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Abstract

The population is spending increasing amounts of money for food away from the home. At the same time people are eating in a more healthful manner. The author discusses what the food service industry can and should do to better meet the needs and demands of consumers.

Keywords

Lendal H. Kotschevar, Nutrition: Whose Responsibility, National Restaurant Association, Health, Fast Food, Eating, FIU

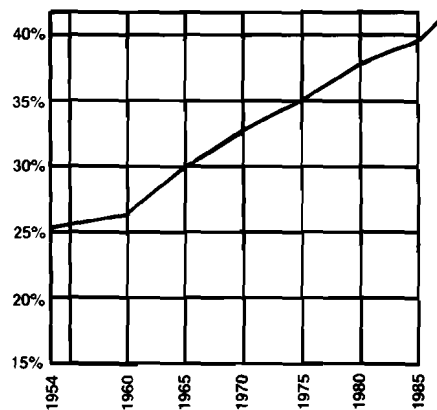
Nutrition: Whose Responsibility?

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The population is spending increasing amounts of money for food away from the home. At the same time people are eating in a more healthful manner. The author discusses what the food service industry can and should do to better meet the needs and demands of consumers.

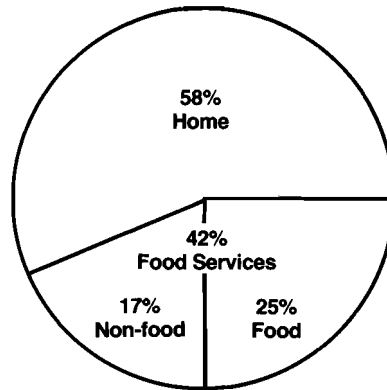
Expenditures for food consumed away from home have been steadily rising over the past 30 years. Today the National Restaurant Association (NRA) estimates that this is 42 percent of our food dollars. If one deducts non-food costs from this amount one can arrive at an estimate that 25 percent is for foods and the remaining 17 percent is for non-food costs (see Figures 1 and 2). One of the things this means is that the food service industry is responsible for 25 percent of the nutrition in this country, a responsibility which has come into close focus in the last few years.¹

Figure 1
Food Bought Away From Home



The percentage of food dollars spent for food away from home has increased in the last 30 years in the United States. (Adapted from NRA data)

Figure 2
How The American Food Dollar Is Spent



Concurrent with this rise in food expenditures has been an increase in health maintenance among the populace. People have become aware that the way one lives materially influences health and longevity. They have noted that out of the top 10 biggest killers, seven are often nutrition related (see Table 1) and they have made significant changes in their living patterns to try to change this.

Table 1
Leading Causes of Death of Persons 55 Years and Older, 1984

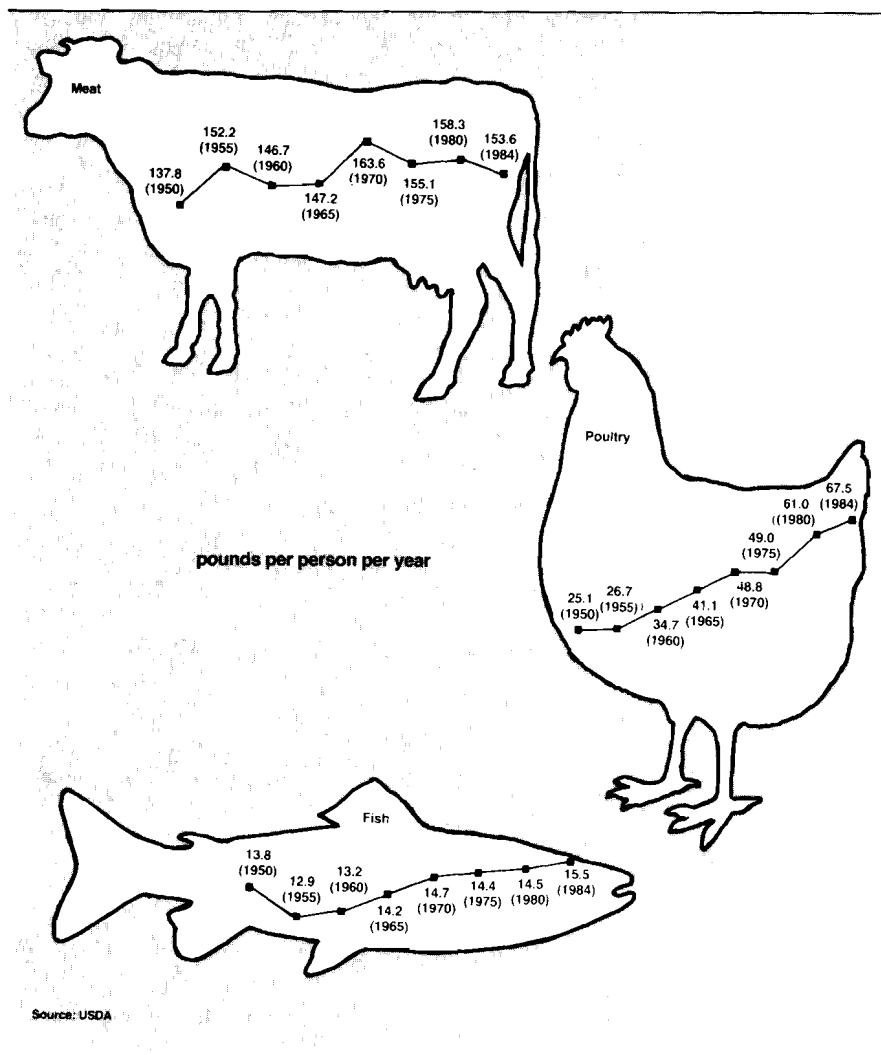
All Causes	Percent
1. Diseases of the heart*	45
2. Malignant neoplasms*	15
3. Cerebrovascular diseases*	15
4. Influenza and pneumonia	4
5. Arteriosclerosis*	3
6. Accidents	
Motor vehicle	2
All Others	1
7. Diabetes mellitus*	2
8. Bronchitis, emphysema, and asthma	2
9. Cirrhosis of the liver*	1
10. Kidney infections*	1
11. All other causes	11

