

The background of the slide is a light gray gradient with several realistic water droplets of various sizes scattered across it. The droplets have highlights and shadows, giving them a three-dimensional appearance.

Using Data And Satisfaction Surveys When Providing Culturally Appropriate Menus

DR. NANCY MUNOZ, DCN, MHA, RDN, FAND

“Diversity is being invited to the party;
inclusion is being asked to dance.”

~Verma Myer, VP inclusion strategy,
Netflix

NMunoz



Photo Reference: Office 365

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DISCLOSURES

Dr. Nancy Munoz, DCN, MHA, RDN, FAND

- ❑ UMass Amherst, lecturer
- ❑ Rosalind franklin university of medicine and science, adjunct assistance professor
- ❑ Chief, NFS, southern Nevada healthcare system, Las Vegas
- ❑ Author
 - ❑ Nutrition assessment: clinical and research applications. Jones and bartlett publishers, Burlington, MA. 1ed. March 2018
 - ❑ Bernstein MA and Munoz N eds. Nutrition for the older adult. Jones and bartlett publishers, Burlington, MA. 3ed. February 2019
- ❑ Editorial advisory board WOUND SOURCE™
- ❑ Past vice president, alumni for the national pressure injury advisory panel
- ❑ Lean six sigma green belt



Learning Objectives

Utilize and evaluate

Utilize and evaluate data to make menu and food system modifications that meet institutional constraints, cultural, and nutritional needs

Understand

Understand the use of customer satisfaction surveys as a tool to collect data to make system changes

Implement

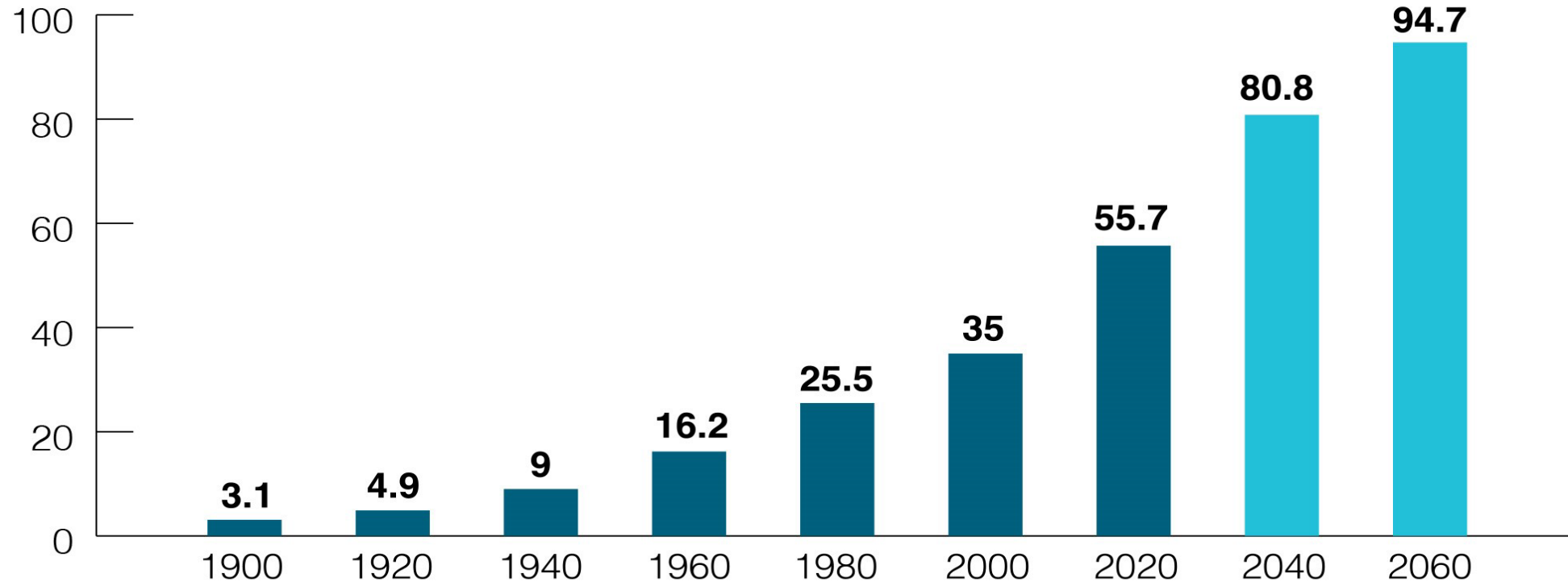
Implement purposeful quality improvement activities

Voice of The Customer

- How do you collect the voice of your customers to improve your program?
 - A: Customer interviews
 - B: Surveys
 - C: Casual conversations
 - D: I have no formal way to collect patient input

POPULATION ESTIMATES AND PROJECTIONS

Number of Persons Age 65 and Older, 1900-2060 (numbers in millions)

