Hospitality Review

Volume 11 Issue 2 Hospitality Review Volume 11/Issue 2

Article 2

January 1993

Restaurant Dining Strategies: Attracting Nutrition-Conscious Future Seniors

Elizabeth B. Pederson
The Pennsylvania State University, null@psu.edu

Frederick J. DeMicco
The Pennsylvania State University, null@psu.edu

Follow this and additional works at: https://digitalcommons.fiu.edu/hospitalityreview

Part of the Food and Beverage Management Commons, Food Processing Commons, and the Geriatrics Commons

Recommended Citation

Pederson, Elizabeth B. and DeMicco, Frederick J. (1993) "Restaurant Dining Strategies: Attracting Nutrition-Conscious Future Seniors," *Hospitality Review*: Vol. 11: Iss. 2, Article 2.

 $A vailable\ at:\ https://digitalcommons.fiu.edu/hospitalityreview/vol11/iss2/2$

This work is brought to you for free and open access by FIU Digital Commons. It has been accepted for inclusion in Hospitality Review by an authorized administrator of FIU Digital Commons. For more information, please contact dcc@fiu.edu.

Restaurant Dining Strategies: Attracting Nutrition-Conscious Future Seniors

Abstract

Senior Customers pose some unique challenges to operators due to some of the physiological changes associated with aging. In an effort to make food and beverage managers more cognizant of these changes, the authors examine these areas and also discuss strategies to attract and enhance the dining experience of the viable senior market segment.

Keywords

Seniors, Aging, Food & Beverage, Dining, Restaurant

Restaurant Dining Strategies: Attracting Nutrition-Conscious Future Seniors

by Betsy Pederson and Frederick J. DeMicco

Senior customers pose some unique challenges to operators due to some of the physiological changes associated with aging. In an effort to make food and beverage managers more cognizant of these changes, the authors examine these areas and also discuss strategies to attract and enhance the dining experience of the viable senior market segment.

As the American population ages, seniors will play an important part in food and beverage operations of the future. Between now and the year 2020, the 55-and-over age group will grow from 53 million to 93 million, an increase of 77 percent.¹

Today's seniors age 55 and over spend a large portion of their food budgets away from home.² As the baby boomer population reaches senior status, this can be expected to increase. Already accustomed to dining out as part of family life, future seniors can be expected to dine out more.

Seniors have more discretionary income and are more interested in using their money to purchase experiences than things, and dining out is one of their favorite experiences. Restaurateurs can begin now to capture this growing market by understanding the requirements of serving future seniors and adapting operations to attract and retain this market.³

The future senior market for food and beverage service is expected to be different from today's senior market.⁴ Eating and eating behaviors are more a function of a lifetime of habits and preferences than of aging.⁵ However, there are changes in the eating and dining process that occur as a part of aging. Understanding how the aging process affects dining and eating behaviors is an important part of understanding this market.

Many current seniors grew up during the Depression; this has influenced their attitudes and behaviors. They are slow to try new foods. They prefer small portions and discounts. Future seniors grew up amid prosperity and change; they are looking for a dining experience, and expect differing menus and service.⁶

Food preferences are set during a lifetime of eating habits, not particularly related to the adjustment to aging. Seniors today are already eating more pizza, hamburgers, and french fries than their cohorts in the past. While spicy foods have always been avoided by seniors, one out of four consumers age 55 and older indicated liking hot and spicy foods. These already changing trends in food preferences among seniors support the theories that the learned eating behavior of younger consumers might be carrying over into the golden years. 10

However, the preference for smaller portions by today's seniors may be shared with future seniors. Because a declining appetite is a part of the aging process, even future seniors may opt for smaller portions. Food attitudes that suggest a desire for nutritious menu items are held by 52 percent of all consumers. Market segments desiring nutritious menu offerings in restaurants include restrictive dieters who must watch calories or some other food component such as sodium, fat, or cholesterol; the health conscious; fitness-oriented patrons; seniors; and vegetarians. Segmentation explains the diverseness of attitudes and behaviors within each nutrition market. Therefore, these market subsegments cannot all be expected to make the same food choices. A single type of menu item or approach to nutrition information should not be expected to satisfy every group's preferences or needs. 12