* Could be nutrition related.

(Adapted from data of the National Center for Health Statistics).

They jog and exercise. They change their eating patterns. The population's trying to reduce its consumption of saturated fat and cholesterol by eating less dairy fat and eggs; from 1950 to 1984, the average number of eggs consumed per person per year declined from 378 to 252. They are also realizing that the consumption of more fruits and vegetables can lower calorie intake while increasing the supply of vitamins and minerals; from 1965 to 1984, consumption of vegetables increased from 181.5 to 209.2 pounds per year and fruit consumption increased from 126.7 to 142.9 pounds per year. Figure 3 summarizes what is happening in the consumption of flesh foods; people are trying to eat those kinds that supply less fat, calories, and cholesterol and reducing those like red meats that supply more of these.

Figure 3
Consumption of Flesh Foods



This increasing interest in fitness fare has not gone unnoticed by the food service industry and many units are today changing their menu offerings to meet these changing trends. This has not only been satisfying to many of the industry's patrons but has also been profitable in many cases. "Lean 'n' Lite" is the catch phrase today that denotes optimal menu fare. Operators have learned that food not only must be good but it also must be health-giving.

Government Has an Interest in Nutrition

The federal government has also noted the increased interest in health and how food can influence health; it has moved in a number of ways to improve nutrition in this country. One of the most noted ways was the institution of what is called Nutritional Labeling, a regulation that requires that nutritional information be given per portion of food in a package.

The government also sponsored the White House Conference on Food, Nutrition and Health in 1969 to bring together leading scientists, nutritionists, dietitians, physicians, and others to evaluate the state of nutrition in the country and to formulate a basis for a national nutritional policy. One of the outgrowths of this conference was the publication in 1980 by the U.S. Senate Select Committee on Nutrition and Human Needs of the *Dietary Goals of the United States*. In essence it recommended the following:

- eat a variety of foods
- maintain a desirable weight
- avoid too much fat, saturated fat, and cholesterol
- eat foods with adequate starch and fiber
- avoid too much sugar
- avoid too much sodium
- consume alcoholic beverages in moderation

Later specific goals were worked out to indicate how intakes might change. Table 2 summarizes some of these, comparing the recommended with what is the actual case today.

Thus, if one were to follow the recommendations for fat consumption and needed 2,400 calories a day, the calories furnished by fat should be 720 ($.30 \times 2400 = 720$). The recommendations went further and recommended that this 30 percent of total calories be equally divided between saturated fat (240 calories), mono-unsaturated fat (240) calories, and polyunsaturated fat (240 calories).

Government Tries to Take Action

Further interest was shown by the federal government in nutrition through the actions of some of its agencies and congressional committees. In several instances, attention was given to the menu and how it might be used to help improve the nutritional status of the country. One proposal was that menus carry information on the calories and other nutrients of all menu items and that menus also be required to support

Table 2
Recommended and Actual Intakes of Calories
from Various Nutrient Groups

Nutrient	Daily Calories Actually Consumed	Daily Calories Recommended
Fat	42%	30%
Protein	12%	12%
Complex Carbohydrates	22%	48%
Sugar or Simple Carbohydrates	24%	10%

any nutritional claims. Further, the use of terms such as “wholesome,” “nutritious,” “good for you,” “low in calories,” and others would be restricted. The NRA, the food service industry, and others opposed the measure and it was defeated.

