

# infuse™

STEEP YOURSELF IN INSPIRATION, INNOVATION & DEBATE

COVER STORY:

## Embracing food diversity in aged care

MORE INSIDE  
THIS SPECIAL  
**Malnutrition Week**<sub>ANZ</sub>  
2023 ISSUE:

- + **Increasing patient engagement** in nutrition care
- + **High-protein dishes** perfect for any night
- + Are you ready for **Dietitians Unite 2024?**

OCTOBER 2023

 **dietitianconnection.**



# THE FORTISIP RANGE IS GROWING

## INTRODUCING NEW FORTISIP PLANTBASED



### High Energy & Nutritionally Complete

Designed to meet the increased energy requirements of patients with disease related malnutrition



### 12g Plant Protein

Contains a blend of high quality plant protein made from pea & soy sources which meets the FAO 2013 recommended amino acid reference pattern for adults<sup>1-3</sup>



### Suitable for a Vegan Diet

Cow's milk free



### Available in Two Delicious Flavours, Liked and Selected by Healthy Adults\*

A refreshing blend of passionfruit and mango flavours  
Mocha – our signature blend of coffee & chocolate flavours

\*Product evaluation with n=83 healthy adults above 40 years old (2021, Spain)

1. Rutherford SM, et al. J Nutr. 2015;145(2):372-9. 2.
2. Yang H, et al. Agro Food Ind Hi-Tech. 2012;23:8-10.
3. Report of an FAO Expert Consultation. 2013.

This content is for healthcare professionals only. Fortisip PlantBased is a Food for Special Medical Purposes for the dietary management of disease related malnutrition and must be used under medical supervision



OCTOBER 2023



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***infuse***

STEEP YOURSELF IN INSPIRATION,  
INNOVATION & DEBATE

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Maree Ferguson,  
Founder and Director,  
Dietitian Connection

Image courtesy of @smiledarlingphotos



## From the desk of *Maree Ferguson*

***“Every issue of Infuse takes you on a deep dive into new content, perspectives & ideas to inspire you to carve the career path of your dreams.”***

Is anybody else wondering how on earth we are already in October – and very quickly approaching Christmas? Time has a funny way of making us look forward, and back, at almost the same time. Looking ahead, I’m excited for the many 2024 campaigns the Dietitian Connection team are currently working hard to bring you. From Gut Health Month to Dietitians Unite – and much, much more – we have a feeling 2024 is going to be a BIG year for our profession. And, if I can take a moment to look back and reflect on the journey, I can’t quite believe this is our 20th issue of *Infuse* magazine.

*Infuse* was created in 2017 with the vision to delve deeper into exciting new content, perspectives and ideas aimed to inspire you





Questions? Feedback? Story ideas or suggestions?  
[Send us an email](#) – we'd love to hear from you!

Malnutrition Week ANZ  
 2023 is supported by:



to carve the career path of your dreams. If social media is designed to be digested quickly, *Infuse* is meant to be savoured. Here's what I wrote in our very first issue...

*"We're not like any other magazine out there. Infuse brings the best of business, leadership, dietetic news and research to you."*

This is our promise with each and every article, and we hope you agree. (Very special mention to the talented Laura Byrne, the first editor of *Infuse* – we miss you!)

**This issue is a special Malnutrition Week ANZ (MWANZ) 2023 edition.** During the week of 9–13th October we hope to bring much-needed attention to the alarming rates of malnutrition in Australia and New Zealand communities and healthcare settings. The theme of this year's campaign is: **Be a nutrition champion!**, and like the nutrition superheroes we know you all are, we invite you to unite with your nutrition colleagues to spread the word and educate others on the impact of malnutrition – and

what we can do to prevent it. Speaking of time, it's been more than 20 years since I completed my PhD in the area, and it's still humbling to see the Malnutrition Screening Tool created by Sandra Capra, Judy Bauer, Merrilyn Banks and myself being used all over the world.

Lastly, in case you missed it, the Dietitian Connection team is growing. I'd like to (formally) introduce you to our wonderful COO, Tanya Gilliver, who joined us in July. Tanya is an exceptionally talented APD with 20 years' experience in senior leadership roles. Tanya is known for thinking 'outside the box', being adaptable and responsive, and is focused on making the people she works with shine. We also happen to think she's an absolute superstar!

Until next time...thank you for reading, we're glad you're here.

*Marlee Ferguson*



# That's a wrap! Dietitians Unite 2023 recap



For the first time in three years (thank you, global pandemic), the face-to-face Dietitians Unite you know and love was back and bigger than ever in Melbourne in May. Join us as we recap Dietitians Unite 2023 (aka #bestdayoftheyear), and why you don't want to miss out in 2024!