Effects of Aging Bring Changes

Aging brings about physiological as well as lifestyle changes. For instance, although most seniors view themselves as healthy, according to a 1987-88 study by the Senate Special Committee on Aging, nearly 80 percent of older Americans experience chronic health problems. Specifically relating to eating and dining requirements, 40 percent over the age of 65 have some heart problems; 50 percent of seniors have significant hearing loss, and 56 percent have problems with arthritis. For seniors aged 45 to 79, vision and hearing grow less acute, and they experience an increased severity of periodontal problems. ¹⁴

Aging brings about other changes in appetite, taste, and smell which may effect the dining experience of the senior. A recent study surveying mature hotel customers shows that the development of the dining experience for seniors will be important. Changes in taste perception, health consciousness, and dining habits influence the menu choices available to seniors.¹⁵

• Changes in taste and smell: Many seniors experience a decrease in smell and taste, ¹⁶ causing some flavors and odors to change. For instance, spicy or "hot" foods may taste bitter to the senior. ¹⁷ They may also avoid crunchy and smooth foods. Crunchy

foods can cause dental dilemmas, while smooth foods become uninteresting or unappealing to the senior with a reduced sense of taste and smell.¹⁸

Foods that have the greatest acceptance among seniors with a reduced sense of taste and smell are fruit, fruit juices, grain products (breads, cereals), and meats. Foods with relatively low acceptance are soups and casseroles and milk and milk products, with the exception of ice cream.¹⁹

Fruit is enjoyed by seniors because odors are generally stronger and more readily recognized.²⁰ Changes in taste and smell often cause the senior to prefer dairy products with a sour taste (buttermilk, cottage cheese, sour cream), rather than traditional dairy products. However, cheese is not generally well accepted by the senior experiencing a decrease in smell and taste. Seniors are sensitive to the odor of the sulfur compounds in cheeses.²¹ This can also cause a dislike for Italian foods because of the smell of cheese.

The challenge for the restaurateur in attracting future seniors may be to adapt the menu items of the current baby boomers to including more fruit and grain products, while reducing spicy and cheese tastes. It may also be possible to make food appealing to the future senior through the use of flavor enhancers, or by offering foods that retain their flavor with a reduced sense of smell.²²

• **Dental problems:** Most future seniors will experience dental problems in their later years, ²³ which can cause them to avoid crunchy foods and meats. It may also alter their preference for the preparation of certain meats and vegetables. ²⁴ Meats that are more readily chewed, such as poultry and fish, are more readily acceptable. Broiling and stewing meats and vegetables may appeal to the senior experiencing dental problems. ²⁵

Seniors have been shown to have an increase in the carbohydrate intake, with a significant increase of refined sugars at the expense of more nutritious carbohydrates, e.g., cereals because most of the carbohydrates are easier to chew and are more palatable.²⁶

• Changes in nutrition: The effects of aging can also create additional nutritional concerns for future seniors, many of whom have a decreased digestion which, in turn, affects the nutrients absorbed by the body. In addition, seniors take more long-term medications, causing other nutritional changes.²⁷ In particular, seniors use more over-the-counter antacids for long periods of time; this can cause phosphorous depletion.²⁸

As seniors experience a decrease in the digestion of food, they also experience a decreased absorption of iron, calcium, vitamins B6 and B12, folic acid, and protein.²⁹ Providing menu items such as lean meat, poultry, seafood, low fat dairy products, whole grains, fruits, and vegetables will help future seniors to meet these additional nutritional concerns while dining out.

