



Dining Democracy: How a Resident Council Influenced Food Issues in a Long-Term Care Home

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Background

- Food has been identified as a priority issue by long-term care residents¹.
- Canadian national long-term care standards recommend engaging residents in menu planning as a best practice².
- Involving residents in decision-making can improve food satisfaction³.
- In BC, residents have the right to participate in a council to discuss concerns and advocate for change⁴.

Purpose

- To better understand how a resident council advocated for food and mealtime-related concerns, we:

- (1) compared the types of food issues residents were and were not able to influence.
- (2) explored the factors that shaped residents' ability to influence food-related issues.

Methods

- This was part of a larger ethnographic study examining resident and family councils.
- Study site: faith-based, non-profit long-term care home in Vancouver with approx. 200 residents.
- Data collection: observed 6 council meetings and interviewed 8 resident council members.
- Analysis focused on how the council identified, discussed, and responded to food concerns.
- To organize the broad scope of food issues that were discussed, we modified a pre-existing framework by Keller et al.⁵

Results

Residents primarily focused on issues related to food and menu planning, and mealtime experience. There was significantly less discussion on nutrition care and eating assistance.

Food & Menu Planning

Issues raised that resulted in a plan for change:

1. Providing water at council meetings
2. Sandwich modifications
3. Adding hotdogs
4. Swapping out turkey chilli

Issues they were not able to impact:

1. Overall food quality
2. Adding new soup to menu
3. Changing pasta sauce
4. Adding spaghetti
5. Increasing juice variety

Mealtime Experience

Issues raised that resulted in a plan for change:

1. Seasoning on dining tables
2. Updating menu changes on TV

Issues they were not able to impact:

1. Meal timing and temperature
2. Receiving paper menus
3. Meal experience at recreation event
4. Reducing food waste from uneaten soup crackers

Nutrition Care & Eating Assistance

No issues raised in these categories resulted in a plan for change.

Issues they were not able to impact:

1. Portion sizing
2. Special diet concerns
3. Modifying foods for easier consumption

These issues received less attention and were perceived as specialized, individual concerns.

"They have a different way of eating their food. We're only talking about the regular food diet. In general, the families are concerned about that." (Resident)

3 factors shaped residents' ability to influence food-related issues:

Conflicting Opinions

- Residents have different perspectives on dining and food services due to diverse food preferences and specialized diets⁶.
- When opinions on food issues clashed, the issue usually remained unchanged.

Decision-Making Process

- The council lacked a transparent model for decision-making.
- At times, we observed consensus-building or voting; however, unilateral decision-making and dismissal also occurred.
- Concerns that were dismissed were often framed as specialized, individual issues.

Management's Response

- Issues that were deemed more feasible to resolve by management were more likely to be addressed.
- Organizational complexity was an aspect of management's response, as many departments were involved with food issues.
- When an issue was viewed as outside of the department's scope, it was unclear whether there was follow-up on the issue.

"[The staff] couldn't [...] approach all 240 residents. But everyone has different opinion about [food]." (Resident)

"I don't know how the majority of the people feel. [...] And it isn't up to just [the council executive] to decide that. [...] The entire group has a voice, and that has to be heard. That to me is democracy." (Resident)

A resident mentions that the electronic TV menu is too small to read: Food Services Staff: *"Well, that'll have to be done by reception because I can't do that. [...] I'll bring it up with leadership and see what they want to do about that."*

Implications

- Our findings suggest that resident councils can improve the dining experience, but the views of those requiring eating assistance or on specialized diets may not be adequately represented.
- Resources are needed to support councils to develop fair and clear decision-making processes that incorporate multiple perspectives.
- Other engagement methods (audits, surveys, taste tests, etc.) may also be necessary to ensure the inclusion of those who require additional mealtime support.

Further Study

- Investigating which decision-making models are most effective can empower residents to influence greater change in food services.
- Resident council is one way to garner feedback on food issues. Exploring other methods to engage residents in food decisions can help us understand how resident councils compare to these approaches.

References

1. Boelsma, F. et al. (2014). "Small" things matter: Residents' involvement in practice improvements in long-term care facilities. *Journal of Aging Studies*, 31:45–53.
2. National Standards of Canada. HSO Long-Term Care Services (2023) Available online.
3. Baur, V., & Abma, T. (2012). 'The Taste Buddies': participation and empowerment in a residential home for older people. *Ageing & Society*, 32(6), 1055-1078.
4. B.C. Reg. 96/2009.
5. Keller et al. (2022). Reimagining Nutrition Care and Mealtimes in Long-Term Care. *Journal of the American Medical Directors Association*, 23(2), 253-260.
6. Davies, M. et al. (2022). Exploring resident experiences of person-centred care at mealtimes in long-term residential care: a rapid ethnography. *BMC Geriatrics* 22, 963.

Acknowledgements: Thank you to Dr. Sarah Wu for her input on this poster.