## What is Dietitians Unite?

Not sure what all the noise is about? Let us fill you in! Dietitians Unite is our much-loved annual conference all about inspiration and innovation, so we can become better leaders in nutrition, business and life. This is not just any professional conference – this is next-level networking, which is as fun as it is informative. Think 'outside-the-box' keynote speakers, top-of-their-field presenters, and a day full of clinical and business learnings, done differently.

**Don't just take our word for it... here's what YOU said about the day!**

*"Love hearing from people outside our space. I could have listened to both of them [keynote speakers] all day..."*

*"My favourite dietitian networking and learning event!"*

*"Great day, amazing speakers, good variety of sponsors, plenty of time for networking, interesting topics...overall very motivational!"*

*"Fun. Informative. Breath of fresh air. Great way to network."*



## Dietitians Unite 2023...in numbers

250

awesome  
attendees  
(hey, that's you!)

14

inspiring  
speakers

2

exciting streams  
(clinical &  
business)

4

workshops &  
breakfast  
sessions

= 1 unforgettable day

### Here are a few of the highlights:

#### 1) Keynote speaker: Adam Ferrier

Equally cool and creative, Adam is one of Australia's leading creative strategists and a consumer psychologist. In his presentation, 'The science and magic of behaviour change', Adam shared why a little magic (aka motivation) is needed to help drive change. Cue a room fizzing with inspiration.

#### 2) Culinary Nutrition Workshop

Food is every dietitian's love language, so it's no surprise this interactive cooking workshop with the talented culinary nutrition science team from Australian Catholic University was an absolute hit that is still

being talked about today. By delving into the theory of sensory science, our eyes were opened to the endless culinary nutrition opportunities for dietitians.

#### 3) Career tips with Dr Joanna McMillan

We all know and love Dr Jo, and keenly follow her expansive career. While it's impressive from the outset, the reality is it took years of grit and determination to make it happen. In an intimate conversation, Jo shared her top tips to build a long and rewarding career, which included "be bold, never stop learning, and be fun (and nice) to work with".



Dietitians Unite 2023 was supported by:





# Psst...we have news!

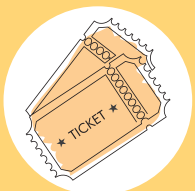
## Dietitians Unite 2024 is landing in Sydney on 31 May, 2024.

### Here are 10 reasons to secure your Early Bird ticket today:

- 1 Be the first to hear about our incredible 2024 speaker line-up.
- 2 Stand in a room of smart, savvy health professionals (that's you, too!).
- 3 Meet the people IRL (in real life) you probably only see through a phone screen (aka social media).
- 4 Learn from the best in the business, whether you work in clinical, private practice, research, food industry, public health, marketing and comms, aged care...the list goes on!
- 5 Be inspired by our incredible opening and closing speakers – reality TV producer Marion Farrelly and five-time Olympian Natalie Cook.
- 6 Upskill and educate yourself on the very latest research in the nutrition world.
- 7 Enjoy delicious food while networking. Last year we had a 10-metre grazing table...no, really, we did!
- 8 Explore Sydney sights with your dietitian friends and colleagues.
- 9 Avoid FOMO when the 31st of May rolls around, and your social feed is full of your friends attending Dietitians Unite.
- 10 **Save \$50 off the full ticket price!**



Images courtesy of @smiledarlingphotos



### Want in? Of course, you do!

Join us at Doltone House Jones Bay Wharf

[CLICK HERE](#) TO GET YOUR HANDS ON TICKETS

**dietitians**  
*Unite*  
SYDNEY,  
31 MAY 2024





# *dietitians Unite*

SYDNEY,  
31 MAY 2024

Early Bird  
pricing\*  
**\$259**<sup>+GST</sup>

*inspire, learn and connect*

ON SALE NOW!

[www.dietitianconnection.com/events/dietitians-unite-2024/](http://www.dietitianconnection.com/events/dietitians-unite-2024/)

Regular pricing – \$309AUD + GST. \*Early Bird offer ends 5pm, 25th March 2024 (Syd/Melb time)



# Malnutrition Week ANZ



## Are you ready to be a nutrition champion?

**Calling all nutrition superheroes!** Malnutrition Week ANZ (MWANZ) is back and bringing much-needed attention to the staggering rates of malnutrition in Australian and New Zealand communities and healthcare settings.