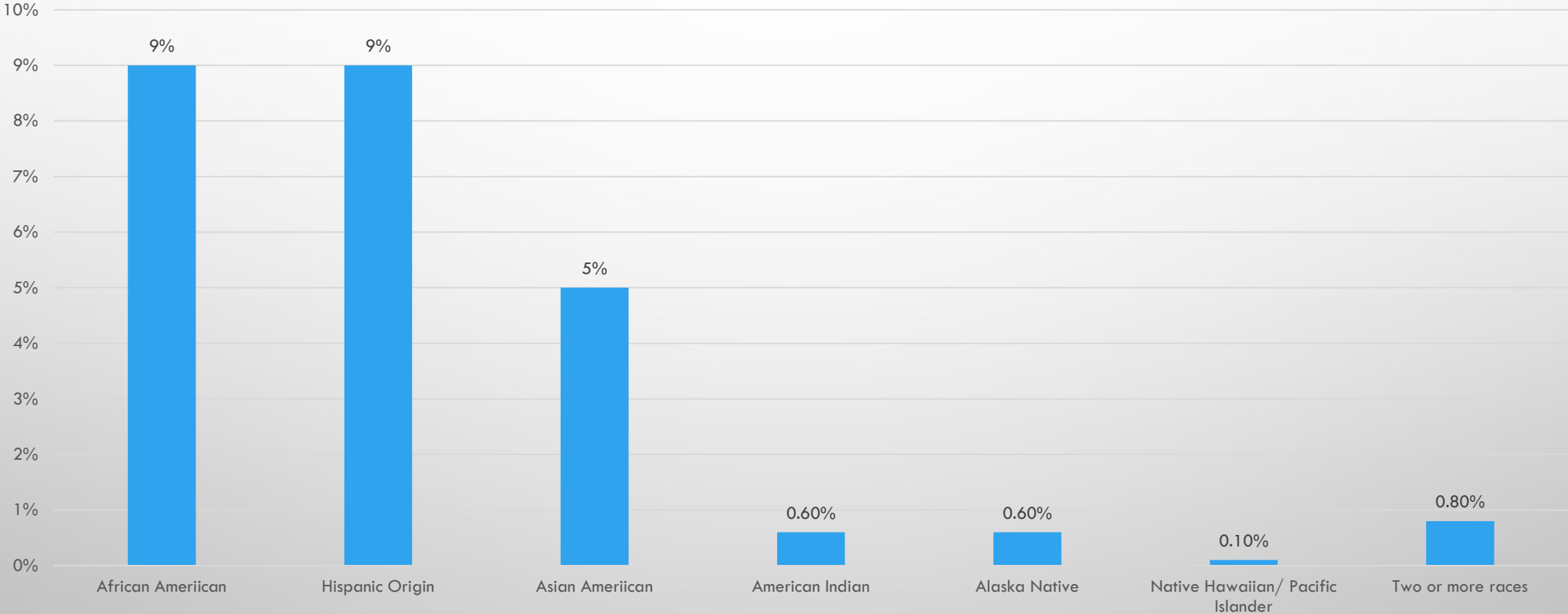


Note: Lighter bars (2040 and 2060) indicate projections.

