WHITE PAPER

CULTURALLY APPROPRIATE FOOD

IN

AGED CARE SERVICES

2021

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CULTURALLY APPROPRIATE FOOD IN AGED CARE SERVICES

We must find a way to honour the dignity of our elderly and vulnerable, once contributors to societal prosperity, today dependant on our advocacy
(Dr. Ranjana Srivastava).

Introduction

Australia prides itself as a harmonious, multicultural society. It is also an ageing society. Current data indicates that European migrants make up a significant proportion of overseas-born Australians aged over 65. However, in the coming years, this will shift to Asia-born and Africa-born as the fastest growing overseas-born populations in Australia (Department of Health, 2017).

The Australian Department of Health's Aged Care Diversity Framework states that older Australians with diverse characteristics and life experiences have a right to access good, inclusive aged care services (Department of Health, 2017). Aged care providers are guided to deliver more inclusive and culturally appropriate services for consumers (Department of Health, 2019).

The Royal Commission into Aged Care Quality and Safety Report *Recommendation 30: Designing for diversity, difference, complexity, and individuality* requires that aged care service providers are "able to provide specialised services for groups of people with diverse backgrounds and life experiences" (p:229). However, no reference is made to food and nutritional needs of culturally diverse communities.

This paper draws on findings in relation to food and nutrition in aged care services, presented in the Report of the Royal Commission into Aged Care Quality and Safety. It highlights the impact of poor-quality food on health and quality of life of persons leading to malnutrition, risk of ongoing ill health and resulting cost to the health economy.

The paper calls attention to two areas that were not addressed in the Royal Commission Report in relation to food and nutrition. These are:

(a) culturally appropriate food for people from CALD background
(b) collaboration with allied health professionals in their dietary planning.

Culturally appropriate food is explored here through a case study of Victoria's ageing Australian-Indian community. At present, culturally appropriate food remains a major concern for older and frail persons of Indian background as well as a barrier to them accessing aged care services.

Frail-aged persons needing aged care services and support have health issues, which also require input from allied health professionals and specialists such as speech pathologists, dietitians and oral health specialists, and chefs in order to plan dietary needs with appropriate texture, variety, flavour and support that make their dining experience enjoyable.

Currently, MiCare is in the process of building a 108-bed facility in Melbourne –'Noble Park Lodge – targeted mainly for the elderly and aged people of Indian origin (MiCare, 2019). While this initiative is timely and welcome and will hopefully be completed soon, it will only serve to provide culturally appropriate food to a small cohort of the Indian senior population. With the federal government agreeing in principle to adopt the Commission's key recommendation of allowing the elderly to remain at home and receive aged care services (Massola, 2021), a broader initiative is required to enable culturally appropriate food for the 30,000+ Indian senior population across the nation, particularly those still leading meaningful lives at home.

We also welcome the recent announcement by the Victorian government to provide nutritious and diverse foods in Victorian hospitals and aged care facilities. We hope that our advocacy is considered for broadening this initiative to private aged care facilities and Meals on Wheels service (Andrews, 2021).

Models of private and informal sector enterprise are described and presented here as potential solutions for the aged care sector.

While this paper focuses largely on the impact of poor quality and culturally inappropriate food and nutrition to Australian-Indians, culturally appropriate food is equally relevant to older members receiving aged care services across all Cultural and Linguistically Diverse (CALD) groups.

Background

The Royal Commission into Quality and Safety in Aged Care Report raised four concerns, one of which was food and nutrition in aged care services.

The Report highlighted current inadequacies within the aged care service sector:

- A representative study of 60 Australian residential aged care services in 2017 finds that “68% of residents were malnourished or at risk of malnutrition” (p:32).

- A serious consequence of poor nutrition is often malnutrition, associated with increased risk of falls, fractures, wounds and infection (p:10) – frequently requiring hospital care. Rarely does the malnourished aged person return to their previous level of function after relatively minor setbacks.

