# Future-Focused Foodservice: Designing Dining for the Expectations of the Modern Senior

AMY BOLLAM, RDN LD MPS

DiningRD



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## Learning Objectives

- **Explain** the changing food and dining expectations of the Baby Boomer generation in long-term care settings.
- **Discuss** how emerging care models—such as person-centered care and value-based reimbursement—impact foodservice strategy and delivery.
- **Identify** technology-driven innovations that support flexibility, personalization, and quality in foodservice operations.
- **Analyze** the role of foodservice in supporting wellness, clinical outcomes, and resident satisfaction within modern long-term care environments.
- **Apply** strategic approaches to integrate culinary excellence, operational efficiency, and resident engagement in the planning and delivery of foodservice.



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## The Modern Senior

- By 2030, all Boomers will be 65+, making up 20%+ of U.S. population
- Boomers **expect choice, not compliance**—and food is no exception
- Core values: Autonomy, wellness, personalization, tech-savvy



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## The Modern Senior

**Linda**
75 – Considering Assisted Living

**Michael**
78 – Living in a 55+ community, Independently

**Sandra**
72 – Urban condo, Independent



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# Home

ASHA data: 63% of Assisted Living residents say **improved food** would boost sense of belonging



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## Feeding a New Wave of Aging

**Over 70 million Baby Boomers are currently in or approaching retirement age.**

Over 70% of seniors are managing at least one chronic condition, often through food-first approaches.

Adults entering senior living are more likely to seek preventive care and wellness programming, including nutrition-based solutions.

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# A New Landscape

- **Higher acuity in assisted living:** More chronic disease management, med regimens, special diets
- **Home-like models in skilled nursing:** Green House, small-house design = flexible, resident-led mealtimes
- **Dining Implication:** Standardization no longer works; foodservice must flex across care levels



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# Hospitality

- Open dining, cafés, farm-to-table influence
- Expectations for:
  - Restaurant-style service
  - Menu variety
  - Resident voice in meal planning
- World cuisine, expanded flavors



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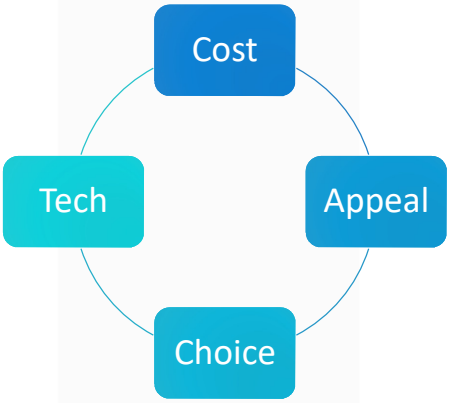
# Menu Engineering



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# Tech Enabled

- Allergy alerts
- Resident-preferred items
- Feedback loops
- Foodservice equipment
- Menu and cost optimization
- Telehealth nutrition consults



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# Operations + Menu

## CHICKEN OR THE EGG?

**KITCHEN TOOLS, EQUIPMENT, AND TECHNOLOGY DETERMINE FEASIBILITY OF MENU ITEMS AND PRODUCTS TO BE OFFERED.**

Is your current kitchen equipped to expanding dining times and improve service efficiency? Can updated equipment allow for more menu variety and quality?



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# Nutrition Care for Today and Tomorrow

## REGISTERED DIETITIAN

- Culinary innovation, not just compliance requires RD involvement
- Meal plans should align with clinical needs and personal goals
- Leveraging Food is Medicine - documenting medical necessity and impact

## VALUE BASED CARE

- Nutrition's contribution to PDPM scoring, readmission reduction, QAPI
- Enhancing reimbursement and quality through nutrition-led interventions
- Connecting documentation to outcomes: ADL scores, wounds, weight loss



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# Reimagining Compliance

- The Academy of Nutrition and Dietetics supports liberalizing diet orders for older adults in LTC, stating that "quality of life and nutritional status may be enhanced" by allowing more regular foods and autonomy
- Studies show therapeutic restrictions and texture modifications can contribute to dehydration and malnutrition
- Push the standard of menu norms; additional choice with restaurant-style menu options

*Think like a surveyor:*

- "We liberalize diets whenever possible to improve intake, satisfaction, and quality of life."
- How is a diabetic resident's diet managed? "The resident follows a liberalized consistent-carb approach with monitored intake and quarterly labs."
- "Our RD evaluates the risk-benefit of therapeutic diets and documents rationale for liberalization."
- "We assess dietary restrictions at admission, quarterly, and as needed through the IDT."



