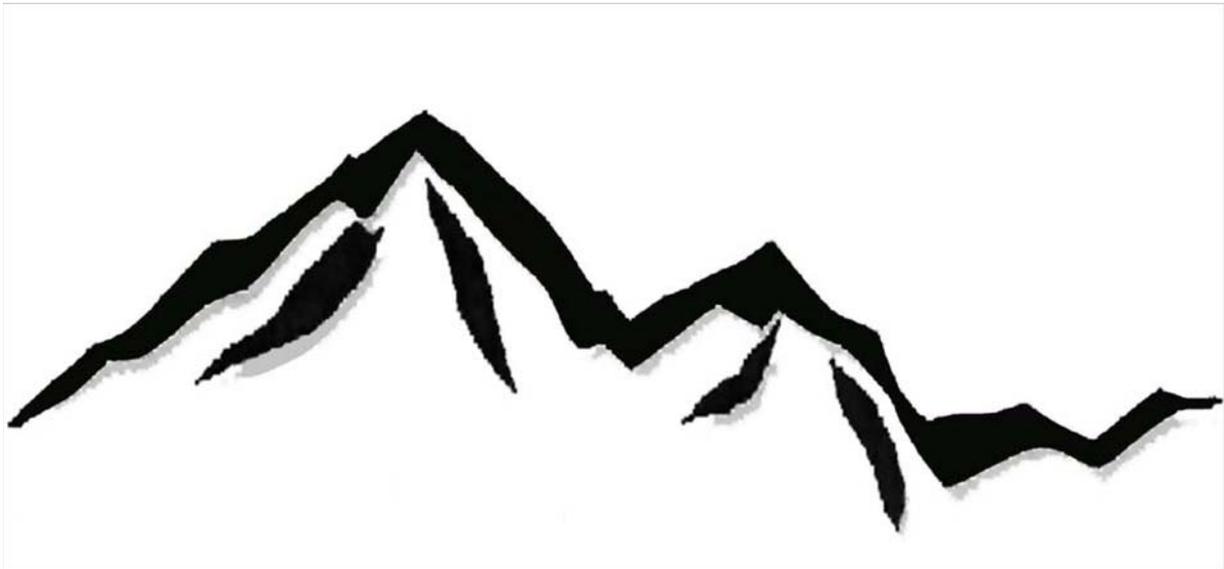


Pioneering Change

Dining Education Module



to

**Promote Excellent Alternatives in Kansas
Nursing Homes**

ABOUT THIS MODULE

This educational module is intended for use by nursing homes who wish to promote more social, non-traditional models of long-term care. The intent of this module is to assist organizations in implementing progressive, innovative approaches to care that should make a significant difference in the quality of care and the quality of life for those living and working in long-term care environments.

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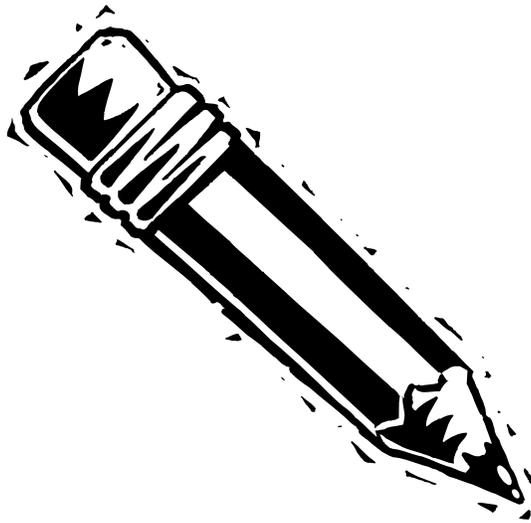
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Acknowledgments

We would like to thank Sandra Dickison, Heather Generali, Migette Kaup, and Letty Seidl for their expertise and guidance during the development of this module.

Course Objectives:

1. To develop an appreciation of the impact dining has on both quality of life and physical health.
2. To raise awareness that each person attaches different meanings and customs to the dining experience.
3. To recognize the importance of the dining experience in the overall culture change of the home.
4. To develop a basic understanding of the various dining styles.