- On average, aged care institutions spend $6.08 per resident per day on meals. This is insufficient spending on food for nursing home residents (Srivastava, 2021).

- Spending on fresh food is declining but spending on supplements is increasing.

- Aged care workforce lacks training in culturally safe practice and knowledge of specific needs of people from diverse backgrounds.

A report from the Department of Health estimates that in Victoria, the cost of malnutrition on the health care system is approximately $10.7 million each year (DHHS, 2019). This figure does not include the many aged persons with undiagnosed malnutrition, who do not access aged care services.

Gaps in Royal Commission report into Aged Care Quality and Safety

Two important criteria that is missing in the Report relates to people from cultural and linguistically diverse backgrounds:

- Culturally appropriate food for quality of life and wellbeing
- Involvement of allied health practitioners and specialists

A report from the Department of Health estimates that in Victoria, the cost of malnutrition on the health care system is approximately $10.7 million each year. This figure does not include the many persons with undiagnosed malnutrition (DHHS, 2019).

(a) Culturally appropriate food for quality of life and wellbeing

For older persons across all cultures, there is a sense of pleasure and joy in eating familiar, flavoursome, nutritious and textured food, which is important to their health and wellbeing. Food in this sense is associated with comfort, identity and culture, as well as spirituality.

Many migrant populations continue the food habits and dietary customs of their country of origin or traditional homelands. In aged care services, people are reliant on others to prepare meals. When such meals are prepared without consideration for preference, religious beliefs and culture, there is disconnect from what ought to bring pleasure and meaning to the lives of ageing persons.

The preparation of cultural food for older people is in itself a complex process. It requires appropriate skill and knowledge, staff capacity, budgets, planning, diets, cuisines, menus, and delivery. It also requires a willingness on the part of service providers to address specific food and nutrition needs and preferences of diverse people. This has not been taken into consideration in the Commission's Report.

Food provided in aged care homes, should address the cultural and spiritual needs of each resident. Food connects people with their identity, homelands, family and traditions. Cultural security is important for the well-being of all residents as it acknowledges and embraces the unique cultural and linguistic background of individuals. Cultural security provides opportunities for people to express their culture, have their cultural needs met, and share their cultural heritage.

Although people may have been brought up in the same country, region, homeland or have the same cultural background it is important not to generalise when it comes to providing meals. Some residents will hold strongly to their traditional dietary customs while others may embrace a more liberal eating pattern. Customs of people from the same country (or area within a country) vary and these variations should be recognised, respected and catered for.

Bartl and Bunney, 2015

Best Practice Food and Nutrition Manual for Aged Care Facilities

(b) Involvement of allied health practitioners and specialists

Older frail, aged persons with serious health issues have special food, nutrition and dietary needs, which require attention to presentation to stimulate appetite, intake and digestion. From the age of 60 onwards, as people age, their sense of smell and taste begins to decline. Consequently, the taste for salt, sugar, and flavours begins to diminish, which need to be incorporated in varying degrees through modification of flavour and texture by dietetics.

Older persons may also have varying capacity to swallow, chew or digest food. Those with nutrition and swallowing problems are at risk of functional decline. People with cognitive impairment are in even greater need of nutritional support to maintain a healthy weight. Food and feeding are relevant for illnesses such as cancer, as well as serious chronic illnesses such as advanced cardiac failure, chronic obstructive pulmonary disease and dementia.

Nutritional support in palliative care aims to minimize discomfort and maximize food enjoyment, improve the sense of wellbeing, and quality of life right up to the time of death. Most residents in an aged care facility are under a palliative approach.

Some may be nearing the end of life while others may have a terminal or incurable illness, both of which require many more years of on-going palliative treatment. This could include managing symptoms, pain, providing daily care and generally ensuring quality of life till the end.