This year, we want you to unite with your colleagues to raise awareness of the important and necessary work being done in the malnutrition space. Our campaign theme: ***Be a nutrition champion!*** aims to inspire, not just dietitians, but *all* healthcare professionals to 'champion' nutrition in hospitals and community settings. So, don your metaphorical superhero cape, visit our dedicated Malnutrition Hub and start the conversation with your multidisciplinary healthcare colleagues.

**Malnutrition impacts lives. Malnutrition matters. We *can* make a difference.**

## Tune in to our FREE webinars:



Wondering how to champion nutrition in your workplace?

with The Christchurch Health Campus team

[LEARN MORE HERE](#)



Dietitians & nurses: Preventing delirium through improved nutrition care

with Dr. Adrienne Young and Margaret Cahill

[LEARN MORE HERE](#)

***Around 1 in 2 older Australians in aged care & in the community are either at risk of malnutrition or are malnourished.***

**#malnutritionweekanz**





## Save the date!

**Keen to get involved? (Well done, you!)**  
**Here's our calendar of FREE activities for 9th–13th October.**

### Make-some-noise MONDAY

- ★ Announce MWANZ to your organisation (loudly!)
- ★ Set up MWANZ posters, screensavers and fact sheets at your workplace

### Taste test TUESDAY

- ★ Invite your multidisciplinary team and food service colleagues to morning or afternoon tea to sample oral nutritional supplements (ONS) and high protein high, energy menu items

### Win a prize WEDNESDAY

- ★ Conduct a MWANZ quiz with all staff and offer a prize for the person who gets the most answers correct
- ★ Run a 'Guess your calf circumference' competition and offer a prize for the person with the closest guess

### Thinking THURSDAY

- ★ Attend the MWANZ webinar with colleagues for an hour of 'lunch and learn'
- ★ Use your learnings to run your own education session for the multidisciplinary team

### Feel good FRIDAY

- ★ Share the love by setting up a table display in a prominent place filled with fact sheets, resources and ONS samples
- ★ And, don't forget to share your MWANZ activities on social media for the nutrition world to see the champion you are!

## Spread the word



We want to see all your superhero hard work! Share your MWANZ activities on social media with the hashtag **#malnutritionweekanz** and tag **@dietitianconnection**. If you're not on social media, email us some photos with permission to share them on our social media channels.

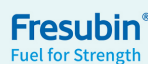
## Be in it to WIN it!



Being a true nutrition champion comes from taking action to create change and generate awareness. Share with us your innovative MWANZ activities and you'll have the opportunity to WIN one of five \$100 Mastercard gift cards\*.

*To enter you will need to conduct at least one activity with medical and/or multidisciplinary team members within your organisation, complete the activity form and email it to Dietitian Connection at [info@dietitianconnection.com](mailto:info@dietitianconnection.com) by 11.59pm AEST 20th October 2023. View the full [terms and conditions](#) here.*

Malnutrition Week ANZ 2023 is supported by:







# Embracing food diversity in aged care





**In the vibrant tapestry of multicultural Australia, the aged care sector stands as a critical setting where cultural diversity should be celebrated and respected. So, we pose the question, how well embedded are you in multicultural Australia?**

We live in one of the most culturally diverse countries in the world – a colourful melting pot of ethnicities and cultural backgrounds, which ultimately shapes our food culture. We're also an ageing population. According to the 2021 census, around 37 per cent of Australia's population over 65 years of age was born overseas, with European migrants making up a significant proportion of overseas-born Australians. However, this is quickly shifting to Asian- and Africa-born populations.

Nutrition care never has, and never will be, a one-size-fits-all approach, but it's increasingly important to consider the needs of people from culturally and linguistically diverse (CALD) backgrounds.

### **The link to malnutrition**

One concerning issue that often goes unnoticed is the lack of culturally appropriate food in aged care facilities for older malnourished patients. This oversight can have far-reaching consequences, not only in terms of nutrition but also in maintaining the dignity and wellbeing of our elderly population. Malnutrition is a serious consequence of poor nutrition, and is associated with increased risk of falls, fractures, wounds and infection – frequently requiring hospital care.



## Understanding cultural food security

As dietitians, we have a responsibility to expand our knowledge to ensure we meet the dietary needs of older Australians from diverse cultural backgrounds. Food security is not simply access to safe food, it's access to food you will eat. Which is why it's critical that all Australians – especially those with higher nutrient needs – have access to healthy, culturally appropriate food.

The recent *Royal Commission into Quality and Safety in Aged Care Report* conceded this is not always the case. The report highlighted inadequacies within the aged care sector in spending on fresh food, lack of training in culturally safe practice and knowledge of specific needs of people from diverse backgrounds.