Pre-test

The pre- and post-tests included with this module are optional. The questions provide information about the materials to be covered and can be used for learning self-evaluation. At some future date, these tests may be used as a part of a continuing education requirement.

1. Which activity is the most effective, accessible, and manageable health promoting activity for nursing home residents?
 - A. Socialization with peers
 - B. Walks outside the nursing home
 - C. Meal times
 - D. Relaxation exercise

2. Which residents do not benefit from good oral care?
 - A. Those with no teeth or dentures.
 - B. Those with dentures
 - C. Those who are capable of caring for their own teeth
 - D. All residents benefit from oral care.

3. Which of the following outcomes have been reported as dining styles have changed?
 - A. Increased weight loss
 - B. Continued increases in food costs
 - C. Decreased supplement use
 - D. Increased use of medications

4. Select the true statement about Russian style dining.
 - A. Russian style is only available in Russian Tea Rooms.
 - B. Two food items are presented on a divided serving tray brought to the table.
 - C. Food is served on porcelain plates.
 - D. Glasses that are used for alcoholic beverages are broken against the wall after the beverage is consumed.

5. The keys to food presentation include: (circle all that apply)
 - A. Similar food colors on a plate
 - B. Interesting food arrangement
 - C. A variety of textures
 - D. Multiple garnishes on each dish



6. The appearance of food is not as important for those residents needing texture-modified diets.
 - A. True
 - B. False

7. 4 /5 meal plans mean:
 - A. Residents choose to eat at four meals out of five each day
 - B. Four or five meals (including substantial snacks) are offered throughout the day.
 - C. Four or five items must be offered at each meal.
 - D. Residents will eat 4/5ths of the food served.

8. Select the reason(s) nursing home residents are at risk for malnourishment:(Circle all that apply)
 - A. Decreased ability to taste
 - B. Feeling full after consuming less food than when they were younger
 - C. Depression
 - D. Increased ability to smell

9. Which of the following statements about buffet dining are true?(Circle all that apply)
 - A. Residents have control over the items and amount taken
 - B. Those who cannot walk though the buffet line must get pre-plated meals from the kitchen
 - C. Special diets cannot be accommodated by a buffet line
 - D. Food temperatures must be monitored to assure food safety practices are being followed

10. What is family style dining?
 - A. When a family eats take-out around the same table
 - B. Diners sitting at the same table pass serving dishes to each other.
 - C. A meal that is cooked by all members of the family.
 - D. A Sunday dinner with family.

Answers can be found on page 39.



Dining

Introduction



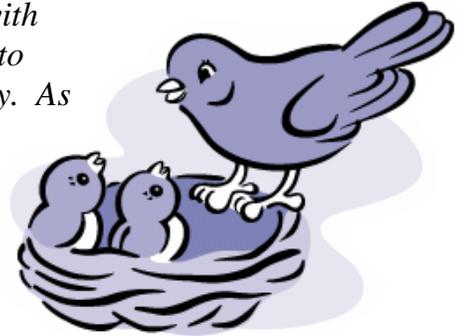
“As I sat staring at a tray of what they told me was food, I was sure this must be for a cat or dog because I could not recognize anything

on the tray. There was a large blob of brown stuff, a scoop of green, and two tray compartments filled with white. I took a big whiff to see if my nose could provide the information my eyes were not. The smell rising from the plate provoked feelings of nausea and questions of “Why me?” instead of evoking memories and stimulating my appetite. After smelling multiple times, I gave up and realized my senses could not help me. As a spoon heaped with brown stuff

came at my mouth, I cringed and tried to find out what the substance was. I asked what was on the spoon, and the girl feeding me replied, “I don’t know just eat it!”

