core strategy for our company going forward, so we have been investing in terms of product development and marketing to support that element – both on the consumer and food service side for some time."

McCormick Canada operates two divisions: CPD (Consumer Products Division) and CIG (Canadian Industrial Group).

The Industrial Group is home to the company's Food Service, Flavour and Ingredients divisions, catering to the food service industry, snack food and industrial customers across Canada with branded spices and seasonings, custom seasoning blends, flavours, batters, breadings as well as whole and milled, cleaned and sterilized spices.

McCormick Canada's primary brand is the Club House brand. Achieving considerable success, the Club House brand is currently ranked 62nd in National Brand Importance, as measured by A.C. Nielsen in dollar sales across all channels in Canada. In 2008, the company acquired Billy Bee Honey, adding it to the family of well-known brands that include Doyon, McCormick Gourmet, Thai Kitchen, Zatarain's, Fish

Crisp, Hy's, Simply Asia, Old Bay and French's dry sauce mixes and gravies.

Working with Long-Term Care (LTC) facilities plays well into the company's strength. As a spice company that sources globally, McCormick Canada can take product and sell it in different formats, including food service-sized bottles commonly used in LTCs throughout the country. McCormick Canada offers a wide range of spices, herbs and all-in-one seasoning blends in large formats for institutions including LTCs. Flavour profiles include the famous Montreal Steak Spice and Montreal Chicken Seasonings, as well as other unique blends such as Thai Seasoning and Tandoori, to name a few.

PROVIDING A TASTE OF HOME

McCormick Canada makes every attempt to help LTC facilities provide residents the flavour and meal experience to which they have become accustomed. This often includes food of finer taste – flavours that they have experienced in restaurants or even home cooking. "We are always mindful that we must provide a healthy option through the recipes and products that we are producing, the innovations that we make and in all of our marketing efforts to our customers," asserts Gibbons.

McCormick Canada launched a new product line in January with health care facilities in mind. Club House Easy Entrées is a seasoning mix that brings the slow cooker experience to the food service facility. "With the success that we

had in retail for the slow cooker, we thought why can't we use this formula in LTC facilities?" asserts Anna Stolee, director of marketing, food service, McCormick Canada. "It's as easy as getting your cubed meat, vegetables, water and whatever other ingredients the recipe calls for and mixing in the seasoning. Throw it into a restaurant pan, cover and cook for four hours and you are done."

What results is a delicious, home-style meal. The Easy Entrées mixes deliver both the seasoning and the sauce, and because the meals are "slow cooked," you can use more economical cuts of meat, both of which help save costs. One pouch makes 50 meals, and the product comes in three varieties: Savoury Herb, Toasted Onion and Herb and Italian Herb.

Easy Entrées bring several benefits to the user. While the dish slow cooks in the oven, staff are free to do other tasks and attend to other parts of the meal preparation. Each seasoned sauce mix creates a delicious meal with the same flavour every time it's made, no matter who prepares it. Best of all, each flavour variety can be used to make several different recipes, making it easy to add variety to the menu using the same seasoning.

THE CARPENTER WHO BUILDS STAIRS: ALWAYS ONE STEP AHEAD

What differentiates McCormick Canada from other spice manufacturers – in addition to the fact that it is the only national spice company – is its knowledge of trends, assert company representatives. This differentiation also adheres to the company's mission to be the leading supplier of value-added flavour solutions. Building on strong brands and innovative products, McCormick Canada strives to provide superior quality, value and service to customers and consumers around the world.

They say that the cost of spice equates to one-quarter of one per cent of a meal, but delivers the majority of flavour. "With this in mind, we produce product designed to deliver big flavour, and our knowledge of the trends helps us maintain our position as the leading authority when it comes to spices and seasonings," Stolee says.

"Our flavour expertise is second to none, and we are continually innovating and bringing out new products that are more than just spice. We have a line of more than 30 all-in-one spice blends, and our products make the job easier for the operator and are always value added."

FORECASTING THE FUTURE – OF FLAVOUR

Since 2000, McCormick has been inspiring a passion for flavour with its signature *Flavor Forecast* report (www.flavorforecast.com). This year, for the first time ever, it took a global view. The McCormick® *Flavor Forecast*® 2012 pinpoints common trends and flavours driving culinary innovation around the world.