In many aged care facilities in Australia, food is mainly Anglo-specific, which means the texture, flavour and content are appropriate to the general needs of Caucasian residents. In some cases, 'token' culturally appropriate foods are offered to residents – perhaps one or two dishes a week that are prepared with Indian spices or Asian flavours.

In 2021, not-for-profit organisation *IndianCare* conducted qualitative interviews with Australian-Indian seniors and the elderly based in Melbourne. The majority stated that a total absence of Indian food would deter them from seeking aged care facilities if they were unable to look after themselves. While some have adapted to a wider Australian cuisine, they would still want their weekly intake to incorporate traditional Indian food. Even those following a vegetarian diet would not consider moving into an aged care facility because currently, none offer Indian vegetarian meals.

***Food ultimately connects people with their identity, homelands, family & traditions.***







## Change starts here

Food ultimately connects people with their identity, homelands, family and traditions. Many migrant populations continue the food habits and dietary customs of their country of origin or traditional homelands. However, in aged care services, people are reliant on others to prepare meals, sometimes without consideration for preference, religious beliefs or culture. How can we expect our frail, elderly patient to eat more when the food they like to eat most, especially when sick, is not available to them?

Respecting and embracing the cultural needs of patients and clients is essential for their wellbeing, and all allied health professionals play a role in championing cultural security to prevent and treat malnutrition.

We can improve the nutritional status and quality of life of our patients by providing culturally appropriate high protein, high energy (HPHE) meals and snacks when appetite is low. By collaborating with other allied health professional and food service staff, we can facilitate individualised care plans for food and nutrition. And finally, we can encourage social interaction by eating together.



**To help you meet the needs of your patients and clients, here are five ways to challenge your thinking and build your cultural food knowledge.**

### ***Start a conversation***

In order to create a culturally appropriate menu, start by understanding the cultural backgrounds of your patients and clients. Engage with them and their families, ask questions, and learn in-depth about their usual at-home diet. Ask about their likes and dislikes, what foods they miss the most, collect favourite family recipes, and learn about traditional food preparation and cooking techniques. Never heard of a specific dish or technique? Ask more questions.



### ***Watch, listen & learn***

Mix learning and leisure by tuning in to cooking shows and podcasts specific to different cuisines to upskill yourself in that space. *SBS Food* has a brilliant catalogue of shows, recipes, podcasts and articles from over 100 different cuisines. Some of our favourites? *Food Safari* with Maeve O'Meara, *Destination Flavour*, and the *Kitchen Conversations* podcast.



### ***Try new foods***

It's easy to think that we understand multicultural dishes because we have access to so many different cuisines, but the dishes at your local Thai or Indian restaurant are likely very different to traditional cultural meals enjoyed at home. Visit authentic multicultural restaurants and challenge yourself to expand your palette and try something new. Visit an Asian or Indian grocery story to learn about ingredients and practise cooking with them at home.







## ***Collaborate with community leaders***

Building strong relationships with community leaders and cultural groups is essential to understanding the dietary needs of diverse populations. Reach out to community organisations, places of worship, or local cultural associations to establish connections. This collaboration can provide valuable insights into traditional recipes, cooking techniques, and specific dietary restrictions or preferences.



## ***Join a cooking challenge***

Put your learnings into practise and start a cooking club with friends and colleagues. Pick a different cuisine each month and immerse yourself in learning about new ingredients and traditions. The best part? You get to enjoy a delicious meal and great conversation with loved ones.





# honey

THE NUTRITIOUS, NATURAL  
SWEETENER FOR A MED DIET



## NEW RESEARCH SHOWS THAT INCLUDING HONEY MAY HELP CLIENTS STICK TO A MEDITERRANEAN DIET PLAN

Dietary recommendations are an essential element of your commitment to helping clients achieve a balanced lifestyle. You may be aware that the Mediterranean style dietary pattern (MSDP, or Med Diet) ranks as the best diet for maintaining healthy behaviors. What you may not know is how perfectly honey fits into such a diet. MSDP focuses on the fresh produce, fish and grains that are staples throughout the Mediterranean region—a region where honey is an important sweetening element. In fact, new research shows that including honey may help clients stick to the plan.

To help you make the best recommendations, we've put together new resources, research and recipes showcasing the benefits of combining nutritious, natural, sustainable honey with a Med Diet.