At that moment, those were the most terrifying words I could have heard. If only I knew what it was I could prepare

myself, after all knowledge is power! If she did not know what was on the spoon and neither did I, why on earth should I open my mouth? As the spoon got closer, I began to feel helpless and found myself praying it was something I could at least swallow. I fought with myself for wanting to push her hand away. As the food entered my mouth, it seemed as if someone else had already chewed it up for me. I felt like a baby bird getting the worm my mother had already chewed for me. That ritual in nature has always disgusted me, and I found myself taking part!



I suffered through a bite of each color. The taste of each was unrecognizable, not bad but certainly not good. Still hungry, I said I was full just to avoid eating more. After all, I could survive with only a little at this meal. I worried if this is what all of the meals in my future were going to be; did I even want to survive? I felt like I was on Fear Factor, but the prize for bravery and having a stomach of steel in this challenge was not money or fame but the opportunity to partake of another meal just like this one.



How could my feelings have begun to change from that of a woman in control to an institutionalized person in one meal? When I did not have the power to determine what I ate, when, and how much, previously pleasures, I felt my sense of self and control fading away. Meals like this daily would quickly erode a person's spirit. I never realized the impact of the institutional meal until I was faced with the experience" (Based on Stephanie Gfeller's CNA class experience).

The passage above was a student's reaction to a meal during a CNA course. The students in the class had the opportunity to be fed a meal prepared with the various special diet methods. Think about this for a minute. If one meal has that effect on a person, how powerful must this be multiple times each and every day? "It is tragic that in the last years of their lives, many nursing home residents are denied one of life's greatest pleasures-to sit down to a nice meal of one's liking in pleasant surrounding" (Kayser-Jones, 1996, p. 31).

Staff serving Staff Activity

To sensitize staff members to institutional dining, set up a meal and give them the opportunity to try foods and experience being assisted while eating. Ask kitchen staff to prepare trays

for puree, mechanical soft diets and thickened liquids. Bring out trays of food, but do not let staff members know what they are being served. Have staff members work in pairs. One will be the person eating and the other will be the person assisting.

You may wish to ask a few to do one or all of the following while they are assisting the other staff member:

- Talk to another person assisting about something that does not pertain to the person being assisted and ignore the person you are helping.
- Bring bites to the person's mouth too quickly, so they have little time to chew and swallow.
- Season food the way you like it without asking the person eating. Ex. Add too much salt or pepper to something.
- Mix foods together instead of giving the person the opportunity to enjoy each separately.
- Stand up while assisting the person and yell to someone across the room.
- Have one person assist three individuals at a time (assembly line style).
- Use the spoon instead of a napkin to wipe excess food debris from the person's mouth.





After both parties have been given the opportunity to experience both roles ask them to reflect on the following questions.

- How did you feel while you were being assisted to eat?
- What was the most difficult part of the meal?
- Did the behavior exhibited by those assisting you have an impact on your experience?
- How would you feel about dining this way for the rest of your life?
- What could you do to make the dining experience more pleasurable for residents?

“Meals are the single most consistently accessible, manageable, and effective health-promoting activity that we can offer to residents” (Zgola & Bordillon, 2001, p. 3). Malnutrition affects 30-85% of the residents in nursing homes (Morley & Silver, 1995). This may indicate that the current system is not meeting the needs residents.

Why are so many elders residing in nursing homes malnourished? Some of the reasons for poor nutritional status are rooted in biology or illness while others are in the culture and environment of nursing homes. A few reasons for poor intake include: decreased ability to smell and taste, early satiety (feeling full after consuming less food than consumed when younger), depression, medications, constipation, oral health problems, dysphagia (swallowing disorder), dementia, infections, pain, functional challenges (inability to feed self), and unnecessary therapeutic diet restrictions (Asai, 2004). Some reversible factors leading to the malnutrition problem include: food quality, addressing individual needs and preferences, dining environment, and food choices (Remsburg et. al, 2001).



This seems like an appropriate time to suggest scrapping the word feeder. Think about the actual definition

of a feeder. When you hear staff members using this terminology ask them to do the same. One suggestion that could be used instead is “residents who need assistance while eating.” As a team other ideas could be discussed.