Source: U.S. Census Bureau, Population Estimates and Projections

RACIAL AND ETHNIC COMPOSITION

Racial and Ethnic Composition



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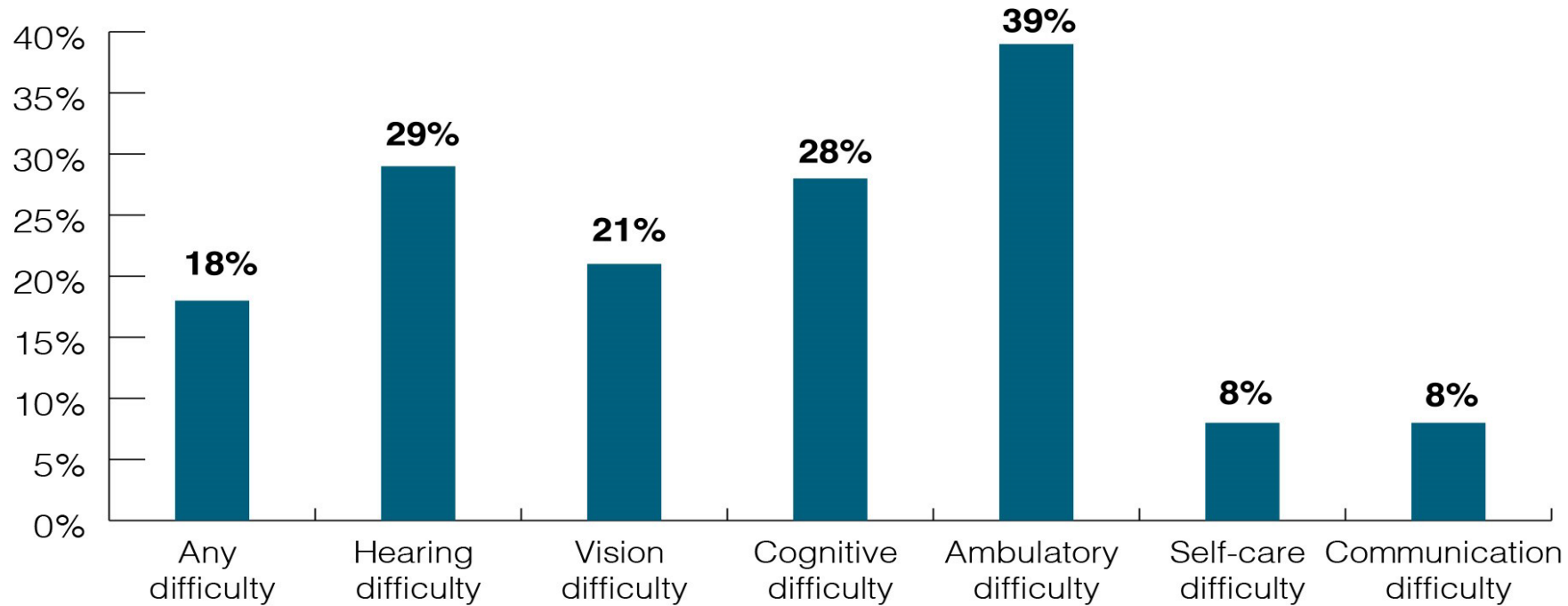
Promoting Health and Wellbeing in Older Adults

Physical Changes That Impact Intake In Older Adults

- **Sensory impairment**
 - Impact on appetite of older adult
 - Decrease ability to taste and smell
 - Loose interest in food
 - Decline in olfactory function
 - Flavor perception
 - Complaint of “lack of taste” linked to inability to smell
 - Ability to taste
 - Salty and bitter affected more than ability to taste for sweet and sour
 - Reduced salivary function
 - Biological vs. Medication side effect

NATIONAL HEALTH INTERVIEW SURVEY

Difficulty in Functioning Among People Age 65 and Older, 2020

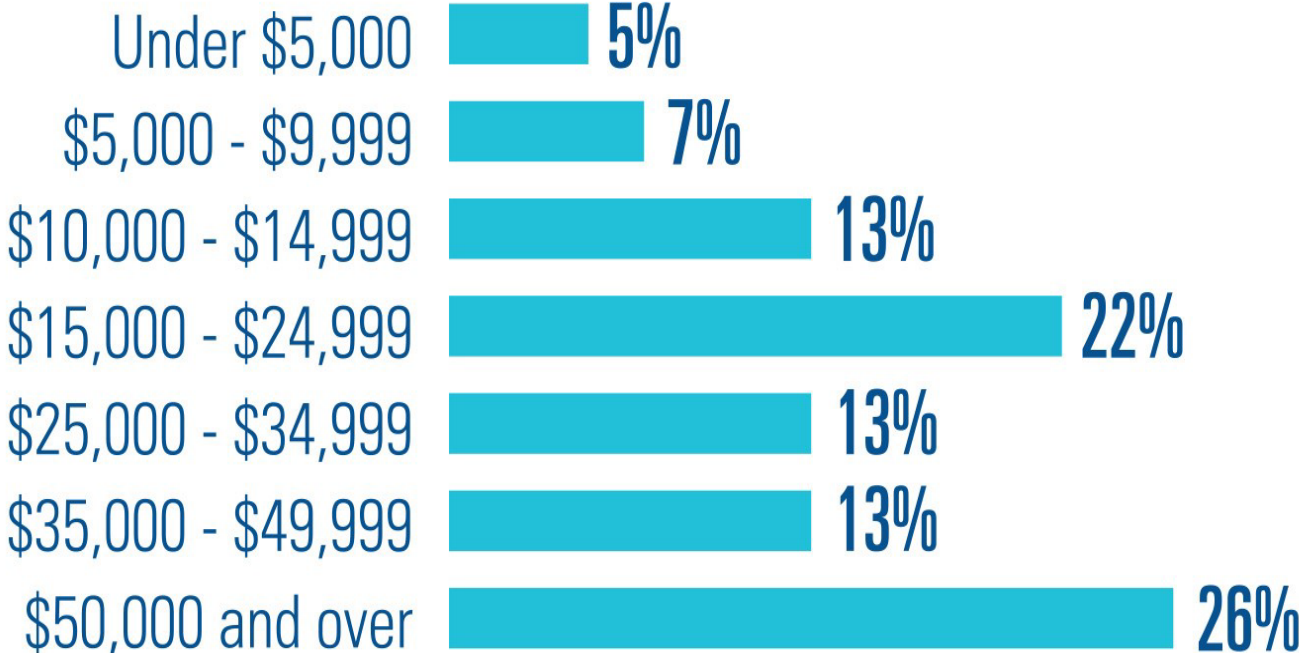


Note: "Any disability" includes those reported who "a lot of difficulty" or "cannot do it at all" in any functioning domain.

