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1 HOUR CE
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Creating Positive Eating Environments

MANAGEMENT CONNECTION

A review of dining populations, their nutrition issues, and factors to improve their dining experience

I always enjoyed dining with my grandma at her assisted living facility. After 20 years on the consulting, sales, and foodservice side of senior dining, it was fun to be on the receiving end of the flow of food. We would walk down to the dining room to find our table, covered in the color-of-the-day linens, and sit by the window overseeing the duck pond. Watching people arrive, I could tell this meal was something they were looking forward to. The atmosphere was relaxing, which I believe encouraged diners to order healthier food choices.

While we are trained to make our customers a nourishing meal and monitor their nutrition status, we often do not have input on dining spaces or dining environments. Whether your customers are preschoolers, inmates, or long-term care residents in their final homes, you want them to be well-nourished and

enjoy their food. What if those goals are not being met? Is it possible to improve their intake without changing the menu? If we change an eating environment, do people choose healthier options in reasonable amounts to solve the problems of over- or under-nutrition?

Each facility has its own nutrition and dining challenges that should be addressed on a local level, engaging clients, consultants, staff, and administration. In this article, we will review dining populations, their potential nutrition problems, and environmental factors that may improve their nutritional status and dining experience.

I believe we need to put on utopian lenses before we continue. Let us imagine an environment that is adequately staffed, living

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without a pandemic or healthcare crisis. Some of the concepts we will discuss require staff and resources. Even though that may not be our current reality, we can dream of a future where it is.

A CLOSER LOOK AT DINING POPULATIONS

Daycare/Preschool/Early Education Population

Nutrition Problems: Selective, "picky" eating, food ruts, distractions while eating, food insecurity

Positive Eating Environments to Improve Nutrition Problems: Parents are often amazed when entering a daycare or preschool dining area. The tiny people are sitting together, in

nutrition with psychology. One of her most recognized concepts for feeding young children is called The Division of Responsibility, which states:

- You [the adult or caregiver] are responsible for *what, when, and where.*
- Your child is responsible for *how much and whether.*

Many daycares and preschools have adapted The Satter Institute's philosophy to create positive eating environments. One illustration is a preschool teacher offering food items, in appropriate amounts, to the child and allowing the child to eat how much or whether to eat at all. Let's say lunch consists of whole grain pasta with red sauce, parmesan cheese, green beans, orange slices, and a cookie. If the child

ELLYN SATTER, MS, RD, CICSW, BCD, a therapist, author, and lecturer, has developed concepts and practical feeding and eating models that combine her knowledge of nutrition with psychology.

appropriately-sized chairs and tables. They are eating a meal with peers, using their manners, and eating their veggies! Their school-day meal intake may astonish parents, leaving them wondering why their children won't eat the broccoli at home or why they leave their food on the plate yet ask for a snack at bedtime. Many factors are considered in creating positive meal environments for this age group. One expert in the area of feeding young children is Ellyn Satter, MS, RD, CICSW, BCD, a therapist, author, and lecturer. Satter has developed concepts and practical feeding and eating models that combine her knowledge of

only eats the cookie and oranges, the provider or teacher will not coax, bribe, or reward that child into eating additional foods. The staff can, however, influence the menu in the future to provide foods that may be more accepted by the child. The provider will eat the same meal with the children, showing enjoyment for the foods, along with making the mealtime pleasant.

Spaces/Environment:

- Create a designated space for eating.
- Use child-sized chairs, tables, and eating utensils.
- Limit distractions such as toys, loud music, and screens.
- Display posters and art with fun food images. (See the "MyPlate Friends"—Mary Dairy, Dean Protein, Jane Grain, Reggie Veggie, and Farrah Fruit.)

Words/Actions:

- Encourage and model manners.
- Offer new foods with familiar foods.
- Give child-size *portions* at first (each food item about the size of their palm).
- Do not reward or punish with food.
- Encourage celebrations with healthy snacks or non-food items (example: birthday smoothies or birthday stickers).
- Have regular, planned meals and snacks to promote food security.
- If children are eating or drinking anything other than water, sit down at the table.
- Balance "everyday foods" and "sometimes foods." (If you never allow treats or "forbidden foods" they may become a problem with excess when the child is able to choose foods on their own.)
- Have designated cooking and snack preparation activities. Children will eat better if involved with the preparation.