Dining for Health

Meal times in nursing homes have the power to impact physical and emotional health, well being, and quality of life.

Resident Centered Oral Health Care

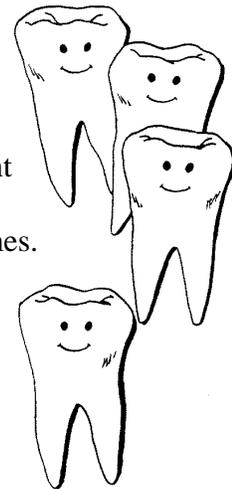
Loretta Seidl, Registered Dental Hygienist

Kansas Association of Homes and Services for the Aging (KAHSA)

Stop for a moment; think about your own health and well-being. Your ability to work and enjoy life is based upon how much energy you feel throughout the day. One source of life's energy comes from the food that you eat. The nutritional value found in food can only be accessed through the digestive process. But, most importantly, this process begins in the mouth when food is chewed. Just as cars run on gasoline, your energy comes from food.

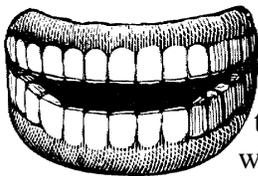
In light of this simple reflection, it is clear to see why it is vitally important to help residents maintain healthy teeth and gums. The overall health and mental well-being of each person is dependent on the food he/she consumes.

Additionally, there is new research that indicates the importance of healthy teeth and gums. Infection in the mouth can lead to heart problems.



Healthy Teeth and Gums

It is best if teeth are cleaned twice a day to remove plaque and food debris. Plaque, a sticky substance that can be felt on the teeth by the tongue, also builds up around the gum line. If daily cleaning is not maintained, bacteria living in the plaque will destroy tooth and gum structures, which include bone and soft tissue structures that surround the teeth. Routine brushing also helps prevent bad breath and bleeding around the gums.



Residents who are able to brush their own teeth should be encouraged to do so. For those who need assistance, place a small amount of toothpaste on a brush and brush their teeth for them. Fluoride toothpaste will help control cavities, but if it is not tolerated by the resident then using warm water on the brush is acceptable.

After brushing encourage the resident to rinse well to help dislodge food debris. Brushings should be done after breakfast and after the evening snack each day. Even residents who wear dentures or have no teeth need to have their oral tissues wiped clean at least once a day. This will allow the resident to feel more comfortable as well as reduce mouth odors.



The Flow of Saliva

Saliva aids in cleansing the teeth and gums throughout the day. Unfortunately, medications and chronic conditions alter the amount of saliva that is available in the mouth. Keeping residents hydrated helps in this process. Commercial products are available that provide temporary relief from dry mouth.

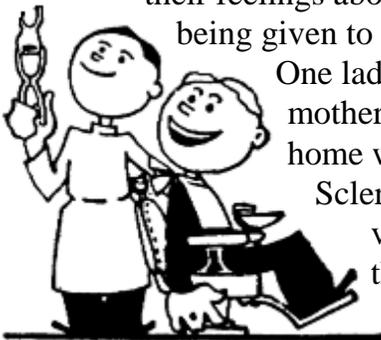
Oral Hygiene Is Worth The Effort

Good oral health will help residents:

1. Keep their teeth longer
2. Improve digestion
3. Increase body weight
4. Heighten their sense of taste
5. Decrease risks of systemic infections
6. Reduce mouth odors.
7. Feel a greater sense of overall physical and mental well-being.



During a recent family-focus group meeting family members were discussing their feelings about the quality of care being given to their loved ones.



One lady mentioned that her mother, a resident in the home who has Multiple Sclerosis, had recently visited the dentist. At the visit, the dentist found no cavities.

The family member was thrilled and said she knows her mother is getting good care if her teeth are being brushed and flossed well enough to prevent cavities. The family

member was very appreciative of the time staff was taking to ensure proper oral care for her mother.

