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**Impact of a Hospital-based Department of Food and Nutrition Newsletter in
Changing Eating Behaviors of Hospital Employees**

by

Mary M. Crockett

A thesis submitted to the faculty of the School of Food, Hotel, and Travel Management at
Rochester Institute of Technology in partial fulfillment of the requirements for the degree

of

Master of Science

June, 1996

ROCHESTER INSTITUTE OF TECHNOLOGY
School of Food, Hotel and Travel Management
Department of Graduate Studies

M.S. Hospitality-Tourism Management
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ABSTRACT

The impact of a weekly nutrition newsletter upon the eating behavior of hospital employees was examined in this study. Ten percent (175) of employees who eat in a hospital cafeteria were surveyed before, and three months after, the initiation of a nutrition newsletter. Each survey had two parts. The first part was designed to gather demographic information and to assess employee satisfaction with the cafeteria. The second part was a self-reported eating behavior questionnaire comprised of seventeen questions with three possible scores for each response. Information gathered in part one of the first survey was used to make changes to the cafeteria menu. Surveys were analyzed using the SSPS program for statistical data analysis. Respondents in both surveys indicated fat was the most important nutrient to label and ranked the value of labeling cholesterol, calories and sodium in descending order. Thirty eight percent of the respondents indicated they did not read the newsletter. Of those who did read it, overall scores were higher. Scores improved most significantly around eating less meat, eating more pasta, and eating more fruits and vegetables. Other scores improved around eating less fat, more fish, less cured meats, increased whole grains, less fatty cheese, and more dried beans. Insignificant changes occurred around the intake of milk, eggs, organ meats, fatty sweets, fatty snacks, fried foods and frozen desserts. Lowest eating scores were reported by employees who worked in service-type jobs.

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Chapter 1

Introduction and Scope of the Problem

Introduction

The American Heart Association reports that cardiovascular disease (CVD) continues to be the number one cause of morbidity and mortality in the United States. Annually, nearly one and a half million people suffer heart attacks and approximately one third of these are fatal (American Heart Association [AHA], 1994). Risk factors associated with CVD are family history, age, gender, smoking, hypertension, elevated cholesterol, stress, obesity, diabetes and following a sedentary lifestyle (AHA, 1993). Genetic makeup and age cannot be changed, but steps can be taken to reduce the risk of heart disease associated with behaviors. Lifestyle changes are not easily made, but if life quality is to improve, change must be made internally and environmentally (Bailey *et al.* 1994).

Fifty-seven percent of the adult population have blood cholesterol levels placing them at moderate or high risk for CVD (Hunt *et al.*, 1990). Health care and business costs related to CVD in the United States is estimated between 50 billion and 100 billion annually (Augustin and Dwyer, 1994). Some communities have developed area-wide cholesterol screening and intervention programs to combat this disease process. The Pawtucket Heart Health Program, the Minnesota Heart Health Program and the Stanford Five City Project are three that have served as nation-wide models for community-wide programs (Mittelmark *et al.* 1993).

Between seventy and eighty-five percent of the adult population are employed (Anonymous, 1993; Linnan *et al.* 1990), thus making the worksite a primary target for instituting wellness programs. Fielding and Piserchia (1989) proposed several advantages for conducting cholesterol education at the worksite:

“...the large amount of time spent by the majority of the population;...economic and other incentives for employers to invest in employee health promotion, the opportunity to mobilize peer pressure to help employees make desirable changes in health habits, as well as increasing reports of implementation of risk factor reduction at the worksite...” (Fielding and Piserchia, 1989, p. 16)

were rationales they suggested. The authors found the greatest numbers of health education activities were found at worksites in the West, while the Northeast reported the least participation in such activities.

Healthcare professionals can be very effective in providing wellness programs to employees within their own institutions. Institutions which have such programs in place can then play a vital role in expanding wellness concepts to the community at large (Mittelmark *et al.* 1993).

Background

Rochester General Hospital (RGH) is a 526 bed, voluntary, not-for profit, tertiary care facility, employing nearly 4000 employees. It is located on the Northeast side of Rochester, New York. Services provided by the hospital include primary patient care, ambulatory services, health-related educational programs and medical research. RGH also

serves other health-care facilities in the greater Rochester and outlying rural area as a referral hospital for community-wide health care systems.

One primary area of care centers around cardiac disease. The hospital administration and staff have focused on developing a seamless system of health care from outpatient diagnosis to angiogram, angioplasty, thoracic surgery and subsequent cardiac rehabilitation. The emphasis is to provide patients with early diagnosis, the most effective treatment to meet their diagnosis, and education and rehabilitation to prevent recurrence of the disease at any point in the process.

It was in this arena of heart health that this study germinated. Initially, the hospital's Employee Health Committee appointed a Healthy Heart Steering Committee to develop a grant proposal for obtaining "funds to reduce employees' consumption of fat and cholesterol at ... worksite" (Gardner, 1994). The hospital has an established history of promoting heart health to employees through health screens and behavior-focused group counseling for high risk employees. Such programs already in existence were smoking cessation, weight control and walking groups. Unfortunately, the grant was denied, however, the steering committee chose to pursue the goal of limiting fat in the employee cafeteria and to label heart healthy items in the vending machines. Representatives to the Healthy Heart Steering Committee came from Employee Health Services, Food and Nutrition Services, Administration, Cardiology, Medical Library Staff, Rochester General Hospital Association (the division that coordinates the many volunteer groups who service the hospital and who operate the vending operation throughout the hospital), and the Nursing Research/Quality Evaluation Office.

Problem

Concurrently, the Director of Food and Nutrition Services targeted the development of a department newsletter as one of the communication goals for the yearly business plan. At that time, the cafeteria menu was printed in the hospital-wide weekly newsletter which was issued on Wednesdays of the week. Therefore, the weekly menu in this publication started with a Thursday and did not follow the typical week cycle. The menu format of the hospital-wide publication had restricted space to list menu items; thus, some items were omitted from print, and the abbreviations used to save space could be confusing. Special events and promotions for sales of non-routine food items were able to be posted throughout the hospital with prior approval from the hospital Public Relations Department which can be time consuming.

Assumption

A department newsletter could serve as a vehicle to provide employees and the visiting public a normalized listing of the weekly menu while providing sound nutrition information and department news. A department newsletter could also serve as a marketing tool to promote new items on the menu and to increase food promotion sales.

Purpose

The purpose of this study was to evaluate the effectiveness of a weekly nutrition newsletter published by a hospital food service department and its impact upon changing the eating behavior of hospital employees. A second goal was to evaluate the acceptance

of changes made to the cafeteria menu to include reduced fat foods which met the Healthy Heart Steering Committee's goal of seven grams of fat or less per serving.

Hypotheses

There are two hypotheses.

1. Those employees who read a Department of Food and Nutrition Services Newsletter will demonstrate improved eating behaviors over employees who do not read the newsletter.
2. Providing point of purchase information regarding healthy heart choices will increase cafeteria sales of items labeled with a heart.

Research Questions

1. Can a nutrition newsletter be an effective tool to change employees' eating behaviors?
2. How will food sales in the Cafeteria be affected by providing reduced fat food items and point of sale nutrition information regarding heart health?

Chapter 2

Review of the Literature

Dietary Recommendations for Heart Health

In 1991, the US Department of Health and Human Services (DHHS) published *Healthy People 2000: National health promotion and disease prevention objectives* (Lewis, Crane, Moore, & Hubbard, 1994). By the year 2000, the goal of this initiative is to “...reduce preventable death and disability, enhance the quality of life, and reduce disparities in the health status of various population groups within our society” (Lewis et al, 1994). The initiative lists 22 priority areas and 300 major objectives, 21 of which focus on nutrition.

The Healthy People 2000 nutrition objectives are consistent with the *Dietary Guidelines for Americans* aimed at reducing the death rates from heart disease and cancer, and reducing the prevalence of overweight. The fourth edition of the Dietary Guidelines was published in December of 1995 after undergoing revision by a committee established jointly by the DHHS and the US Department of Agriculture (USDA). Specific nutrition objectives of the Dietary Guidelines are to decrease consumption of total fat, saturated fat, cholesterol, sodium and alcohol; and to increase consumption of fruits, vegetables and grain products; and to maintain or improve weight by balancing energy intake with physical activity (USDA, DHHS; 1995).

Lewis and colleagues found that progress is being demonstrated regarding seven of the 22 objectives set forth in the Healthy People 2000. A decline in mortality associated with coronary heart disease is one of these, but two objectives are moving away from the

goals. The number of people who are overweight is increasing and fewer people are engaging in practices to lose weight.

In the October, 1995 issue of *Circulation*, the AHA issued a statement outlining nine interventions to reduce the escalation of coronary disease in the 11 million persons either already diagnosed or at high risk for developing the disease. Topping the list for intervention is smoking cessation. The next three priorities are lipid management (which includes a diet component), promoting regular physical activity, and intensive treatment towards weight management (Anonymous, 1995).

Augustin and Dwyer (1994) reviewed current nutrition and dietary practices aimed at reducing CVD which have been reported by various researchers. They noted that several studies show initial reductions in cholesterol or lipids may occur, only to return to or exceed baseline values as time goes on.

The National Cholesterol Education Program (NCEP) Step I and Step II diets were also reviewed by Augustin and Dwyer (1994). The Step I diet is the first approach in a two-step program for implementing dietary change and is similar to the Dietary Guidelines recommended for the general public. The following calorie distribution is recommended: less than 30% from fat, at least 55% from carbohydrates, and about 15% from protein. Fat calories should provide less than 10% from saturated fats, less than 10% from polyunsaturated fat, and up to 15% from monounsaturated fat. Dietary cholesterol should be limited to less than 300 milligrams per day.

The Step II diet recommendations differ from Step I in that saturated fat is reduced to less than 7% of total calories, and dietary cholesterol should be less than 200 milligrams per day. Step II recommendations include an activity component.

Studies with very low fat diets were reviewed by Augustin and Dwyer (1994), but these had varying success. The authors cited one study by Bernard published in the *Archives of Internal Medicine* in 1991 where total fat was limited to 10% (less than 25 grams per day) in combination with an aerobic program performed three or more times per week. Total cholesterol and HDL-C, were lowered, but the ratio of total cholesterol to HDL-C was improved. Other low fat diets lowered LDL-C but also lowered HDL-C to an undesirable level.

In the AHA position statement regarding very low cholesterol diets, Criqui (1994) discusses the U-shaped relationship which is consistently reported in epidemiological studies associating low cholesterol and mortality. Criqui suggests more definitive, long term studies need to be performed as the total number of deaths is small, and the relationship between very low cholesterol diets and mortality is unclear while there is convincing evidence relating high cholesterol to mortality. He concludes long-term studies are needed to examine the effect of total cholesterol on total mortality.

Recent recommendations to increase monounsaturated fats to 15% of calories and reduce polyunsaturated fats to 5% of calories was eschewed by Heyden (1994) until long-term studies with monounsaturated fat-enriched diets can be studied.

Success in rehabilitation programs for CVD have multiple dietary components dependent on the risks manifested by the patient, i.e., diabetes, hypertension, obesity, elevated LDL-C, depressed HDL-C, or hypertriglyceridemia (Pearson *et al.* 1994). The authors recommend the Step II diet for anyone who has undergone revascularization as the patient probably has atherosclerotic disease in other vascular beds, such as the cerebrovascular and peripheral arteries.

Hypertension is associated with CVD. Schlusser and cohorts looked at hypertension in seven worksites around New York City. Following the National Health and Nutrition Examination Survey II (NHANES II) criteria for hypertension (blood pressure at or above 140/90 mm/HG, and/or taking anti-hypertensive medications) they found high blood pressures associated with being male, lacking a high school education, having a clerical occupation and being unmarried (Schlussel *et al.* 1990). Sodium intake was not reviewed in comparison to worksites and other factors.

Scrimshaw (1995) cites Barker's study reported in the *British Medical Journal* in 1992 associating low fetal weight or low birth weight and greater risk in later life for CVD, hypertension, and adult onset diabetes. Scrimshaw maintains that improved diet and lifestyle would prevent disabilities and premature deaths in older adults. He suggests eating less meat, calories, and fat constitutes a new paradigm applicable to populations of both developing and industrialized nations.

In summary, the goal of diet in relation to CVD should be twofold:

1. Primary prevention to reduce the likelihood that people free of atherosclerotic disease will develop it, and
2. Secondary prevention to slow or reverse the progression of the disease in those who have it (Kennedy, 1995).

Models of Behavior Change

Despite the thirty to forty year history of information surrounding cholesterol, lipids, and fat, and its relation to CVD, studies show only one-third of individuals prescribed risk factor interventions continue to follow them over the long term (Smith *et*

al, 1995). What stimulates one to change diet behavior has been the focus of many studies. Several psycho-social models were referenced by investigators, including : stages of change; self-efficacy and self-motivation; predisposing factors and enabling factors; extrinsic and intrinsic factors; and Janis' Conflict Theory. It is beyond the purview of this paper to review these models in detail, but to understand their construct is helpful when evaluating the design and outcomes of studies reviewed.

Stages of change.

Stages of change, as referenced to Prochaska and DiClemente from 1983 served as the basis for several investigations (Brown *et al.* 1995; Linnan *et al.* 1990; and Sporny and Contento, 1995). Precontemplation, contemplation, preparation, action and maintenance are stages Prochaska and DiClemente identified that are predictive of one's preparedness to change behavior. Although the authors' original work was around smoking cessation, several investigators used the criteria to study changing behavior in diet. Generally, the researchers found which stage an individual is at is predictive of which specific strategy is likely to succeed in changing behavior.

Focus groups were used to compare characteristics of eating behaviors regarding fat intake and stages of change (Brown *et al.* 1995). The authors found participants had differing perceptions about fat, diet and disease depending upon which stage they were in. *Precontemplators* did not see themselves at risk for fat intake and related disease, nor did they see themselves as eating too much fat. *Preparation stage* participants recognized the health risks of eating fat and tried to avoid high fat foods but did not like the taste of fat

substitutes. *Maintainers* saw themselves as needing to eat a low fat diet for health or weight reasons and avoided high fat foods and used low fat substitutes.

In the preliminary phase of a four-year prospective nutrition intervention program with high school students, researchers are using stages of change to study participants' ability to eat five fruits and vegetables a day (Johnson *et al.* 1995).

Review of preliminary findings indicates there are marked gender differences between stages. More males are in the *precontemplation stage* than females, while more females are in the *preparation stage* than males. Over all proportion of participants fall in the *preparation stage* with the fewest numbers falling at the *action* and *maintenance* levels.

Sporny and Contento (1995) evaluated the percentage of energy intake from fat and compared results to which stage subjects were at. They found a lower mean percentage of fat intake in those participants who fell in the *action* and *maintenance* stages. Self-efficacy was associated with taking action and maintaining behavior.

Self-efficacy

Dishman's *self-efficacy, self-motivation* model as referenced by Linnan *et al.* (1990), and Simon *et al.* (1995), has also appeared in several studies. Self-efficacy, as described by Linnan *et al.* (1990) is the conviction of one's own ability to perform a skill. Self-efficacy is thought to determine which behaviors a person will engage in, how one will endure, and how much effort one will employ to achieve personal goals.

Simon *et al.* (1995) found self-efficacy and eating behaviors improved with hands on interventions designed to improve participants' skills. Clear dietary messages and

encouraging participants to attempt small steps to change resulted in improved eating behaviors.

Self-efficacy was more predictable as a measure of changing behavior to a lower fat intake among women more than men in a university setting (DeWolfe and Shannon, 1993). Women maintained scores, and men improved dietary scores three months after intervention. Women reported more external support from friends.

Predisposing factors and enabling factors; extrinsic motivation versus intrinsic motivation

Predisposing factors are described as beliefs, perceived benefits, and motivation. *Enabling factors* are described as barriers, norms and social support (Kristal et al, 1995). The authors found predisposing factors were strong predictors of diet behaviors and correlated closely with the intention to change diets. Extrinsic motivation (pressure from others) versus intrinsic motivation (beliefs) was studied by Patterson *et al.* (1995). They found intrinsic motivators more effective than extrinsic motivators in promoting healthy diet behaviors. Those who perceived a close association between diet and cancer ate more fiber, and those who had knowledge of food composition ate fewer calories from fat. The authors suggest strategies targeting beliefs and knowledge may prepare people to adopt healthful diets.

Janis Conflict Theory Model

O'Brien and Dedmon (1990) adapted Janis' model (1977) of five stages of conflict to use in identifying recidivism around changing dietary behavior. Theoretically, all major

life changes must evolve through five stages before a stable decision can be reached.

Conflict associated with making decisions at each level leads to stress or the perception of loss. “The more an individual perceives loss, the greater the stress surrounding the decision”. Based on Janis’ five stages, O’Brien and Dedman identified key questions around diet which need to be considered when making life style changes regarding CVD:

Stage 1. Appraising the challenge.

Key questions: Are the risks serious if I don’t change?

Stage 2: Surveying alternatives.

Key questions: Will making diet changes help lower my cholesterol and reduce my risk for heart disease? Do I have other alternatives?

Stage 3. Weighing alternatives

Key questions: Which alternative is best? Diet? Exercise? Nothing?

Stage 4. Deliberating about commitment.

Key questions: Shall I implement the best alternative and allow others to know?

Stage 5. Adhering despite negative feedback

Key questions: Are the risks serious if I don’t change? Are the risks serious if I do change?

Unresolved conflict may result in individuals exhibiting one of four defective coping mechanisms described below.

1. Unconflicted adherence: The individual continues the present behavior, ignoring health risks.

2. Unconflicted change: The individual adopts the course of action most strongly recommended without making any alternative plans and without being prepared psychologically for any setbacks.
3. Defensive Avoidance: One procrastinates, or shifts responsibility to others or constructs wishful rationalizations.
4. Hypervigilance: This person exhibits impulsive shifting back and forth between alternative behaviors. Behavior is emotion driven rather than rational, and the individual may be inconsistent in behaviors. For example, a person demonstrating hypervigilance may begin an aggressive exercise program too quickly, fail to maintain it, then switch to eating high amounts of oat bran, omitting all eggs, but continues to eat a high fat diet.

In summary, there are several proposed models that attempt to explain learning styles and methods to change behavior. Most reviews blended two or more models to explain the evolution of behavior change. Agreement found among most studies is that behavior can change when a person has knowledge of risk, sees himself at risk, and has the self-belief that he can change his behavior if it does not incur too much loss.

Barriers to Change Nutrition Behavior at the Worksite

To encourage positive outcomes for nutrition behavior, the environment should be free of barriers to following a healthy diet (Glanz & Mullis, 1988). Barriers represent any “cost” (real or perceived) by management or the employee that may impede acceptance of a risk reduction program for CVD. Glanz and Mullis (1988) identified five levels where barriers can be removed at the worksite to enhance positive nutrition outcomes.

1. Prepare food to comply with nutrition goals.

2. Provide-point-of purchase nutrition information.
3. Collaborate with local vendors to promote healthy eating in the community.
4. Provide policies and incentives to encourage participation in nutrition programs.
5. Change the health and medical care structure related to nutrition.

Food preparation.

The first point of food preparation, to comply with nutrition goals, has documented support in the multitude of cookbooks now published for the food industry promoting low fat and low cholesterol cuisine. New publications of workbooks and teaching guides are being offered for sale every month in food and nutrition journals, promising to train food service employees to develop the skills to cook with less fat and salt.

Point-of-purchase information.

The FDA mandate that all food be labeled by July 1994 assured the second concern that point-of-purchase information be available for the consumer; however, restaurant menus are exempt from the labeling law (Wilkening, 1993). Point-of-choice information was not the first source, but the second, for obtaining nutrition information according to a study conducted in a university residence hall dining center (White, 1995). Table tents were most frequently cited as the source for nutrition information. The third source cited was bulletin boards and the least used source was a taped nutrition hotline message, changed daily. The authors concluded using a variety of methods to convey a nutrition message is most likely to succeed in reaching the greatest cross-section of people.

Community support.

The third possible barrier has been cited as the greater community, or environment. Vendors can reinforce behaviors by offering further learning experiences. One such example was an interactive display of fruits and vegetables allowing the participant to receive detailed and prompt feed back regarding nutrition information (Kedrowski, 1995). Recipes and coupons from area grocers for purchases to prepare the recipes, were all successful strategies to engage participants to learn. A community-wide effort, Project LEAN (Low-Fat Eating for America Now), initiated by the Henry J. Kaiser Family Foundation has joined efforts with Partners for Better Health (a consortium of community and health organizations) to promote and fund programs that encourage reduction in dietary fat consumption to 30 percent of total calories (Samuels, 1990, 1993). The goal of the campaign is to accelerate the trend in fat reduction and to stimulate greater availability of low-fat food choices in the market place through publicity with public service advertising, and point-of-purchase programs in restaurants, supermarkets, and cafeterias in schools and worksites.

Policies and incentives.

The fourth possible barrier revolves around nutrition policies and incentives. Several factors need to be considered early in the design. A first consideration may be to determine where the corporation is in its life cycle (the economic periods of growth and decline). The timing of these cycles often impact directly on management's acceptance of a health program. Other factors that may preclude support for worksite health programs

include management style; the type of industry (blue collar versus white collar); demographics (a young, healthy, work force is not always perceived by management to need health education); management expectations; and if the health program “fits” into the corporate culture. One aspect is assured, if acceptance of the program is not committed at the corporate management level, the likelihood of conducting a successful health program is minimized (Linnan *et al*, 1990).

Health care structure.

The fifth possible barrier, the health and medical care structure, can be significantly impacted by the gap between physician knowledge and attitudes. Health care cost containment is placing more responsibility on the primary physician to act as gatekeeper for referral to medical specialists. Physician knowledge and attitude does not always reflect actual practice regarding wellness advice to patients (Williams *et al*, 1994). Kinmouth and Davies (1991) cautioned that providing health care education in the physician office setting is unlikely to occur in the typical clinical setting. The authors propose that if health promotion clinics are to succeed, a new investment in primary care must be designated.