This first global edition of the *Flavor Forecast* was crafted by an international team of McCormick chefs, sensory scientists, trend trackers, marketing experts and food technologists spanning Asia, Australia, Europe, Africa, Latin America and North America. In previous years, regional editions of the report highlighted flavours and trends relevant to specific parts of the world. The *Flavor Forecast 2012*, which is available in multiple languages, reveals a singular set of forces driving what we will eat across the globe in coming years.

"With McCormick as a whole, we have a ton of information at our disposal," says Michael Cloutier, executive

chef, McCormick Canada. "We get together each year, pull trends – regional and over arching – and can provide forecasts 18 months to five years out."

MEETING THE "BOOMING" DEMAND WHAT'S THE RUB?

Clearly, consumers today are much more educated from a food standpoint than ever before. The abundance of information on food online and on television is making "foodies" out of all of us. "Funny, I interviewed a chef about one month ago while getting ready for the *Flavor Forecast*," says Cloutier. "We were discussing the fact that the consumer today has no problem challenging you on food because they do have so much knowledge. In some cases, they have more knowledge than you have – especially when it comes to food that is close to their heart."

Cloutier recently worked directly with an LTC in Toronto with the goal of injecting more flavour into the daily menus for the 18-facility operation – in effect, to develop new menu profiles. "We know that the aging population is looking for different kinds of food. Menus are becoming more ethnic in their ingredients because of Canada's changing profile, so a lot of the spice combinations that we have launched over the past few years have been ethnic inspired and this will continue to be the trend," he says. "Our challenge will continue to be meeting the demands for easy execution and provide the greatest impact in flavour. We do that better than anyone else."



Jamie Parcels is the publisher of Food Service & Nutrition Canadian Society of Nutrition Management News.

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Atlantic Provinces Rebuilding Together

SINCE THIS PAST FALL THERE HAVE BEEN SOME GREAT STRIDES FOR THE ATLANTIC region for CSNM representation. A recently defunct chapter for Newfoundland is reviving and welcoming the other Atlantic Provinces to join them to build a new chapter to represent all the Atlantic Provinces which have been struggling.

Last fall, a focus group was held to bring together CSNM board members, local CSNM members and other professionals in the field for a full day of valuable education. Since then, students of the food service nutrition management program have become an active group, brainstorming how all areas of Atlantic Canada can come together for education and social events. Recently, the College of the North Atlantic held a full-day workshop on sodium reduction. It was hosted by the Canadian Restaurant and Food Service Association, NL Chef's Association and the Restaurant Association of NL with speakers from the area, B.C. and Quebec.

The Atlantic chapter is working towards joint education sessions in the future with invitations to the chef's and restaurant associations. To get involved, please contact Natasha at atlanticrep@csnm.ca.

Congratulations to PSNM CNMs

PSNM MEMBERS HELEN SHU-PING WONG, HENDRIKA VERSTRATEN (ERNA), MICKEY Kei Yin Tse and Corinne Burns received their certification pins at the recent AHS/CSNM conference in Edmonton. Shirley Ripley and Susan Malo received certificates of appreciation. PSNM met in May at Westminster House in Surrey – a 117-suite aging-in-place facility that offers assisted living to palliative care. Daphne Spear, CNM, and Nicole Fraser from Bonduelle served a vegetarian lunch. Finally, congratulations to Dean Cox and Daphne Spear who received their certification pins in Ontario last fall.

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More Work Needed on Malnutrition

CSNM PAST-PRESIDENT, DEAN COX, attended a three-hour session at the May conference of the Canadian Nutrition Society (CNS), emerging with a new appreciation of the role nutrition counselling can play in the ongoing battle against malnutrition, a condition more prevalent in Canada than we might imagine.

The mission of the CNS is to bring together disciplines and professions interested in nutrition by promoting nutrition science and education and advocating for the promotion of health and the prevention and treatment of disease.

Statistics at the conference showed that approximately 33–45 per cent of all admissions to hospitals are of people who qualify as being malnourished (even obese people can be malnourished). While the study was a small sampling, studies from other countries and larger surveys report similar results. In general, delegates agreed that malnourished people entering a healthcare setting are often not seen by a qualified dietitian or nutrition manager because malnutrition is difficult to detect.