**LEARN MORE AT [HONEY.COM/NUTRITION](https://honey.com/nutrition)**



<https://honey.com/blog/the-mediterranean-diet-exploring-the-popular-diet-and-honeys-role-in-it>





Meet our new  
team member

## Brooke Delfino, *Editor*

### **Tell us how pursuing a career in dietetics started.**

I think most dietitians share a love of food, but what I love most is the way food brings people together. I enjoy cooking for the people I love, telling stories around the table and swapping favourite recipes. I even married into a food-loving Italian family! In my teens, I realised not everyone relates to this mindset and for many people, their relationship with food is complex, often fuelled by years of unhealthy diet culture, media misinformation and confusion. This led me to studying nutrition and dietetics at Sydney University, with a goal to one day write for my favourite health magazine, *Australian Healthy Food Guide (AHFG)*. I wanted to change the script and spread my nutrition mindset far and wide.

### **How did your career progress from there?**

Straight after Uni, I landed a clinical role at the same hospital where I was born. It was a period of rapid growth and learning as I moved between specialities. Oncology patients one day, cardiac rehab and IBS the next. I loved connecting with patients. This is when I felt nutrition education landed best – when I'd developed a deep level of trust and connection.



Two years later, my dream job at *AHFG* came into fruition. I started as a magazine 'newbie', but what I lacked in knowledge, I made up for in enthusiasm. I was mentored by some of the best in the business and held the reins as editor for seven years, translating evidence-based nutrition information into easy-to-understand, practical advice for everyday people. For 10 years I paired my love of food, words and people to carve a career I am incredibly proud of.

### **What attracted you to working at Dietitian Connection?**

For me, it always comes back to people. I love being a dietitian and nothing beats our incredible community. We're smart, laser-focused and genuinely want to make people's lives better – a winning combination in my eyes. As a profession, we're more connected than ever which is an exciting concept. What's that saying... 'If you want to go quickly, go alone. If you want to go far, go together'. I wholeheartedly believe that. Maree is a visionary leader who cares deeply for her team, and I look forward to bringing our many great ideas to life!

# Lost in translation

## *How to increase patient engagement in nutrition care*

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Given the complex nature of malnutrition, many patients remain in the dark about their nutrition status. Together, we can help turn confusion into clarity, and ensure patients are active participants in their care.

### **Here's what we know...**

Malnutrition is a major problem in hospitals, aged care facilities and the community, affecting between 20–50 per cent of patients worldwide<sup>1</sup>. It's a well-documented predictor of adverse healthcare outcomes, such as falls and reduced mobility, risk of infection and mortality, and carries a heavy burden to the healthcare system. And, it almost always contributes to an increase in length of hospital stay and readmissions.







*Most patients fail to  
meet their nutrition  
requirements in hospital  
& this almost always  
continues into the  
community.*

We know malnutrition is a broad term, used to describe an imbalance in dietary intake resulting from poor appetite, increased nutritional requirements, complications from a disease or illness – or a combination of these factors. But, perhaps most importantly, we know malnutrition can be prevented or corrected with adequate dietary intake.

However, achieving optimal nutrition intake when in hospital is difficult. Most patients fail to meet their nutrition requirements during their hospital stay and this often continues into the community. It's not much better in aged care facilities. Despite increased attention to malnutrition screening and diagnosis, in many settings, malnutrition continues to go underdiagnosed and undertreated. So, what part is getting lost in transition? And what can we, as dietitians, do to help our patients meet their nutritional needs – both as an inpatient and beyond?



## The role of the dietitian

Early nutrition intervention is key to curtailing malnutrition. If a patient is malnourished, a dietitian can work with them to improve their nutritional status or provide nutrition support. However, recent findings from a 2021 study highlight that three in four inpatients with, or at risk of, malnutrition are not considered to require specialist care from a dietitian during their inpatient stay<sup>2</sup>.

Given that acute care stays average to about 2–3 days, the questions are:

- Are hospital dietitians 'best placed' to effectively treat patients with, or at risk of malnutrition? Or are they best placed to diagnose malnutrition?
- When the patient leaves hospital, whose responsibility is their nutrition care then? Is it their GP, the community nurse, community-based dietitian, or is it patients themselves?





## *Who is responsible for a patient's nutrition care after leaving hospital? Is it their GP, a community-based dietitian, or the patient themselves?*

### **Involving the patient in their care**

Clinician engagement of patients (or their carers) is a fundamental standard of care, and malnutrition is no exception. To determine the benefits of engaging patients as active participants, a 2023 study applied patient-reported measures to identify the proportion of malnourished inpatients seen by dietitians that reported engagement in key nutrition care processes<sup>1</sup>.