A Resident's Perspective

The following was written by a nursing home resident. She explained that she made it through the long nights in the nursing home by remembering her past. "I remember I used to bake pies and cakes and cookies for friends and neighbors and their children. In the five





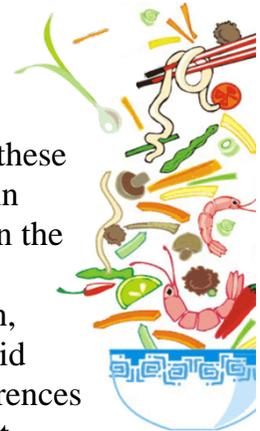
years I have been here, I have had no choice - no choice of when I want to eat or what I want to eat. It has been so long since I have tasted fruit like mango or cherries” (Anonymous, 1979). While this was written years ago, it is still an unfortunate fact for many nursing home residents. The good news is, it does not have to be this way. The joys of dining can be rediscovered by changing the way dining happens in the home. In order to change, staff must have an understanding of where dining is today and how residents are impacted.

Dining For Meaning

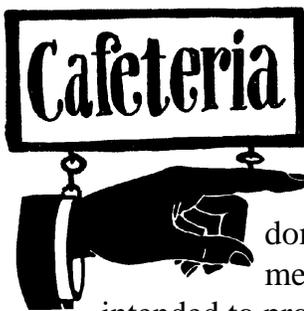
To human beings food has more meaning than just nourishing the body. For some, food can nourish the soul, provide links to family, provide comfort with emotions and help create home. Mealtimes are major events in the lives of residents and may offer many of the limited opportunities for interaction during the day. Dining in nursing homes should provide all of the meanings it did for

current mind set for most nursing homes considering that many residents are asked to choose their meals several days or maybe even weeks ahead of time. The domestic meal deals with the personal needs and social goals as well as comfort during the meal. This is the type of dining in which residents benefit. Switching to domestic meals may help residents connect with their pasts as well as create a vehicle for current and future relationships and personal development.

Every resident brings different experiences, previous roles, values, memories, preferences and customs related to dining to the nursing home. Staff must be aware and sensitive to these individual differences in order to meet more than the physiological needs through dining (Croghan, et al., 2004) and to avoid substituting their preferences for those of the resident



(Pearson, 2003). This can happen only if staff are given the opportunity to develop relationships with residents through consistent staffing. Using residents’ recipes, offering ethnic foods to residents and observing religious and cultural customs related to dining can provide comfort to residents and serve to maintain each person’s religious and social identity as well as create home.



residents prior to admission. A study by Balstone (1983) identified two different theories for providing meals: functional and domestic. The functional mealtime is a meal that is intended to provide nutrition in an efficient manner. This is obviously the

Each home has to determine its own rituals based on the needs and wants of the residents and staff.

- Village Shalom in Lenexa, Kansas is home to a Kosher café. The café sells freshly-prepared kosher foods meeting the needs of the Jewish residents and visitors.
- Medicalodge of Wichita, Kansas recently had a Cinco de Mayo celebration. The festivities were complete with a Mexican feast.

Residents and staff enjoyed the day and say the chili relleno was a huge hit.



At the Cooley Center in Atchison, Kansas the residents are Monastic Elders from the Benedictine Sisters. Since the sisters place a great deal of emphasis on coming together and sharing meals as a community, the home has large dining areas. The residents enjoy meals in the Monastic Dining Room with the entire monastic community for as long as possible.

- At Meadowlark Hills in Manhattan, Kansas a resident's husband came every day for breakfast, lunch and supper to assist his wife while eating. He became a family member to the house. At the annual picnic, he would bring his famous baked beans made from his secret recipe. Residents and staff thought they were delicious. After his wife passed away, it was

only a few months until he passed away too. The team in Starkey house contacted their daughter and asked if they could have his recipe. The daughter was thrilled to have her parents' memory continue even though they were no longer there. At this year's annual picnic, the team prepared the recipe, and, as usual, it was a huge success.



Case Study: Do you really know me?