Source: Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey

POPULATION SURVEY

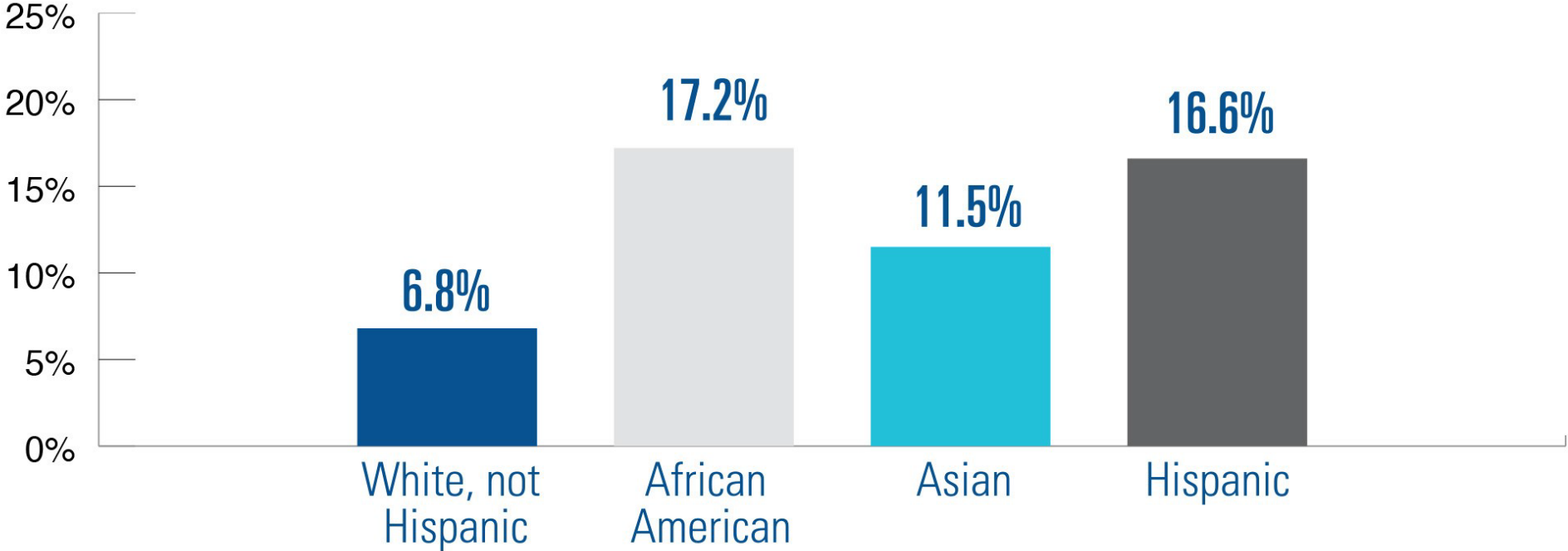
Distribution by Income of Persons Age 65 and Older Reporting Income, 2020



Source: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement

POPULATION SURVEY CONTINUED

Persons Age 65 and Over Living Below the Poverty Level by Race and Hispanic Origin, 2020



Source: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement

Food Insecurity

- USDA
 - Lack of consistent access to enough food to live an active, healthy life
- 8.6 million older adults are food insecure
- Food insecurity is associated with
 - Increased mortality
 - Decline in functional status
 - Impaired cognition
 - Immune dysfunction
 - Increased hospital admission/ readmission rates
- Common among older adults from racial and ethnic minority groups
 - Experience the threat of hunger at more than twice the rate of whites

Nutritional Needs of Older Adults

Global Health Nutrition

Good News and Bad News from the Global Burden of Disease Study

Good News...

- Healthier diets could save one in five lives every year
- Diet is a modifiable risk factor!

Bad News...