Undaunted by this defeat, another approach was taken to make menus conform to the Nutritional Labeling regulations. Again the NRA, the food service industry, and others opposed the regulation. The NRA did not want to leave the impression, however, in opposing the proposal, that it was against good nutrition; it made the following statement: “We reaffirm the tradition of concern for the health and well-being of restaurant customers and are fully aware of the increased interest by the government, the scientific community, and members of the public in nutrition, and encourage scientific research in nutrition.” The NRA went on to say it agreed that the food service industry should play a role in communicating nutrition information and should assist patrons in selecting a better diet. The NRA also committed its membership to cooperate with the government, scientific agencies, the media, and the general public in promoting good nutrition to the extent they could.

As a result of this opposition and the congenitive arguments made against the proposal, it never passed. However, the NRA’s statement went a long way to indicate that it felt the industry had a responsibility to the nutritional welfare of this country and committed its membership to do what it could to see that healthful foods were offered.

Next, in 1986 a bill was brought up in Congress that would require food service chains with 10 or more outlets to provide patrons with ingredient lists and nutritional information on their menu items. The bill was aimed primarily at the fast food industry. To forestall passage of this measure, a large number of fast food chains prepared and published pamphlets that gave very complete ingredient and nutritional information on the foods offered. As a result, Congress dropped the bill saying that the industry had solved the problem.

It must not be thought that in all of this the food service industry was trying to duck out on its responsibility for nutrition in this country. What it was trying to avoid was cumbersome, costly, and ineffective ways

to promote nutrition; by example, the industry has gone a long way to meet its responsibility. Many feel today there is overregulation, that much of the regulation is not beneficial (and in some cases actually harmful). In a competitive society there are usually enough pressures to bring about a compromise that suits the majority's wishes. A *laissez faire* (let things be) approach is thought to be the safest and surest way to reach goals.

Parameters of Responsibility Must Be Defined

In all of this tug-of-war between government and industry, it would probably have been helpful if the parameters of responsibility for nutrition had been defined between patron and food service operation and also the various responsibility different kinds of food service operations should have. There is a wide diversity of opinion as to how far food service should go in meeting nutritional needs of patrons. Some feel they should remove certain foods from the menu and offer only certain ones prepared in specific ways, should furnish nutrition information, provide for dietary needs, and attend to a host of other dietary matters. Others say the industry has no responsibility whatever; patrons should be capable of selecting where and what they eat and the responsibility for good nutrition rests with them.

Earlier it was stated that because the food service industry provided 25 percent of the food consumed, it had a 25 percent responsibility for seeing Americans receive foods which provide adequate nutrition. This would appear logical, but if one considers the matter further there seems to be some varying responsibility within this 25 percent.

This industry is composed of a wide variety of food services: fast food units, white table cloth or family restaurants, prisons, schools, hospitals, transportation, military, just to mention a few. These differ in operating conditions, goals, and patron needs. It should be obvious that because of differing goals, the performance of different services, and varying patron needs, all do not have the same responsibility. Certainly a restaurant does not have the same responsibility as a hospital.

First, there appears to be some general responsibilities that apply to all food services. One might be that all should seek to purchase foods that are high as possible in nutrients. Second, all have a responsibility to see that the foods in processing lose a minimum amount of their nutrients. A food service is not discharging its responsibility if it carelessly allows the loss of nutrients a food should have and serves a food lacking in its nutrients. Third, operations should try to offer menu items from which one can select that are as adequate and balanced in food intake as the type of operation permits. What this means is that a take-out operation or a snack bar cannot be expected to supply a completely balanced meal in all the nutrients needed, but it should make possible the selection of nutritious foods from those it offers; i.e., milk should be on the menu as well as carbonated beverages.

While food services might have some responsibility in trying to get patrons to select nutritious foods, there is a limit on how far they can go. It would not be very smart for an operator to say to a patron: "No, you can't have that; it's not good for you. You must take this instead." For some patrons, such as diabetics, the choice of foods can be a matter of

life and death and food services should not have to participate in such decision making. However, in a hospital the responsibility is much different.

Where patrons have free choice to select the place where they will eat, what they want to eat, and how much of it they want, some types of operations have less responsibility for providing nutrition than others. If the facility is one offering a menu from which one might get a complete meal, it should be possible to select one or more from the menu that meets nutritional needs. Some operations make no pretense of offering a complete meal. They are partial meal or snack units. They should not be expected then to provide a fully balanced meal, but such operations should still see that among the foods offered there are those that provide adequate nutrition within the restrictions noted. In this case, it is the patron's responsibility to see that the other foods consumed during the day make up for any deficiencies.