Each day around 10:30 June would get very anxious. She would begin pacing the hallways. Occasionally she would stop at the nurses' desk and move her hand in a circular motion like she was stirring something. No matter what alternatives staff offered, June would not be diverted. When the noon meal was served June would not sit in a chair. She would stand next to the sink in the kitchenette and watch over the table. Frequently she would try to assist other residents with eating. June would rush over to the table to wipe-up spills and to clear the table as soon as residents finished eating. During the meal she would grab a bite off of her plate at the table and eat it as she moved about or stood in observation. However, June would sit peacefully at breakfast and the evening meal. June began losing weight, and staff was sure it was because she was not eating enough for lunch. They decided that June





needed to be assisted to eat. This caused her to become very upset and aggressive at lunch time.

What might be causing June’s behavior at lunch?

What are possible solutions for June’s behavior?

After answering the above questions read the second half of the case study.

After speaking with June’s son about her behavior, the staff realized that she was acting upon her mealtime behavior when she ran a daycare center. She would begin preparing the noon meal during the late morning and would eat while standing at the kitchen counter overseeing the children. At the end of the meal she would hurry to clean up so that she could read stories and the children could nap.

Discuss strategies for making meal times

meaningful for June. What could be done so June could feel useful at lunch time?

Can you think of any residents with unexplained behavioral problems at mealtime?

Discuss ideas for getting to know the resident to see if his/her past is influencing current mealtime behavior.



Dining Customs Activity

The following are samples of cultural, personal, or religious dining customs. Discuss strategies to make sure the needs of these individuals are identified, understood by staff, and carried out. Sample ideas to accommodate these individuals are located in the Appendix B at the back of this module.

Tom has doctor’s orders for a high protein diet. He gets upset one Friday because he does not want to eat the meat that he has been served. Tom is Catholic, and it is Lent.

June is Japanese, and she keeps telling staff members that it is “doyo no ushinohi” also known as Unagi Day. She



says she would like to have the traditional unagi (eel). It is customary to eat eel on this day to increase stamina.

Mary loves ketchup and has since she was little. She pours it on everything from scrambled eggs to spaghetti. Mary has orders for a low sodium diet and is frustrated that staff are denying her access to ketchup. She has stopped eating.



Little Steps, Big Changes

It may seem small, but giving little items of home back to residents can really impact their feelings of autonomy and satisfaction.

- Residents at Medicalodge in Wichita wanted condiments. They wanted to have access to a variety of condiments at every meal, and they did not mean packets. Staff purchased items like hot sauce, tabasco sauce, and dijon mustard. Now these are on the tables for residents to use as they see fit. When discussing the newly available

options, one resident enthusiastically told a PEAK-Ed staff member, “Everything is better with hot sauce!” According to a staff member the residents’ appetites have increased since the addition of the condiments.



- At Medicalodge in Eureka, Kansas staff members had never realized how difficult the individual serving packets of salt, pepper, and sugar were for residents to use. After putting shakers on the tables, staff saw residents become more independent. Residents enjoy being able to season their own meals without assistance.

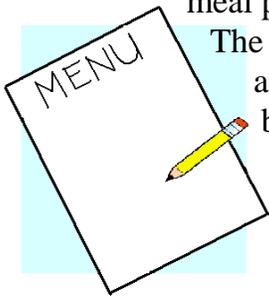
More than Mealtime

Transforming dining is not just about transforming meal times; it is bigger. Since dining in the home should not be just about eating the meals of the day, residents could be involved in planning, making snacks, or helping to prepare part of the meal. Many residents would love to share their recipes either by helping to prepare them or just getting to enjoy their favorites again. The following are a few examples of homes getting residents involved and transforming dining beyond meal time.





- At Medicalodge East Health Care Center in Arkansas City, Kansas a weekly menu planning and grocery shopping meeting takes place. Residents, staff, and family members get together to discuss with the dietician the menu for the next week. Once a menu is agreed upon the food is ordered. They report that the meetings give residents a sense of meal planning and shopping again.



The residents like making decisions and feel they have more control because of the meetings. The first meeting had nine participants, but it grows each time.