Tween/Teenage Population

Nutrition Problems: High intake of sugar-sweetened beverages (SSBs) and poor nutritional quality food items, convenient eating, excess calorie intake, emotional eating, disordered eating, food insecurity

Positive Eating Environments to Improve Nutrition Problems: Foodservice directors in school systems know that sales of SSBs and concessions-type foods are high when they are available to students. It is estimated that 63-67 percent of 12-19 year olds consume sugary drinks on a given day compared to 38-41 percent of people aged 60 and older (2020 Dietary Guidelines for Americans). The current 2025 Dietary Guidelines for Americans encourages "a healthy dietary pattern [that] limits added sugars to less than 10 percent of calories per day, starting at age two." Tweens and teens tend to go for convenient items that are readily available to them. Emotional or stress eating can be a concern in this population as well. During the lockdown period of the COVID-19 pandemic, some reports found changes in dietary behaviors and increased intake of unhealthy food choices including sugary drinks (Stavridou). Research from 1980-2005 found that young women model other people's food intake (Conger) and that they adapted their intake of vegetables to mimic intake of those they ate with (Roth). Even though this is older research, these findings suggest that peer pressure makes a difference for this age group when it comes to food choices.

Spaces/Environment:

- Turn off vending machines during lunch hours.
- Offer stations with choice, such as a salad or sandwich bar.
- Offer alternative eating spaces, such as outdoors or cafe tables in quiet hallways.
- Have booths or high-top tables to create a cafe environment.
- Display fruits and vegetables in an attractive manner at the beginning of the line.
- Offer a la carte fruits and veggies, lean proteins, and whole grains in convenient grab-n-go containers.
- Display posters of influencers or famous/popular people eating healthy food.

Words/Actions:

- Allow adequate time for meals.
- Discourage screens at dining tables.
- Offer to-go lunches and dinners and distribute them in a private location for students with food insecurity.
- If you have TV monitors in the lunchrooms, advertise healthy choices in trendy, eye-catching ads.

Short-term Rehabilitation/Therapy Program Population

Nutrition Problems: May have nutrition deficiencies due to addiction or disease, possible under-nutrition from food insecurity or disordered eating

Positive Eating Environments to Improve Nutrition Problems: One goal of short-term treatment programs is to prepare the client for return to life after the program. This means that their food preparation and eating patterns while in treatment should mimic their goal lifestyle patterns. Nutrition and foodservice professionals can be key players in this treatment plan and education process.

Spaces/Environment:

- Provide family-style eating, if appropriate.
- Decorate with calming photos, art, or inspirational messages.
- Use a variety of textures in dining spaces, such as soft linens, textured walls, or shiny metal.
- Paint walls green or blue to promote healthy eating and calmness.

Words/Actions:

- Offer meal preparation groups when appropriate.
- Give choices within the menu.
- Facilitate grocery shopping and meal planning training and education for discharge preparation.
- Provide nutrition education for use in therapy sessions.
- Display recipes or food preparation techniques on colorful posters or provide copies of recipe cards.

Long-term Care Facility Population

Nutrition Problems: Nutrient deficiencies due to medication or disease, under-nutrition due to poor appetite or dentition, over-nutrition with certain chronic diseases, swallowing problems

ADVICE FOR TEENS & TWEENS: Offer stations with choice, such as a salad or sandwich bar... Offer a la carte fruits and veggies, lean proteins, and whole grains in convenient grab-n-go containers.

Positive Eating Environments to Improve Nutrition

Problems: In long-term care, we are aware of the problems of over- and under-nutrition. We focus on staffing, the menu, production, and service. In 2011, Pioneer Network published New Dining Practice Standards, a focus on reducing nutrition-related illness and deficiencies, with diet liberalization and individualized support of self-directed living/dining. For example, many facilities offer more choices like flexible dining times and accessible pantries "based on the individual's life patterns, history, and current preferences." From the Pioneer Network publication: "Honoring choice is a complex issue including variables such as balancing risk with benefit, individual decision-making capacity, and inclusion of resident advocates. Honoring choice is born out of relationship; consistent resident-staff relationships are essential to identifying and honoring individual choice." We also know that socialization, across all populations, is helpful for improved nutrition intake. There is substantial evidence that when people dine with others, they eat better.