- Poor diets were responsible for 10.9 million deaths in 2017
- Diet related illness represents about 16% of disability-adjusted life years
 - Cardiovascular disease
 - Diabetes
 - Cancers
- Poor diet is an equal opportunity killer.
 - High sodium intake
 - Low intake whole grains, fruits & vegetables
- No region of the world meets the recommendations for whole grains, fruits and vegetables

Nutrition And Health

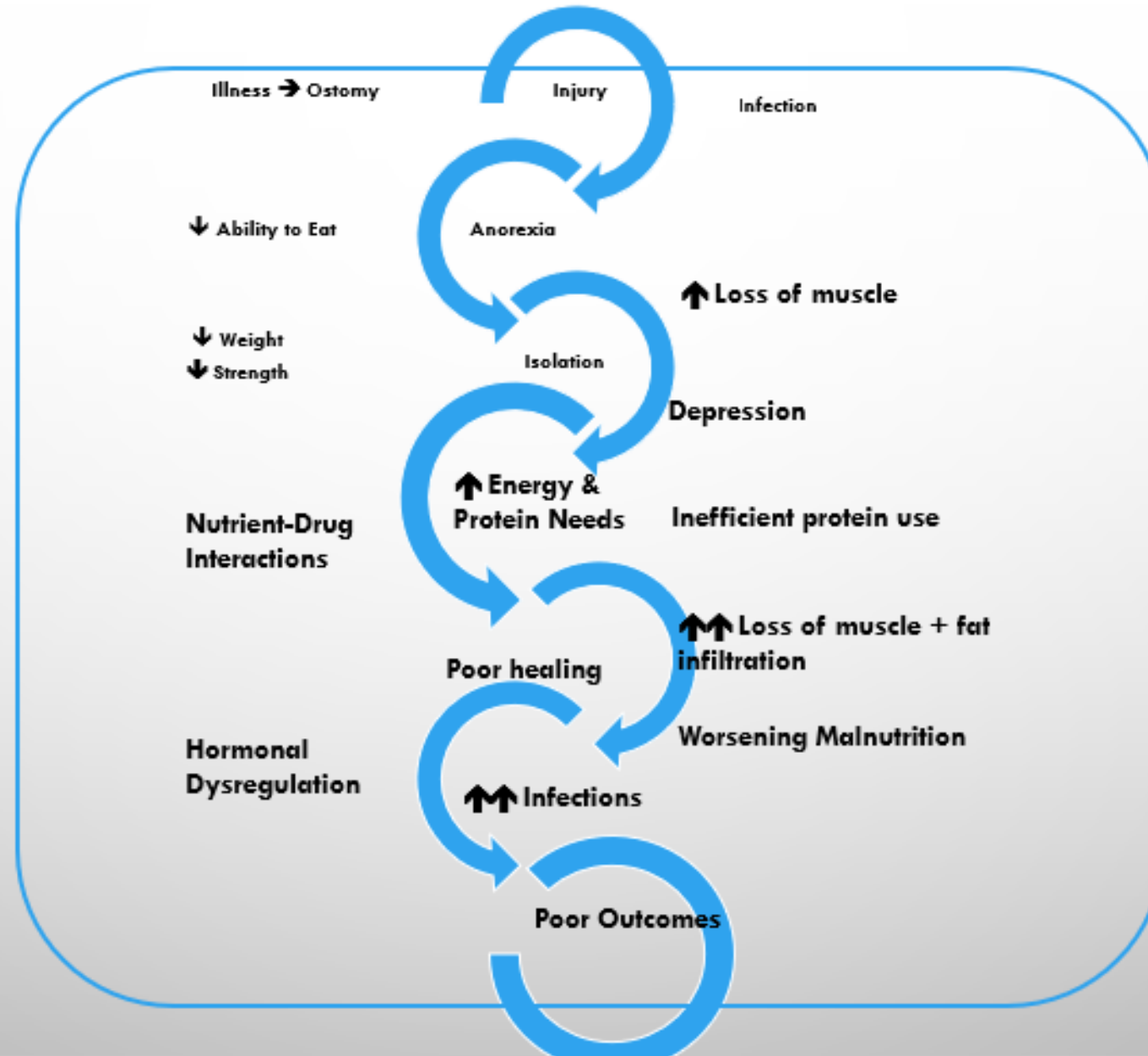
• Nutrition

- Determinant of health
- Promotes physiological wellbeing
 - Contributes to social, cultural, and psychological quality of life
- Promotes functionality
- Effective disease management approach
 - Lessens chronic disease risk, slows disease progression, and reduces disease symptoms
 - Risk for developing pressure injuries & chronic wounds
 - Treatment of pressure injuries & chronic wounds

Achieve good nutrition status

- Well-balanced diet
- Adequately hydrated
- Stable healthy weight
- Nutrition-related chronic diseases are managed with diet & meds
- Body composition consistent with age and activity

Links Between Chronic Disease-related Malnutrition & Poor Outcomes



Adapted from Litchford, M *Nutrition and Pressure Injuries*. Greensboro, NC: CASE Software & Books. 2020.