Their nutritional status and quality of life may be improved by:

- flexible mealtimes to suit when their appetite is at the best
- avoiding times when they are in pain, feel nausea or fatigue
- offering favourite foods frequently and encouraging enjoyment of eating
- providing high calorie meals and snacks when appetite is low
- encouraging social interaction by eating together, where possible.

Standards exist for food preparation to suit diverse, frail, aged persons of varying capacity to eat, swallow and digest food. However, they are not evenly adopted in Victoria (National Safety and Quality Health Service Standards, 2017). Recently, the Victorian government appointed a panel of experts in clinical and food service dietetics, food service management and procurement to review the current standards and make recommendations to better serve Victorian patients and residential aged care residents (Andrews, 2021).

The necessary role of allied health professionals – dietitians, nutritionists, food specialists, geriatricians, speech pathologists and oral health specialists has not been mentioned in the Royal Commission Report recommendations for improved food and nutrition.

These specialists work with a wide range of disabilities common in frail aged persons, including and not limited to, vision, hearing, sensory and speech impairment, intellectual disabilities, learning and cognitive disabilities (.e.g. autism spectrum disorder, dementia), neuro-degenerative diseases (e.g. motor neuron disease), chronic health conditions (heart and other organ disease), psychiatric and mental health conditions (e.g. schizophrenia), and physical disabilities (e.g. multiple sclerosis).

Accommodating the specific needs of this vulnerable segment of Australian society requires an on-going involvement of a body of allied professionals and specialists whose important role has been overlooked in the Commission Report's recommendations for improved food and nutrition.

Individualised care plans for food and nutrition can take place when the aged care service providers work closely and in collaboration with allied health professionals and food production staff. This collaboration is currently lacking, though there are some exceptional cases such as a Jewish residential aged care facility, and Jewish Kosher Meals on Wheels described in the Appendix to this paper.

Food and nutrition in a culture-specific context: Older Australian-Indian residents of Victoria

> *What is life without wellbeing and the pleasure of enjoying culturally appropriate foods?* (Anand)

Indian seniors comprise the top new and emerging cohort of older people in Victoria. The latest Census data indicates that there are 9,222 Indian born people aged 65+ in Victoria (Australian Bureau of Statistics, 2016). The top emerging 50-64 age group in Victoria is also Indian born at 15,460 people.

Many seniors in the Indian community migrated to Australia in their younger years between 1965 and 1980. A significant number, however, are recent arrivals who have been in Australia since the 1990s. They migrated to support their children and grandchildren (young families) and may have a disconnect from social networks, spiritual and cultural traditions with which they were familiar.

The Indian diaspora is a heterogeneous one in terms of cuisine and nutrition. There is no one single cuisine across the population, though some basic dishes can be 'essentialised'.

Many Hindus and other sections of the Australian community are strict vegetarians, avoiding meat, fish and eggs. Vegetarians do consume dairy products. The choice of maintaining a vegetarian diet is associated with a belief in non-violence, which extends to animals and a belief that non-vegetarian food impedes spiritual development.

Some Hindus and other faith groups of the wider Australian community choose to eat meat but avoid beef or pork because cows are considered sacred, and pigs are unclean. Traditional health practices include use of condiments and plant-based foods for healing.

Why Victoria's ageing Indians do not choose residential aged care

In Victorian residential aged care facilities, food is mainly Anglo-specific. The texture, flavour and content are appropriate to the general needs of Caucasian residents, irrespective of personal preference. The community Meals on Wheels program provides food also prepared for an Anglo-European palate. Care providers of frail, aged persons in the Community Home Support Program are not trained in food preparation appropriate for an Indian senior.

In rare cases, 'token' Indian food is offered for the aged care resident – one dish on the weekly menu that is prepared with Indian spices and texturized for an Anglo-European palate. Most

Indian aged people do not want to go into aged care homes for fear of living the rest of their days with food that they cannot tolerate physically or aesthetically.

