



Investigating The Provision And Acceptability Of Culturally Appropriate Meals For Inpatients Of Eastern Health Facilities



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Background & Rationale

The provision of culturally and religiously appropriate hospital food is important :

- To meet the nutritional needs of patients
- For emotional, spiritual and mental health and wellbeing.

Ten Culturally and Linguistically Diverse (CALD) groups make up greater than 40% of Eastern Health (EH)'s community profile.

- CALD groups are most frequent users of interpreter services
- more likely to have food brought in by friends and relatives

Within Eastern Health (EH), availability of menu items reflecting cultural and religious needs of CALD patients is inconsistent and limited.

Aim & Objectives

- Review accessibility and suitability of multicultural meals to identified ethnic communities across six EH sites.
- Review acceptability and appropriateness of inpatient menus to older patients across EH.
- Determine unmet food service needs of culturally diverse inpatient groups at EH.
- Identify menu changes which are likely to enhance acceptability and appropriateness of inpatient meals across EH for all patients.

Methods

- EH Ethics granted approval of this project.
- The project was conducted over a 3 week period by student dietitians under supervision of EH Dietitians.
- Standardised questionnaires were developed and used to collect data from EH inpatients.
- Questionnaires were conducted on 307 EH inpatients from 41 cultural groups regarding their experiences of the food service provision.
- Site visits were conducted to Chinese, Greek and Dutch specific residential aged care facilities to observe menu design and food provision. Best practice in supporting acceptable and appropriate cultural meal provision was observed at ethnic specific facilities.
- Non-CALD patients represent 'older' patients across EH for purposes of this research.
- Key findings are grouped into five broad categories:
 - Results of Patient Questionnaires
 - Access and Suitability of current CALD meal provision.
 - Site visits to culturally specific residential care facilities
 - Access and appropriateness of the menu for older people

Key Findings

PATIENT QUESTIONNAIRES

The most frequently represented cultural groups during study period:

- Greek (23)
- Chinese (14)
- Non- CALD (113)
- Italian (21)

The proportion of EH inpatients who frequently consume traditional foods at home:

- 50% of Greek
- 83% of Indian
- 13% of Italian
- 28% of Chinese

Variation in the desire for traditional foods while in hospital within and between cultural groups

35% of patients who did not order meals for themselves stated they were unsure who ordered meals for them and their meals were just 'given to them'

Patients from CALD groups reported they were unaware that food specific to their cultural group were available to be ordered.

e.g. 43% of Chinese patients were unaware that rice could be ordered, 83% of these patients would have ordered rice if they were informed.

78% of EH inpatients are Non-CALD , with an average age of 71 years.

Key Findings

ACCESS AND SUITABILITY OF CURRENT CALD MEAL PROVISION

Current food service provision does not routinely include 'traditional foods' from CALD cuisines.

Information on patient's cultural group is not used to plan for meal provision.

Menus are not offered in languages other than English. Many CALD patients can read menus in English but do not understand what some dishes are made of or mean.

e.g. Tuna Mornay, Veal Marengo, "REV", fruit compote.

On admission patients do not receive information about meal ordering processes

- Information can be found in patient bedside lockers .
- This information was not accessed by any patients surveyed.

Dietitians and Food Service staff inform patients about the availability of culturally appropriate meals.

External meal providers are used at some EH sites to provide specialty CALD meals e.g. Kosher and Halal meals.

It can take up to 5 days to get CALD specific meals from external catering providers. This serves as a deterrent for requesting / offering these meals.

Where CALD meals are offered (e.g. stir fry, tandoori dishes) they are deemed not 'authentic' by patients from CALD groups .

SITE VISITS TO CULTURALLY SPECIFIC RESIDENTIAL CARE FACILITIES

Culturally specific residential facilities have the advantage of providing for one cultural group only.

These facilities have the advantage of having a thorough understanding of the cultural food preferences and rituals of the residents.

Specific challenges include the sole dependence of patients on food provision provided by the facility over the long term.

Ideas for simple accompaniments to meals which enhance cultural appropriateness of food include:

- feta cheese, bread and olives as breakfast items for Greek patients
- Crusty bread served with meals
- Small plates of cheese and cold meat offered at breakfast and at light meals
- Small plates of antipasto offered at lunch and evening meals
- Chinese tea
- A range of soups – thick soups for European patients, chicken and noodle soups for all cultural groups
- Culturally appropriate sweet biscuits for mid-meals e.g. Greek/Dutch style biscuits.
- Mashed potato and sauerkraut for Dutch patients

ACCESS AND APPROPRIATENESS OF FOOD PROVISION FOR OLDER PEOPLE

Older non CALD EH patient food preferences are more aligned to traditional British-Australian fare rather than modern cuisine.

Older patients find meals more acceptable if they are received at an appropriate temperature.

Some patients report receiving inadequate assistance to enable them to consume meals where this is required.

78% of Older patients order their own meals from the hospital menus. Of those who do not order their own meals, 14% are unsure who has ordered their meals.

79% enjoyed the hospital meals they received.

21% enjoyed the meals only occasionally or never.

Recommendations

1. Provide a select number of highly acceptable and culturally appropriate food options on the menu

Greek style chicken / rice	Soup
Crusty bread	Olive oil
Thick soups	Cogee
Olives	Spicy curries
Potatoes	Feta cheese
Cabbage rolls	Medium/long grain rice
Goulash	

2. Make links with suppliers who can provide culturally specific meals in less than 48 hours

3. Offer menus translated in LOTE.

4. Develop a pictorial guide as an addition to the EH menu to help both CALD and non-CALD patients identify ingredients they meals contain

5. Include clearer narrative on printed menus regarding specific menu items which are not self explanatory. E.g. Milo add 'chocolate flavoured milk'

6. Offer all patients the opportunity to order their own meals from the hospital menus, with assistance if required.

6. Audit nursing, Dietitian & food service staff knowledge of CALD cuisines

7. Create a patient information leaflet for each EH site which includes such information as:

- food availability
- menu layout
- menu ordering process
- How the menu caters for different dietary requirements/ preferences
- contact points

8. Meal information should be provided to patients ahead of or on admission.

9. Admitting staff (nurses) will require support to implement a system of information provision and collection of specific cultural dietary requirements of patients.

10. Meal information should also be available as wall posters in the kitchenette areas on wards



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