Seniors Prefer Healthy Foods

Today wellness has become a major factor in lifestyle changes related to health, fitness, and nutrition. The hospitality industry has seen the increasing effects of those wellness concerns. The nutritional quality of restaurant meals and the promotion of nutrition programs to meet consumers' needs has become more important in the food service industry. By 1987 most major hotel chains were offering some type of nutrition program, and many restaurants had added light dining menu options.³⁰

While many seniors do not experience serious health problems while in the 55 to 70-year age category, they are interested in eating healthy foods.³¹ As they age, this interest will become a need as they encounter diet problems that make special diets imperative rather then optional.

As a general healthy trend, seniors are interested in menu items that are low in cholesterol, salt, and calories. In particular, left-alone singles are the most diet conscious and health conscious of all lifestyle segments.³² Over 50 percent of restaurant patrons have indicated that they would be more likely to order entree items if they had the choice of smaller portion sizes or low-sodium/low-calorie options.³³ A significant number of consumers live in a household in which someone is on a special diet.³⁴ The segment of the population that must modify its diet for health reasons continues to grow, and will rise more sharply as the population ages.³⁵

Consumption trends of meals eaten away from home suggest that the nutritional quality of restaurant meals is lower than for meals cooked at home. This is based upon evaluation of nutrient intake data from the 1977-1978 USDA National Food Consumption Survey of 10,000 individuals over a three-day period. These data suggest that people who eat out obtain a nutritionally adequate diet only by increasing their caloric intake.³⁶

Individuals between the ages of 13 and 40 experienced the most significant decrease in nutrients when consuming meals away from home. Nutrients included vitamins C and thiamin and the minerals calcium and iron. Individuals over 60 years of age had the greatest decrease in nutrient intake per meal. For each additional meal consumed away from home, the vitamins C and A content of their diet decreased by 32 percent and 14 percent of the Recommended Daily Allowances, respectively. Calcium declined by 10 percent.³⁷

Whether the interest in health is compelled or chosen, seniors appreciate having nutritional information available to them.³⁸ By printing nutritional information on menus and providing more information about the ingredients used in food preparation and service, several restaurants have found an increase in their senior business.³⁹ Appendix 1 provides some nutritional menu strategies for seniors and others seeking healthy cuisine courses while dining out. This figure could also be used as a training guide for wait-

staff and production staff. Restaurateurs can assist future seniors by providing them with a selection of nutritious foods that are not difficult to eat.

Shifts in Meals Are Evident

As restaurant patrons age, the meal periods eaten most frequently in restaurants change as well. Lunch becomes the primary restaurant occasion, and breakfast, too, accounts for a greater portion of restaurant visits. Dinner and evening snacks, in contrast, are less popular with senior patrons.⁴⁰ While for some seniors the decision to eat lunch as the main meal of the day has been at the advice of their doctor, for many it is behavior driven with the change in lifestyles caused by both aging and retirement.⁴¹

Because many seniors skip dinner or eat lightly in the evenings, they tend to require a more substantial or nutritious breakfast and lunch. ⁴² Seniors tend to eat more bread and cereal at breakfast and lunch than young patrons. Seniors tend to eat more lightly at dinner than younger diners. Dinner for seniors is often cheese, fruit, and dessert. ⁴³

The various age groups differ in their reasons for eating out. Younger people tend to eat out for convenience or social occasions, while seniors eat out more frequently to celebrate special occasions.⁴⁴

Another shift in dining patterns more closely attributed to the freedom of lifestyle of the retirement years rather than as a factor in aging is the shift from weekend to weekday dining out. Seniors prefer the "off-times" in restaurants, to avoid the crowds and to dine at a time when servers are able offer more attention.⁴⁵ The tendency of seniors to utilize the lower volume meal periods of restaurants makes them an even more profitable market to attract.