ACL Programs

Purpose

- Reduce hunger
- Promote socialization
- Promote health and well being

Target

- Low-income older adults
- Minority older individuals
- Older adults in rural communities
- Older individuals with limited English proficiency
- Older adults at risk of institutional care

Nutrition quality standards

- Adhere to dietary guidelines for Americans
- Provide 1/3 of dietary reference intake

Nutrient Needs

- Protein
 - 1.25gm protein/kg BW
- Vitamin D
 - Adults 70 YO and older: 800 IU/ day
- Calcium
 - Men 71 YO and older: 1200 mg/day
 - Women 51 YO and older: 1200 mg/day
- Increased fiber
 - Inactivity and certain meds can contribute to constipation
- Vitamin B-12
- Fluids



Nutrition Programs Serving Older Adults

- The benefits of nutrition programs serving older adults
 - Improved nutritional intake
 - More resources for health-promoting activities and medical care
 - Support so that functionally impaired older adults can remain in their own homes
- Research shows
 - OAA and CACFP meals can provide anywhere from one-third to two-third of the recommended dietary allowance for energy and nutrients
 - Participants who receive home-delivered meals are less worried about their ability to remain living at home independently

Nutrition Programs Serving Older Adults Continued

- Several barriers limit the uptake and effectiveness of these programs among older minorities
 - In a nationwide sample, 66% of congregate meal participants and 71.8% of home-delivered meal participants were non-Hispanic whites
 - 0.3% of home-delivered meal participants were Asian
 - 8.7% were Hispanic
 - 17.7% were Black

Nutrition Programs Serving Older Adults Continued 2

- Reasons were cited for low levels of OAA meal program participation among older minorities include
 - Misinformation due to language barriers,
 - Lack of menus that can accommodate dietary restrictions and cultural preferences,
 - Discomfort with staff due to cultural and linguistic differences, and
 - Inadequate transportation to congregate meal sites

Menu Standards

Menu Standards And Patient Satisfaction

- Menu requirements
 - Menus must meet nutritional standards
 - In accordance with established national guidelines
 - Menus are developed and prepared to meet customer choices including:
 - Nutritional, religious, cultural, and ethnic needs while using established national guidelines
- Customer satisfaction
 - Personal choices
 - Food must be culturally appropriate
 - Patient preferences must be considered when developing a food plan (menu)
- The accommodation of customer needs and preferences is essential to creating an individualized, home-like environment
- Legal aspect

Improving Patient Health

- Culturally inclusive meals can
 - Support the transition from independence to needing services
 - Foster a sense of belonging and community
 - Help program participants and their families understand the types of food they can prepare to support health
 - Helps program participants feel respected
 - Helps build trust
 - Commitment to supporting diverse patients



Quality Improvement

OAA Requirements

- Program requires participant feedback and inclusion
 - A state that established and operates a nutrition program must ensure that meal providers solicit the advice and expertise of meal participants
- What does this look like?
 - California: the meal planning process must not only include an evaluation of menus for nutritional adequacy but must also include procedures for obtaining participants' input regarding meals
 - Incorporating participant food preferences (address like/dislikes)
 - Cultural food preferences is a key

Quality Improvement

- Process
 - Reason for action
 - Current state
 - Target state
 - Gap analysis
 - Solution approach
 - Rapid experiments
 - Completion plan
 - Confirmed state
 - Insights/lessons learned



Quality Improvement Continued

- Reason for action
 - What problem are you trying to solve?
 - What process are you trying to improve?
 - What is the scope of the project?
- Current state
 - What is working? What is not?
 - What are your baseline metrics/ measurement?
- Target state
 - What is your aim?
 - Where do you want to go?
 - What do you want your new metric goals to be? How much of an increase from baseline?

Quality Improvement Continued 2

- **GAP analysis**
 - Evaluate the gap between your current state and the target state
 - GAP analysis must identify the root cause of the problem
 - Identify barriers
- **Solution approach**
 - Identify/trial possible solutions
 - Plan, do, study, act (PDSA- scientific method)
- **Completion**
 - Who will do what by when?



Quality Improvement Continued 3

- **Confirmed state**
 - Check back in 90 days?
 - New process still working?
- **Insights**
 - Lessons learned



Satisfaction Surveys

Satisfaction Surveys

- Why conduct satisfaction surveys?
 - Collect data on how well you are performing
 - Gain understanding program participant requirements and concerns
 - Provide information to help improve food offerings and services
 - build program participant satisfaction and loyalty
 - You care
- Feedback
 - On issues important to program participants
 - Might highlight problems you were not aware of
 - Give opportunity to take remedial action

Satisfaction Surveys Continued

- Why conduct satisfaction surveys
 - Provides a venue for program participants to express their views
 - Prepared to listen and act
 - Analyzing data collected helps top determine program strengths and weakness
- Areas with low satisfaction scores
 - Prioritize improvement programs to remedy problems
 - Identify areas for improvement
 - Determine employee training
- Responses that highlight issues with employee attitudes and knowledge
 - Employee training

