

# **A Qualitative Analysis of the Delivery of Person-Centered Nutrition to Asian Americans with Dementia in the Adult Day Health Care Setting**

## **Why was the study done?**

Adult Day Centers (ADCs) cater to a large population of Asian Americans who are living with dementia. Malnutrition is common in people who have dementia, and malnutrition leads to issues like physical decline, cognitive decline, and behavioral changes. ADCs are often the main supplier of meals to these patients. Since proper meals and nutrition are so important for quality of life, ADCs can use their unique position to monitor the nutritional needs of patients who are living with dementia.

However, not much is currently known about nutritional management within ADCs. There is also a lack of knowledge on how ADCs address ethnically diverse meal preferences among participants. This article studies nutrition in ADCs for people living with dementia, and it also examines how well ADCs provide Person-Centered Nutritional Care (PCNC).

## **How was the study done?**

The Model for the Provision of Good Nutritional Care in Dementia was used to study PCNC via six domains: availability of food and drinks, tools, resources, and environment, relationship to others when eating and drinking, participation in activities, consistency of care, and provision of information.

Semi-structured qualitative interviews (interviews that do not follow a strict list of questions) were used to collect information about PCNC in ethnically diverse patients. Interviewees included dietitians, social workers, RNs, administrators, and ADC clients, including clients with mild cognitive impairment, and caregivers, all at centers primarily serving Chinese Americans and Vietnamese Americans in Northern California.

Interview questions were related to the above model and were regarding mealtimes, food preferences, cultural considerations, special challenges surrounding meals for the dementia patients, and other aligned nutritional topics as they related to ADCs.

## **What did the researchers find?**

There were many factors that contributed to reduced nutrition among participants. At the ADCs, food and drink were provided only at specific times, and these times were not reflective of how ADC clients actually ate at home. All meals served were based upon CACFP regulations, which were far too restrictive. As a result, meals were too low in protein and bland in taste. Pureed foods were common, and they were considered to be unappetizing by participants. Aroma was found to be particularly important for dementia patients, yet foods served at the center did not often have a pleasant aroma.

Participants were also forbidden from bringing outside food, which may be more in line with participant preferences, into the center. At participants' homes, they were encouraged to consume nutritional supplements, which were found to be expensive and too sweet by the Asian American participants. Overall, participants were not routinely educated on nutrition or assessed for nutritional deficiencies.

ADCs took particular measures to encourage eating in dementia patients. These participants ate their meals in dedicated dining rooms and were encouraged to interact with one another at mealtime to further motivate eating. Exercises were also done with participants, and these stimulated hunger as a result.

With respect to the ethnically diverse population at the ADCs, cultural celebrations, such as Chinese New Year, were found to be particularly important to nutrition. Participants were more likely to eat the traditional foods provided during these celebrations, as they were reflective of their culture. The context of a celebration also encouraged social interaction and eating.

### **What do the results mean?**

In order to better serve Asian-American participants with dementia, ADCs should adopt more lenient guidelines for meals served at centers. Cultural understanding by ADC staff is important and promotes nutritional well-being in participants, and the ethnic food preferences of participants should also be considered.

Of the six PCNC domains, ADCs do well when it comes to teamwork among the staff in nutrition. Strong staff/participant relationships support nutritional well-being.

Increasing choice in foods for participants and making the food look and taste better would also help improve nutrition, as would making mealtimes more flexible. Hydration stations should be created at ADCs so that participants can have access to water any time they would like and stay hydrated.

Participants with dementia would also benefit from more finger foods rather than foods that require utensils, as utensils can make it more difficult to eat foods. It would also help to reduce distractions such as television and promote social interaction at mealtime to encourage eating further.

Overall, making the mealtime experience more similar to that at a participant's home would really help to encourage eating. CACFP regulations for diet are too strict in order to accomplish this goal, so ADCs should advocate for more lenient dietary guidelines for participants at their centers, particularly those who are Asian-American and living with dementia.

**Reference:**

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