The findings from the audit of 71 patients across nine Queensland hospitals highlighted an alarming gap in the way information on malnutrition is communicated. Almost all malnourished patients with at least one dietitian chart entry received oral nutrition support. Yet, what's perplexing is that just one in four of these patients reported receiving information about being malnourished.



# *Effective communication is paramount for patient engagement.*

## **Gaps in communication**


These findings highlight a lack of clarity regarding how well inpatients with, or at risk of, malnutrition are engaged in key nutrition care processes. Acute admissions only last so long, so it's vital dietitians empower patients with information while they are in hospital so they can manage their nutrition at home.

The researchers attempted to uncover the reason for this lack of patient engagement. Was it due to an unreasonable and overwhelming demand for dietitians to deliver individualised nutrition care? We know a large number of inpatients are screened as 'at risk of malnutrition', and many healthcare systems lack the resources for every patient to be seen by a dietitian prior to their discharge. However, in this particular study, of the 106 patients diagnosed with malnutrition, just one was not seen by a dietitian, which suggests there are factors other than dietetic services overload.

An alternate hypothesis is that the messaging is simply lost in translation. Patient engagement is shaped by the relationship between the patient and care provider, and effective communication is paramount for patient engagement. Results may indicate a need for improvements in dietitian communications with older patients, for example, around the nuancing of the medical terminology applied. Consider an elderly patient with cognitive impairment in an unfamiliar environment







like a hospital. It's plausible these patients may not recall processes of engagement in their care. This is supported by trends suggesting those who reported receiving information about malnutrition were younger.

It also begs the question, where do linguistically diverse people fit into this equation?

## Turning confusion into clarity

It's clear patient engagement is a serious challenge facing dietitians and the broader healthcare team, and patients remain in the dark about their malnutrition status, intervention options and care plan. The term 'malnutrition' is still often associated with starved children in low- or middle-income countries, or those in refugee or prisoner of war camps. Some patients also feel they are no longer malnourished if they have commenced

nutritional support and for others, 'being a bit thin' is an accepted part of the ageing process or is overshadowed by the co-diagnosis of other medical conditions.

We know effective communication matters when it comes to the complex technical term of malnutrition, so as dietitians, we must work with the broader healthcare team to engage patients, identify who is best placed to communicate with patients about their nutrition care and determine the most appropriate communication methods. Malnutrition matters, and together we *can* be the nutrition champion for our patients.

### References:

1. Bell et al. 2023. Are Malnourished Inpatients Treated by Dietitians Active Participants in Their Nutrition Care? Findings of an Exploratory Study of Patient-Reported Measures across Nine Australian Hospitals. *Healthcare*. 11: 1172.
2. Bell et al. 2021. Systematised, Interdisciplinary Malnutrition Program for implementation and Evaluation delivers improved hospital nutrition care processes and patient reported experience: An implementation study. *Nutr. Diet.* 78: 466-475.

## What we're cooking this month...

Don't you just love peeking inside someone else's fridge or shopping trolley? Or hearing about the latest podcast someone is listening to? We sure do! Every issue we'll wrap up what we're cooking, watching, listening to, or reading, to share the love with our wonderful community (that's you!).

For an easy work lunch, I'm obsessed with this fridge clear-out salad.

I throw together salad leaves, shredded carrot, avocado, canned tuna, canned edamame beans (trust me, they're delicious) and leftover brown rice, then dress with my favourite roasted sesame dressing. If I'm feeling fancy, I'll add some shredded nori sheets and fried shallots. 10/10 delicious! – **Brooke**



Everyone needs to stop what they're doing and make this

**Slow-cooker Beef Rendang from the Woolworths Fresh magazine**

(July, 2023). Be prepared – it feeds a village! – **Angelo**



We recently became proud new owners of a BBQ, so loving a variety of vegies chargrilled alongside steak and fish. You can't go past roasted potatoes and pumpkin too. Bonus points for leftovers that feature in salads for lunch! – **Sarah**



On the menu...verdura. A tribute to Nonna's recipe of Italian vegetables. – **Emma**

My mushroom pasta is an easy mid-week dinner that fills my teenage son up! I cook a mixture of mushrooms in butter and EVOO with loads of garlic and chopped parsley. Toss the sauce through fettucine and some leftover pasta cooking water (the secret to keeping it 'saucy' and not dry) and finish with shaved parmesan – **deliziosa!** – **Andrea**



