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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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:
- 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

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

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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.

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.

**SOURCES AND REFERENCES**
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- MyPlate Friends Profile Cards https://fns-prod.azureedge.net/sites/default/files/tn/dmp_profilecards.pdf
- Storyology® Memory Sharing Game – Storyology.com
- Activities for People with Dementia | Conversation Cards – Shadowbox Press https://www.shadowboxpress.com/collections/conversation-cards
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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

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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.

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