Perceived and real costs.

Cost to management and the employee has been researched on several fronts. Two studies found successful results with minimal over all costs per individual (Byers *et al*, 1995; and Murray *et al*, 1990). In the Byers (1995) study, two levels of intervention based on time were compared for outcomes. One five minute “usual” intervention of

counseling based on the AHA Step I Diet was offered immediately after cholesterol testing. The “special” intervention provided multiple nutrition education classes totaling two hours, and given in small groups at the worksite over the month following cholesterol testing. The “usual” intervention resulted in a three percent drop of cholesterol, while the two hour “special” classes resulted in a 6.5 percent drop in cholesterol. Costs were calculated and included total screening costs, provider wages, subject wages, costs of travel, supplies, mailing and telephones. Estimated cost per participant was about \$50.00.

The second outcome study reported by Murray *et al*, (1990), followed the outcomes of eight hours of nutrition classes designed to reduce cholesterol. A 4% drop in participants’ cholesterol was maintained after one year. The cost per participant was approximately \$20.00.

Lay volunteers and health professionals have been successfully trained to conduct cholesterol screening, summarize results and make appropriate referrals for follow-up care (Linnan *et al*, 1990). Actual costs were not identified, however the authors point that cost can be cut when utilizing lay volunteers.

A written correspondence program was successful in reaching many participants and lowering cholesterol in a large community comprised of many smaller, communities (Jeffery *et al*, 1990).

A good cost/benefit analysis ratio may not identify the long term benefits of a happier, healthy, productive workforce but such benefits may outweigh the immediate costs .

Characteristics of Behavior Regarding Nutrition

Targeting strategies to specific behaviors has been used effectively in marketing for decades. Knowing the “audience” has been researched by the food industry at the consumer level for some time and health care may now need to be pro-active in defining the most effective way to provide nutrition interventions. Several studies linked certain social characteristics or eating behaviors with nutrition outcomes. Profiling such characteristics may be helpful to predict which strategies may foster desirable behaviors. The following studies found similar characteristics regarding different social aspects.

Gender.

Several studies compared outcomes of changing behavior between genders. Independent of age, males ate more fat, more cholesterol, and a greater percentage of calories from fat; ate more sodium, drank more milk, and ate more fiber; valued exercise; and generally self-reported better health than females (White and Klimis-Tavantzis, 1992; Sevenhuysen, 1993; Prokhorov, 1993; Beary, 1995; Anonymous, 1990; and Linnan *et al*, 1990). Women reported greater support from friends while participating in diet and health programs than men did (DeWolfe and Shannon, 1992); and were more knowledgeable in purchasing healthy heart labeled foods (Hunt *et al*, 1990); and placed more value on food to improve health (Sevenhuysen, 1993).

Age.

Independent of other factors, as people aged, they reported eating less calories from fat (Sevenhuysen, 1993).

Socio-economic factors.

A variety of socio-economic factors were linked to the way people behave regarding CVD risk. Education level, ethnicity, type of occupation, knowledge, urban vs. rural, if one was married or not, were each found to have some affect on CVD risk. One attitude that came across as a low risk for CVD was that people who volunteer to participate in studies are more likely to follow healthy eating behaviors than those who do not volunteer (Rowland *et al*, 1994). High school students surveyed to ascertain differences between participants and non-participants in a cholesterol screening program, found those most likely to develop CVD were least likely to participate in a health screen (Brunt *et al*, 1995).

The higher the level of education, the more likely one was to participate in a healthy diet or partake in a health screen (Pullen and Nutbeam, 1992; Greene and Strychar, 1992). This correlates with a negative association found between education level and composite risk factors (Reynes *et al*, 1993). Conversely, in Puerto Rico, higher education was positively correlated to increased risk factors for CVD but negatively correlated to overall mortality (Sorlie and Garcia-Palmieri, 1990).

Ethnicity, or primary language other than English, correlated with increased risk for CVD. Rakowski (1990) found non-English speaking people had a negative correlation to desired eating behaviors. Eighty-five percent of non-English speaking immigrants from Southeast Asia were unaware of heart disease risk (Chen *et al*, 1991).

Seventy-five percent of blue collar workers expressed interest in worksite health programs when attitudes toward friends' behavior, risk-taking, and personal experience

were factored into a survey to assess interest (Gottlieb *et al*, 1992). Shewry *et al*, (1992) found those who are socially disadvantaged had higher risks for CVD.

Successful Interventions to Change Behavior Regarding Nutrition.

Most health programs begin by following the SCORE format. SCORE is an acronym for Screening, COounseling, and REferral (Lefebvre *et al*, 1990). A questionnaire designed to determine participants' food patterns was an effective tool to evaluate intakes (Hebert *et al*, 1993). Multiple strategies were utilized to promote follow-up care in a worksite screening program (Shovellar and Langille, 1993). Successful strategies for motivating people to participate were physician referral to further investigate blood pressure and cholesterol, instituting non-smoking policies, offering smoking cessation classes, providing heart healthy foods in the cafeteria, and providing corporate group insurance coverage for dietary counseling. In combination, these strategies were highly successful in motivating people to participate in CVD risk reducing programs. One study with high schools held a cook-off with recipes analyzed for cholesterol, fat and sodium. Blood cholesterol levels among students dropped significantly over the twelve weeks of the program (Gans *et al*, 1990).

In summary, socio-economic factors may predict those at risk for developing CVD, depending upon job type, ethnicity, gender, age, and education level. Strategies have been successful in changing behavior when targeted to these aspects of the population. Programs are most successful when using the SCORE format of screening for risk, counseling for behavior change, and referral for follow-up. Greatest success occurs when using a combination of strategies to target a population.

Chapter 3

Methodology

Two surveys of self-reported eating behaviors of hospital employees were compared and analyzed. Both surveys were conducted in the employee cafeteria, one prior to and one three months after the initiation of a newsletter published by the Department of Food and Nutrition Services. The newsletter included the weekly employee cafeteria menu with heart healthy foods (foods that contained seven grams of fat or less per serving) designated on one side of the page and the newsletter on the other. Heart healthy foods were identified on the printed menu with the symbol of a heart (♥). The heart symbol was also posted on the daily menu board.

Sample Population

The employee cafeteria is open for breakfast, lunch and dinner, and a food cart is available for night staff. Approximately 1750 meals are served out of the cafeteria each day. A variety of employees eat there, including doctors, nurses, support services, clerical staff and technical and clinical non-nursing personnel. Three other eating areas exist in the hospital; i.e., a TWIG coffee shop where food can be cooked to order; a sandwich and soup bar located between the main hospital and a medical building linked to the hospital and a bank of vending machines. The TWIG coffee shop is also managed by the Department of Food and Nutrition Services; however, food preparation is separate from the Main Kitchen where the food for the Employee Cafeteria is prepared. The sandwich

and soup bar in the link area is managed by an outside vendor. The Employee Cafeteria is also open to visitors and the public, and is the only public eating area where customers are allowed to bring their own food from home.

The sample was obtained from ten percent of the average customer base at each meal and was limited to employees and volunteers affiliated with the hospital. Distribution was as follows: 40 surveys at Breakfast and Dinner, 20 surveys at Night Cart, and 75 surveys at Lunch.

Employees participated on a volunteer basis, thus the sample was not random. To encourage participation, an incentive was offered for each survey. A coupon for a bagel and cup of coffee was provided to each participant upon the return of the completed survey (Appendix A) and employees were asked to sign a log to assure that the same employees would be resurveyed (Appendix B). Participants were requested to return the surveys to the cashier at the night cart and breakfast. Lunch and dinner meals were collected by the investigator. To assure consistency in survey collection, written directions for distribution were given to the breakfast and night cart cashiers (Appendix C).

Procedures and Interventions

Survey Design

Each survey consisted of two parts. Part A of each survey was to obtain demographic information and information regarding the attitude of the participants concerning service and food items presented in the cafeteria. Part B of each survey was a

“Rate Your Plate” questionnaire regarding self-reported eating behaviors. Part B was the same in each survey, however the format was changed in Survey II to diminish the learning factor which may occur when people re-do the same test or task. The survey forms were color-coded by meal to enable quick identification of the subset and to prevent confusion of the two surveys for statistical comparison.

Pilot testing.

Each survey was reviewed by the Director of Food and Nutrition Services and cohorts of the investigator. Modifications were then made to each survey. Otherwise, a pilot survey was not conducted from a sub-set of other employees.

Survey I

Survey I was conducted mid-December of 1994 starting with the Thursday lunch and dinner meal, and the Night Cart and breakfast of the following Friday morning. Part A was designed to obtain employee attitudes and suggestions regarding (a) attributes of the Cafeteria; (b) favorite foods served; (c) suggested menu changes; (d) attitudes regarding sugar, fat, sodium, calories, and cholesterol; (e) interest in having nutrient information available; and (f) a chance for comments (Appendix D). Part B was attached to Part A, but the format design included two pages (Appendix E).

Survey II.

Survey II was conducted mid-April 1995 with survey distribution corresponding to that of Survey I, starting with Thursday lunch through Friday breakfast. Survey II, Part A was designed to obtain employee demographics and attitudes regarding (a) the changes to the cafeteria menu; (b) the addition of labeling; and (c) the attitudes regarding the Newsletter (Appendix F). Survey II, Part B was the same except the format was presented in one page (Appendix G).

Menu changes.

To meet the seven-grams-of fat-per-serving criteria established by the Healthy Heart Committee, each recipe was analyzed using the CBORD Diet Analyzer data base. Modifications to recipes were made where possible. Fat was omitted from vegetables on the steam table; half-sandwich portions were served and cheese was omitted from them (whole sandwiches were continued to be served with cheese); if a hot food met the criteria in a smaller portion, it was offered at a lower cost. All menu items prepared on site from soup to dessert were analyzed for fat content. If a purchased item was served, the label information was used. If the fat content was seven grams of fat or less, the heart (♥) symbol was designated on the printed menu and the menu board.

Newsletter.

The newsletter was published each Sunday to coincide with a more typical menu week and the payroll schedule of Sunday through Saturday. Topics in the newsletter covered information regarding ways to change eating behaviors, nutrition in the news,

changes going on in the cafeteria and health issues related to nutrition. Before publication each week, the newsletter was read and approved by the Director of Food and Nutrition Services or a designee. The Production/Systems Manager formatted the menu side with appropriate (♥)s and printed the newsletter. Three hundred issues were produced each week. The first three issues were published on standard-sized paper, however the menu was crowded, and the length was increased to legal-size by the fourth issue (Appendix H). Resources for the nutrition information was adapted from nutrition journals, newspapers, government publications and the Internet. Other staff dietitians were encouraged to contribute articles as well.

Point-of purchase labeling.

Along with the designated hearts on the printed menu and menu board, wrapped cold food complying with the fat content was labeled with a round, press-apply sticker. This was to identify the sandwich, salad, or dessert that contained seven grams of fat or less.

During March, National Nutrition Month, the menus were analyzed for calories, total fat, cholesterol and sodium content. The analysis of each menu item was posted at each meal near the start of the cafeteria line and on the Night Cart (Appendix I).

Cafeteria sales.

The Cafeteria runs a four-week cycle menu. Cash registers in the cafeteria are computerized to analyze total sales of key menu items. Sales totals are entered into the daily production records and analyzed with the CBORD data system. Food production

schedules are forecast based on the average sales of each item during the previous three months. Concurrently, the Cafeteria Manager recorded total useage of menu items. These records were compared for December, before any intervention was initiated, to January, February, and March, the period under study.

Statistical Analysis

Statistical analysis of each survey was obtained using the SSPS Statistical Data Analysis Program. The sample obtained in each survey was from 10 % of the typical number of patrons served at each meal, or 175 subjects. Data were tabulated for frequency, mean and standard deviation, and cross-tabulated with eating scores, occupation, gender, type of occupation, length of employment and age. ANOVA was performed to evaluate significance of eating score changes between the two surveys. Eating score changes with a value of .05 were determined significant. Cafeteria sales were compared by calculating the number of portions of each item sold as a percentage of the total daily sales, and the percentage of total sales were compared over the three month period of study.

Chapter 4

Results and Discussion

Ninety percent (158) of the 175 questionnaires distributed in Survey I were returned, and eighty-five percent (148) of the 175 questionnaires were returned from Survey II. To protect confidentiality, only the signature of the participant was requested when the questionnaire was returned. Unfortunately, deciphering names for follow-up on Survey II was difficult. Thus, the second survey was obtained in the same manner, from a similar, but not the same, mix of employees.

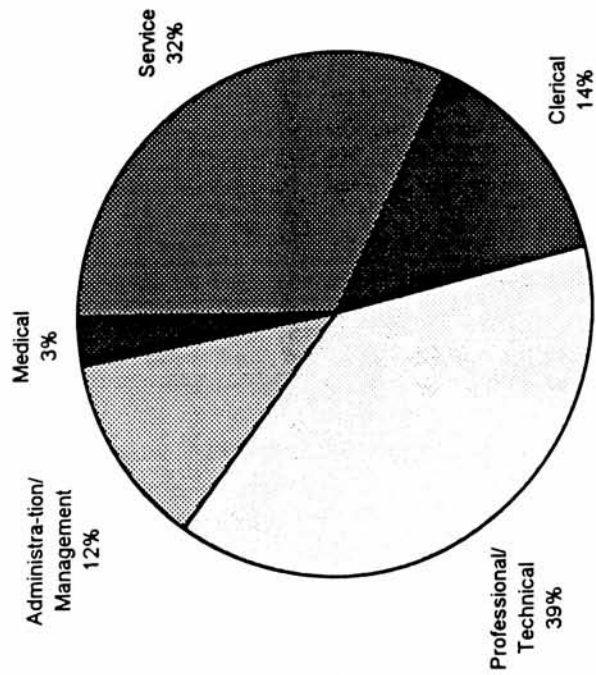
Demographics of Surveys I and II

Information from respondents was categorized by occupation, age, and length of employment. Gender information was obtained in Survey I, but unfortunately, was omitted in Survey II; thus, gender-related data is not compared.

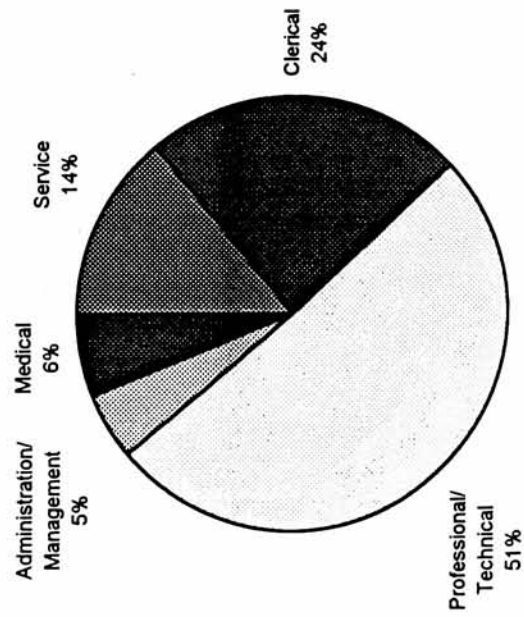
Employee occupations were categorized into five groups: (a) *Administration and Management* included hospital administrators and department managers as well as nurse managers who no longer do routine bedside care; (b) *Medical* included physicians, physician assistants and nurse practitioners; (c) *Service* included nurses aides, housekeeping, maintenance, and food service tray workers; (d) *Clerical* included department secretaries, switch board operators, admitting personnel, medical records and office personnel; and (e) *Technical* which included nurses, pharmacists, ultrasonographers, dietitians, medical technologists, radiology technicians, and medical research technicians. A comparison of participants by occupation between Survey I and

Figure 1. Comparison of Survey I and Survey II by Occupation

Survey I



Survey II



Survey II is displayed in Figure 1. In each survey, the greatest percentage of participants were in the *Technical* category, followed by *Service* in Survey I and *Clerical* in Survey II. *Administration/Management* participants were greater in numbers in Survey I and *Medical* participation was greater in Survey II.

Age of participants was grouped into three categories, (a) under 25, (b) 25 to 45, and (c) greater than 45 years of age. Each survey had a similar distribution by age category. The greatest number of participants in each survey were between 25 and 45 years of age. A comparison of the age of participants between Survey I and Survey II is pictured in Figure 2.

Employees were asked to indicate length of employment and this was similarly evaluated in Figure 3. Survey I had more employees who had worked less than five years, however, each survey showed bimodal distribution with greater numbers falling in the “less than five years” or “over ten years” lengths of employment.

Open-ended questions regarding what employees liked best or least about the cafeteria were reviewed upon return of Survey I. Many responses suggested menu items to retain, remove, return, or add to the menu. Some responses complained about the atmosphere in the cafeteria regarding noise, crowding, or old furniture indicating cafeteria concerns go beyond the food. The food item information was used to guide the menu revisions which took place throughout the project. A summary of comments and suggestions from Survey I are found in Appendix K.