Spaces/Environment:

- Use table linens.
- Decorate the tables with seasonal decor, flowers, or food.
- Have adequate lighting.
- Refresh the walls with calming colors in green or yellow muted tones as opposed to bold colors. For example: Red can increase food intake, however it has been shown to increase heart rate and blood pressure. Blue, gray, and brown have been shown to decrease appetite.
- Display photos and art as if it were your own dining/living room.
- Adhere to a strict, clean dress code for service staff and always wear nametags.
- Display a menu, with photos if possible, even if your meal is not selective.
- Use plates and bowls that are colorful so clients see the food clearly (turquoise dishware has been found to increase intake of food items).
- Garnish and plate like a restaurant. Print a photo of the plated meal or have a display plate for staff to model after.
- Turn off screens and play relaxing music when appropriate.
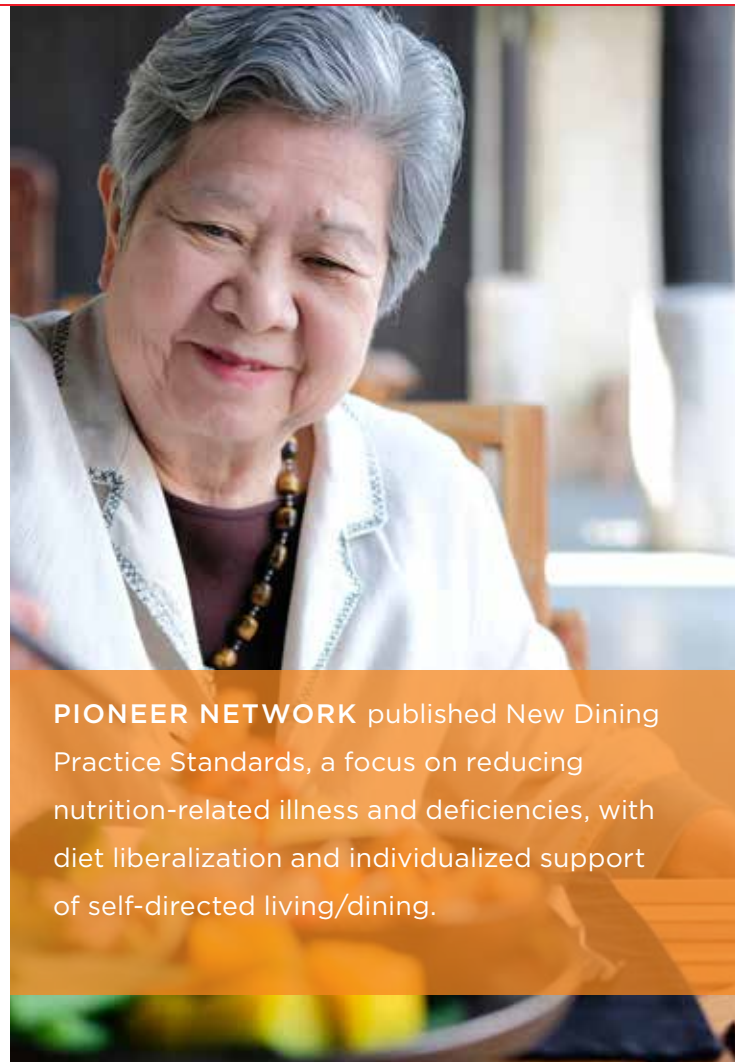
PIONEER NETWORK published New Dining Practice Standards, a focus on reducing nutrition-related illness and deficiencies, with diet liberalization and individualized support of self-directed living/dining.

- Display conversation starters at the tables. Try Conversation Cards from Shadowbox Press or Storyology wooden disks on the table (with conversation cues, built after the gamification concept of conversation).
- Check in with clients to see how socialization is going at their table. Honor tablemate requests.