- At the Dooley Center in Atchison, Kansas each unit has a kitchenette for light food preparation and access to snack foods and beverages. In homes with kitchenettes, the dishes can be prepared in the kitchen and then cooked in the kitchenette, giving residents the opportunity to take part in the process and enjoy the aroma.
- A resident at Meadowlark Hills in Manhattan, Kansas had gone to
- At Pleasant View in Inman, Kansas most of the resident neighborhoods have stoves the residents use to make cookies and any other snacks they dream up.

culinary school in Germany. She loved to cook. Each week, she would develop a menu from a different ethnicity and provide the team with a list of ingredients. The team would get the ingredients and assist her in preparing the meal. It was always delicious. Needless to say, the resident was tired after the meals, but she stated it was well worth it. She also enjoyed making little treats for her caregivers to say thank you.

Refrigerator and cupboard rights are something those of us on the “outside” take for granted.



We can get a snack anytime we want. For those in nursing homes the freedom to go grab a cookie and a soda or an apple and some milk may be restricted by lack of access.

- The snack buffet at Hillsboro Community Medical Center is filled with various snack options, drinks and fresh fruit. It is available throughout the day, and residents are encouraged to treat their family and friends when they are visiting.

- At Eastridge in Centralia, Kansas a cabinet area with a counter-top has been added to the dining room. The cabinets are filled with snacks, and there is an ice machine. Residents help themselves to drinks and snacks anytime they desire. Many residents enjoy helping themselves in the new area. A couple that reside in the

home like to keep pop in their room and come down for ice when they are ready for a “cold one.”



Heart of the Home

Heather Generali, RD, LD Meadowlark Hills Manhattan, Kansas



I have always felt that the heart of the home is the kitchen. Each time I think of food, it reminds me of the times I spend with my family. In our society, we revolve around food for socialization. The same applies when someone moves into a new home. To welcome a person into their new home, we typically would bake a cake or make some cookies. When a person receives these items, they feel warmed and welcomed inside.

How else do we feel at home? I think the dining experience can make the difference. Waking up and smelling the same aromas that filled each of our houses on a daily basis would make it home. It is such a good feeling when I walk into one of the houses and see a resident sitting at the table watching the news and enjoying a cup of coffee. In the kitchen, the caregiver is baking fresh cinnamon rolls and preparing eggs to order. It takes time and energy to learn each individual’s desires and preferences, but it can pay off when they feel at home. Sometimes we feel that it is more efficient to prepare what we think each resident wants, but we all know that efficiency is not everything.





Many times we find that the residents don't want to help make the meals, but they enjoy sharing their recipes. I think they enjoy planning the events more than anything. We have a resident who planned a movie party for her friends. Invites went out to neighbor houses, and they all came over for a movie and snack goodies. It was such a success that she planned a wine and cheese party the following week. It was completely resident driven. Another time, we had a resident who wanted to say thank you to the caregivers by preparing them a meal. She planned and prepared a five course meal, and it was delicious!

The stories above are not possible without the dedication from the caregivers who come to work in the houses each day. Each house is a unique family, and each serves the meals a little different. In one house, a resident's husband says a prayer before the meal just as he would in his own home. It is not uncommon to find at least one house during the week preparing a separate meal from the regular menu. This can range from fried chicken and homemade mashed potatoes to ordering hamburgers from Vista. I have also seen where a house will order from two different restaurants because of a resident's preference.



Almost all of the stories given above relate to food and socialization. Each of us enjoys the comforts of our homes and the freedom of choice in our homes. We can achieve that comfort by remembering the heart of the home is the kitchen and memories are made in the kitchen.



Food Presentation

“What is pleasing to the eye is pleasing to the palate” (Dorner, 2004).