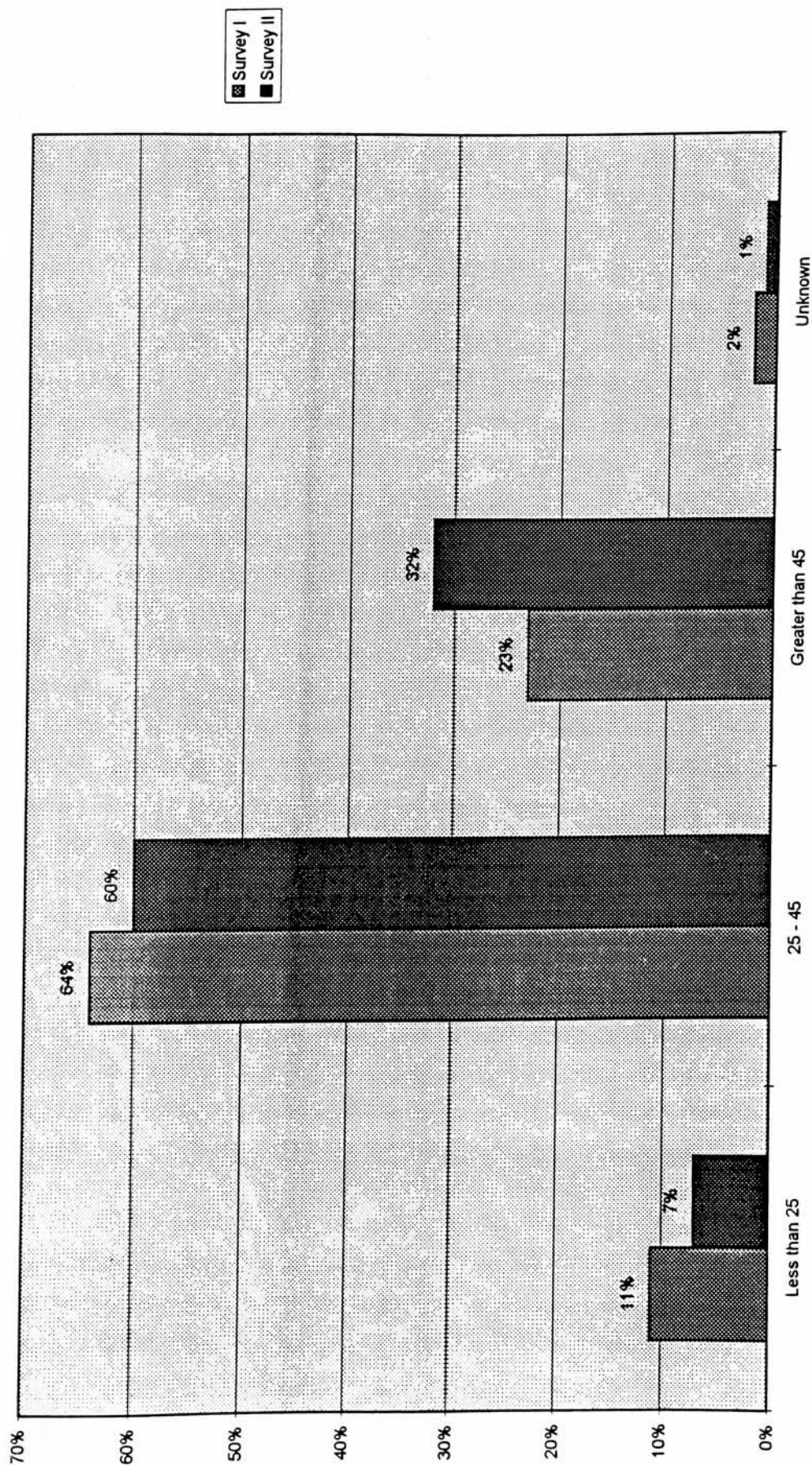


Figure 2. Comparison of Survey I and II By Age of Participants

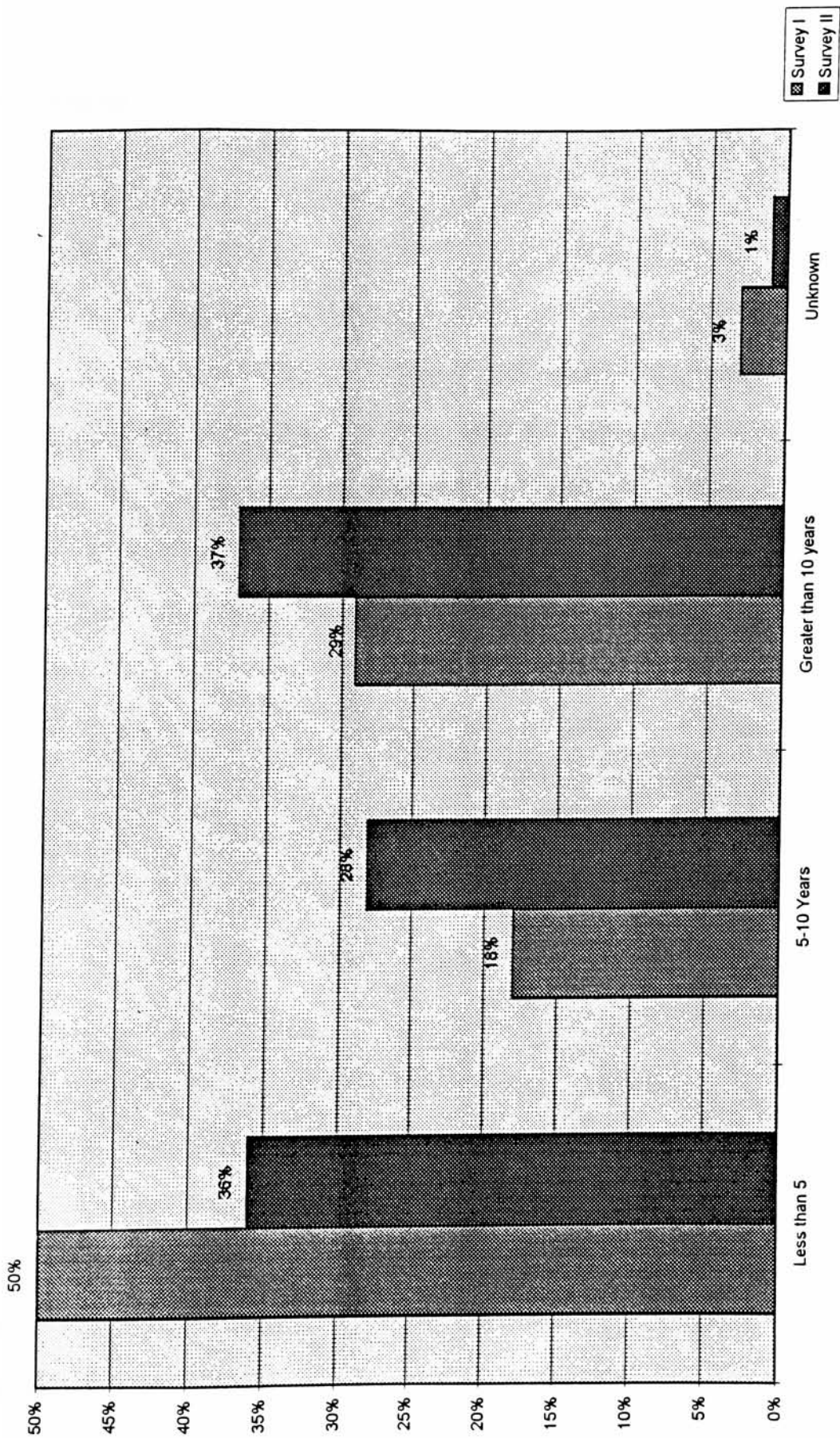


Figure 3. Comparison of Survey I and II By Length of Employment

Cafeteria Attributes

Survey I, Part A was reviewed for attitudes regarding the Cafeteria, the menu, labeling, and any personal dietary need for food information. Participants were also asked to rate cafeteria attributes regarding: price, quality, variety, location, service time, atmosphere, and quality of service from a “1” to a “5” with one rated the lowest and five given the highest value. The results are depicted in Figure 4. Highest values were given for location, service, and price, but variety, quality, and atmosphere left room for improvement. These questions were revisited in Survey II, but references to location and service time were omitted and only attitudes regarding price, quality, variety, atmosphere and service were evaluated. The results of Survey II are portrayed in Figure 5.

Adding the two highest ranking scores together regarding perceived value of attributes, Figure 6 shows a comparison of Survey I and Survey II. Rating values improved for quality, variety, atmosphere and service in Survey II as compared to Survey I. The value rating for price dropped in Survey II.

Labeling Information

Survey I participants were asked their opinion about labeling. They indicated total fat was the most important nutrient to label followed by calories. Salt received the lowest value score as a need to label. The results of Survey I, Perceived Value of Nutrient Labels, is pictured in Figure 7.

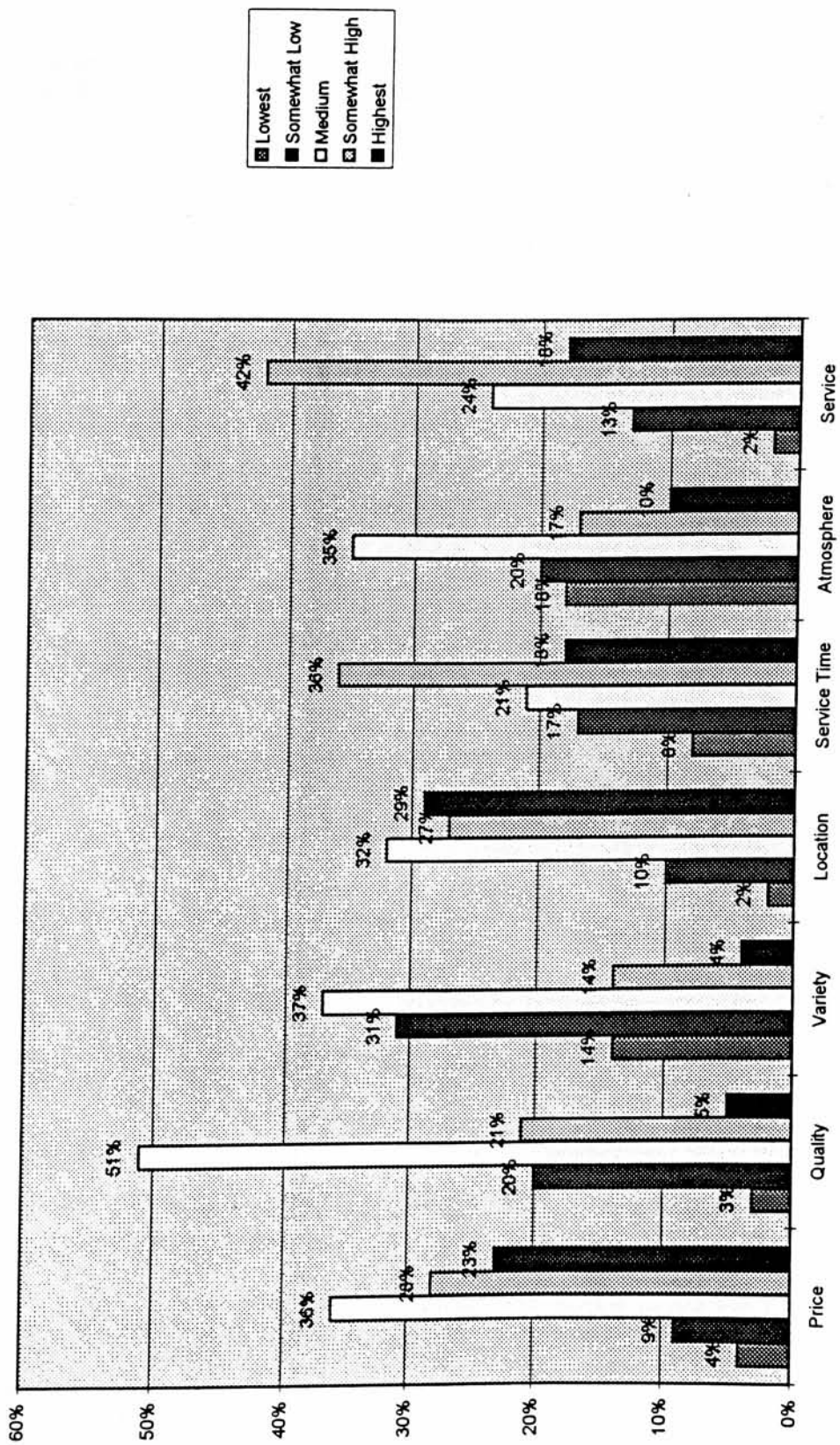


Figure 4. Survey I: Perceived Value of Cafeteria

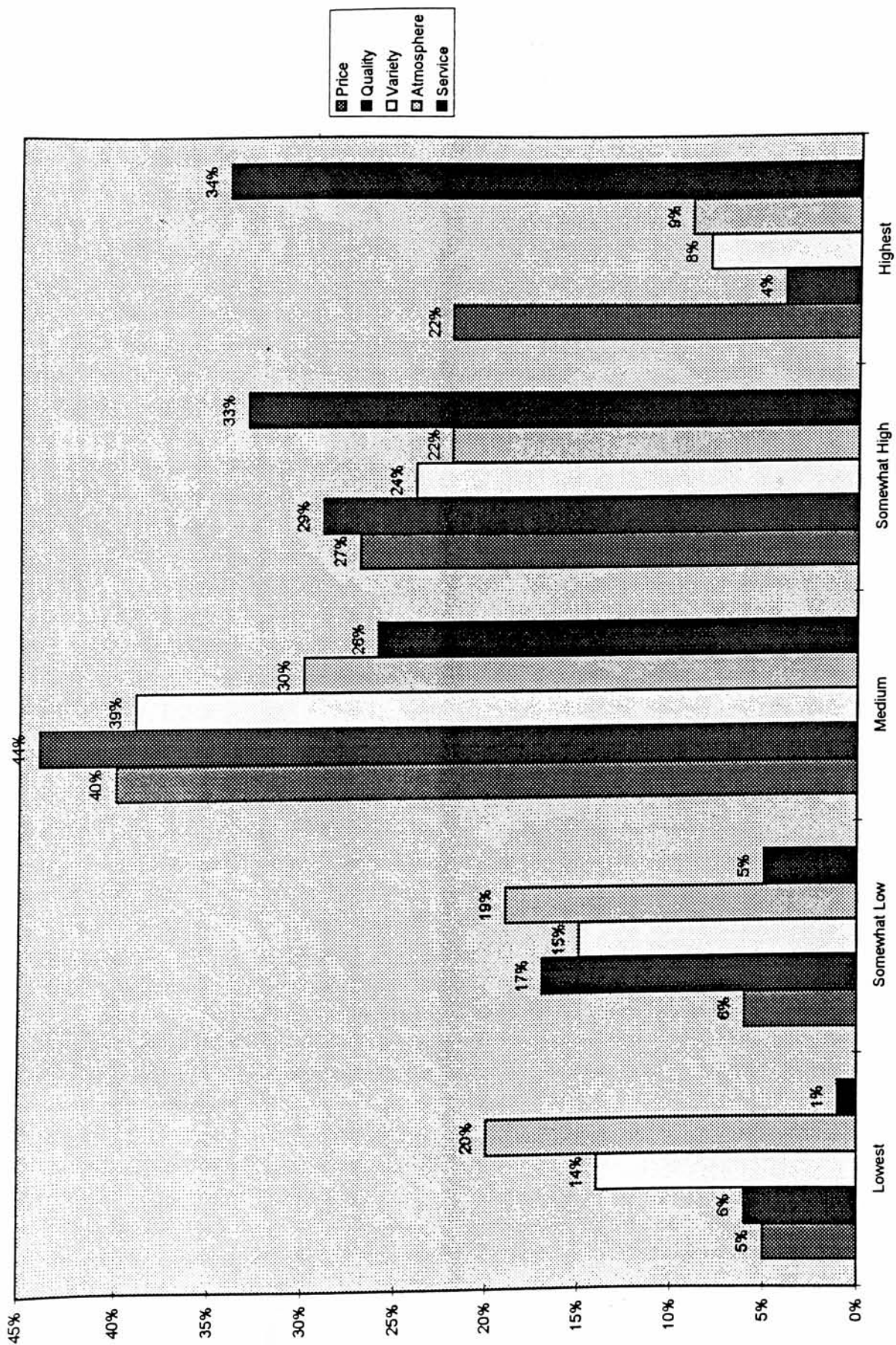


Figure 5. Survey II: Perceived Value of Cafeteria

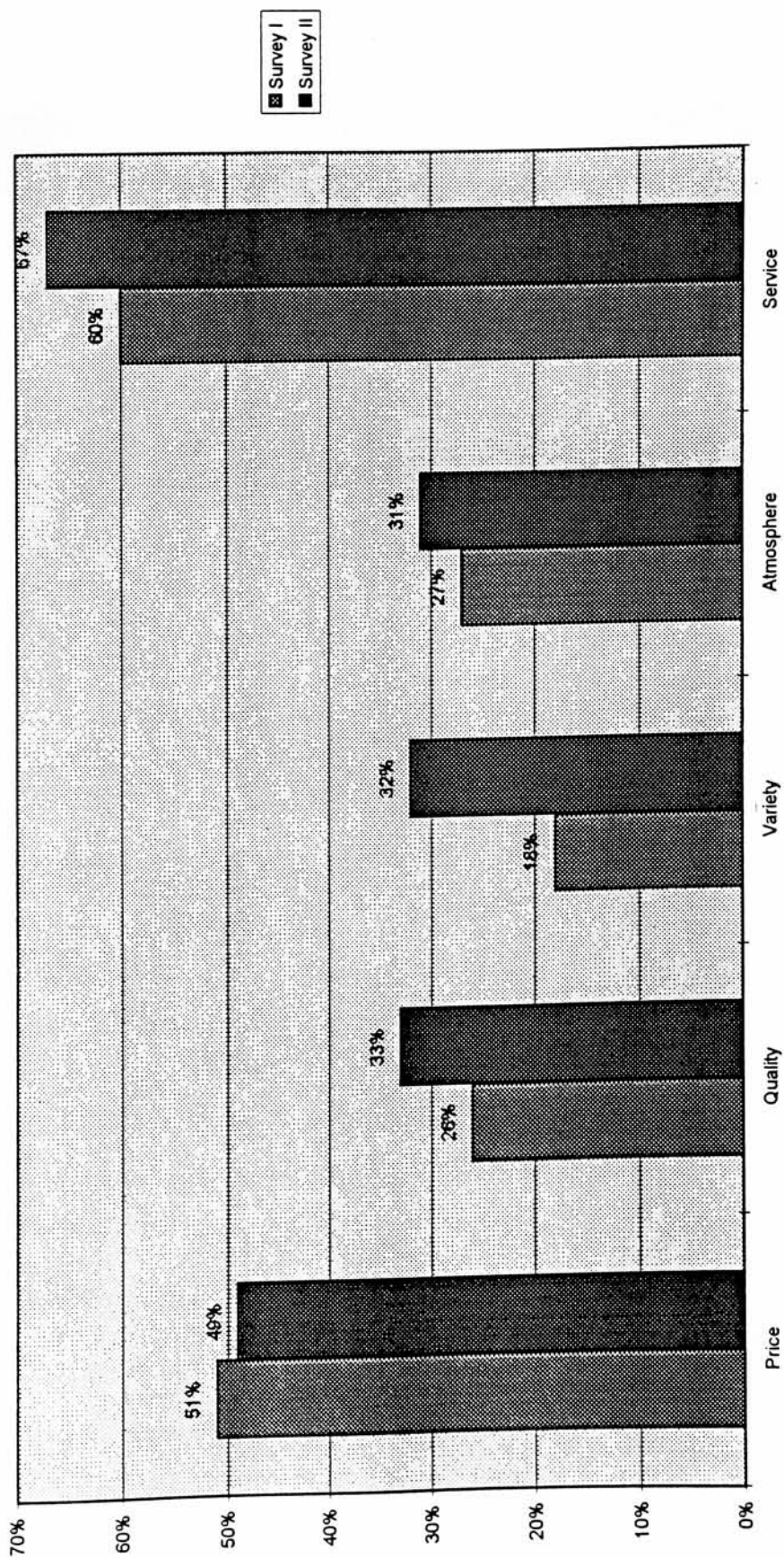


Figure 6. Comparison of Survey I and II Perceived Value of Cafeteria by Adding Together the Two Highest Value Scores

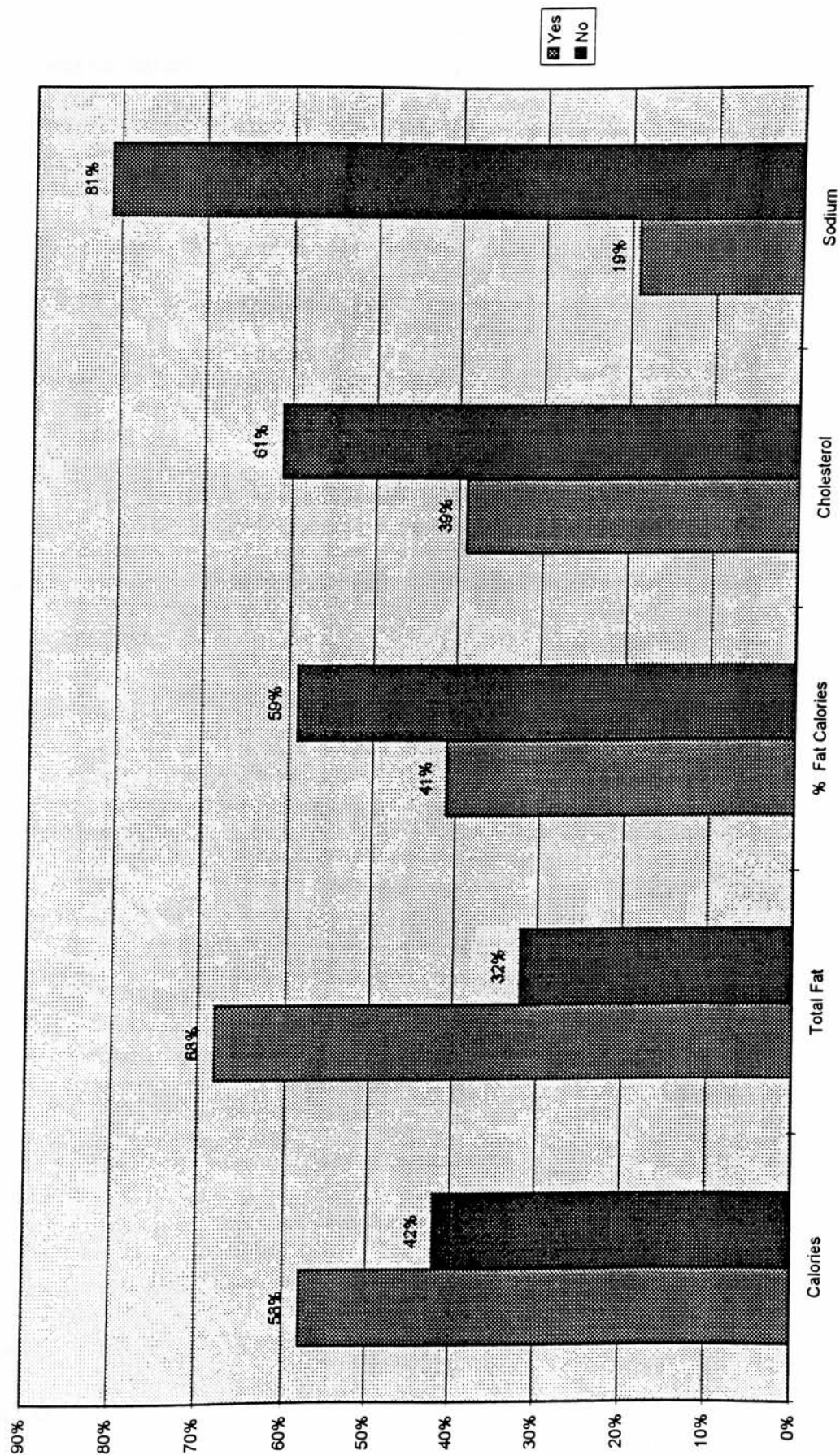


Figure 7. Survey I: Perceived Value of Labeling Nutrients

Survey II was consistent with Survey I values regarding labeling. Seventy-seven per cent of the responses indicated labeling items at point-of-purchase would be “very” or “somewhat helpful”, as opposed to 22% who indicated it would be of “little” or “no” help. Fat content was selected as the most important nutrient to label by 80% of the Survey II respondents, and sodium was rated “most important” by less than 35%. Labeling calories and cholesterol had the highest priority by approximately 50% of the participants in Survey II (Figure 8).

Figure 9 presents the Survey II respondents’ perceived value of the low fat changes made to the menu, labeling the nutrients of all foods served, and labeling the items that meet the seven grams or less of total fat. Respondents were asked to rate the activities as “very helpful”, “somewhat helpful”, of “little help” or of “no help”. Most respondents found labeling the nutrient contents (58%), the fat content (72%), and offering low fat items (64%) “very helpful”.

Value of Weekly Newsletter and Menu

The response to having the Food and Nutrition Services Newsletter published weekly and the Cafeteria menu available on a normal week cycle was evaluated in Figure 10. Responses to both questions regarding the value of the newsletter and the menu fell in a bimodal distribution. Forty-two percent found the newsletter helpful and 48% found the menu helpful, but 38% of the respondents in Survey II read neither the menu nor the newsletter. Of those who did read them, less than three percent found them “not helpful”.