Lack of culturally appropriate food for the Indian aged care service users disregards cultural nutrition preferences of Australian-Indians and excludes them from health care and support services they are entitled to, by virtue of having contributed positively to the Australian economy in many ways. Excluded, they are deprived of the comfort of supported care in their final years.

Yet, there are a significant number of good chefs of Indian background who have graduated from Australian hospitality institutions. Many are employed in the aged-care sector. In a few instances, these chefs have introduced some diversity in food. For example, anecdotal evidence shows that one Indian chef in a Jewish aged care home in Western Australia has created a menu which includes a fusion 'curry' dish acceptable to both eastern and western palates.

IndianCare is keen to see inclusion of more culturally appropriate food in aged care facilities as well as in the Meals on Wheels service.

Voices of the Australian-Indian elderly – case study:

> *Sarvaṁ khalu idaṁ brahma*
> *Translation: 'We are what we eat',*
> (from Chandogya Upanishads, Hindu scriptures)

Food that one consumes has a great impact on their health and wellbeing. This is particularly true for the aged and elderly within the Australian society.

Ten qualitative interviews were conducted in April 2021 with Australian-Indian seniors and the elderly based in Melbourne, Victoria. The majority stated that a total absence of Indian food would deter them from seeking aged-care facilities if they were unable to look after themselves. Some, having adapted to a wider Australian cuisine, would still want a portion of their weekly food intake to incorporate Indian food. They would be content to modify some European foods – 'Indianize' – to suit their palate.

Those who are pure vegetarians, would not [could not] consider moving into aged care facilities because currently, none offer vegetarian meals. In the absence of aged care services capable of providing culturally appropriate food, they are being excluded from fully accessing services for the aged and elderly.

Bharat and his wife Rama[1] are 83 and 80 years old respectively. Bharat has knee problems and an ongoing heart condition. Rama has arthritis, knee, and back problems. Both are managing at the moment but are concerned what would happen if they were unable to carry out their day-to-day chores. Bharat said:

> *… that's when the problems start. That is our concern, what will happen when we come to that stage … We are pure vegetarians … we can't go into nursing homes or aged care because getting Indian vegetarian food is almost impossible ...* (Bharat).

At the moment, if Rama is unwell, Bharat is capable of cooking Indian food. However, if both were incapacitated for any reason, lack of culturally appropriate food would impact their ability to remain independent.

> *… we will become dependent … on our children, on others … they are busy too. Things can be improved … like Meals on Wheels … but not good for us. My suggestion is aged-care facilities should contract restaurants like Saravana Bhavan to supply food in aged care facilities, then we would consider aged-care homes* (Bharat).

Lack of culturally appropriate food has an impact on the mental wellbeing of Australian-Indians too. Sunil's late father-in-law (Ravi) had to be placed in a nursing home because of his medical conditions. For 84 years, Ravi had had only Indian vegetarian meals. What would he eat? Consequently, Sunil's wife prepared meals at home and took it to the nursing home for Ravi. Though the nursing home facilities were excellent, it required Ravi to adapt to continental food. According to Sunil, Ravi lamented:

> *all my life I worked so hard … for what, if I can't even get the food of my choice when it means so much to me?* (Sunil).

Culturally appropriate food would have given Ravi some 'normalcy' or 'continuity,' a rare joy of food when his health was deteriorating. Gradually, as Ravi succumbed to depression, the nursing home obliged Ravi by adding a few spices to the food so that Ravi could enjoy his meals. Sunil emphasized that simple foods like *khichri* (dish of rice and lentils) have a lot of nutritional value, easy to cook and easy to eat by the elderly. He offered:

> *… the good thing is that most ageing Australian-Indians are mobile and want to remain that way. With a little bit of education on both sides [Australian and Australian-Indians], it would not be hard to accommodate culturally appropriate foods for Australian-Indians …* (Sunil).

[1] pseudonyms have been used to respect and protect the identity of respondents.