Satisfaction Surveys Continued 2

- Why conduct satisfaction surveys
 - Progress
 - Single satisfaction survey- snapshot in time
 - Conducting surveys over a period of time- tells you a story over time
 - Measure improvement program progress
 - Data driven QI activities
 - Quality of care
 - Sustain or increase resources
 - Were the program participant expectations about the meal met?
 - Meeting program goals?
 - Reduce hunger, promote socialization, promote health and well-being in older adults





Programa de Nutrición para el Adulto Mayor

HOJA DE COMENTARIOS DE LOS PARTICIPANTES

Lugar: _____ Fecha: _____

¿Cuál fue el plato principal de hoy? _____

¿Le gustó la comida? Sí _____ No _____

¿Cómo calificaría lo siguiente?: (Por favor encierre en un círculo su elección)

Apariencia de los alimentos:	Buena	Satisfactoria	Aceptable
Sabor de los alimentos:	Buena	Satisfactoria	Aceptable
Temperatura de los alimentos:	Buena	Satisfactoria	Aceptable
Tamaño de las porciones:	Buena	Satisfactoria	Aceptable
Calidad general de la comida:	Buena	Satisfactoria	Aceptable

¿Qué alimento(s) le gustaría que se agregaran al menú? _____

Otros comentarios: _____

Satisfaction Surveys Continued 3

Golden Rules of Service

- Treat others how you want to be treated
- Show that you care

Satisfaction Surveys Continued 4

- Common critiques about food
 - Meals are boring
 - Meals are for old people
 - The meals do not meet my needs



Programa de Nutrición para el Adulto Mayor HOJA DE COMENTARIOS DE LOS PARTICIPANTES

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Otros comentarios: _____

Approaches to Cultural Inclusion

Putting it all Together

Culturally Appropriate Menus

- Understand patient needs and wants
 - What is your patient profile?
 - Facility in Clark county, NV
 - Population- 2.3 million (July 2021)
 - Race
 - White (not Hispanic)-39%
 - Hispanic-32%
 - African american-13%
 - Asian-11%
 - Two or more races-5%
 - Age-65 and over 15.4%
 - Persons in poverty-15.1%
 - Females- 49.9%
 - Veterans-6.5%
 - Poverty-15.1%
- Facility pool
 - 353,000 older adult pool
 - Probably @46% in poverty
 - Fairly even distribution between Hispanics and white
 - Roughly 1/3 African American and Asian

Complex Demographic Picture- One size does not fit all

Putting It All Together

1. Reasons for Action:

Problem trying to solve: On a daily basis, 25% of the program participants consume <50% of the meal provided. Many of the Spanish speaking program participants report that the foods offered are not familiar to them.

Why solve this problem: You want to meet the mission of the program: Reduce hunger. Promote health and wellness

Start of the process: Menu planning

End of process: Customer receives the meal

In scope: Meal planning, production, delivery

2. Current State:

Customer satisfaction score: Overall low (<50%)

Flavor of food: <acceptable (50%)

Program participants report that menu items are unfamiliar (50%)

3. Target State:

Aim: Promote meal acceptance/intake

What does the process look like? A culturally appropriate menu that is well accepted by program participants is in place.

Customer satisfaction scores increase by 25% from the baseline

Putting It All Together Continued

4. Gap Analysis:

Problem: Menu items are unfamiliar to program participants of Hispanic descent.

Cause: Menu has limited ethnic foods

Root cause: The menu has been in place since the program opened. Shift in ethnic population has occurred through the years and the menu has not been adjusted.

5. Countermeasures / Solution Approach:

Possible solutions

Form a menu committee to revise the menu and set up production

Collect recipes from program participants and incorporate food items into the menu

6. Rapid Experiments:

Test Interventions

PDSA:

- Plan the intervention
- Implement the intervention
- Measure the impact
- Make adjustments

Putting It All Together Continued 2

7. Implementation / Completion Plans:

Develop and implement plan

Who will do what by when?

8. Confirmed State:

Is the new plan/ intervention sustainable? Is the process still working?

Conduct a survey to collect feedback.

9. Insights:

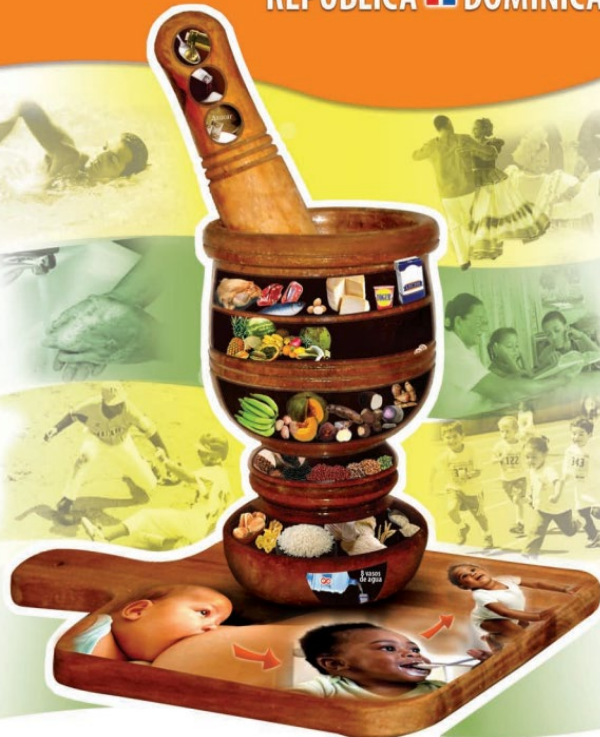
What were the lessons learned?