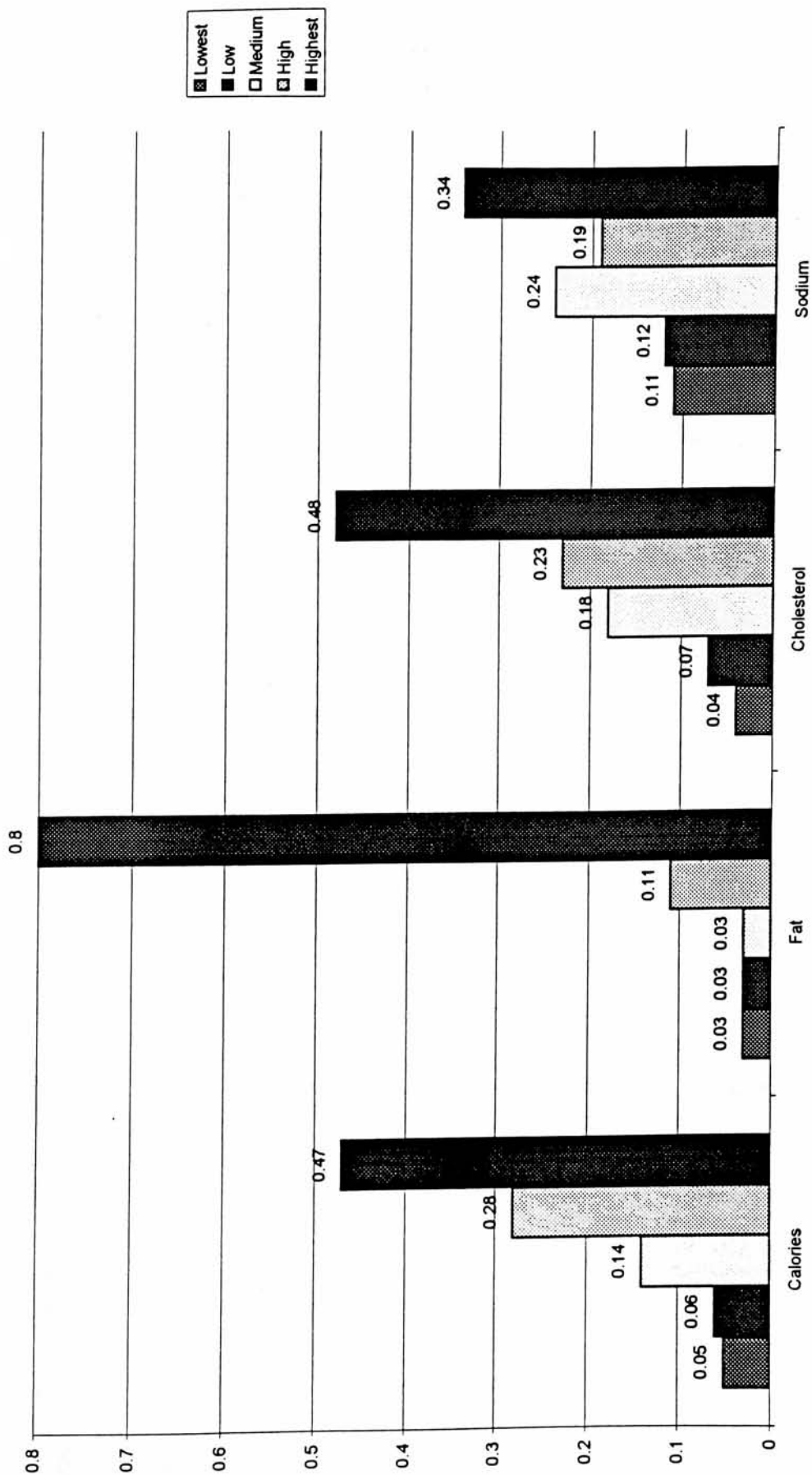


Figure 8. Survey II: Perceived Value of Labeling Nutrients

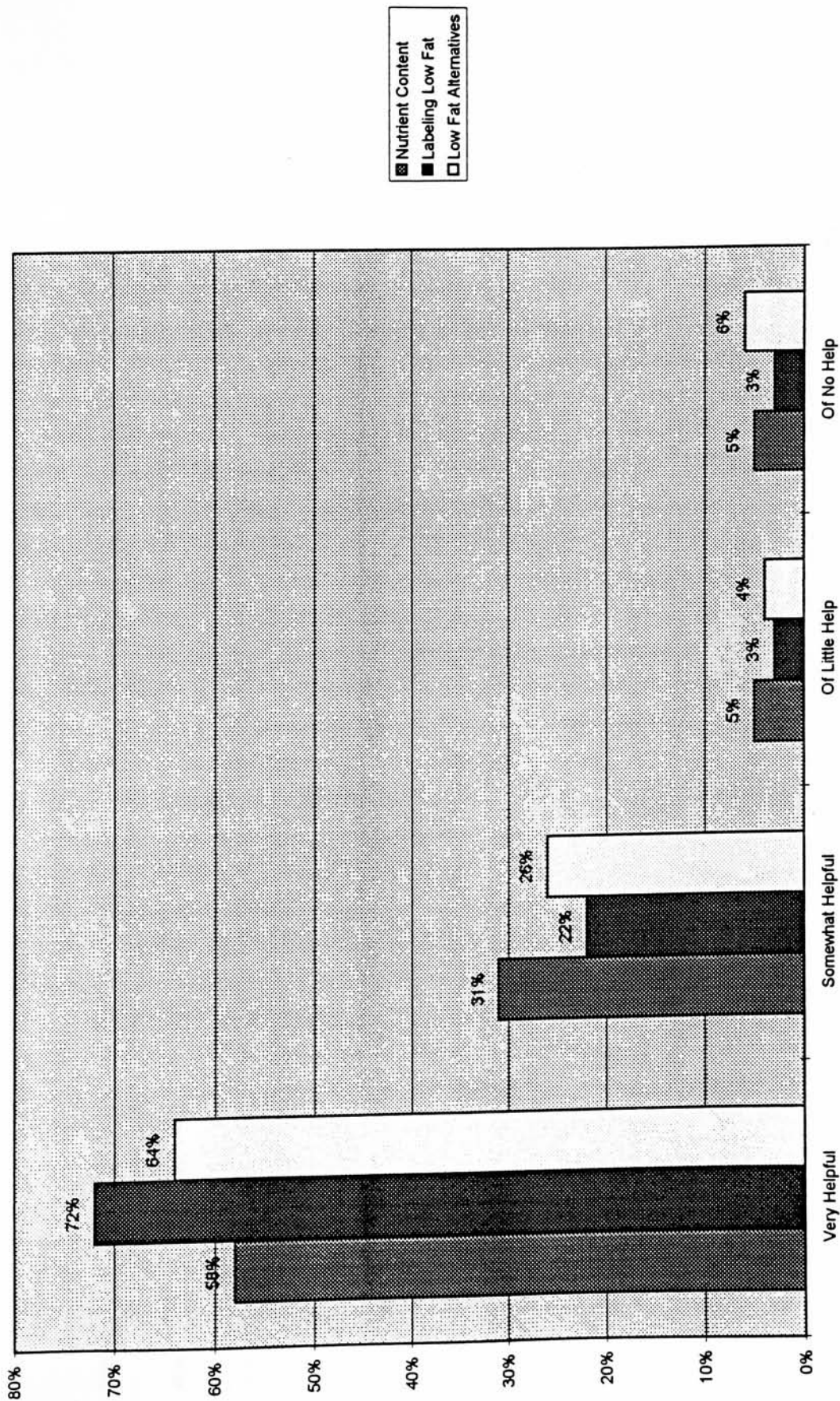


Figure 9. Survey II: Perceived Value of Information Regarding Fat

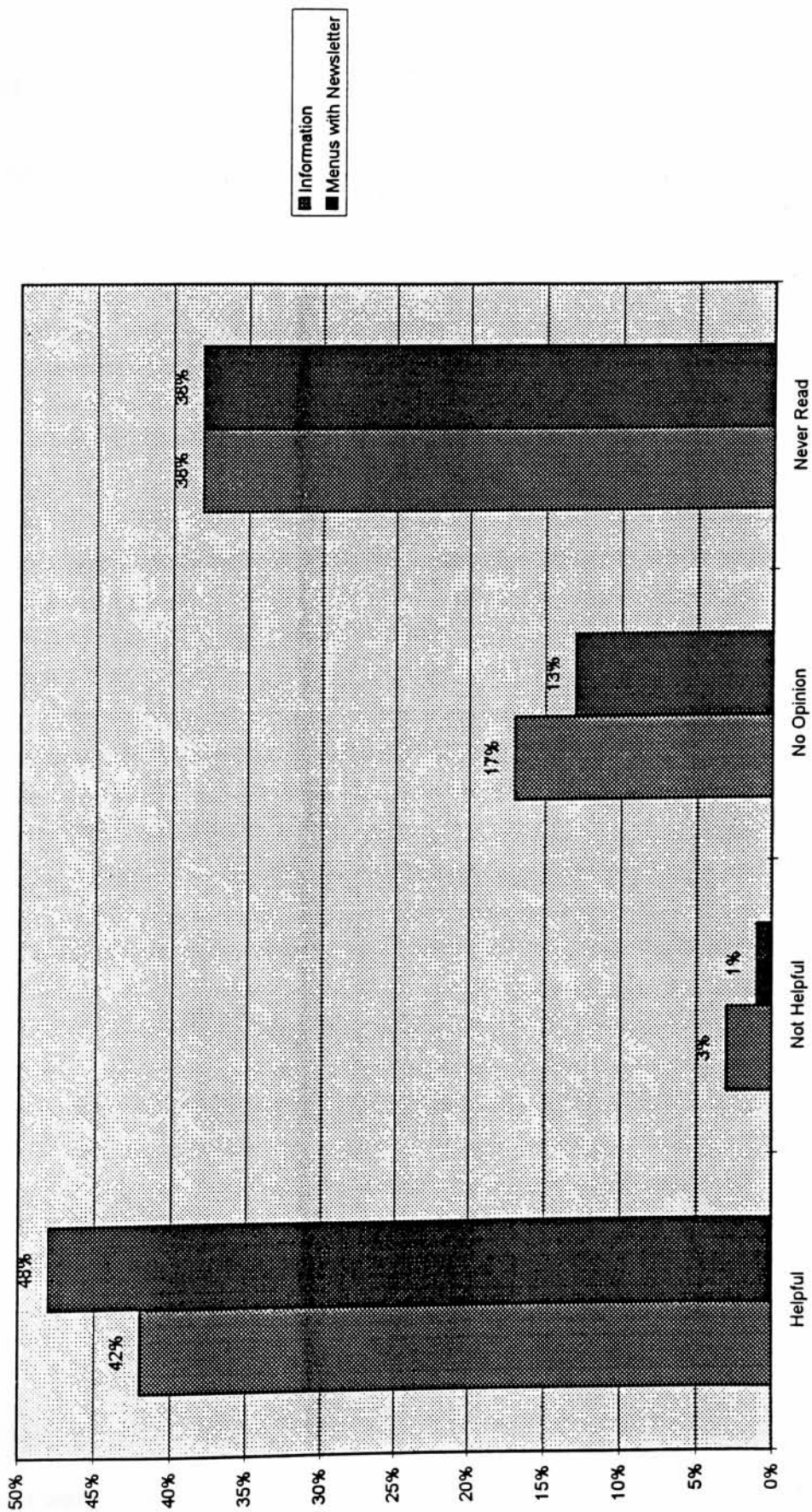


Figure 10. Perceived Value of Newsletter

Cafeteria Sales

Each menu item was compared as a percentage of the total number of sales made for that meal. Using December as the control month, sales of menu items for January, February and March were compared. Some sales appeared to be affected by the heart information. There did not seem to be any lasting effect of sales changes over the following two month period. For example, burgers dropped significantly in January, but sales returned to similar percentages of total sales in February and March. Conversely, when using March as the control month (the month when four nutrients were posted for each menu item on a daily basis) over-all sales of high fat items were not affected significantly. One can conclude therefore, that cafeteria food choices did not appear to be affected by nutrient information in a lasting manner. This study did not look at any of the participant's individual selections. People may have been able to combine food choices to meet their personal fat goals with the available nutrient information. This aspect, however, was not part of the study. Summaries of the daily sales percentages of individual food items can be found in Appendix J.

Rate your Plate Survey Results

Part B of each survey was the "Rate Your Plate" component. Comprised of seventeen questions which asked participants to indicate how they "usually ate", self reported eating behaviors were scored. There were three possible points for each question, (lowest was "1" with highest of "3", and a possible high score of 51. Answers

totaling between 17 and 30 points were provided the cue, “There are many ways to improve”; 31 to 40 points were provided the cue, “There are some improvements you can make”; and 41 to 51 point totals were cued, “You are making healthy choices.”

A comparison of Survey I to Survey II responses to the “Rate Your Plate” portion of the survey was analyzed for significance using Sum of the Squares. A comparison score of five or greater was considered significant. Positive change was found in responses to questions regarding meat, pasta, fruits and vegetables, fat, fish, cured meats, fried foods, snacks, fatty sweets, organ meats, eggs, and milk. These responses are compared in Figure 11. The most significant changes were in responses to eating less red meat and eating more pasta. Figure 12 represents those items that did not change significantly between Survey I and Survey II. A closer look at these responses does not mean people ate more or less of some items, such as liver, or egg yolks, only that there was insignificant change in the self-reported behaviors.

Eating Scores Compared with Demographic Data

Overall scores.

Total score values between Survey I and Survey II are compared in Figure 13. Survey II shows overall improvement in reported eating behaviors. Compared to Survey I, low scores declined as did medium scores, while scores in the high range rose.

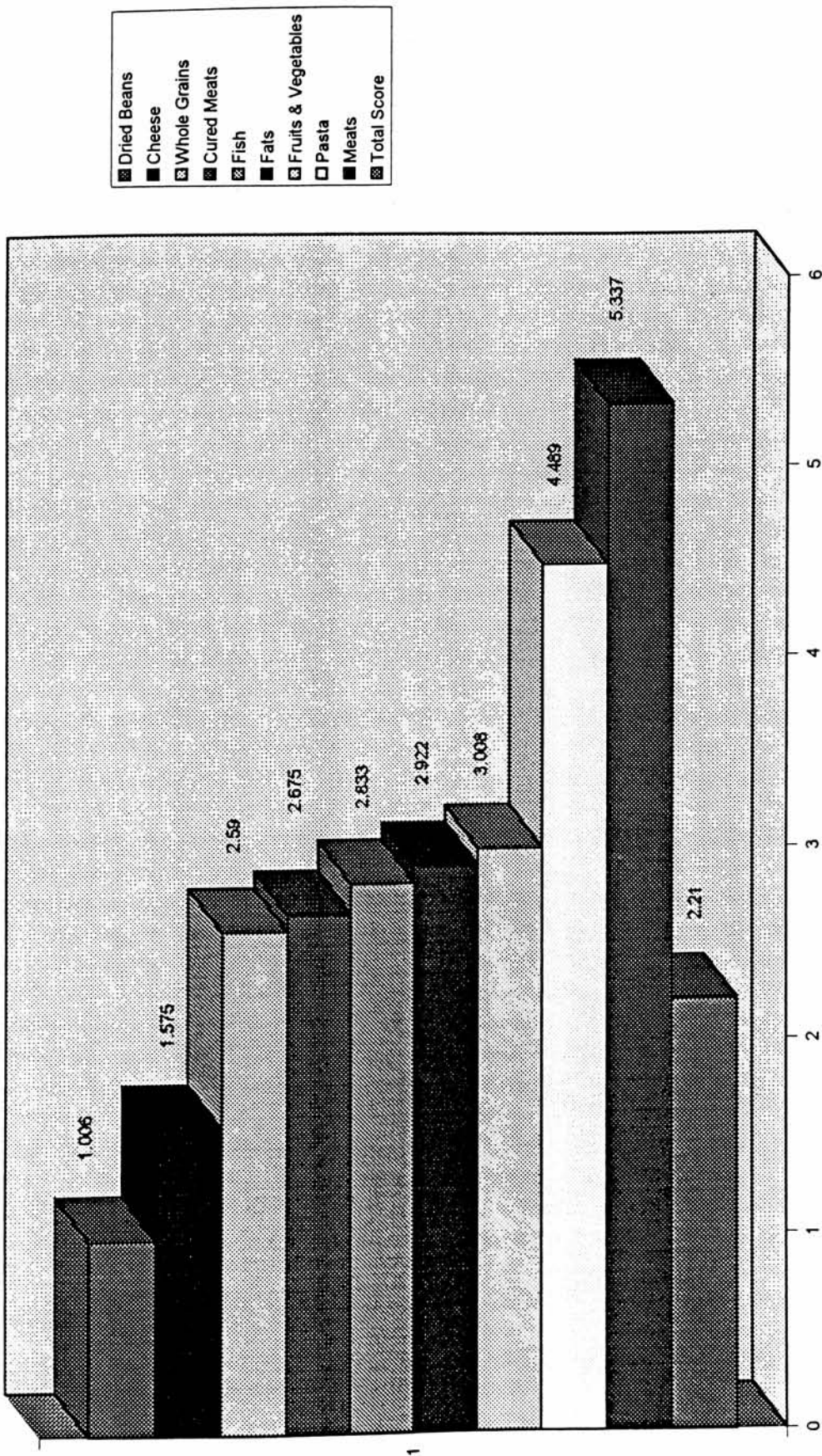


Figure 11. Areas WITH Significant Change in Self-reported Eating Behaviors

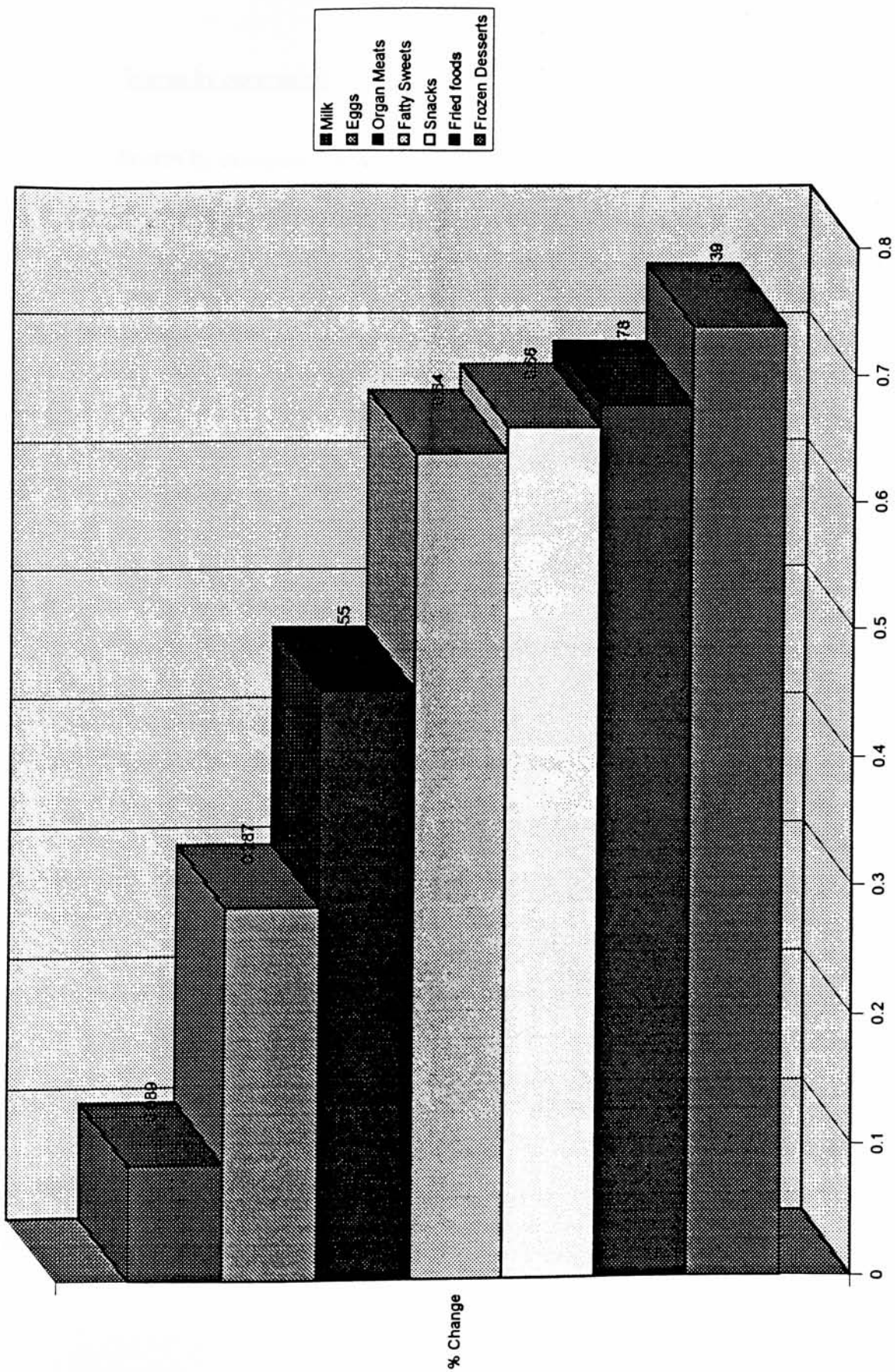


Figure 12. Areas WithOUT Significant Change in Self-reported Eating Behaviors

Scores by occupation.

Scores by occupation are compared between the two surveys in Figure 14. Professional/technical respondents had the greatest percentage of high scores. Most job category respondents improved their scores between surveys; however, service workers had the greatest percentage of low scores in each survey.

Scores by age group.

Figure 15 shows the comparison between Survey I and Survey II self-reported eating behaviors and age category. According to the data reported by age group, those participants 25 years of age or less had no scores falling in the low-score range on Survey II. Mid range scores went down between Survey I and Survey II by those under 25 and between 25 and 45 years of age, while those over 45 had nearly identical mid-range scores. High scores improved in all age categories between Survey I and Survey II.

Scores by length of employment.

Those employees who have worked the longest scored higher and showed greater improvement on the self-reported eating behaviors in Survey II. Those employed less than five years declined in overall scores between Survey I and Survey II (Figure 16).