Words/Actions:

- Hold special meal events early in the day, when appetites tend to be better.
- Host lunch buddy programs with local schools.
- Greet the clients warmly, using their name.
- Talk about the food (how much you enjoyed it today or a personal story about the items).
- Invite staff from different departments to dine with the clients.
- In addition to dining rooms, provide casual dining spaces with food available at all times (if appropriate for the population).

All Ages in Acute Care Settings Population

Nutrition Problems: Intake and appetite may be poor due to illness/injury, chronic underlying nutrition deficiencies related to their diagnosis, restricted diets

Positive Eating Environments to Improve Nutrition Problems: If you work in an acute care setting, your clients may not feel well enough to completely enjoy the dining experience. Diet liberalization and choice have been cornerstones of this setting in recent years as well. The meals eaten in acute care settings can also be used to educate and comfort people with newly-diagnosed chronic conditions.

Spaces/Environments:

• Use inspirational or seasonal tray liners and colorful disposable linens.

• Move tray tables to a dining/upright chair for meals when patient is able to get out of bed.

• Remove trash, medications, or medical supplies from the tray table before serving the meal.

• Provide educational handouts on specialized diets, for example, carbohydrate information for a patient who is using insulin ratios, or Mediterranean diet recipes for someone in the cardiac unit.

Words/Actions:

• Remove plate domes when presenting the meal (if the patient has nausea, remove the dome once you are in their room and wait for a moment for the aromas to escape before you present the food).

• Smile, quietly and warmly greet the patient with the arrival of their meal.

• State what the meal is when presenting it to the patient. ("Good morning, Mr. Lee, I have your oatmeal with berries and bacon here. Enjoy!")

• Host and serve a meal to the foodservice staff, preferably in empty patient rooms or dining spaces. Being in the shoes of the patient will help them experience empathy and focus on pleasant mealtime experiences.

SUMMING IT UP

When it comes to nutrition, the dining environment and the actions of staff play a key role in optimal food intake and overall quality of life. **E**

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CE Questions | MANAGEMENT CONNECTION

II *This Level II article provides basic to advanced resources. The desired outcome is to facilitate application of knowledge into practice by drawing connections among ideas and using information in new situations.*

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Reading *Creating Positive Eating Environments* and successfully completing these questions online has been approved for 1 hour of continuing education for CDM, CFPPs. CE credit is available ONLINE ONLY. To earn 1 GEN CE hour, access the online CE quiz in the ANFP Marketplace. Visit **www.ANFPonline.org/market** and select "**Edge CE Articles**" within the Publications Section. If you don't see your article title on the first page, then search the title *"Creating Positive Eating Environments."* Once on the article title page, purchase the article and complete the CE quiz.

1. Which of the following is *false* about socializing while eating:
   A. Older adults tend to eat more food when they dine with others
   B. Young children tend to make healthier choices when they dine with their peers
   C. Teenagers ate healthier food while in isolation during the pandemic

2. Which of the following statements is *true* about the color of the dining environment:
   A. Red walls can increase blood pressure and increase appetite
   B. Brown walls can make people eat more food
   C. Gray walls make people feel like eating healthier

3. Ellyn Satter's Division of Responsibility states that the child's role in eating is:
   A. To sit at the table until they clean their plate
   B. To take one bite of every food item, even if they don't enjoy it
   C. To decide how much and whether they eat

4. Which of the following might mimic a homelike eating lifestyle for clients at a short-term treatment program?
   A. Serving food on a tray in the client's bedroom
   B. Family-style meal service in a dining room
   C. Restaurant meals delivered to the facility

5. How can you teach foodservice staff to have empathy for your clients and their dining experience?
   A. Write them up if they break dress code policies
   B. Encourage them not to speak with clients
   C. Serve them a meal in the environment in which your clients eat

6. To improve food intake for an older adult who has lost weight you should:
   A. Increase their portion sizes to make it look like there is a lot of food on the plate
   B. Plate the food as if you were in a restaurant and use a simple garnish
   C. Seat them with someone who annoys them

7. An ideal eating environment for most people is:
   A. Noisy, surrounded by walls painted in bold colors
   B. Dark, with minimal interaction with others
   C. Calm, dining with people they enjoy