EL PLATO DEL BUEN COMER/ 私のお皿

Dominican Republic

PILÓN DE LA ALIMENTACIÓN Y NUTRICIÓN
REPÚBLICA DOMINICANA



Puerto Rico

MiPlato para un Puerto Rico Saludable



Venezuela



Japanese Food Guide Spinning Top

Do you have a well-balanced diet?



Satisfaction Surveys and Culturally Appropriate Menus

- Evaluate your patient population
- Examine your menu program
- Get program participants involved in the process of dishing up diversity and inclusion



Cultural Inclusion

- Program Participants Involved
 - Food Committee
 - Program Participant Council
 - Poll
 - Taste Test
 - Surveys

Photo Reference: Nancy Munoz

Satisfaction Surveys and Culturally Appropriate Menus Continued

- Develop daily offerings to meet the needs of your patients
 - Nutrient dense and culturally appropriate
- Ensure meals are sensitive to a range of cultures
- Hire volunteers that speak languages common in the community
- Translate resources in multiple languages (graphics should reflect diversity)

Satisfaction Surveys And Culturally Appropriate Menus Continued 2

- Think out of the box
 - Offer meals served in a bowl
 - Offer spoon, chopsticks instead of fork and knife
 - If the patient eats with their hands
 - Offer a bowl of water and a towel / meals
- Expand condiment offering
 - Hot sauce
 - Soy sauce
 - Fish sauce
 - Chili
 - Oil and vinegar
- Snack foods
 - Italian pastries
 - Asian sweets
 - Turkish coffee
- Menu in different languages



EQUALITY VS EQUITY

- Equality:
 - Everyone receives 1/3 of the RDAs per meal received
 - Everyone gets the same
- Equity:
 - Everyone receives 1/3 of the RDAs per meal received in the form of culturally appropriate meals
 - Everyone gets what they need



What ONE Will You Do Different Tomorrow?

Post your answer in the chat box



What Will You Do Different Tomorrow?

- Who are your customers?
 - Get to know your customers
- Are you offering foods that they like?
 - Conduct a survey
 - Language specific
- Make data driven decisions



References

- ADMINISTRATION FOR COMMUNITY LIVING. [HTTPS://ACL.GOV/AGING-AND-DISABILITY-IN-AMERICA/DATA-AND-RESEARCH/MINORITY-AGING](https://acl.gov/aging-and-disability-in-america/data-and-research/minority-aging)
- 2020 PROFILE OF OLDER AMERICAN. [HTTPS://ACL.GOV/SITES/DEFAULT/FILES/PROFILE%20OF%20OA/2020PROFILEOLDERAMERICANS_REVISIED_FINAL.PDF](https://acl.gov/sites/default/files/profile%20of%20oa/2020profileolderamericans_revised_final.pdf)
- FOOD AND AGRICULTURE ORGANIZATION OF THE UNITED NATIONS. [HTTPS://WWW.FAO.ORG/NUTRITION/EDUCATION/FOOD-DIETARY-GUIDELINES/HOME/EN/](https://www.fao.org/nutrition/education/food-dietary-guidelines/home/en/)
- MY PLATE FOR OLDER ADULTS. [HTTPS://HNRCA.TUFTS.EDU/RESOURCES/MY-PLATE-OLDER-ADULTS](https://hnrca.tufts.edu/resources/my-plate-older-adults)
- MY PLATE. [HTTPS://WWW.MYPLATE.GOV/MYPLATE-KITCHEN/RECIPES?NODE=18226&F\[0\]=CUISINE%3A134&ITEMS_PER_PAGE=20&SORT_BEF_COMBINE=TITL E_ASC&SORT_BY=TITLE&SORT_ORDER=ASC&PAGE=2](https://www.myplate.gov/myplate-kitchen/recipes?node=18226&f[0]=cuisine%3A134&items_per_page=20&sort_bef_combine=title_asc&sort_by=title&sort_order=asc&page=2)
- BERNSTEIN, M & MUNOZ, N. NUTRITION FOR THE OLDER ADULT, E3

QUESTIONS ?