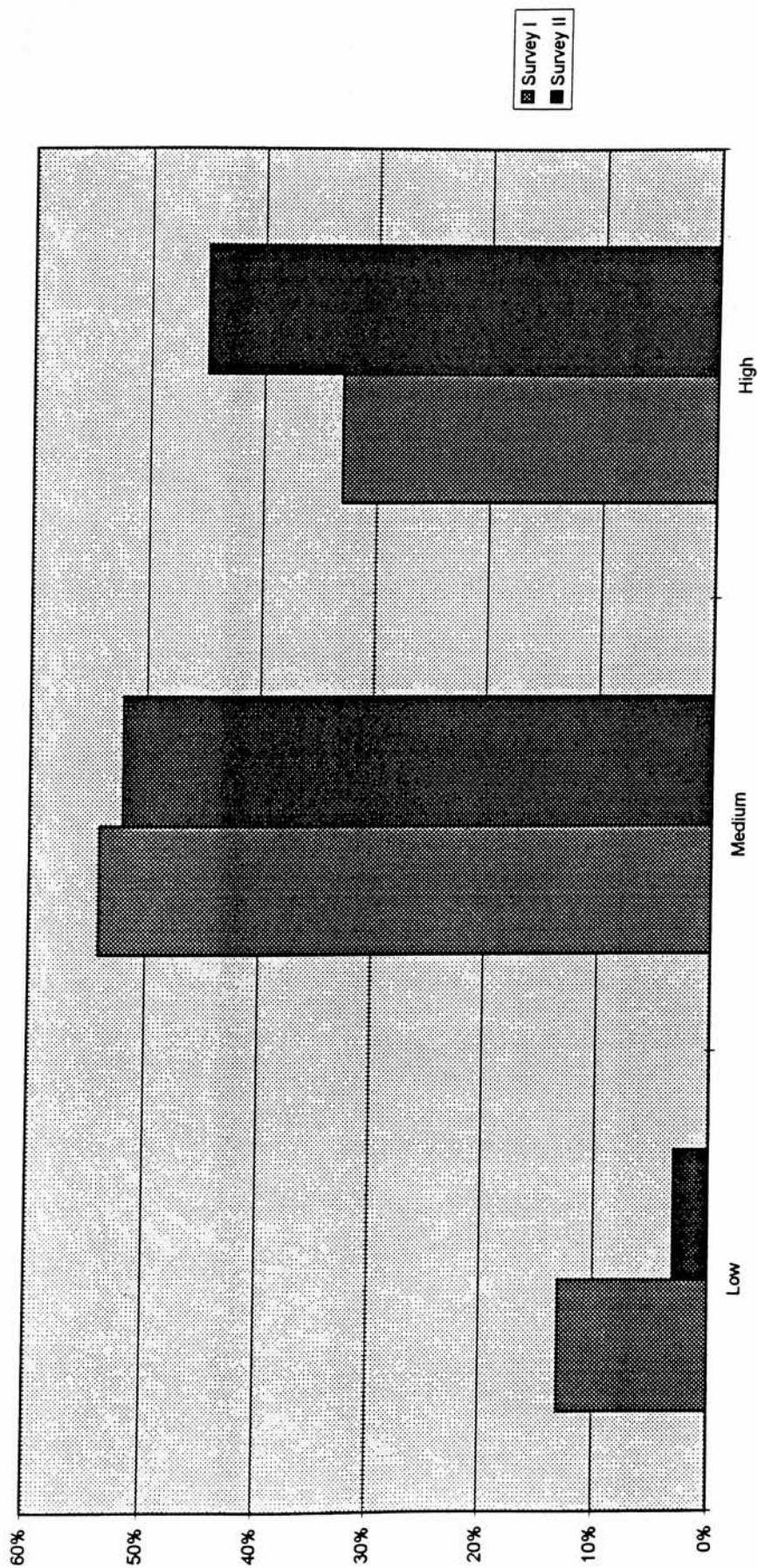


Figure 13. Comparison of Survey I and Survey II Total Eating Scores

S-I - Survey I
S-II - Survey II

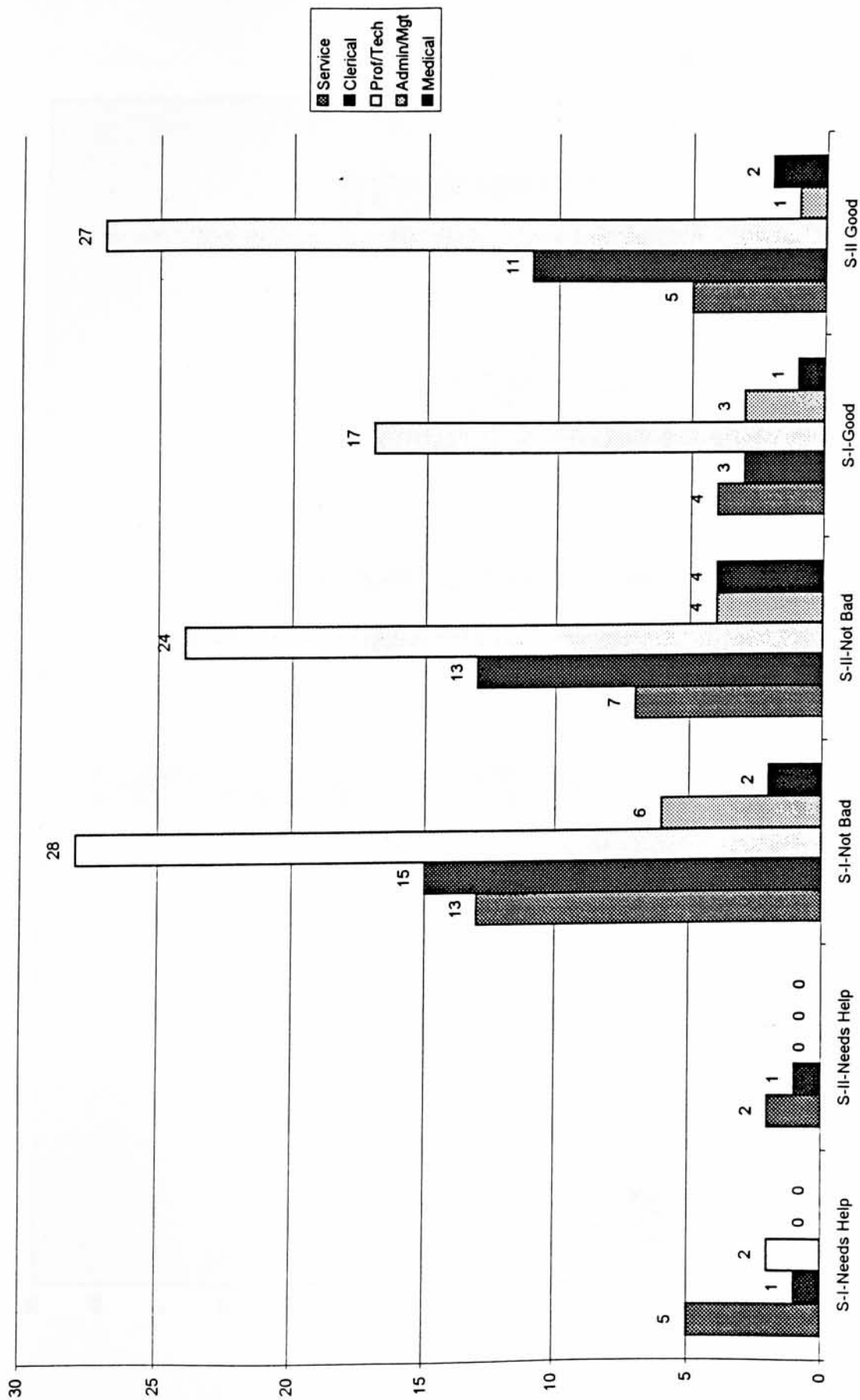


Figure 14. Survey I and II Eating Scores by Occupation

S-I - Survey I
S-II - Survey II

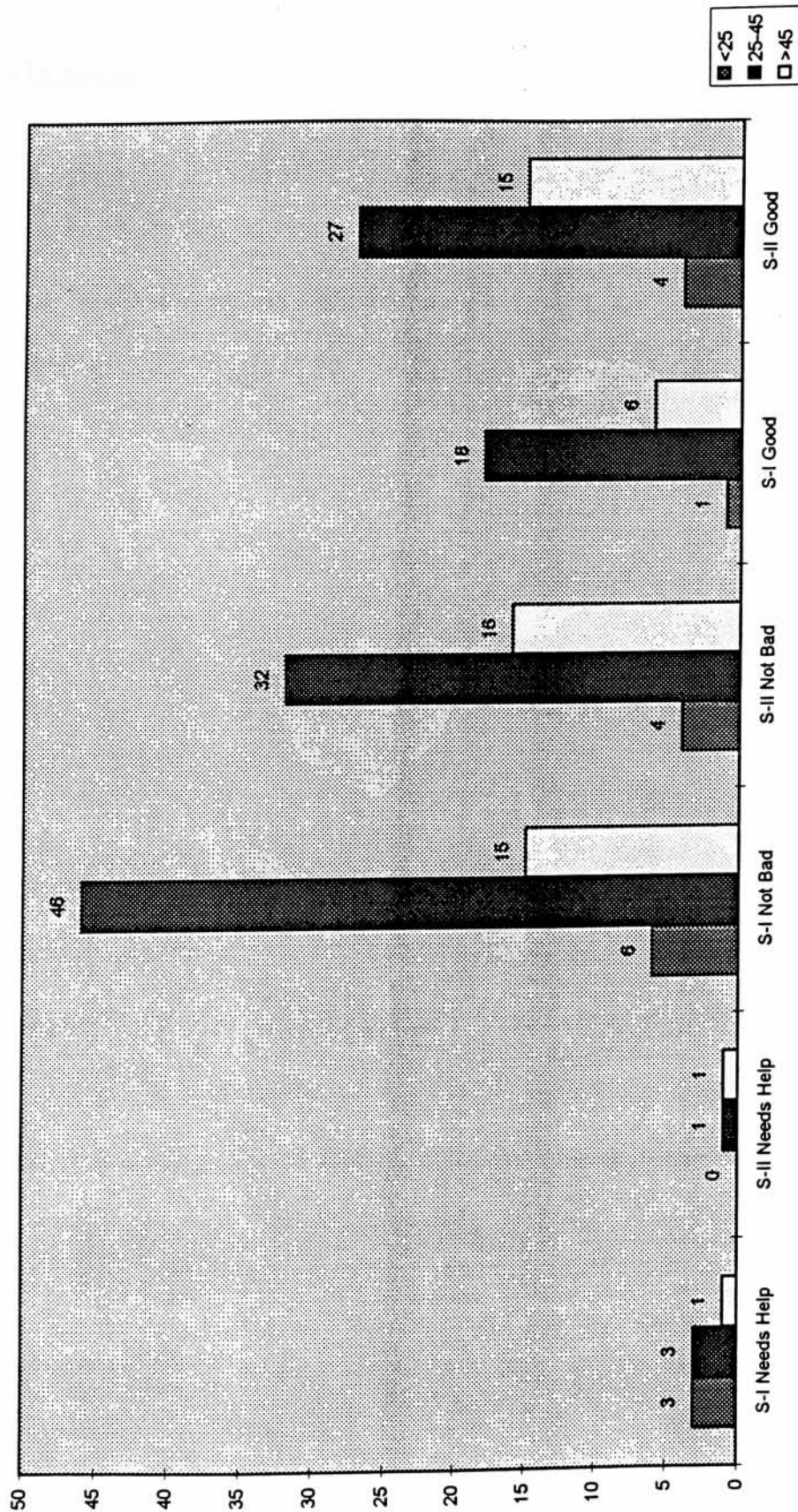


Figure 15. Comparison of Survey I and Survey II Eating Scores by Age Group

Scores by gender.

Survey I was the only survey where gender was identified (Figure 17). Fewer males than females scored high in the self-reported eating behavior questionnaire. Conversely, more females than males had low scores in Survey I. Scores from male participants were nearly equal in the low and high range, with the greatest percentage reported as middle scores. Female participants had more middle and high scores weighting the responses toward better self-reported eating behaviors. These data were consistent with behaviors identified in the literature review.

Eating Scores Compared with Perceived Values

Fat labeling and eating scores.

Fat was identified in Survey I as the most important nutrient to label. In Figure 18, the Survey II eating scores were compared to the perceived value of labeling fat. Most respondents who found fat labeling “very helpful”, scored at least in the middle or high score range. Middle-range scores slightly outnumbered the high scores in both those who reported fat labeling as “very” or “somewhat helpful”. Combining the high and middle scores, 72% of the respondents found labeling fat “very helpful”; whereas combining the high scores of those who found fat labeling “very helpful” and “somewhat helpful”, totaled only 44% of the respondents’ reports.

S-I- Survey I
S-II Survey II

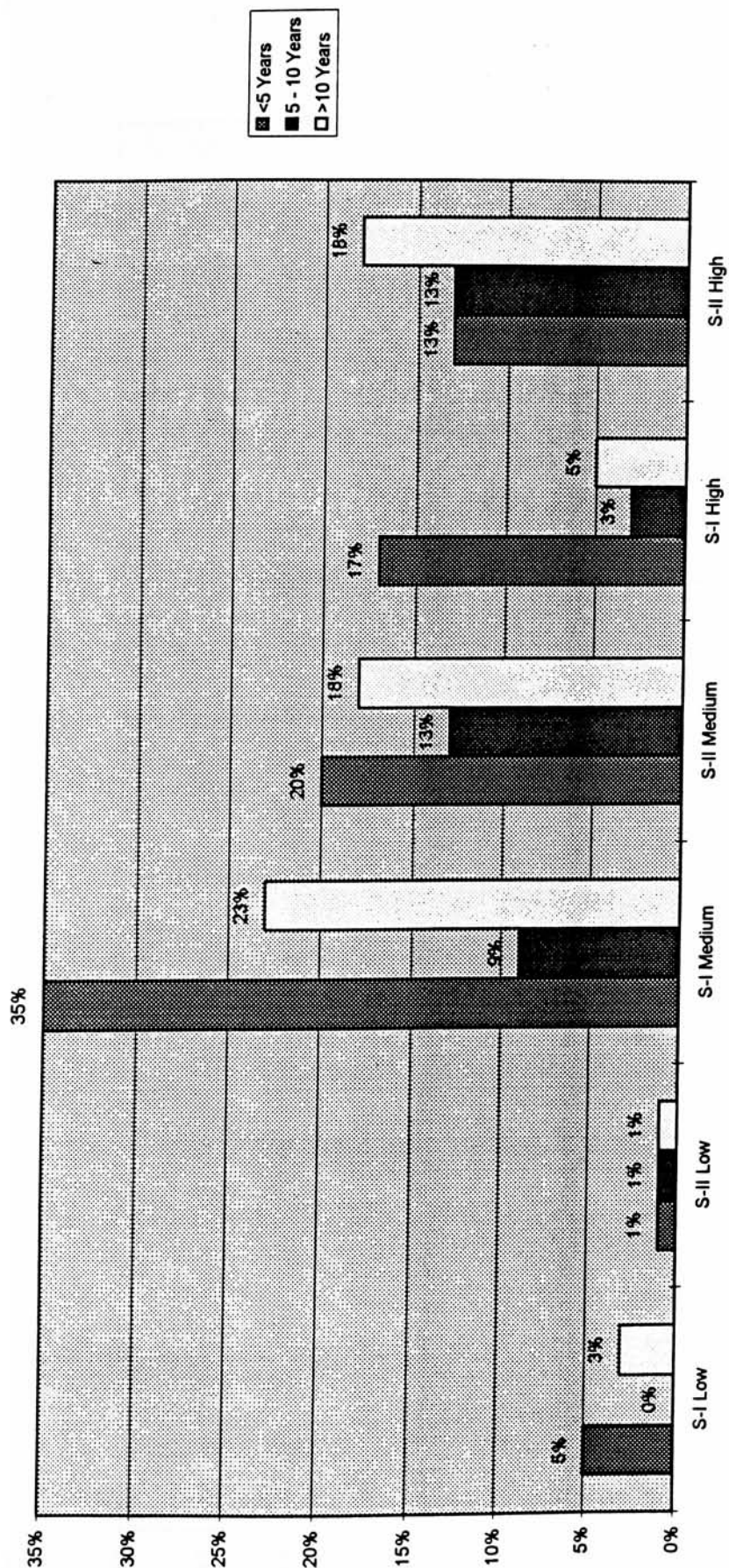


Figure 16. Comparison of Survey I and II Eating Scores by Length of Employment

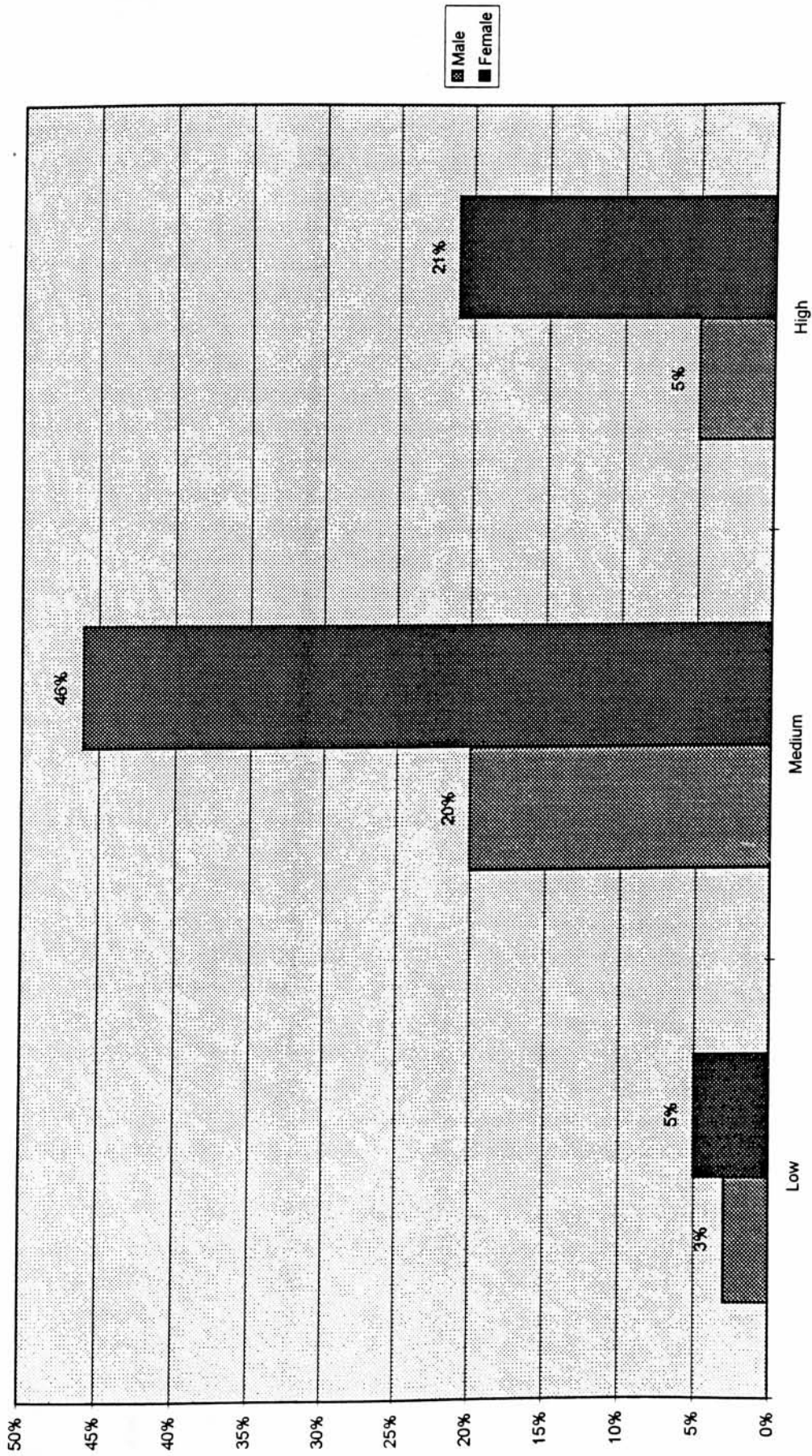


Figure 17. Survey I Eating Scores by Gender

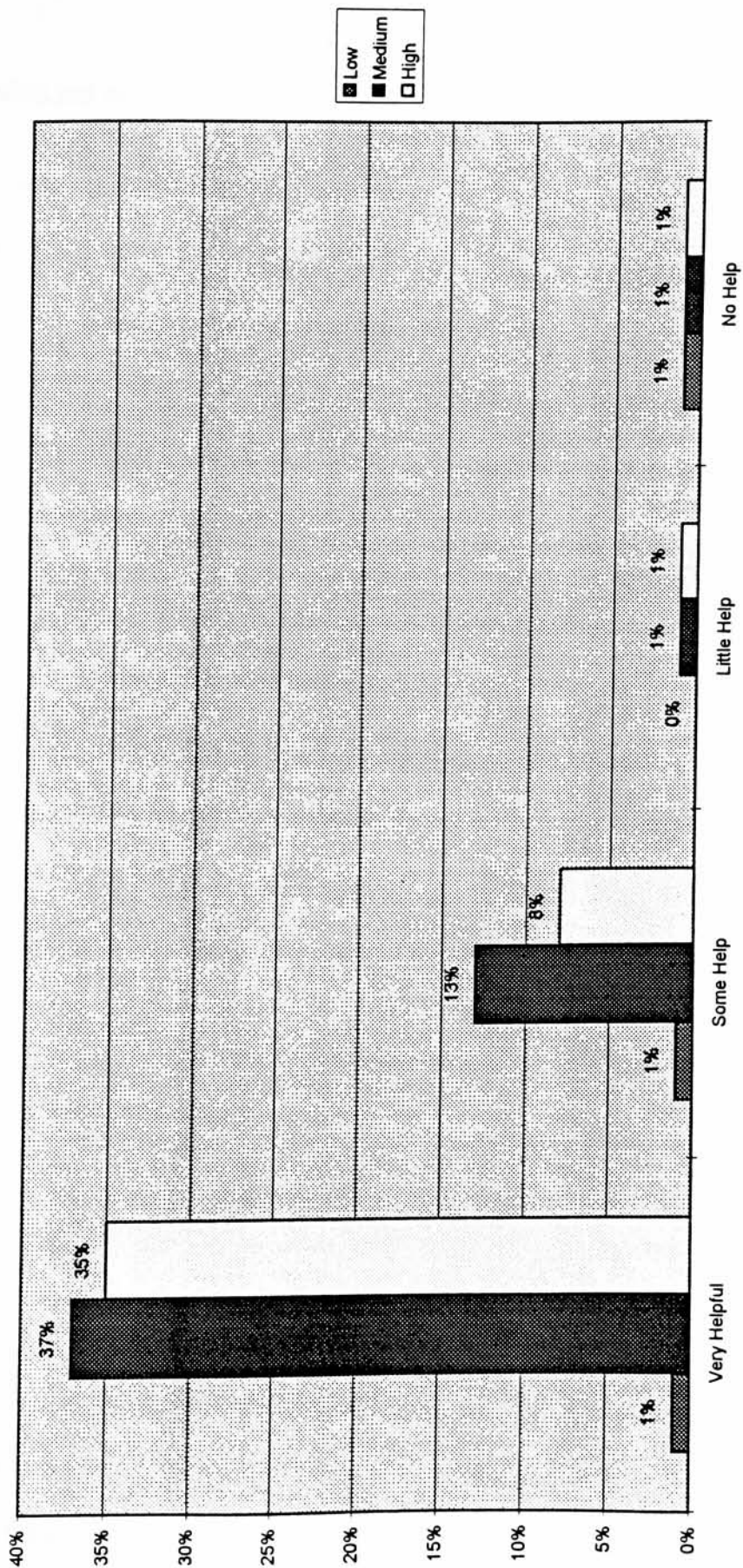


Figure 18. Survey II Comparison of Eating Scores with Perceived Value of Labeling Fat

Nutrient labeling and eating scores.