I'm loving salmon tacos! I sprinkle paprika, oregano, onion and garlic powder over a piece of salmon, pan fry it in lots of EVOO, then throw it in a couple of taco shells with coleslaw (bag of pre-chopped coleslaw + julienned green apple + lemon juice + yoghurt) and some frozen corn kernels that I pan fry until crispy. So quick and tasty! – **Melissa**



Burrito bowls are on high rotation in our house! I cook rice, beans and corn with Mexican spices and top with refried beans, corn chips, avocado, Greek yoghurt, tomato and a sprinkle of cheese and coriander. Simple, delicious and nutritious! – **Tegan**

I love a one-pot meal and the **Chicken Broccoli Rice Casserole from RecipeTin Eats** is as wholesome as it is comforting. I make a few modifications, such as swapping the butter for olive oil, using frozen onion (such a time-saver!) and making it gluten free to suit my dietary requirements. I also add an extra 1½ cups of cauliflower rice. – **Tanya**





# Save the date

– February 2024 –



Keep your eyes peeled for exciting Gut Health Month announcements over the coming months. [Learn more here](#)



Gut Health Month 2024 is supported by:

**nerva**

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health

Swisse  
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**THE PROBIOTICS**  
INSTITUTE  
By Chr. Hansen

**vaalia**  
PROBIOTICS

# Living on the veg...


Make vegies shine like the stars we know they are in these nourishing, protein-rich dishes, perfect for any night of the week.



Images and text from *Every Night of the Week Veg* by Lucy Tweed.  
Photography by Lucy Tweed.  
Murdoch Books, RRP \$39.99.







## Bread soup

### Serves 4

2 tablespoons extra-virgin olive oil, plus extra for drizzling

1 brown onion, finely chopped

4 garlic cloves, thinly sliced, plus 4 more cut in half to rub on the bread

$\frac{1}{2}$  teaspoon chilli flakes

Handful flat-leaf parsley, finely chopped

400g (14 oz) tinned cannellini beans, drained

$\frac{1}{2}$  bunch kale, tough spines removed, chopped

400g (14 oz) tinned crushed tomatoes

2 tablespoons chicken-style stock powder

Parmesan rind

8 slices sourdough bread

$\frac{1}{2}$  cup (50g) finely grated parmesan

*1. Heat the olive oil in a large heavy based saucepan over medium heat. Add the onion and cook for 2 minutes, then add the sliced garlic, chilli flakes and parsley. Sauté, stirring, for 2–3 minutes.*

*2. Add the cannellini beans, kale and crushed tomatoes, stir, then reduce the heat to low.*

*3. Pour in 3 cups (750ml) of water and stir in the stock powder.*

*4. Next up is the magic umami step: throw in the parmesan rind then simmer for 20 minutes with the lid ajar.*

*5. Meanwhile, toast the sourdough. As soon as it pops, rub each slice with a chunk of cut garlic and sprinkle with parmy.*

*6. Add a piece of toast to the bottom of each serving bowl and cover with soup. Drizzle with olive oil and serve with all the remaining toast.*







**Warm & satisfying, congee  
can be tailored to suit a range  
of taste preferences.**



## Mushroom & miso congee

**Serves 4**

### CONGEE

5 dried shiitake mushrooms  
1 cup (250ml) boiling water  
2.5cm knob of ginger, peeled and julienned  
2 garlic cloves  
1 celery stalk, chopped  
3 spring onions, white parts chopped, green tops thinly sliced and set aside for topping  
1 cup loosely packed coriander (cilantro) leaves, stems and roots reserved and washed  
 $\frac{1}{4}$  cup (60ml) peanut oil  
1 tablespoon sesame oil  
1 tablespoon white miso paste  
 $\frac{1}{2}$  cup (110g) short-grain brown rice  
 $\frac{1}{2}$  cup (110g) short-grain white rice  
Fine salt and freshly ground black pepper, to taste  
75g (2½ oz) mushrooms, sliced  
(I used baby king browns)

### SPICY BUBBLES

1 teaspoon Chinese five-spice  
 $\frac{1}{2}$  teaspoon chilli powder  
1 teaspoon garlic powder  
2 teaspoons crispy fried shallots, crushed  
 $\frac{1}{2}$  teaspoon fine salt  
1 cup (30g) rice bubbles  
Vegetable oil spray  
2 cups (100g) firmly packed baby spinach leaves

