



Meeting cultural food needs:  
essential or just icing on the cake?

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# Meet Franco

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- ▶ Franco lost his wife Maria 20 years ago his daughters looked after him until he had a fall
- ▶ After assessment he entered a high care facility
- ▶ Staff reported that he had a poor appetite, refused most meals and was becoming increasingly confused. Since admission he has lost 10kg in weight
- ▶ When Franco's daughters visited and brought food, Italian food, Franco's appetite reappeared



# Meet Mrs Y and Mrs K

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- ▶ Mrs Y and Mrs K live alone in their respective homes in a major capital city
- ▶ They are both frail and their families work full-time
- ▶ They both refused meals on wheels services until their local Mahjong club began providing a meal that met their needs



# Food in aged care

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- ▶ Reports indicate that 80 per cent of older patients in Australian public hospitals, over 50 per cent of nursing home residents and 30 per cent of community-living elderly over 65 years of age have some sort of malnutrition



- ▶ Aged-care workers describe the meals as meals as "a couple of dollops" and "tiny" (WA 2011)
- ▶ A whistleblower said that when food was withheld from an elderly man, the nurse allegedly said: "He was going to die anyway and this way it would make it quicker" (NSW 2011)



# Food in aged care

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- ▶ These reports have portrayed food provision in these settings as a simple matter of providing the required amounts of nutritious foodstuffs. The reality is that food provision in these settings is complex, a delicate balance between provision and consumption.



# Living up to the aged care standards

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- ▶ Food provision is governed directly by Standard 2.10, nutrition and hydration, but is implicit in other standards relating to management systems and resident lifestyle.
- ▶ There are no set guidelines for food provision in aged care settings but there are a number of accepted parameters that could be described as best practice, including:
  - ▶ Three meals and three snacks should be provided with no more than 14 hours between the evening meal and breakfast;
  - ▶ The development of menu cycles of four or more weeks;
  - ▶ The development of menus that offer a variety of meals to cater for likes, dislikes, dietary needs, texture modifications and cultural preference;
  - ▶ The provision of meals that meet the specific nutritional needs of an ageing population;
  - ▶ A formal process whereby resident/client's needs and suggestions are incorporated into the menu process.

“cultural and spiritual life [in relation to] individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered.”



# Looking through another lens

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- ▶ Think about how much “food work” you do now?
- ▶ How often do you sit down with somebody else even if its just to have a cup of tea?
- ▶ How often do you prepare something for someone you care for?



# The central role food plays

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- ▶ Establishes and maintains a sense of identity
- ▶ Facilitates connections across time and space.
  - ▶ In other words, food is used as a tool to bridge “now” and “then” (past and present) as well as “here” and “there” (Australia and country of origin).
- ▶ If food needs are not acknowledged and if attempts are not made to accommodate these; then the cultural needs of residents are not being addressed.
- ▶ Ignoring or glossing over these cultural needs has significant ramifications for short and long term health and welfare.



# Nearly twenty years ago....

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- ▶ About as ethnic as we get is “tinned spaghetti on toast”
- ▶ They came to Australia its about time they ate Australian food
- ▶ If they want to eat with their hands they will need to stay in their room



# How have we managed so far

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- ▶ Pretend its not there and it might just go away
  - ▶ MOW
  - ▶ Aged care facilities
    - ▶ Power balance
    - ▶ Complaint fatigue
- ▶ Encourage families to bring in food
  - ▶ Takes the onus of the provider
  - ▶ Helps the family deal with guilt
  - ▶ Is it equitable?



# How have we managed so far?

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- ▶ **Celebrating special days**
  - ▶ An opportunity to celebrate a national or religious day of significance
- ▶ **Ethnospecific or clustering aged care**
  - ▶ Critical mass
  - ▶ Viable where there are larger numbers



# How have we managed so far?

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- ▶ Purchasing the food ready-made
- ▶ Hiring a cook/chef from a particular background
- ▶ Asking volunteers to prepare food



# The challenges

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▶ Cost

▶ Access

▶ Authenticity

▶ Stereotyping



▶ Ability

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# Case study examples



- ▶ Mrs M was admitted to a mainstream aged care facility
- ▶ When first admitted she ate the food from the menu but after a couple of weeks she stopped eating and her fluid intake was low
- ▶ A family conference was held where the family indicated that Mrs M.
  - ▶ Usually ate rice with every meal – she felt she had not eaten at all if rice was not included
  - ▶ Preferred her fluids at room temperature – so she did not get “cold”
  - ▶ The food lacked taste – she was used to highly flavoured foods
- ▶ The aged care facility undertook the following measures straight away
  - ▶ Purchased a rice cooker and were able to offer rice at every meal
  - ▶ A Chinese cook came in and gave a workshop on preparing congee so Mrs M. had congee for breakfast every morning
  - ▶ Fluids were all offered at room temperature or slightly tepid, to ensure this fluids were placed in a thermos flask
  - ▶ Purchased appropriate tableware
  - ▶ Condiments suggested by Mrs M. and her family were provided at each meal
- ▶ In the long term the facility also
  - ▶ Asked the Chinese community to provide a couple of easy to prepare recipes that could be incorporated into the menu weekly
  - ▶ Arranged a fortnightly outing for Mrs M. to a local Chinese restaurant
  - ▶ Sourced and provided appropriate snacks



# Case study examples

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- ▶ Mrs K has been in Australia for 55 years, she spoke good English but the onset of dementia has meant she has reverted back to her native Greek dialect
- ▶ Mrs K shopped and cooked for her family of 8 children and their grandchildren for over 40 years.
- ▶ Now in an aged care facility she is finding it difficult to settle. After consultation with the family as well as providing some Greek foods staff also provide Mrs K with an opportunity to
  - ▶ Prepare Greek coffee everyday
  - ▶ Prepare afternoon tea for when her family visits (coffee and Greek biscuits purchased for the occasion)
  - ▶ Sweep the floor on a daily basis
  - ▶ Tend the herb garden
  - ▶ Go to the Greek markets she used to frequent on a monthly basis



# Key points

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- ▶ Meeting cultural food needs is essential if we are to
  - ▶ Prevent malnutrition
  - ▶ Provide culturally sensitive care
  - ▶ Meet clinical goals
- ▶ It is essential to assess those cultural food needs and not to make assumptions
- ▶ Resources need to be set aside in order to improve the level of food care offered across the continuum of care including: community packages, meals on wheels, low and high care
  - ▶ Updating and disseminating World of Food
  - ▶ Up-skilling catering staff and providing



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- ▶ The value of food in aged care is not only contributing to physical health but also social and emotional wellbeing. There is a growing recognition that the provision of food that meets cultural needs is not just a rhetorical exercise in equity but a clear prerequisite for ensuring the health and wellbeing of residents and clients in care.
  - ▶ There are significant barriers faced in meeting these needs against a backdrop of limited resources (in terms of staff, time, built resources and capacity), and lack of information. Facilities and organizations are catering for increasingly diverse residents and clients with an increasingly diverse work force.
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