Labeling the other nutrients of calories, cholesterol, and sodium, as well as total fat, resulted in a similar perceived value as that of the total fat labeling alone (Figure 19). Slightly more middle scores than high scores reported the nutrient labeling as very helpful. Combining high and middle scores resulted in 55% of respondents reported nutrient labeling as “very helpful”, and 39% of those respondents reporting high scores indicated labeling nutrients “very” or “somewhat helpful”.

Comparing the responses to fat and nutrient labeling of Survey II (Figure 8), with those of Survey I (Figure 7), and reviewing the above data portrayed in Figure 18, fat labeling continues to be perceived as the most important nutrient. Eating behaviors, however, had many high scores but the greater number of scores fell in the mid-range, indicating that there is room for improvement despite perceived value of knowing what is in the food. Fat appears to be perceived as the nutrient of focus in eating attitude, and may be to the exclusion of other desirable eating behaviors.

Newsletter, menu and eating scores.

Comparing eating scores to the perceived value of the newsletters showed 21% of those with the highest scores and 19% of those who had mid-range scores found the newsletter helpful. None of the respondents who found the newsletter “not helpful” had high scores. Of those respondents who never read the newsletter, 16% had high scores and 22% had mid-range scores. Or, to put it another way, of all people with high scores, 21% found the newsletter helpful and 16% never read the newsletter. When combining

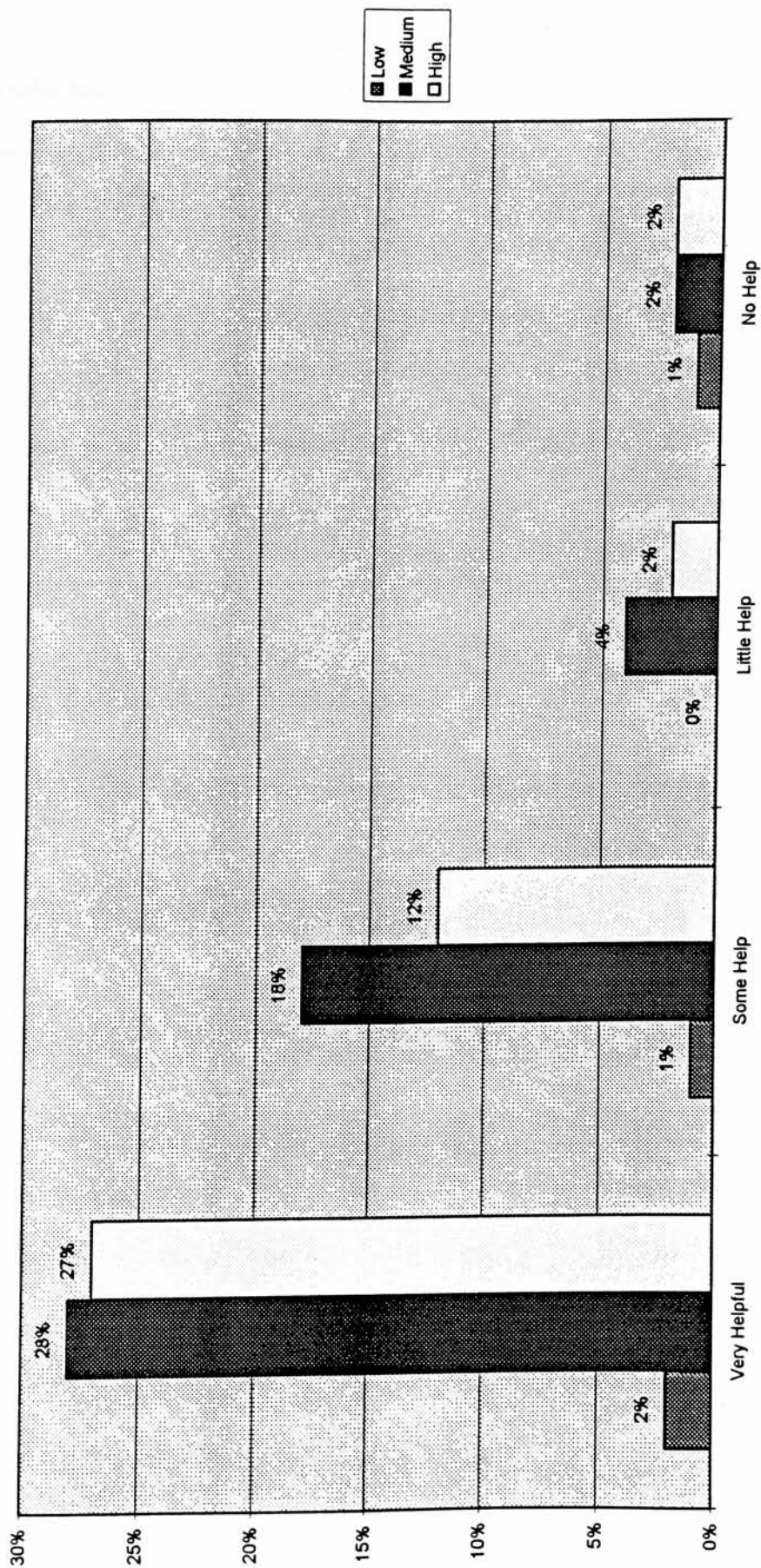


Figure 19. Survey II Comparing Eating Behaviors with Perceived Value of Labeling Nutrients

the scores of those who had high and mid-range values, 40% found the newsletter helpful, 2% found it “not helpful”, 16% have no opinion, and 38% have never read it (Figure 20).

Similarly, Figure 21 shows the comparison of the perceived value of offering the menu with the newsletter. Scores and responses were similar to those reported regarding the newsletter. Of those with high scores, 25% found the menus offered with the newsletter helpful, less than 1% found this not helpful, 5% have no opinion and 15% have never read the menu offered with the newsletter.

Perceived value of menu changes and eating scores.

Respondents’ perceived value of offering reduced fat alternatives on the Cafeteria Menu were compared to their eating scores reported on Survey II (Figure 22). Forty-two percent of those respondents with high scores indicated that reduced fat alternatives were either “very helpful” or “somewhat helpful”. Combining the high and mid-range scores with the “very helpful” and “somewhat helpful” responses accounted for eighty-seven percent of the responses to this question. From this data, one can conclude that offering low fat alternatives on the menu is not only perceived as helpful, but that people indicate they appear to eat them as well. Mid-range scores outweighed high scores, thus, there remains significant room for improvement. The perceived attitude that labeling the fat is “helpful” or “somewhat helpful” indicates employees are open to improving eating behaviors, even if 100 % involvement is not indicated at this point.

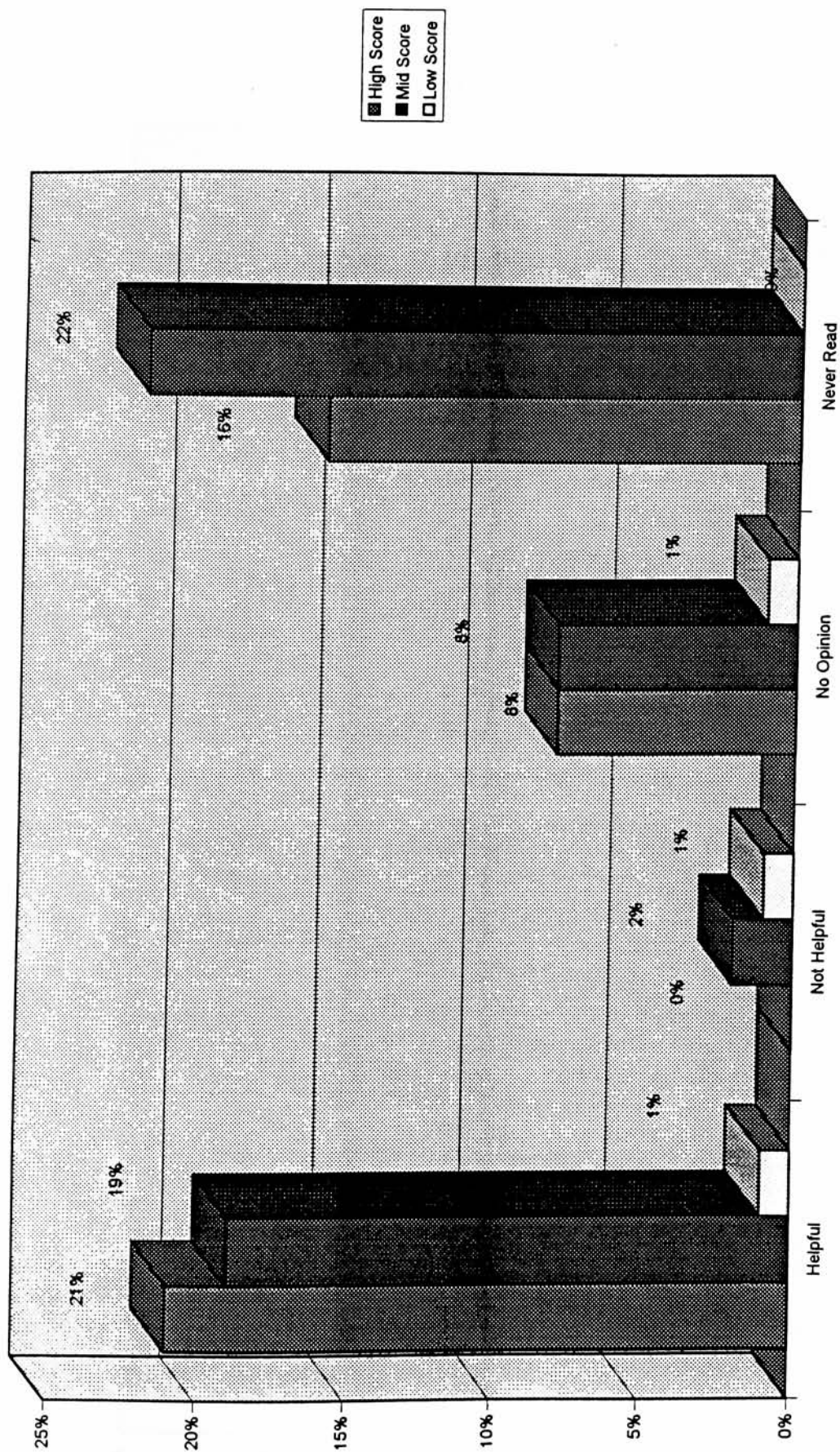


Figure 20. Survey II: Perceived Value of Newsletter Compared to Eating Scores

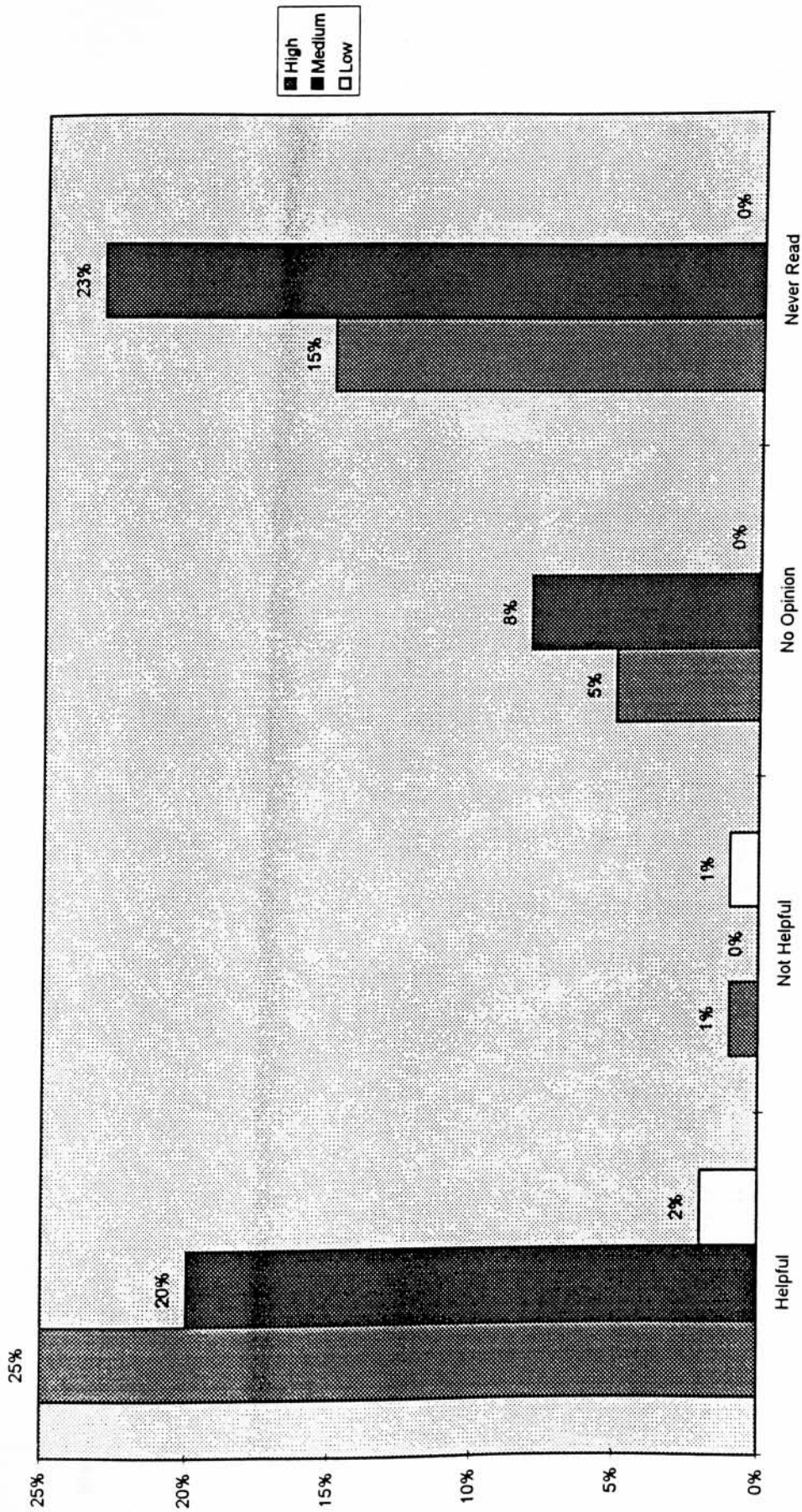


Figure 21. Survey II: Perceived Value of Menu Format Compared to Eating Scores

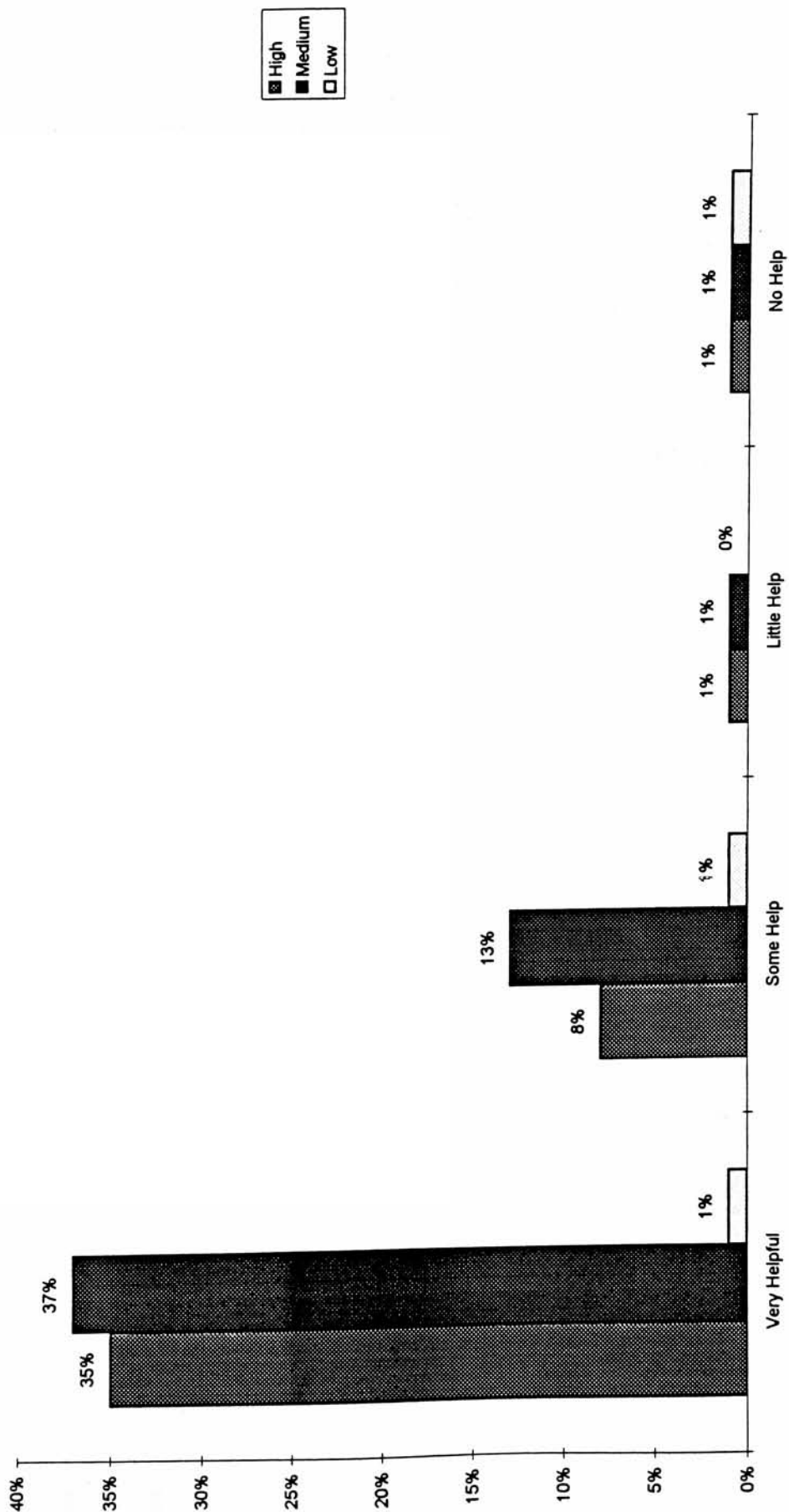


Figure 22. Survey II: Perceived Value of Labeling Fat Compared to Eating Scores

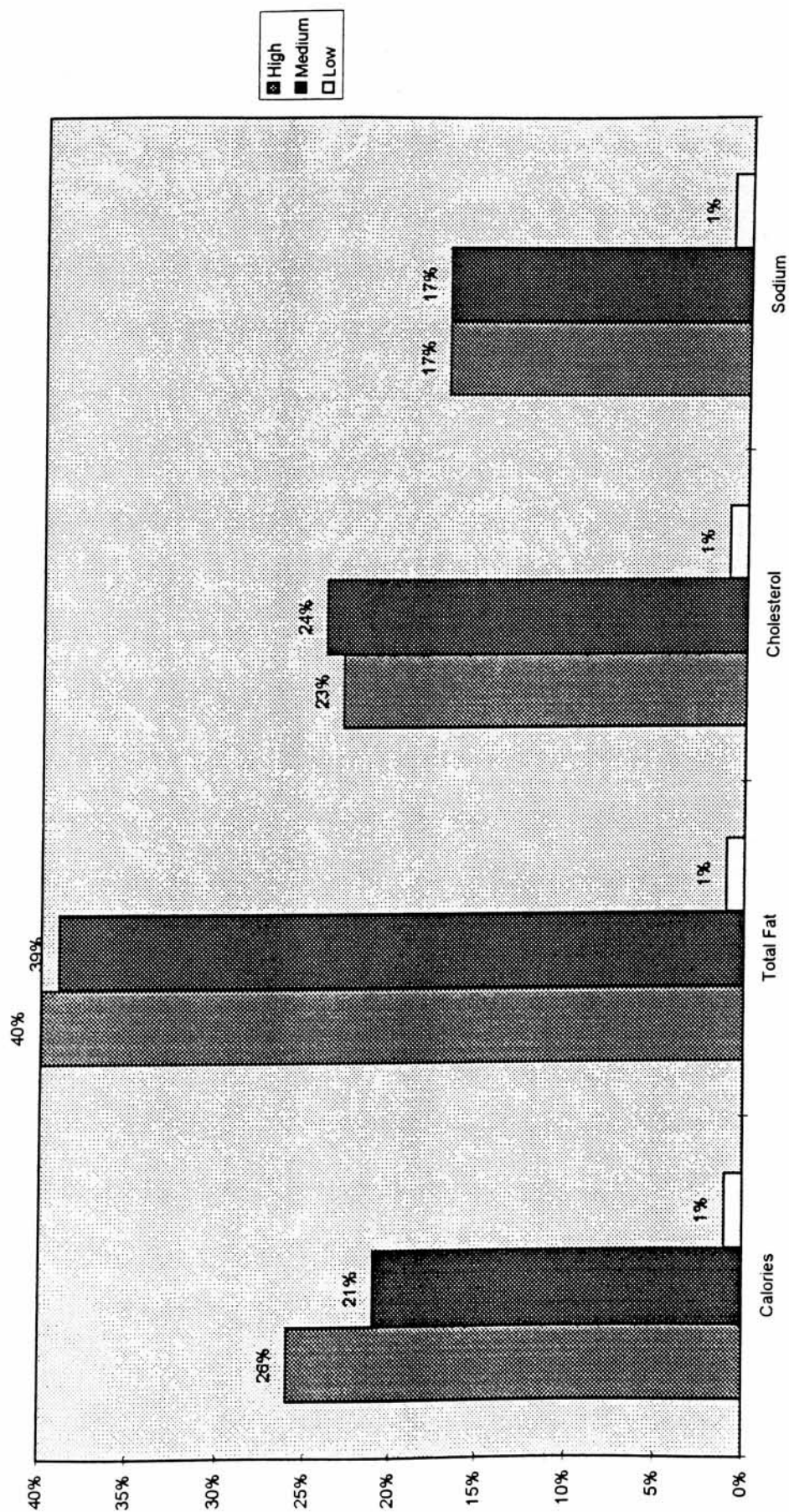


Figure 23. Survey II: Perceived Value of Labeling Nutrients Compared to Eating Scores

Cholesterol labeling was perceived as having a similar value. The value of labeling cholesterol was rated differently in a Likert-type evaluation along with calories, total fat, and sodium (Figure 23). Twenty-three percent of those who ate well indicated that labeling cholesterol was of highest importance, while labeling sodium received the highest importance by only 17% of the participants who ate well.