Although some mature customers are on a fixed income and only interested in bargain meals, this will not be true of the majority of future seniors.⁴⁶ Most are looking for value or quality, for which they are willing to pay. Offering, perhaps, a free dessert with a meal may be more effective than a dollar off.⁴⁷

This interest in value versus discount pricing has been evident in comparing current seniors with future seniors in their preference of restaurants. While current seniors frequent self-service cafeterias and buffets, future seniors patronize sit-down restaurants.⁴⁸ The latter are willing to spend a little more for the extra service. A recent study found that 55 percent of all senior respondents said they would prefer to dine in the hotel if dining facilities were available.⁴⁹

Services Should be Adapted

Eating is considered a social as well as a physiological function.⁵⁰ For many of the elderly, the most important factor at mealtime is companionship.⁵¹

Left-alone singles are an often ignored market by restaurants. However, the potential for this market is lucrative.⁵² Left-alone singles

are predominantly women (77 percent) and have a disproportionate number of financial investments and modest living expenses, leaving them quite well off financially.⁵³ Singles and older people are the heaviest spenders when dining out, and their numbers are increasing.⁵⁴

Restaurants may want to consider hosting a singles table to attract seniors.⁵⁵ However, seating at the table need not be limited to seniors only. The majority of seniors do not like to spend all their time with others over 55. Rather, they prefer a mixture of people.⁵⁶

Much of the population still holds many negative stereotypes of aging, which often come across in service.⁵⁷ Employees often give seniors negative or lukewarm service, and have no idea that they are doing it.⁵⁸ So important is the element of service in the dining experience that the major fear of seniors is mistreatment at the hands of the very people who should be helping them: the service staff.⁵⁹ To attract and retain the senior market, restaurants will need to emphasize service to seniors.

While seniors don't like being separated from the mainstream, or labeled as special needs, that doesn't mean they don't like being catered to.⁶⁰ Future seniors, in particular, are a generation that has always been catered to, and they will expect this special treatment to continue.⁶¹ Simple well known service steps like memorizing regular customers' names and preferences, or helping them with their chairs, will go a long way toward serving the future senior market.⁶²

Loss of hearing is also a part of the aging process. Service staff need to be trained to assist the senior with a hearing loss. Servers may perceive seniors as being confused or addled when in fact they usually haven't heard something, or heard it correctly.⁶³ Servers should be trained to stand facing the customer.⁶⁴ This allows seniors with hearing loss to supplement their hearing with lip reading.⁶⁵

Restaurant Facilities Must Serve the Future Senior

While restaurants are already meeting many of the requirements for serving future seniors as a result of the recent Americans with Disabilities Act, there are many other slight changes in facilities that will go further to attract the senior market.

Recognizing that many seniors are troubled by arthritis or other joint impairments, restaurants should insure that the seats are padded and a comfortable height.⁶⁶ Doors to rest rooms should have levers versus doorknobs, which can be hard to grasp and turn.⁶⁷ Locking mechanisms and weights of swinging doors should also be evaluated for ease of operation. Serviceware should be considered in service to seniors. Provide stemware that is easy to hold.⁶⁸

Restaurant design often has multiple floor levels to create intimacy in dining. Varying levels and steps can be a difficulty to someone with impaired sight or mobility. Patrons in wheelchairs are limited to certain sections of the restaurant through the use of multiple flooring or table spacing. Extra space between tables throughout a restaurant should be allowed to accommodate wheelchairs.

Other forms of flooring can create difficulties for the aging. Negotiation of a ramp can be difficult for seniors experiencing problems in depth perception. Similarly, carpet with confusing patterns and rough floor tiling can create navigation problems, as can outside curbs, bumpers, and entrances. These areas can be especially difficult for seniors to negotiate in the dark or glare of night lighting.