Lack of culturally appropriate food remains an underlying concern among those interviewed. Anil and Radha, both strict vegetarians, are in their late 80s. They live at home and are managing their health problems with assistance from family members. As there is no existing aged care facility that provides strictly vegetarian meals, Anil and Radha would never consider going into aged care homes. Radha and Anil elaborated:

> *… you see, being pure vegetarian, there is no question of us moving into aged care. If meat has been cooked in some utensils, we cannot eat vegetarian meals cooked in the same utensils* (Radha).

> *… I have to take supplements to balance my vegetarian meals, I don't get sufficient iron or calcium needed for my current medical condition… But I cannot eat meat because of my religious beliefs* (Anil).

From the narratives of the elderly and aged seniors of Indian ancestry interviewed, there is a realisation that aged care services are not currently meeting the food, nutrition and dietary needs of Australian-Indians who are vegetarian. As a result, many frail, ageing persons from the community strive to avoid admission to aged care facilities. As such, even though they have contributed to the Australian economy for decades, they are being excluded from accessing aged care facilities.

Conclusion

Despite the Royal Commission into Aged Care Quality and Safety Report Recommendation 30 requiring that aged care service providers need to be 'able to provide specialised services for groups of people with diverse backgrounds and life experiences,' this is not happening in practice. The case of Australian-Indian qualitative research has revealed there is need to bridge the existing gap for sections of the Australian society who miss out on aged care facilities because their needs are not being met through culturally appropriate food.

A number of not-for-profit local initiatives are supplying culturally appropriate meals to the wider Australian society. Many of the volunteers who cook these meals are part of the hospitality sector that has been hard-hit during the COVID-19 pandemic. There is, thus, scope for this potential workforce to be upskilled to meet the need for appropriate meals for the growing Australian-Indian elderly as well as other sections of the Australian society who prefer well-balanced nutritious meals. Based on the foregoing, this paper offers some tentative recommendations.

Recommendations

- Address the gap in providing culturally appropriate food (including vegetarian options) to Australian-Indians and other sections of the Australian society.

- Provide an interim solution for culturally appropriate foods to Australian Indian seniors in residential care and in the Community Home Support Program while long-term options are being reviewed.
- Ascertain similar discussions on needs of other culturally diverse aged care service-users

- Integrate dietetics, allied health professionals and specialists to cater for the needs of ageing Australian-Indians and other cultural groups in Australia

- Value the potential pool of graduate Australian Indian chefs who can be upskilled to bridge the gap in equitable access to meeting aged-care nutrition services

- Resource Maggie Beer Foundation to incorporate a food diversity component in its current training and upskilling package

- Engage in a meaningful dialogue with Australian-Indian diaspora restaurants/ hospitality sector to join in a government-led initiative to supply culturally appropriate food for Australian-Indians and other sections of Australian society.

APPENDIX 1

Community initiatives – Meals preparation and deliveries during COVID-19

Meals on Wheels Association – Victoria; *More than just meals*
https://www.mealsonwheelsvictoria.org.au

Australia adopted the British Meals on Wheels (MoW) concept from Britain. Services began in 1953 with Mrs E Watts pedalling a tricycle around South Melbourne offering soup, roast lamb and plum pudding at a cost of 15 cents approximately. The Red Cross later offered a motor vehicle for volunteers to deliver the meals. In 2019/20, over 76,000 volunteers of MoW services delivered more than 10 million meals to around 75,000 people in Australian cities, regions and rural areas.

The MoW provides short-term or on an on-going basis, nutritious non-vegetarian meals for the elderly or disabled who are unable to prepare food for themselves but would like to live independently as long as possible. Meals are subsidised by the Commonwealth Home Support Program (CHSP) or the Home and Community Care Program for Younger People (HACCPYP) as well as through individual and community contributions. Patrons choose food options from the MoW Menu and pay a fee for the same. However, meal options vary from area to area and do not subscribe to 'vegetarian only' meals. As a community service, MoW volunteers also undertake informal monitoring of health needs of the vulnerable elderly through preventative care and intervention, ensuring its clients receive timely support.