Chapter 5

Summary and Conclusion

Summary

The response to a weekly Department of Food and Nutrition Newsletter and Menu, highlighting both Heart Healthy choices available in the Employee Cafeteria and nutrition information, was examined for the effect on the eating behavior of employees. Results indicate that approximately half of the employees surveyed read the newsletter and the menu and found the information helpful. Comparing overall self-reported eating behavior, scores between Survey I and Survey II improved.

Comparing self-reported eating behaviors to the demographics of the sample indicates that mid-term employees (five to ten years) and long-term employees (greater than 10 years) improved their eating scores the most. Overall eating scores of those compared by age category improved for all ages. The middle group for age with middle range eating scores were fewer in Survey II, but those with low eating scores in Survey I got fewer in Survey II. All age categories increased the numbers of high scores in Survey II. Comparing scores between Survey I and Survey II regarding occupation-type indicates that the Professional/Technical group had the greatest percentage of high scores while the Service employees had the greatest proportion of low scores. Unfortunately, gender was omitted from the second survey, thus, behavior change was unable to be reviewed. Gender eating behaviors on Survey I did reflect similar trends identified in the literature.

In Survey I, 25% of the participants were male. This information is important because previous studies indicate that females are more likely to participate in changing behavior to meet dietary goals. It would be helpful to know if males in the health-care setting follow this trend or are more likely to change behavior as their female counterparts have been reported to do.

When asked in Survey I which nutrients were most helpful to label, total fat content received the highest score. This was followed by cholesterol, and percent of total calories from fat. The desire to have sugar, total calories or sodium labeled received the lowest scores overall. In Survey II when evaluating the changes to the menu, the labeling of fat content received the highest scores, followed by cholesterol, calories and sodium receiving the lowest scores.

Sales records and production records indicated that purchases of low fat foods did not always continue throughout the study period. This could be related to the change in flavor or product which the customer may not have found familiar. Changing the menu to meet the low fat goals is very complex; and this study, although dependent on such menu changes to some degree, is not designed to address this process. The value of this particular study may be that this process has begun and the healthy heart goals will be a part of the menu evolution now in progress.

Attitudes regarding the attributes of the Cafeteria improved during the study period regarding quality, variety, atmosphere and service, while the attribute of price decreased modestly, according to Survey II.

Actual changes in eating behavior analyzed from the self-reported "Rate Your Plate" Survey I, compared to Survey II, indicated the greatest improvements in scores

occurred around eating less meat, eating more pasta, and eating more fruits and vegetables. Other significant improvements in scores were indicated for: eating less fat, more fish, less cured meats, increased whole grains, less fatty cheese, and more dried beans. Insignificant changes occurred around the intake of milk, eggs, organ meats, fatty sweets, fatty snacks, fried foods, and frozen desserts.

A flaw in this study is that the participants in Survey I are not necessarily the same participants in Survey II. Therefore, the actual self-reported survey information may not be showing direct change in eating behaviors of any one person. Many of the participants in Survey II did participate in Survey I; however, the overall numbers of participants were similar and similar demographic distribution patterns were obtained. Therefore, some assumptions may be at risk for erroneous interpretation. Another potential flaw is that the study number was less than 200 participants in each survey, but each sample did obtain 10% or more of the usual clientele number.

Another outcome observed in this study was the benefit of offering an incentive to encourage participation. This suggests that for future programs, the hospital may need to include some sort of tangible incentive to reach employees who are not participating in a healthy life-style.

Conclusion

A Department of Food and Nutrition Newsletter published concurrently with a weekly Menu can serve as an educational tool for approximately half of the employees who regularly eat in the Employee Cafeteria. Strategies to reach the other half of employees need to be investigated and pursued if the Hospital's goal is to have ninety

percent of their work force following nutrition guidelines for heart health. Menu changes can be complex and acceptance may be disappointing on behalf of both the provider and the customer. But change is an evolving process and patience and persistence is integral in any behavior-change curriculum. Learning styles vary, along with readiness. Such a publication appears to serve as one strategy in a larger more comprehensive program to change behavior regarding not only heart, but overall health.

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Appendix A

Sample Coupon

DEPARTMENT OF FOOD AND NUTRITION SERVICES CAFETERIA PROJECT

COUPON

The bearer of this coupon is entitled to **one bagel, margarine (or butter), jelly** and one **coffee or tea** for participating in the Department of Food and Nutrition Cafeteria Study.

Redeemable in the **CAFETERIA** only

Coupon expires December 31, 1994

Appendix B

Sample Signature Log

Breakfast Sign Up Sheet for Cafeteria Study

Name1 _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

16. _____

17. _____

18. _____

19. _____

20. _____

21. _____

22. _____

Appendix C

Written directions for breakfast and night cart cashiers

Directions for completing Cafeteria Study Survey:

1. Surveys are color coded by meal time distribution:

Breakfast - pink

Lunch - green

Dinner - blue

Night Cart - lavender

2. Participants are to complete the survey and return to surveyor for the coupon.

Participants are to sign their name and their department at the time of obtaining the coupon.

(Surveys are confidential; however, we need the employee's name and department in order to contact him/her and distribute the final part of the study at the end of March.)

Thank you for your help in this program.

Appendix D

Survey I - Part A

SURVEY I: RGH DEPARTMENT OF FOOD AND NUTRITION SERVICES EMPLOYEE EVALUATION OF CAFETERIA MENU AND SERVICE

We want to know! The Department of Food and Nutrition Services wants to hear from you, our customer. Please help us by completing the following questionnaire and returning it to the cashier for your coupon for a free bagel and coffee or cocoa on us. **Thank you for your help in this project.**

1. AHA# _____ Job Title: _____
2. Years at RGH: ___ <1 yr. ___ 1 - 5 yrs. ___ 5 - 10 yrs. ___ >10 yrs.
3. Age: ___ < 25 ___ 25 - 35 ___ 36 - 45 ___ 46 - 55 ___ > 56
4. ___ male ___ female
5. Please indicate how many of the following meals you are likely to eat in the Cafeteria each week:
 ___ Breakfast ___ AM Break ___ Lunch ___ PM Break ___ Dinner ___ Night Cart
 ___ Meals from Home
6. On a scale of 1 to 5 (1 is lowest and 5 is highest) rate the following in the Cafeteria:
 ___ Price ___ Quality ___ Variety ___ Location ___ Service Time ___ Atmosphere
 ___ Service
7. Three most favorite menu items in the Cafeteria: _____

8. It would be helpful to have the nutrient content of foods labeled in the Cafeteria:
 ___ very helpful ___ somewhat helpful ___ of little help ___ of no help at all
9. It would be helpful to have the following nutrients labeled: ___ calories ___ total fat
 ___ percentage of calories from fat ___ cholesterol ___ Other (please specify) _____
10. For my health, I have been advised to avoid: ___ salt ___ sugar ___ fat ___ cholesterol
 ___ Other (please specify) _____
11. If more "diet" items were identified in the cafeteria, I would purchase them:
 ___ very likely ___ somewhat likely ___ somewhat unlikely ___ highly unlikely
12. If "diet" items cost more, I would purchase them anyway:
 ___ very likely ___ somewhat likely ___ somewhat unlikely ___ highly unlikely
13. It would be helpful to see more vegetarian items added to the cafeteria menu:
 ___ very helpful ___ somewhat helpful ___ of little help ___ of no help
14. What I like best about the Cafeteria is: _____
15. What I like least about the Cafeteria is: _____

Appendix E

Survey I - Part B

RATE YOUR PLATE SURVEY 1 - PART B

FOOD GROUP	COLUMN 1: 1 POINT	COLUMN 2 2 POINTS	COLUMN 3 3 POINTS	TOTAL POINTS
Meat, fish poultry, etc	usuall eat the fat or skin	usually eat lean cuts	always eat lean cuts	
Organ meats: liver, tripe, sweetbreads, etc.	Usually eat 1 - 2 times a week	usually eat 1 - 2 times a month	rarely or never eat	
Sea food	rarely or never eat	eat less than 1 serving a week	usually eat 2 or more servings a week	
Breakfast or luncheon meats	often eat bologna, bacon, or sausage	usually eat lean cuts, i.e., Canadian bacon, turkey breast, roast beef, lean ham	always eat lean varieties, rarely eat breakfast or luncheon meats	
Eggs	eat 7 or more yolks a week	eat 4 - 6 yolks a week	eat 3 yolks or less a wk. Or low cholesterol substitutes	
Portion sizes	usually large portions (greater than 7 oz.)	medium portions 4 - 6 oz.	Usually small servings 3 oz. Or less	
Dried beans/peas or lentils	rarely or never eat	eat at least 2 times a month	eat once a week or more	
milk	drink only whole, or never drink at all	use 2% low fat milk	use 1% low fat or skim	
Cheese	eat more than 4 times a week	eat 1 - 3 times a week	rarely eat cheese or eat only reduced fat cheeses	
Frozen dalry desserts	eat ice cream 4 or more times a week	eat ice cream 1 - 3 times a week	rarely eat ice cream, or eat ice milk, sherbet, or low fat frozen yogurt	
Fats and oils in cooking or at the table	usually use butter, butter blend, shortening, and/or lard	usually use margarine or vegetable oil	always use soft margarines and/or vegetable oil	
			Total Points page 1	
			(Continue to pg. 2)	

FOOD GROUP	COLUMN 1: 1 POINT	COLUMN 2 2 POINTS	COLUMN 3 3 POINTS	TOTAL POINTS
Fats and oils in food preparation	eat deep-fried foods more than 1 time a week	eat deep-fried foods 3 - 4 times a month	seldom eat deep-fried foods. Eat foods that are baked, broiled, or	
Snacks	eat chips, nuts, or crackers 3 - 4 times a week	eat chips, nuts, or crackers 1 - 2 times a week	usually eat fruit, low-fat crackers, plain pop corn, or pretzels.	
Fatty Sweets, i.e., donuts, cookies, pies, cakes, sweet rolls, chocolate	eat daily	eat less than 3 times a week	rarely or never eat	
Breads, cereals, pasta (1 serving = 1 slice or 1/2 cup)	rarely eat	usually eat 5 servings or less a day	usually eat 6 servings or more a day	
Whole grains such as whole wheat bread, brown rice, oatmeal or high fiber cereal	rarely or never eat	eat 1 - 3 times a week	eat daily	
Fruits and Vegetables	rarely or never eat	usually eat 4 servings or less a day	usually eat 5 servings or more a day	
			Points from pg. 1:	
			Total Points:	
If your score is	18 - 28	There are MANY ways you can make your eating pattern more healthy		
	29 - 41	There are SOME ways you can make your eating pattern more healthy.		
	42 - 54	You are making many healthy choices		

Appendix F

Survey II - Part A

SURVEY II - Part A: RGH DEPARTMENT OF FOOD AND NUTRITION SERVICES EMPLOYEE EVALUATION OF CAFETERIA MENU AND SERVICE

The following survey is the follow-up employee survey regarding the Cafeteria. Please help us by completing the following questionnaire and returning it for your coupon for a free bagel and coffee. Thank you for participating in this project.

1. AHA# ____ Job Title: _____
2. Years at RGH: < 5 _____ 5 - 10 _____ > 10 _____
3. Age: < 25 _____ 25 - 45 _____ >45 _____
4. On a scale of 1 - 5 (1 is lowest, 5 is highest) rate the following in the cafeteria during the past three months:
price _____ quality _____ variety _____ atmosphere _____ service _____
5. Highlighting low fat items with a heart (♥) is:
Very helpful _____ Somewhat helpful _____ Of little help _____ Of no help _____
6. During March the nutrient content of foods served in the Cafeteria was labeled. This was:
Very helpful _____ Somewhat helpful _____ Of little help _____ Of no help _____
7. Indicate on a scale of 1 - 5 (1 is lowest, 5 is highest) the importance of labeling the following:
Calories _____ Fat _____ Cholesterol _____ Sodium _____
8. The FNS Newsletter was first issued January 1, 1995. This publication has been:
Helpful _____ Not helpful _____ No opinion _____ Never read it _____
9. The menu published with the FNS Newsletter at the beginning of the week is:
Helpful _____ Not helpful _____ No opinion _____ Never read it _____
10. The Cafeteria has offered some items with reduced fat alternatives (i.e., offering salads made with fat free mayo or removing the cheese from some sandwiches, or offering smaller portions of some items, and removing the fat from the vegetables). This has been:
Very helpful _____ Somewhat helpful _____ Of little help _____ Of no help _____

Thank You. Please continue to part B.

Appendix G
Survey II - Part B

RATE YOUR PLATE IV SURVEY

Please rate how you **USUALLY** eat from each food group and total the points accordingly. Food Group

	1 Point	2 Points	3 Points	Total Points
Meats, fish , Poultry	Eat the fat and/or skin	Eat lean cuts	Limit red meats to 3 servings/week	
Organ meats, liver, tripe, sweet-breads, etc.	1 - 2 times a week	1 - 2 times a month	rarely or never eat	
Fish/Seafood	Rarely eat	At least 1 serving a week	3 or more servings a week	
Breakfast &/or Luncheon Meats	5 or more servings a week	1 - 2 servings / week	lean varieties only, i.e., Canadian bacon, turkey breast, (less than 3 gm. fat per oz.)	
Usual meat/fish portion sizes	large portions, more than 7 oz.	medium portions, 4 - 6 oz.	small portions, 3 oz. or less	
Eggs	7 or more yolks a week	4 - 6 yolks a week	3 or less yolks/ week or egg substitutes	
Dried beans, peas or lentils	Rarely eat	Eat at least 2 times a month	Eat 1 or more servings a week	
Milk	Drink only whole milk or rarely drink	Use 2% low fat	Drink only skim	
Cheese	Eat more than 4 times a week	Eat 1 - 3 times a week	Rarely eat cheese or eat only reduced fat cheeses	
Frozen dairy desserts	Ice cream 4 or more times a week	1 - 3 times a week	Avoid ice cream, eat only ice milk, sherbet or low fat frozen yogurt	
Fats in cooking and at the table	Butter, butter blends, shortening &/or lard	stick margarine or vegetable oil	tub or squeeze margarine &/or olive, cannola or limit using any at all	
Fried foods	Eat deep fried foods more than 1 time a week	Eat 3 -4 times a month	Seldom eat fried foods	
Snacks	chips, nuts, or crackers 3 - 4 times a week	chips, nuts or crackers 1 - 2 times a week	avoid chips, nuts, crackers; instead eat plain popcorn, pretzels or fruit	
Fatty sweets, i.e., donuts, cookies, pies, cakes, sweet rolls, chocolate	Eat daily	Eat less than 3 times a week	Rarely eat	
Breads, cereals, pasta (1 serving = 1 slice or 1/2 cup)	Rarely eat	Eat 3 - 5 servings or less per week	Eat 6 or more servings a day	
Whole grains: i.e., whole wheat bread, brown rice, oatmeal or high fiber cereal	Rarely eat	1 - 3 times per week	Eat daily	
Fruits and Vegetables	Seldom eat	Eat less than 4 servings a day	Eat 5 or more servings a day	
Total Points				

How did you score?

17 - 30: There are many ways to improve.

31 - 40: There are some improvements you can make

41 - 51: You are making healthy choices.

Appendix H

Sample Newsletters and Heart Highlighted Menus

The FNS Newsletter

Volume 1 Issue 1

January 1, 1995

THE FNS NEWSLETTER IS A PUBLICATION OF THE RGH DEPARTMENT OF FOOD AND NUTRITION SERVICES

Cafeteria Has New Look

The wallpaper is off, fresh paint is on the walls and carpeting is planned for early '95. We have a new look and a new guide to help you select your menu. Starting with the first of the year, we are providing copies of the full cafeteria menu for employees' reference. Our goal is to

- promote Heart Health
- highlight menu items consistent with your health needs
- provide you with strategies to help you maintain a Healthy Eating Style at work and at home
- inform you of department concerns that affect you, our customers
- update you to what's happening in the food industry that can affect your health
- announce department specials for you to consider for purchase or trial, and
- be "user friendly"

New Food Trends

Trends in the food industry reported in the latest issue of *Nutrition Today* indicate new food product introductions are on the rise. In the past eight years 12,398 new food and beverage products were introduced. Because of

consumer demand, the greatest change has come in the area of so-called Healthy foods. Consumption has decreased for cholesterol, whole milk, and red



meat while there have been increases in consumption of low-fat milk, chicken, pasta, and fresh vegetables.

There are several trends, however, that are not consistent with these dietary recommendations including:

- Fat and calorie consumption up 14 % since 1960
- Potato chip consumption up 50%
- Fat/oil consumption up 35%
- Alcohol consumption up 29%
- Consumers showing less concern with cholesterol, salt and sugar over past four years.

Surveys Underway to Look at Eating Habits

What better place to learn about eating properly than at the work site?

In April of '94, the Healthy Heart Committee submitted a grant proposal requesting support for providing education strategies for employees regarding heart health. The grant was denied.

The committee felt so strongly that this would be an important employee benefit that the project is being implemented with limited RGH funding. Coincidentally, a Master's Project to develop a newsletter and its effect as an education tool is in progress.

The two efforts are being evaluated through the survey process. If you have not been surveyed, you may yet have an opportunity to participate.

The Healthy Heart Committee Survey is scheduled for mid-January '95. The Newsletter project was begun with the Cafeteria survey mid-December '94.

Updates on the survey results will be presented.

♥ This symbol indicates a food portion with 7 grams of fat or less. This will be posted in the Cafeteria and on the accompanying menu.