Design experts and researchers have confirmed that older people enjoy quiet and peace when they dine out. 72 Restaurants should provide soft background music that will not interfere with conversation, 73 and be sensitive to volume levels and speaker placement. Seniors have been found to prefer light jazz or chamber music. 74 There are a number of additional design strategies for food and beverage management, as follows:

- Furniture should be positioned away from heavily traveled areas to provide more space in the dining room.
 - Steps can be hazardous for people with limited mobility.
- Ramps are recommended in areas where floor levels change. However, bifocal wearers somtimes have difficulty judging distances and slopes. Interior ramps should have a maximum slope of one inch for every 12 inches of length.
- Well-designed hotel restaurant lavatories have generous clearance underneath the sink (for people in wheelchairs) and easily manipulated faucet hardware (for those with limited hand dexterity).
- Mature consumers are concerned with not just a product's quality but also with their ability to handle or open a container (i.e., guest-room amenities and dining room products, such as beverages, condiments, and shampoo).

Sight Loss Can Affect Restaurants

Vision for most seniors is less acute, and many wear bifocals. Changes in menu presentation, food service, and table settings can assist the senior in restaurant service.

Restaurants can ensure that the printing of the menu provides ample contrast between the paper and the print.⁷⁵ Glossy surfaces that create glare should be avoided.⁷⁶ As a final check, wear bifocals and try to read the menu or guest check.⁷⁷

In food service and table settings watch for items that may be difficult for the senior to see, such as bones in fish. ⁷⁸ Use color contrasted china and tablecloths. White on white can confuse failing eyesight. ⁷⁹

Color visualization can also change for the seniors. The aging eye can endow most images with a yellow cast.⁸⁰ This will change the perception of the senior of the color schemes used in design, menus, and plate presentation. Restaurateurs can correct for this by wearing a pair of yellow sunglasses and reviewing decor, menus, and plate presentation.

Future seniors are willing to pay for value in food and beverage service. One way that hotels and restaurants can meet this request and generate additional profits would be to add an afternoon tea or snack period, after the lunch hour, but before the happy hour rush. In addition to meeting nutritional and value needs of the future senior, the tea time will also provide a social opportunity.

The importance of catering to seniors will become increasingly evident for hotel restaurants. As seniors become a larger portion of the hotel market, they provide a lucrative market to hotel restaurants. Seniors eat the majority of their meals in the hotel, if eating facilities are available. While typical seniors enjoy both coffee shop and full service dining, they are not likely to utilize room service. Recognizing the eating trends and needs of the value-oriented future senior can assist the hotel restaurateur in attracting and servicing this market.

Presently there are over 53 million Americans 55 years of age and over. Restaurant dining has now become an everyday event for many seniors, with Americans on average eating one out of every three meals outside the home. Concern over the nutritional quality of food service meals has grown with this increased consumption of meals away from home and the promotion of nutrition in restaurants.

Senior customers pose some unique challenges to operators due to some of the physiological changes associated with aging. Strategies to attract and enhance the dining experience of the viable senior market segment are critical to success.

References

'Elizabeth Gordon, "A Profile of the Mature Market," Restaurants USA, (October 1989), p. 37.

²Gordon, op. cit., p. 37.

³Julie Fintel, "Gold Among the Silver and Gray," *Restaurants USA*, (March 1990), pp. 17-22, and Margaret Rose Caro, "The Mature Market: Destroying the Myths," *Lodging Magazine*, (June 1989), pp. 27-30.

⁴Michael R Cothran, "Senior Power," *Hotel & Resort Industry*, (February 1990), pp. 38-42, 98.

⁶Ruth B. Weg, *Nutrition and the Later Years*, (University of Southern California Press, 1978), pp. 103-104.

⁶Margaret Rose Caro, "The Mature Market: Destroying the Myths," Lodging Magazine, (June 1989), pp. 27-30.

Weg, op. cit., p. 104.

*Gordon, op. cit., p. 38.

91bid.

¹⁰Ibid.

¹¹Fintel, op. cit., p. 20.

¹²Beth Carlson-Ganem, Nutritional Menu Concepts for the Hospitality Industry, (New York: VNR, 1990), p. 3.

¹³Cothran, op. cit., p. 41.

¹⁴Weg, op. cit., p. 5.