Everyone has been served a meal that made an impression due to its appearance. If the meal had a favorable appearance, it probably had a variety of colors and textures and maybe a few well placed garnishes to top off the look. Those meals that leave a negative or no impression at all might have been “slopped” on the plate with little care. Food presentation is important for everyone but “is even more important as we age due to decreased vision, taste, smell, thirst, appetite, and caloric needs” (Dorner, 1994). If the meal does not look good why should anyone taste it? Bill Phillips, Culinary Institute of America Chef/Instructor says, “...from a psychological point of view, presentation clearly affects one’s perception of flavor” (Ridge and Minasian, 1999, p. 1). A person’s state of mind is influenced,

either positively or negatively, by the appearance of the plate (Ridge and Minasian, 1999).

Serving meals that look and taste good does not have to break the budget. There are many simple changes and additions that can improve the look of foods. The first thing that probably came to mind with the concept of presentation was garnishes. While garnishes do play a role in the overall appearance of the meal there is more to it than adding a sprig of parsley or dusting a dessert with cocoa powder.

The eight keys to food presentation are (Gaunt, 2005):



1. Use complementary colors-avoid too much of the same color.
2. Arrange the food in interesting manner.
3. Use interesting shapes and garnishes-consider different shape options for each food.
4. Use different textures.
5. Match flavors-garnish with meal ingredients when possible.
6. Use sauces-sauce should complement not cover.
7. Pay attention to scale-this applies to the plate arrangement as well as garnishes.
8. Do not overdo it.



A trip to the local library or a search on the internet will offer multiple sources to help spark creativity. Since many homes are utilizing pre-plated food or food dished onto plates by staff members at the table, it is necessary for all staff members to have an understanding of presentation to ensure quality.

Residents who require special diets still have the right to food that looks and tastes good. The appearance of food is always important, but it becomes more important for stimulating appetite when the texture of the food is modified (Russell & Shope Lursen, 2002). There are various techniques for ensuring the look and taste of pureed foods. Some companies offer food molds or pre-molded foods. An example of this would be peas that are pureed and then placed into a mold so they actually look like peas. The consistency meets the resident's needs but is more appetizing than a scoop of greenish liquid.

- The Cedars in McPherson, Kansas has been using molded foods for several months. According to staff members, the food tastes good and is easy to use. They feel the appearance of the food does have an impact on the appetites of the residents. The costs are neutral due to decreased plate waste.

Even if food molding is not used, the way food is placed on the plate can have an impact. If food is running together on the plate or looks like it has been hurriedly plopped on the plate, it will do nothing to stimulate the appetite of residents. Garnishes can be used with pureed foods as well as the keys listed above to improve the appearance of pureed foods. When gravies or sauces are used they can be placed on top of the pureed food instead of being mixed in. This gives the food a more normal appearance and allows the resident the opportunity to taste each component.

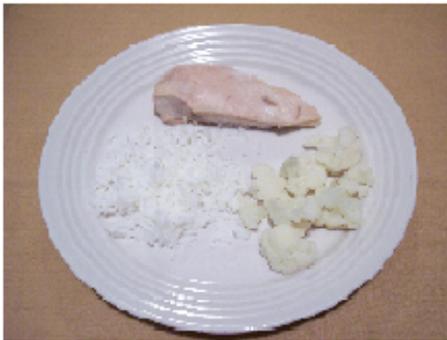
No matter how well presented the food is, it has to taste good for residents to enjoy it. Having staff members sample the food to make sure it is as tasty as it should be is one way to check quality. While at one nursing home a resident told PEAK-Ed staff members that the lunch she had that day was okay but “seemed to be missing some spice.” If food is sampled by the staff, the missing spice could be identified and added prior to serving.

- At Pleasant View in Inman, Kansas staff are encouraged to sample the food and provide feedback to the chef using a form they created called “Talk to the Chef.”



Use the Keys Activity

This activity is from *“The Importance of Food Presentation and Garnishing in Long-Term Care Facilities”* (Gaunt, 2005) and is used with permission. Take a look at the picture below. Using the eight keys above and the “Easiest Garnishes Ever” from Appendix A identify ways to improve the presentation of each dish pictured. After you have discussed improvements, look in Appendix A of this module to view how the dishes might be presented using the keys.



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