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# The Strategic Role of the Dietitian

- Improves outcomes: Malnutrition is linked to increased infections, and poor healing—RDN-led interventions reduce these risks.
- Supports CMS quality measures: Including weight loss, pressure injuries, readmission rates, and resident satisfaction.
- Enhances person-centered care: Balancing clinical needs with resident preferences and dignity.
- Key partner in value-based care: Especially in reducing rehospitalizations through nutrition support.
  - Indirectly affects reimbursement through improved outcomes (e.g., wound healing, weight maintenance, readmissions); key contributor to QMs and PDPM functional scores



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# Future Focus

| Expectation by 2030+ | System Response |
|---|---|
| Privacy, autonomy, home-like spaces | Renovations or redesign of traditional SNFs |
| Choice, quality, wellness-driven nutrition | RD-led, restaurant-style service |
| Telehealth, smart rooms, real-time updates | Interoperable systems, digital access |
| Empathetic, consistent caregivers | Culture change, cross-trained care teams |



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# Retail-Inspired Innovations

- Customization & Made-to-Order Menus: Choice over how their meal is prepared (e.g., grilled vs. baked), swap-outs, or build-your-own bowls and salads.
- All-Day Dining & Flexible Hours
- Marketplace Concepts: Café environments, barista services, and market grab-and-go shops
- Global & Ethnic Cuisine
- Theatrical & Experiential Dining: Cooking demos, wine tastings



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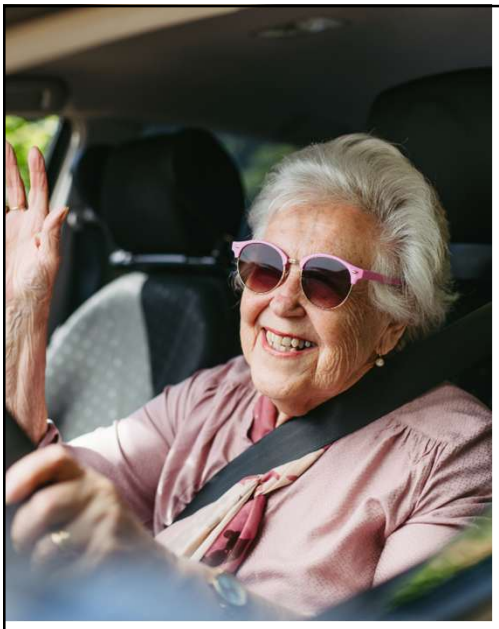

# On the horizon

- 2025–2035: Transitional phase — hybrid models emerge, acuity increases, and small-house pilots expand.
- 2035–2045: Models mature — home-like SNF becomes the norm for new builds; AL expands clinical capacity but faces regulatory pressure.
- Foodservice Future:
  - De-centralized kitchens
  - Meal plans (think College Campus dining venues)



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# Keys to Success

Communities that adapt new models will:

- Attract and keep residents through value-added services
- Qualify for alternative payment models or value-based contracts

Advocacy call to action:

- States will need to realign licensing standards and reimbursement models to support higher-acuity AL and incentivize SNF redesigns



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# Summary

- Rethink compliance
  - Diets and nutrition
- Ready your teams today!
  - Marketing
  - Menu choices, flavors
  - Dining availability
  - Tech + Function
- Incorporate value-add
  - FIM
  - Wellness



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**Amy Bollam**

ABollam@DiningRD.com



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