The CNS is hoping to make nutrition counselling a standard part of every patient's care regardless of the reason for admission.

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ASNM Conference Theme Set

A NEW ASNM BOARD WAS ELECTED IN MAY AND THE planning of the ASNM fall conference got underway. This year, the fall conference will be held in Calgary on Friday, October 26. The theme will be "Resetting the Table, Garden to Plate." This is a one-day conference and will include topics such as:

- Pulses: Healthy Food, Healthy Planet;
- Alberta Agriculture: Involvement in assisting manufacturers to get products to market;
- Aging to Sageing: Mentoring;
- Local manufacturers and their success stories;
- Local chefs "Dress up the menu" by offering culinary advice and showcase their talents; and
- Door prizes and great networking opportunities.

SSNM Toasts 40 Years

ON MAY 8, THE 2012 SSNM EDUCATION DAY FOCUSED ON FOOD service and long-term care which fit well with the theme of celebrating SSNM's Long Term Commitment to Excellence. Speakers included Suzanne Quiring of Suzy Q Concepts, as well as Cheryl George from Sherbrooke Community Centre sharing the Eden Alternative. The France Gates Scholarship was presented to both a first- and second-year food and nutrition management student. Congratulations to Karen Dyck and Janine Muyres. A silent auction was arranged and funds raised go toward the France Gates Scholarship. *Education Day* was sponsored by CSNM, Complete Purchasing, Computrition, Gordon Food Service, Russell Foods, Sysco Canada and WT Lynch.

This year also marks a milestone for the SSNM: 40 years as a professional association. Members celebrated at TusQ lounge in Saskatoon and were joined by Kathy Cuthbertson and Jean Van Nus of the CSNM.



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CONTINUING EDUCATION QUIZ



YOUR NAME

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DATE

NUTRITIONAL SUPPLEMENTS

Competency 3.0 *Nutrition & Healthy Living*

- Daily Calcium requirements for adults ages 19–50 are:
 A - 800mg
 B - 1000mg
 C - 1500mg
 D - 1200mg
- How many food guide servings of oily fish should a healthy adult consume per week to achieve the correct amount of Omega-3 fatty acid?
 A - 1 serving
 B - 4 servings
 C - 6 servings
 D - 2 servings
- How do you know that your dietary supplement is safe and government regulated?
 A - it has a Natural Health Product Number or Homeopathic Medicine Number (NHP, NPN or DIN-HM) on the label
 B - The lady at the health food store assured you it was safe
 C - Your naturopath told you it was safe
 D - You've been taking it for years, so you're sure it's safe
- Adults older than 50 do not absorb this vitamin well
 A - Vitamin B-6
 B - Vitamin C
 C - Vitamin B-12
 D - Vitamin A

HIGH-FUNCTIONING TEAMS

Competency 6.0 *Human Resources Management*

- On the subject of managers as leaders, which one of the following statements does NOT apply?
 A - A manager needs to do a self-evaluation to determine how his/her work is aligned with the organization's vision
 B - Setting goals for the team does not require measurement because they will be constantly changing
 C - Leaders understand their own strengths and weaknesses
 D - The leader's attributes are ideally mirrored by the team
- SMART stands for
 A - Specific, Measurable, Achievable, Reasonable, Time-bound
 B - Simple, Moveable, Achievable, Reasonable, Timeless
 C - Steady, Measured, Actual, Reasonable, Tactful
 D - Specific, Monitored, Achievable, Repeatable, Timely
- Conflict is embraced by effective teams
 True False
- When making rules, which of the following statements apply?
 A - Ground rules create openness and trust.
 B - Insist that team members be open with each other.
 C - Brainstorming for ideas should be done without judgement
 D - All of the above
- Finish this statement: Develop your team's effectiveness by...
 A - Weeding out the bad apples
 B - Knowing each team member's weakness and capitalizing on it
 C - Developing skills, knowledge and processes
 D - Giving them plenty of gifts

COMPLETE THIS QUIZ ONLINE!

GO ONLINE TO WWW.CSNM.CA - CLICK ON **MEMBERS ONLY** (UPPER RIGHT) - LOGIN - COMPLETE THE QUIZ

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