*Bamboo shoots and chilli oil (optional)*

*A boiled egg (optional)*

1. Steep the dried shiitake in the boiling water until cool.
2. Use a stick blender or food processor to blend the ginger, garlic, celery, the white parts of the spring onion, the stems and roots of the coriander and the peanut oil to form a chunky paste.
3. Fry the paste over medium heat in a large stockpot, stirring, until it becomes aromatic, around 5 minutes.
4. Add in the sesame oil and miso and mix well for 2 minutes, until aromatic. Add the brown and white rice and combine.
5. Drain the shiitake water into the stockpot, then slice the mushrooms and reserve. Add 10 cups (2.5 litres) water and bring to a simmer.
6. Reduce the heat to low and cook gently, stirring often, for 1–2 hours with the lid ajar, until the rice has completely broken down and become porridge-like. You may need to add more liquid. Taste as you go but season cautiously until the end – then go nuts! Add the mushrooms about half an hour before done or at serving time.
7. To make the spicy bubbles, combine the Chinese five-spice, chilli powder, garlic powder, fried shallots and salt in a small bowl and mix well. Place the rice bubbles in a large bowl and spray with oil. Toss well and spray again. Sprinkle the spice mix onto the rice bubbles and continue to toss.
8. Add the spinach, if using, to the congee 5 minutes before serving, to wilt in the pot. Or – if you like it fresher – just pop the leaves in the bowls before serving and ladle congee on top.
9. Serve with spicy bubbles, bamboo shoots and chilli oil if using, the tops of the spring onions and the coriander leaves.





## Mulligatawny & a flatty

### Serves 4

1 large brown onion, finely diced  
 1 carrot, finely diced  
 2 celery stalks, finely diced  
 2 tablespoons extra-virgin olive oil  
 5cm knob of ginger, peeled and grated  
 3 garlic cloves, smashed  
 2 teaspoons curry powder  
 2 teaspoons turmeric powder  
 1 teaspoon garam masala  
 1 small sweet potato, peeled and diced  
 ½ cauliflower, core removed, cut into florets  
 1 green apple, peeled and grated  
 1 cup (205g) red lentils  
 1 tablespoon vegetable stock powder  
 Drizzle of coconut milk, to serve

## FLATTIES

2 cups (300g) self-raising flour  
 1 cup (260g) Greek-style yoghurt  
 1 tablespoon extra-virgin olive oil  
 1 teaspoon fine salt  
 ¼ teaspoon white sugar  
 1 teaspoon each of cumin seeds,  
 nigella seeds, caraway seeds,  
 sesame seeds

### *Lime & coriander (optional)*

1. *In a heavy-based saucepan over medium-low heat sauté the onion, carrot and celery in olive oil until golden and soft, around 15 minutes.*
2. *Add the ginger and garlic and sauté for a further 2 minutes.*
3. *Add the curry powder, turmeric and garam masala and stir. Add the sweet potato, cauliflower, apple, lentils, stock and 8 cups (2 litres) water and stir well.*



*Mulligatawny is a slightly sweeter, slurpier dhal. It's perfect for cooler evenings when you need something a little bit more substantial. It's rich and creamy without being too heavy.*



4. Bring the soup to a boil, then turn the heat down to medium and simmer, with the lid ajar, for 30 minutes or until soft.
5. To make the flatties, in a large bowl combine the flour, yoghurt, olive oil, salt and sugar until a smooth dough has formed. This can be done with a standmixer fitted with a dough hook or a hand fitted with fingers.
6. If using a standmixer, combine the ingredients for 2–3 minutes on medium speed, then knead for another 7–8 minutes. If working by hand, mix the dough in the bowl for 4–6 minutes then move it to a lightly floured surface to knead for 5–6 minutes, until smooth and elastic (minimal kneading here as it can overwork the dough).
7. Lightly oil a large bowl and place the dough in it. Dust the top with some flour before covering the bowl with plastic wrap (the flour will stop the dough sticking to the plastic wrap if it rises that high). Set aside in a warm place to rest for about an hour.
8. Preheat the oven to 200°C (400°F) fan-forced. Line two baking trays with baking paper.
9. When you are ready to eat, turn the sticky dough out onto a floured surface and divide it into eight pieces. Smoosh each piece out with your fingertips to make a 12 cm (4½ inch) diameter round. Sprinkle with seeds, then place on the trays and bake for 10 minutes, or until golden and puffy.\*
10. Top each bowl of mulligatawny with a big drizzle of coconut milk and serve with the freshly baked flatties on the side.

\* These are always best cooked fresh; however, you can freeze the dough. Divide the flattened portions with baking paper to stop them from sticking to each other, then place them in an airtight container or bag and freeze. Thaw before cooking.

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*The greatness*  
of a community is most  
accurately measured by the  
*compassionate actions*  
of its members. //

Coretta Scott King