¹⁵M. Ananth, F. J. DeMicco, P. J. Moreo, and R. M. Howey, "Marketplace lodging needs of mature travelers," *Cornell Quarterly*, (1992), pp. 12-24.

```
<sup>16</sup>J. Mark Ordy, Denham Harman, and Rosylin B. Alfin-Slater, editors, Nutrition
in Gerontology, (New York: Raven Press, 1984), p. 44., and Weg, op. cit., p. 102.
    <sup>17</sup>Ordy, et al., op. cit., pp. 52, 59-60.
    <sup>18</sup>Ibid., pp 52, 60.
    <sup>19</sup>Ibid., p. 46.
    <sup>20</sup>Ibid., p. 59.
   21 Ibid.
    <sup>22</sup>Ibid., p. 61.
   <sup>23</sup>Eleanor A. Young, editor, Nutrition, Aging and Health, (New York: Alan R. Liss,
Inc., 1986), p. 62.
    <sup>24</sup>Weg, op. cit., p. 103.
    <sup>25</sup>Fintel, op. cit., p, 21.
   <sup>26</sup>Weg, op. cit., p. 109.
   <sup>27</sup>Ibid., p. 23.
    <sup>28</sup>Young, op. cit., p. 75, and Weg, op. cit., p. 25.
   <sup>29</sup>Young, op. cit., p. 62, pp. 75-81.
<sup>30</sup>Beth Carlson Ganem, Nutritional Menu Concepts for the Hospitality Industry,
(New York: Van Nostrand Reinhold, 1990).
    <sup>31</sup>Susie Stephenson, "Restaurateurs Adapt to Aging Population," Restaurants and
Institutions, (March 6, 1989), pp. 80-81.
    <sup>32</sup>Gordon, op. cit., p. 38.
   <sup>33</sup>Gallup Organization, Inc., "Changes in consumer eating habits," National
Restaurant Association, (September 1983).
    <sup>34</sup>S. Riggs, "How to Serve Special Diet Customers," Food Business, (1980), p. 90.
    35 Carlson, op. cit., p. 5.
   <sup>36</sup>Ibid., p. 108.
   37 Ibid.
   <sup>38</sup>Fintel, op. cit., p. 20.
   <sup>39</sup>Ibid., pp. 20-21.
    <sup>40</sup>Gordon, op. cit., p. 39, and Weg, op. cit., p. 108.
   <sup>41</sup>Fintel, op. cit., p. 21.
   420rdy, et al., op. cit., p. 53, and Weg, op. cit., p. 105.
    <sup>43</sup>Ibid., p. 53
    44Carlson, op. cit., p. 109.
    45Gordon, op. cit., p. 39.
   46Fintel, op. cit., p. 21.
   47 Ibid.
    48Gordon, op. cit., p. 38.
    <sup>49</sup>Hotel and Motel Management, (September 9, 1992), p. 31.
   <sup>50</sup>Weg, op. cit., p. 110.
   <sup>51</sup>Ibid., p. 107.
   <sup>524</sup>Demographics," Lodging Magazine, (September 9, 1992), p.31.
   53Gordon, op. cit., p. 38.
   <sup>54</sup>Carlson, op. cit., p. 106.
   56 Fintel, op. cit., p. 21.
   <sup>56</sup>Caro, op. cit., p. 30.
   57Weg, op. cit., p. 4.
   38Caro, op. cit., p. 30.
   <sup>39</sup>Cothran, op. cit., p. 42.
   60Fintel, op. cit., p. 22.
   61 Ibid.
   <sup>62</sup>Stephenson, op. cit., p. 81.
   63Cothran, op. cit., p. 42.
   64Fintel, op. cit., p. 22.
   65Cothran, op. cit., p. 42.
   66Fintel, op. cit., p. 21.
   <sup>67</sup>Fintel, op. cit., p. 21., and Stephenson, op. cit., p. 81.
```