Many of the now elderly and ageing Indians have worked as volunteers for MoW in their younger days.

The following ethnic community enterprises are charities and not-for-profit organisations working with the support of volunteers, including:

Kosher Meals on Wheels: https://koshermealsonwheels.org.au
Launched in 1972, The Kosher Meals on Wheels (KMoW) program has continued to supply Kosher meals to the Jewish community in Australia. Supported by donors and volunteers, KMoW provides food made from 100% natural ingredients – high in complex carbohydrates, low in sugar with no artificial colours or flavours. A range of meals can be ordered by phone, email or fax from a variety of dishes on the menu, including vitamised meals. Meals can be either delivered to homes, hospitals, or picked up from KMoW's distribution centre in South Caulfield.

Khalsa Foundation Australia: Guru Nanak Kitchen Melbourne – community project Guru Nanak's Langar, No More Hunger
www.khalsafoundation.org.au

Khalsa Foundation Australia's Guru Nanak *Langar* Van was launched by the Hon. Shadow Multicultural Minister Inga Peulich, Hon. State MP Dee Ryall, and members of the Greens,

Liberal and Labor party members in June 2017 at Craigieburn Temple, Melbourne, Victoria. Based on the pillars of Sikhism, Khalsa Foundation Australia and Victorian Sikh Community have been distributing free 300–800 vegetarian meals to the elderly and vulnerable persons in the Australian community. Fresh food cooked by volunteers either at the temple kitchens or in conjunction with participating local vegetarian restaurants is delivered to communities affected by national emergencies such as bushfires, floods or the current COVID-19 pandemic. The food van has also been distributing free food every Sunday at the corner of Swanston St. and Flinders St. from 5–6 pm (subject toCOVID-19 restrictions).

Sikh Volunteers Australia
https://www.sikhvolunteersaustralia.org

Sikh Volunteers Australia has delivered freshly cooked free vegetarian meals to the elderly, single mums, self-isolated, unemployed and international students, the homeless and those in need since January 1, 2021. Its free food van serves the Tooradin and Frankston suburbs every Wednesday and Saturday. SVA have also been providing free home delivery to residents located in seven South East council shires since February 2021. Free meals can also be picked-up from 1734 South Gippsland Highway, Devon Meadows. The Van has the capacity to carry 1500 ready meals for people in Victoria. The SVA also contributed food services during the bushfires, floods and during the current pandemic.

United Sikhs Food Vans https://unitedsikhs.org/locations/Australia

The United Sikhs, Epping, currently provide vegetarian meals cooked at the temple kitchen on a regular basis. They respond during national and local crisis situations by supplying both groceries and vegetarian meals.

The Hindu Council of Australia https://hinducouncil.com.au/new/covid-19-service-to-the-needy/
The Hindu Council of Australia through *Karma Kitchen* and Hindu Benevolent Fund arranged for over 2,000 cooked vegetarian meals to support the elderly and those unable to cook during the on-going pandemic. *Karma Kitchen* also distributed free food to the homeless and the other persons in need in Australia.

Across Australia, many Indian restaurants joined in to support the elderly, the vulnerable and the needy during the current COVID-19 pandemic.

Maggie Beer Foundation https://maggiebeerfoundation.org.au

The federal Department of Health has charged the Maggie Beer Foundation with the responsibility of improving nutrition in aged care facilities. The Working Group of the first ever Congress in Australia involving all stakeholders in Aged Care, who met to formulate discuss what would make the biggest impact to the health and quality of life of Australians in Aged Care in the food arena. The Foundation is advocating providing recipes, specialised training/education to cooks and chefs to make a difference.

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Queensland Health. *Health Care Providers' Handbook on Hindu Patients* https://www.health.qld.gov.au/multicultural/health_workers/hbook-hindu (Accessed 18/3/21)

Multicultural websites

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