Some Are Partially and Fully Captive Operations

In some operations, the freedom to make a free selection of the place to eat and the foods offered is restricted. These can be called partially captive operations, including school food services, transportation units, and office or industry feeding facilities. Another in this group might be one that serves all the food consumed, but only for such a short time that not too much damage can be done in the short period in which food is consumed there. This could be an airplane or other short-time feeding unit.

In such types of units, it would seem that responsibility of the food service should be correlated with restriction and the amount of food consumed compared with the total food needed. Time is also a factor. If there is no choice on the foods offered, the responsibility rises. And, again, if it is only for a short time, then the responsibility is less, but if the time of feeding is extended, the responsibility rises.

This group might have some responsibility in trying to influence good food choices and to do other things to encourage better nutrition. In some cases, it might be even desirable to meet some special dietary needs.

There are two kinds of facilities in this fully captive group. One serves all or nearly all the food patrons get but it is not principally health-related. This might include prisons, full boarding schools, and other services whose purpose is to provide good, healthful food to basically healthy patrons. The other kind serves all or nearly all the food to persons who have special health-related nutritional needs such as hospitals, nursing homes, extended care centers, and even health spas. Here the responsibility swings far toward the operation and much less to the patron. In health-related units the food is often a part of the medical treatment of the individual and, because of this, the responsibility is much greater.

Thus we see that the responsibility for providing nutrition varies with the freedom of choice of the patron; the amount of food served compared with the total varies with the kind of patron, the goal of the operation, and the operating conditions. Perhaps the responsibilities as presented here may be somewhat greater than some believe they should

be. Others may think they are not enough. However, if the food service industry is to provide for its share of the population's nutrition, these responsibilities as outlined are a constructive and first step. Informed by knowledge and with skill and commitment, continuing progress should cumulate in providing patrons with what they want in healthful foods. Certainly, they are not out of line with the previously cited stand taken by the NRA. As the food service responsibility rises, the responsibility of the patron decreases.

Industry Must Assume Responsibility

Is the industry prepared to discharge these responsibilities? Certainly health-care operations have been doing so for a long time, because high nutritional standards are among their goals. As public operations are pressed to meet their responsibilities, follow-through may be more difficult. There is a need for personnel in the industry to be better informed in nutritional matters and to know what is healthful and what is not. There is also a need to know how to set up and implement a healthful food program. Traditionally, nutritional responsibility has not been a prominent factor in many public operations, and was not included in their goals. The desire of patrons for specific foods has come about in the past few years and the industry needs now to address it and prepare itself to discharge it.

In a free economy, a public food service has the right to serve what it wants. If it fails to serve what appeals, the business does not survive. This is the way our economy has of eliminating those who cannot meet the market's demands. Too often critics have assumed that menu offerings should be dictated by nutritional considerations alone, or by health beliefs of various public interest groups, rather than by patrons and what is best for the business. While public-spirited decision-makers may wish to "push nutrition," if this offends patrons or denies them certain foods they come for, it might be business suicide for a food service to move too far.

Studies by the NRA show that everyone is not interested in healthful foods. By far the largest number of patrons in the commercial food service market want good food and they aren't too interested in eating "rabbit food." A second smaller group is only interested in reducing calories; patrons in this group want to lose weight and other health considerations are not too paramount. The third group is smaller than the second and is concerned with getting healthful food; it knows what it wants and is fairly well informed in nutritional matters. The smallest group is composed of those that are uncommitted. They recognize the importance of good eating for health, but they can take it or leave it.

Public food services are not in business to teach patrons how to eat to maintain health. Patrons must take charge of their own nutritional information needs. If one knows what one should eat and it is not available, the patron can go to another operation that meets his or her demands. It's a free world on both sides of the street.

There are many indications that the food service industry and its patrons need to be better informed in nutrition and that it needs to establish better educational programs to dispel a tremendous amount of

misinformation that is rampant throughout the populace. What is needed is a program that will lead to more healthful offerings and more healthful selections. Through education, changes in behavior can be brought about, resulting in more healthful food choices being made away from home and in the home. Better informed patrons would make it easier for food services to discharge their responsibility, but, in turn, they must be prepared to do it.

References

¹ A substantial amount of the material cited in this article has been adapted from the forthcoming text *Nutrition Management in Foodservices* by Leslie Cummings, Associate Professor, School of Hotel Administration, University of Nevada at Las Vegas, and Lendal H. Kotschevar, Distinguished Professor, Florida International University. Delmar Publishing, Inc. is the publisher.