- ⁶⁸Fintel, op. cit., p. 21.
 ⁶⁹Fintel, op. cit., p. 21., and Stephenson, op. cit., p. 81.
 ⁷⁰Ibid.
 ⁷¹Cothran, op. cit., p. 42.
 ⁷²Stephenson, op. cit., p. 81.
 ⁷³Fintel, op. cit., p. 21.
 ⁷⁴Stephenson, op. cit., p. 81.
 ⁷⁵Cothran, op. cit., p. 42.
 ⁷⁶Fintel, op. cit., p. 22, and Cothran, op. cit., p. 42.
 ⁷⁷Caro, op. cit., p. 30.
- ⁷⁸Fintel, op. cit., p. 21.
- ⁷⁹*Ibid.*, p. 22.
- 80Stephenson, op. cit., p. 81.
- 81Caro, op. cit., p. 30.
- ⁸²Kimberle Badinelli, Nigel Davis, and Libby Gustin, "Hotel Restaurants Rated Highly," *Hotel & Motel Management*, (September 9, 1991), pp. 31-34. ⁸²Ibid.

Appendix 1

Nutritional Menu Selection Strategies by Meal Course

Course Name	Nutrition Strategies	Nutrition Note
Cocktail/ Beverage Course	•non-alcohol beer •dry wine (4 oz.)	 relatively low calories approximately 100 calories (may stimulate the appetite, leading to overeating)
	•vegetable juices •seltzer with twist of lime/lemon	•may be high in sodium •very low in calories
Appetizers	•select high carbohydrates (for example, pasta, vegetable and rice dishes)	•recognize potential for added oil content
	• shrimp cocktail/fresh lemon • clams, mussels, oysters (not fried; poached fish are	 use cocktail rather than tartar sauce
	high protein sources) tossed green salad with vinaigrette or balsamic vinegar raw vegetables fresh melons/other fruit select grain based soups	 avoid creamy or oil based salad dressings; when these are used, serve the dressing on the side to moderate amount used
	(i.e., bean, barley, etc.) rather than cream based soups	high carbohydrate and lower in fat (calories)
Entrees	•select in moderate amounts entrees lower in fat, such as skinless chicken/turkey, broiled/baked seafood, stir frys where grains and/or vegetables are main ingredient •select lean cuts of meat such as •I onder broil flank stock	•trim all visible fat •apply simple preparation rule
	 London broil, flank steak trimmed pork chops, pork loin fresh or cured ham 	poached, broiled, braised, baked, steamed, roastedmay be high in sodium

Course Name	Nutrition Strategies	Nutrition Note
Entrees (con't)	 ask the waiter about the casserole preparation method & ingredients consider ordering two (low fat) appetizers and a salad in place of the entree a hot bowl of a hearty bean or grain soup with an appetizer can comprise the entire dinner 	•prepared casseroles may have high levels of cheese, eggs, and cream which are high in saturated fat and cholesterol •may also consider sharing a large entree or allowing customer to select from the children's menu
Desserts	 select sherbet, sorbet, angel food cake with fresh fruit consider sharing a dessert an after dinner hot beverage may replace the dessert (cappocino made with skim milk, for example) 	•many low fat dessert products are now widely available
All-You- Can-Eat Buffets	• a monumental challenge with a wide variety of high fat foods • view the entire buffet first before selection, also target nutrient dense/low fat items • the plan of selection should first include selecting and drinking a beverage, followed by a generous serving of salad, fruit (to begin the satiety process) followed by small servings of low fat entrees and dessert (as discussed above)	•carved lean meats (i.e., turkey) are good choices •limit casserole and mayonnaise-based salads

Note: Seniors could use these nutritional guidelines when selecting menu items of each course of the meal. Waitstaff can utilize this guide in making suggestions to customers interested in healthy cuisine.

Betsy Pederson and **Frederick J. DeMicco** are assistant professors in the School of Hotel, Restaurant and Recreation Management at The Pennsylvania State University.