showed a difference in salt content per serving between SR and HR (2.2 ± 2.1 g vs. 1.4 ± 1.2 g; $p = 0.010$).
Conclusions: Standard CC recipes or CC recipes targeting healthy eating and weight loss do not differ; and do not meet healthy eating benchmark guidelines.
Funding source(s): N/A.

THE IMPORTANCE OF TASTE ON DIETARY CHOICE, BEHAVIOUR AND INTAKE IN A GROUP OF UNIVERSITY STUDENTS

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Background/Aims: Overweight and obesity prevalence is on the rise within Australia and evidence suggests that excess energy intake is a major contributor to this excess weight gain. Foods high in energy-density contribute to excess energy intake, as they tend to be more palatable and have been associated with increased food consumption. The 'taste of food' has been considered an important factor influencing food choice in previous international research.
Methods: Participants were recruited from Deakin University, Melbourne. A food frequency questionnaire and a Food and Diet questionnaire were used to assess intake frequency of food consumption over the prior month and to assess dietary behaviours such as how important taste was on food choice within the student population.
Results: The study included 1,306 participants (mean ± SD BMI 22.3 ± 3.2, age 20.5 ± 4.5 years, female = 1,026, 84% Australian). Taste was rated the most important factor influencing food choice (82%), followed by quality (81%), cost (47.6%) and ease of preparation (37%). Correlation analysis revealed weak, negative correlations between taste importance and BMI (n = 1,205, r = -0.003, $p < 0.05$), weak positive correlations between taste importance and gender ($n = 1281$, $r = 0.127$, $p < 0.01$); eating 5 serves of vegetables daily ($n = 1290$, $r = 0.005$, $p < 0.01$); eating 2 serves of fruit daily (n = 1291, r = 0.011, $p < 0.01$); consumption of convenience meals (n = 1290, r = 0.015, $p < 0.05$) and takeaway ($n = 1290$, $r = 0.058$, $p < 0.05$).
Conclusions: Taste was considered an important factor in food choice, however only weak associations between taste importance and demographics, BMI, dietary behaviours and dietary intake were found. This suggests that other factors may play a stronger role in food consumption within the student population.
Funding source(s): N/A.

POOR KNOWLEDGE ABOUT GESTATIONAL WEIGHT GAIN LIMITS PROVISION OF COUNSELLING BY MATERNITY CARE PROVIDERS: A SYSTEMATIC REVIEW

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Background/Aims: Excessive gestational weight gain (GWG) is associated with a number of adverse pregnancy outcomes. Women receiving appropriate weight gain advice from their maternity care provider are more likely to gain weight within recommended ranges. Evidence suggests that relatively few women receive appropriate counselling. This study aimed to explore factors that influence whether information on appropriate GWG is provided to pregnant women by midwives and other maternity care providers.
Methods: A systematic literature review using Scopus, Web of Science and Medline databases (2004-2014) was conducted in May 2014. Peer-reviewed English language studies from western countries exploring maternity care providers' knowledge of and practices related to GWG were included.
Results: Twenty one studies were included. Maternity care providers believed GWG to be an important obstetric issue but lacked knowledge regarding correct body mass index classification and appropriate GWG targets. Inadequate knowledge of GWG was cited as a frequent barrier to the provision of counselling. Providers with a high self-perceived knowledge of GWG were more likely to include this topic in their counselling of pregnant women. To improve GWG knowledge maternity care providers expressed a desire for further training and education. Interactive problem based learning was cited as a favourable model for future education.
Conclusions: Maternity care providers may refrain from offering, or provide incorrect, GWG advice, due to an inadequate understanding of the topic. Further understanding of this relationship and other barriers that may prevent provision of weight gain counselling is needed.
Funding source(s): N/A.

MAKING HEALTHY FOOD CHOICES: A QUALITATIVE INVESTIGATION TO UNDERPIN THE E-ASSESSMENT OF NUTRITION LITERACY

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Background/Aims: Although sound nutrition literacy is considered pivotal to making healthy food choices, there is a lack of well-validated instruments to measure this construct. We aimed to determine the key elements required to assess nutrition literacy in Australian adults with an electronic tool (e-nutlit).
Methods: Twenty-eight experienced dietetic professionals from a range of work areas agreed to participate in one of six telephone focus groups. Semi-structured interview schedules were used to guide the groups which were recorded via conferencing facility and subsequently transcribed verbatim. Themes were identified using qualitative analysis software (NVivo 10, QSR International Pty Ltd, Melbourne, Australia, 2012).
Results: Key elements identified to assess nutrition literacy included construction of the diet, knowledge of aspects of the Australian Guide to Healthy Eating and Australian Dietary Guidelines, knowledge of specific nutrients, elements of the nutrition information panel, and demographic characteristics (including belief systems and culture) incorporated based on their potential to influence nutrition literacy. Dialogue on factors that influence food choice focussed on marketing (including aspects of packaging and labelling), nutrition misconceptions, nutrition knowledge, and cultural influences.
Conclusions: This study provided rich data from a range of dietetic professionals on key elements to assess nutrition literacy in Australian adults. The broader results will inform the development and refinement of an e-nutlit tool. Assessment of, and raising nutrition literacy may assist in positively influencing healthy food choices.
Funding source(s): NHF.

HEALTH STAR RATINGS OF REALITY TELEVISION FOOD PRODUCTS

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Background/Aims: The aim of this study is to investigate the Health Star Ratings (HSR) of the winning food products from the Australian version of the food product development reality television series, Recipe to Riches.
Methods: The 11 winning products for 2013 were purchased from the supermarket chain involved in the television series. The Australian HSR system was used. Possible ratings range from ½ to 5 stars, where more stars indicate healthier products. All products were Category 2 non-dairy foods. Nutrition Information Panels provided required values per 100 g for energy, saturated fat, sugars, sodium for Baseline Points and protein for Modifying Points. Without full product specifications, fibre content per 100 g and percentage fruit, vegetables, nuts and legumes required for Modifying Points were estimated using fibre content of similar products and ingredient lists. For products with components to be consumed together, composite values were calculated. One product had three variants per pack and as each variant achieved the same rating, a single rating was allocated.
Results: Estimated HSR for the 11 products ranged from ½ to 4 stars with a relatively even spread across the range. The series winning product based on consumer purchases rated only ½ star. The use of estimated HSR in the current study requires caution.