CAFETERIA MENU WEEK - 1
 ♥ = 7 GRAMS OF FAT OR LESS

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
OATMEAL CREAM OF WHEAT ▼ FRIED EGGS ▼ *SCRAMBLED EGGS SAUSAGE PATTIES HASH BROWN PATTIES ▼ BLUEBERRY PANCAKES (1 - EACH) EGGO WAFFLES CRANBERRY/ORNUT/MUFFIN NEW YEAR'S DAY - 1993 ▼ BEEF NOODLE SOUP CHICKEN CORDON ROYALE WITH SUPREME SAUCE GRILLED HAM STEAKS WITH / BROILED PINEAPPLE SLICES BURGERS TO ORDER AUGRATIN POTATOES ▼ LIMA BEANS ▼ *CHIEF'S SALAD TUNA SALAD ON TWIST ROLLS 1/2 *TUNA SALAD ON WHEAT HOT FUDGE AND STRAWBERRY SUNDAES	OATMEAL CREAM OF WHEAT ▼ FRIED EGGS ▼ *SCRAMBLED EGGS SAUSAGE PATTIES HASH BROWN PATTIES ▼ BLUEBERRY PANCAKES (1 - EACH) EGGO WAFFLES CRANBERRY/ORNUT/MUFFIN CREAM OF BROCCOLI SOUP BEEF GOULASH ▼ CAJUN GRILLED-CHICKEN SANDWICH W/LAT ON A WHEAT BUN ▼ MIXED VEGETABLES BAKED POTATO SKINS W/ CHEESE BACON, & SOUR CRM TUNA SALAD BOAT W/ RYE ROLL ▼ TUNA SLD BOAT W/FF MAYO ITALIAN HOAGIE SANDWICH HALF ITALIAN HOAGIE 1/2 TURKEY/W/WHOLE WHEAT ▼ *CARROT RAISIN SALAD PEACH COBBLER	OATMEAL CREAM OF WHEAT ▼ SCRAMBLED EGGS ▼ *SCRAMBLED EGGS BREAKFAST SANDWICH WITH ENGLISH MUFFIN OVEN BAKED BACON HOMEFRIES WITH ONIONS EGGO WAFFLES ▼ BLUEBERRY MUFFINS ▼ TURKEY RICE SOUP ITALIAN SAUSAGE PATTIES W/PEPPERS & ONIONS ON/SESAME BUN EGOPLANT PARMESAN W/TOMATO SAUCE ▼ MASHED SQUASH FRIED ONION RINGS ▼ *TUNA SLD ON/MARBLE RYE DEVILED EGG PLATE W/ FOUR BEAN SALAD ▼ SHAVED TURKEY PITA ▼ HALF SHAVED TURKEY PITA ITALIAN TOMATOES 1/2 TUNA ON/MARBLE RYE ▼ RICE PUDDING	OATMEAL CREAM OF WHEAT ▼ SCRAMBLED EGGS ▼ *SCRAMBLED EGGS OVEN BAKED BACON TATAR TOTS ▼ FRENCH TOAST (1-SLICE) EGGO WAFFLES OATMEAL BANANA MUFFINS ▼ ITALIAN GARDEN VEG SOUP MACARONI AND CHEESE ▼ BEEF STIR FRY W/BROCCOLI W/STEAMED RICE ESCALLOPED TOMATOES TURKEY WALDORF BOAT ▼ TURKEY WALDORF BT W/FF MAYO EGG SALAD/LAT ON/WAGEL ▼ CORNED BEEF ON PUMP WITH HORSE RADISH ▼ HALF CRND BEEF ON PUMP SPINACH CITRUS SLD BOWL ▼ STUFFED CELERY ▼ APPLE CRISP	OATMEAL CREAM OF WHEAT ▼ SCRAMBLED EGGS ▼ *SCRAMBLED EGGS DICED PEPPERS, ONIONS, & HAM HASH BROWN PATTIES CINNAMON COFFEE CAKE EGGO WAFFLES ▼ DOUBLE CORN MUFFINS ▼ SPLIT PEA SOUP ▼ PASTA PRIMAVERA GARLIC BREAD ROAST BEEF ON/KAISER AU JUS FRENCH FRIED ZUCCHINI ▼ GLAZED CARROT SLICES SANDWICH BAR ▼ *CHEF'S SALAD BOWL TUNA SALAD PITA ▼ HALF FF TUNA SLD PITA ▼ *APPLE WALDORF SALAD CHOCOLATE-CHIP CAKE	OATMEAL CREAM OF WHEAT ▼ FRIED EGGS ▼ *SCRAMBLED EGGS OVEN BAKED BACON HOMEFRIED WITH ONIONS ▼ PANCAKES (1-EACH) EGGO WAFFLES ▼ LEMON/POPPY SEED MUFFINS N.E. CLAM CHOWDER SEAFOOD NUGGETS CAJUN SEAFOOD NUGGETS ▼ *BAKED FISH SLOPPY JOE ON A BUN STEAK FRIES ▼ CONFETTI RICE ▼ CHLOPPED SPINACH ▼ GREEK PASTA SALAD TURKEY 7" SUBS (HALVES) ▼ *COLE SLAW SALAD CHOCOLATE ICED BROWNIES	OATMEAL CREAM OF WHEAT ▼ FRIED EGGS ▼ *SCRAMBLED EGGS OVEN BAKED BACON TATAR TOTS ▼ ENGLISH MUFFINS EGGO WAFFLES ▼ APPLE MUFFINS WISCONSIN CHEDDAR SOUP ▼ BEEF STIR FRY W/RICE RED HOT DOGS ON A BUN WHITE HOT DOGS ON A BUN HOT SAUCE BURGERS TO ORDER ▼ PARSIED REDSKIN POTATOES FRENCH FRIED MUSIROONS ▼ HERBED ZUCCHINI ▼ *TUNA MACARONI BOWL W/VEGETABLE GARNISH DELI BAR - #1 TURKEY DELUXE TWISTS FOUR BEAN SALAD ▼ APPLE CRISP CHOCOLATE ECLAIRS
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The FNS Newsletter

Volume 1 Issue 2

January 8, 1995

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Why Focus on Fat?

In 1988, the Surgeon General of the United States published five dietary changes that suggest improvement and/or reduction in the five major health problems affecting Americans. Note that fat and obesity are linked to each disease state. Obesity occurs when people eat more calories than they need and do not exercise. Fats provide concentrated sources of calories. **By limiting fat, most people can make a significant reduction in their calories and start towards an effective weight control program.**

The following is a summary of the Surgeon General's* recommendations:

To reduce the risk of :	Reduce fats	Control Calories	Increase Starch and Fiber	Reduce Sodium	Control Alcohol
Heart disease	X	X		X	X
Cancer	X	X	X		X
Stroke	X	X		X	X
Diabetes	X	X	X		
GI diseases	X	X	X		X

*J.M. McGinnis and M. Nestle, *Am J. Clin. Nutr.* 1989; 19:23-8. (From *Nutrition Today* Vol. 29, No. 5 Oct. 94)

Cafeteria Changing Some Recipes to Offer Low-fat Choices

As part of the Healthy Heart effort, some foods are now being offered with reduced fat content. Those foods designated with a ♥ have been modified to contain 7 grams of fat or less per serving.

Notable changes are:

- cheese has been removed from some sandwiches. With nearly 9 grams of fat per ounce, omitting cheese dramatically reduces the total fat content.

- Fat free mayonnaise is being substituted in more salads. (The original versions are still available.)
- Margarine is being omitted in the cooked vegetables and reduced where possible in hot foods.
- A change of portion size has been noted in some cases, i.e., 1 slice of French toast meets the criteria while the usual serving has been 2 slices.

These are a few of the changes the menu is undergoing. Look for further developments.

ROCHESTER GENERAL HOSPITAL - DEPARTMENT OF FOOD AND NUTRITION SERVICES
CAFETERIA MENU WEEK - 2 ♡ = 7 GRAMS OF FAT OR LESS

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
B R E A K F A S T	♡ OATMEAL ♡ CREAM OF WHEAT ♡ SCRAMBLED EGGS ♡ *SCRAMBLED EGGS BACON HOMEFRIES WITH ONIONS ♡ FRENCH TOAST (1-SLICE) EGGO WAFFLES ♡ OATMEAL/BLUEBERRY MUFFINS	♡ OATMEAL ♡ CREAM OF WHEAT ♡ FRIED EGGS ♡ *SCRAMBLED EGGS SAUSAGE PATTIES HASH BROWN PATTIES ♡ BLUEBERRY PANCAKES (1 - EACH) EGGO WAFFLES CARROT MUFFINS	♡ OATMEAL ♡ CREAM OF WHEAT ♡ SCRAMBLED EGGS ♡ *SCRAMBLED EGGS BREAKFAST SANDWICH ON/ENGLISH MUFFINS OVEN BAKED BACON HOMEFRIES WITH ONIONS EGGO WAFFLES ♡ BLUEBERRY MUFFINS	♡ OATMEAL ♡ CREAM OF WHEAT ♡ SCRAMBLED EGGS ♡ *SCRAMBLED EGGS OVEN BAKED BACON TATAR TOTS FRENCH TOAST EGGO WAFFLES ♡ APPLE MUFFINS	♡ OATMEAL ♡ CREAM OF WHEAT ♡ SCRAMBLED EGGS ♡ *SCRAMBLED EGGS DICED PEPPERS, ONIONS, & HAM HASH BROWN PATTIES CINNAMON COFFEE CAKE EGGO WAFFLES ♡ OATMEAL MUFFINS	♡ OATMEAL ♡ CREAM OF WHEAT ♡ FRIED EGGS ♡ *SCRAMBLED EGGS OVEN BAKED BACON HOMEFRIES WITH ONIONS ♡ PANCAKES (1-EACH) EGGO WAFFLES BANANA/UT MUFFINS	♡ OATMEAL ♡ CREAM OF WHEAT ♡ FRIED EGGS ♡ *SCRAMBLED EGGS OVEN BAKED BACON TATAR TOTS ♡ ENGLISH MUFFINS EGGO WAFFLES ♡ CORN MUFFINS
L U N C H	CREAM OF MUSHROOM SOUP ♡ ROASTED CHICKEN BREAST ♡ STUFFED W/WILD RICE W/CHICKEN GRAVY BEEF STEW W/BISCUITS BURGERS TO ORDER WHIPPED POTATOES ♡ STEAMED CORN ♡ SILA VED TURKEY PLATE W/FF SALAD HAM AND CHEESE PUFF ♡ FF POTATO SALAD ♡ CARROT CAKE W/CIN/ORANGE DRESSING ♡ PEACH/BLUEBERRY CRISP	♡ YANKEE BEAN SOUP CHEESEBURGER ON/KAISER W/HOT SAUCE ♡ *CHICKEN ALA KING ♡ W/HOMEMADE BISCUITS FRENCH FRIED POTATOES ♡ BROCCOLI SPEARS TACO SALAD BAR ♡ SLICED TURKEY ON WHITE ♡ SLICED TURKEY ON WHEAT ♡ HALF TURKEY SANDWICH CITRUS SPINACH BOWL CIN/ORANGE DRESSING ♡ PEACH/BLUEBERRY CRISP	♡ TURKEY RICE SOUP ZITI W/MEAT SAUCE GARLIC BREAD BROCCOLI/CHEESE QUICHE HOMEFRIES W/ONIONS ♡ ITALIAN GREEN BEANS TUNA SALAD ON/HOAGIE BUN ♡ HALF FF TUNA ON WHEAT GRILLED CAJUN CHICKEN SALAD W/HONEY DIJON DRS ♡ CUCUMBER/TOMATO SALAD CHOCOLATE FUDGY PUDDING	♡ CREAM OF TOMATO SOUP BUFFALO CHICKEN WINGS W/CELERY & MACARONI SLD GRILLED CHEESE ON WHITE GRILLED POTATOES ♡ PEAS AND CARROTS PASTRAMI & SWISS CHEESE ON/MARBLE RYE HALF PASTRAMI & SWISS SEAFOOD SALAD BOAT ♡ FF SEAFOOD SALAD BOAT ♡ MARINATED GREEN BEAN SALAD CHOCOLATE ICED BROWNIES	♡ MINESTRONE SOUP ♡ CHICKEN FAJITAS ON/TORTILLA SHELLS RED HOT DOGS WHITE HOT DOGS HOT SAUCE FRENCH FRIED POTATOES ♡ ESC SUMMER SQUASH TRKY/CHEESE CLUB-WHITE TRKY/CHEESE CLUB-WHEAT HALF TRKY/CHEESE CLUB TOMATO STUFFED W/TUNA SLD ♡ TOMATO STF W/FF TINA SLD ♡ POTATO SALAD ♡ CHERRY COBBLER	CHICKEN GUMBO SOUP FRIED FISH PORTIONS ♡ BAKED FISH CHEESE RAVIOLI W/SAUCE GARLIC BREAD FRENCH FRIED POTATOES ♡ GREEN BEANS W/ALMONDS CHICKEN SALAD ON/MARBLE RYE ♡ HALF FF CILIX SLD ON RYE ♡ FF CHIEF'S SALAD BOWL ♡ CABBAGE/PINEAPPLE SALAD CHINESE CHEWS	♡ SPLIT PEA SOUP PHIL CHEESESTEAK SAND ON/HOAGIE BUN W/PEPPERS AND ONIONS ♡ SAVORY BAKED - CHICKEN BREAST BURGERS TO ORDER STEAK FRIES ♡ ESCALLOPED TOMATOES ♡ TURKEY SANDWICH ♡ HALF TURKEY SANDWICH TUNA SALAD BOAT ♡ STUFFED CELERY APPLESAUCE CAKE
D I N N E R	CREAM OF MUSHROOM SOUP ♡ ROASTED CHICKEN BREAST ♡ STUFFED W/WILD RICE W/CHICKEN GRAVY BEEF GOULASH BURGERS TO ORDER WHIPPED POTATOES ♡ STEAMED LIMA BEANS ♡ SILA VED TURKEY PLATE W/FF SALAD HAM AND CHEESE PUFF ♡ FF POTATO SALAD CARROT CAKE W/CIN/ORANGE DRESSING CREAM CHEESE FROSTING	♡ YANKEE BEAN SOUP ROAST PORK W/GRAVY CHEESEBURGER ON/KAISER W/HOT SAUCE SLICED RISSELE POTATOES ♡ CREOLE GREEN BEANS TACO SALAD BAR ♡ SLICED TURKEY ON WHITE ♡ SLICED TURKEY ON WHEAT ♡ HALF TURKEY SANDWICH CITRUS SPINACH BOWL CIN/ORANGE DRESSING ♡ PEACH/BLUEBERRY CRISP	♡ TURKEY RICE SOUP HOT TURKEY SANDWICH W/TURKEY GRAVY BROCCOLI/CHEESE QUICHE HOMEFRIES W/ONIONS ♡ BABY WHOLE CARROTS TUNA SALAD ON/HOAGIE BUN ♡ HALF FF TUNA ON WHEAT GRILLED CAJUN CHICKEN SALAD W/HONEY DIJON DRS ♡ CUCUMBER/TOMATO SALAD CHOCOLATE FUDGY PUDDING	♡ CREAM OF TOMATO SOUP BUFFALO CHICKEN WINGS W/CELERY & MACARONI SLD ROAST BEEF W/GRAVY ♡ BAKED POTATO W/SOUR CREAM ♡ HERBED ZUCCHINI PASTRAMI & SWISS CHEESE ON/MARBLE RYE HALF PASTRAMI & SWISS SEAFOOD SALAD BOAT ♡ FF SEAFOOD SALAD BOAT ♡ MARINATED GREEN BEAN SALAD CHOCOLATE ICED BROWNIES	♡ MINESTRONE SOUP VEAL PARMESAN W/TOMATO SAUCE COOKED ZITI W/SAUCE RED HOT DOGS WHITE HOT DOGS HOT SAUCE BROCCOLI W/GARLIC BUTTER TRKY/CHEESE CLUB-WHITE TRKY/CHEESE CLUB-WHEAT HALF TRKY/CHEESE CLUB TOMATO STUFFED W/TUNA SLD ♡ TOMATO STF W/FF TINA SLD ♡ POTATO SALAD ♡ CHERRY COBBLER	CHICKEN GUMBO SOUP FRIED FISH PORTIONS ♡ BAKED FISH HAMBURGER ON A ROLL W/LETTUCE & TOMATO FRENCH FRIED POTATOES ♡ STEAMED PEAS CHICKEN SALAD ON/MARBLE RYE ♡ HALF FF CILIX SLD ON RYE ♡ FF CHIEF'S SALAD BOWL ♡ CABBAGE/PINEAPPLE SALAD CHINESE CHEWS	♡ SPLIT PEA SOUP BARBECUED PORK ON A BUN ♡ SAVORY BAKED - CHICKEN BREASTS BURGERS TO ORDER WHIPPED POTATOES ♡ ORIENTAL VEGETABLES ♡ TURKEY SANDWICH ♡ HALF TURKEY SANDWICH TUNA SALAD BOAT ♡ STUFFED CELERY APPLESAUCE CAKE
N C I A R T	CREAM OF MUSHROOM SOUP ♡ SILA VED TURKEY PLATE W/FF SALAD HAM AND CHEESE PUFF ♡ FF POTATO SALAD CARROT CAKE W/CIN/ORANGE DRESSING CREAM CHEESE FROSTING	♡ YANKEE BEAN SOUP CITRUS SPINACH BOWL CIN/ORANGE DRESSING ♡ SLICED TURKEY ON WHITE ♡ SLICED TURKEY ON WHEAT ♡ PEACH/BLUEBERRY CRISP	♡ TURKEY RICE SOUP GRILLED CAJUN CHICKEN SALAD W/HONEY DIJON DRS ♡ FF TUNA SALAD ON/HOAGIE BUN CHOCOLATE FUDGY PUDDING	♡ CREAM OF TOMATO SOUP ♡ FF SEAFOOD SALAD BOAT PASTRAMI & SWISS CHEESE ON/MARBLE RYE CHOCOLATE ICED BROWNIES	♡ MINESTRONE SOUP TOMATO STUFFED W/TUNA SLD TRKY/CHEESE CLUB-WHITE TRKY/CHEESE CLUB-WHEAT ♡ CHERRY COBBLER	CHICKEN GUMBO SOUP ♡ FF CHIEF'S SALAD BOWL ♡ FF CHICKEN SALAD ON/MARBLE RYE CHINESE CHEWS	♡ SPLIT PEA SOUP TUNA SALAD BOAT ♡ TURKEY ON WHITE BREAD ♡ TURKEY ON WHEAT BREAD APPLESAUCE CAKE

The FNS Newsletter

Volume 1 Issue 3

January 15, 1995

THE FNS NEWSLETTER IS A PUBLICATION OF RGH DEPARTMENT OF FOOD AND NUTRITION SERVICES

What's a Reasonable Daily Fat Goal?

Currently, it is recommended that Americans limit fat intake to 20 - 30 % of their daily caloric needs. Caloric needs are individually based, depending on height, frame, gender, activity level and weight. To know your actual "fat goal" you need to consider the above. (Precise, tailor-made recommendations can be determined by your doctor or dietitian). Until you can make an appointment with your doctor (RGH employees may receive free nutrition consulting with a dietitian by physician's referral). The following guide may help in the meantime:

DAILY GRAMS OF FAT			
MEN	MEN	WOMEN	WOMEN
NORMAL WEIGHT	OVERWEIGHT	NORMAL WEIGHT	OVERWEIGHT
60 - 90	40 - 60	40 - 70	25 - 40
GRAMS FAT/DAY	GRAMS FAT/DAY	GRAMS FAT/DAY	GRAMS FAT/ DAY

Adapted from KRAMES Communications, *Low-fat Eating* 1993.



Fat Facts

Analysis of cafeteria menu reveals Buffalo style chicken wings have highest fat content of any menu item. Can you guess how many fat grams there are per serving?

_____ 20 grams

_____ 40 grams

_____ 60 grams

_____ 75 grams

See next week's issue for the answer.

ROCHESTER GENERAL HOSPITAL - DEPARTMENT OF FOOD AND NUTRITION SERVICES												
CAFETERIA MENU WEEK - 3 ♥ = 7 GRAMS OF FAT OR LESS												
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY					
B R E A K F A S T	♥ OATMEAL ♥ CREAM OF WHEAT SCRAMBLED EGGS ♥ *SCRAMBLED EGGS BACON HOMEFRIES WITH ONIONS FRENCH TOAST STICKS EGGO WAFFLES APPLE WALNUT MUFFINS	♥ OATMEAL ♥ CREAM OF WHEAT FRIED EGGS ♥ *SCRAMBLED EGGS SAUSAGE PATTIES HASH BROWN PATTIES MUFFIN & FRUIT BOAT W/ COFFEE ♥ BLUEBERRY PANCAKES (1 - EACH) EGGO WAFFLES SOUR CREAM/OATMEAL MUFFINS	♥ OATMEAL ♥ CREAM OF WHEAT SCRAMBLED EGGS ♥ *SCRAMBLED EGGS BREAKFAST SANDWICH WITH ENGLISH MUFFIN OVEN BAKED BACON HOMEFRIES WITH ONIONS ♥ CORN BREAD EGGO WAFFLES ♥ APPLE SAUCE MUFFINS	♥ OATMEAL ♥ CREAM OF WHEAT FRIED EGGS ♥ *SCRAMBLED EGGS OVEN BAKED BACON TATER TOTS FRENCH TOAST STICKS EGGO WAFFLES CARROT RAISIN MUFFINS	♥ OATMEAL ♥ CREAM OF WHEAT SCRAMBLED EGGS ♥ *SCRAMBLED EGGS DICED PEPPERS, ONIONS, & HAM HASH BROWN PATTIES EGGO WAFFLES ♥ BLUEBERRY MUFFINS	♥ OATMEAL ♥ CREAM OF WHEAT FRIED EGGS ♥ *SCRAMBLED EGGS OVEN BAKED BACON HOMEFRIES WITH ONIONS PANCAKES EGGO WAFFLES ♥ LINZER MUFFINS	♥ OATMEAL ♥ CREAM OF WHEAT FRIED EGGS ♥ *SCRAMBLED EGGS OVEN BAKED BACON TATER TOTS EGGO WAFFLES CHOCOLATE CHIP MUFFINS	♥ OATMEAL ♥ CREAM OF WHEAT FRIED EGGS ♥ *SCRAMBLED EGGS BREAKFAST SANDWICH OVEN BAKED BACON TATER TOTS EGGO WAFFLES CHOCOLATE CHIP MUFFINS				
L U N C H	♥ CHICKEN RICE SOUP BAKED ZITI WITH MEAT SAUCE CHEESEBURGERS WITH/ HOT SAUCE ♥ GREEN BEANS W/ALMONDS FRIED ONION RINGS TUNA/CHEESE TWISTS ♥ TUNA/TWIST (NO CHEESE) ANTIPASTO PLATTER POTATO SALAD ♥ FF POTATO SALAD PECAN PIE	♥ LENTIL SOUP CHICKEN NUGGETS WITH BARBECUE SAUCE GRILLED RUEBEN SANDWICH FRENCH FRIED POTATOES ♥ STIR FRY VEGETABLES TURKEY SALAD PITA HALF FF TRKY SLD PITA ♥ SLICED BEEF PLATE W/ FF POTATO SALAD ♥ TUNA SALAD BAGEL ITALIAN TOMATO SALAD ♥ APPLE CRISP	♥ CREAM OF TOMATO SOUP ♥ SZECHWAN BEEF W/STEAMED RICE ♥ *TUNABURGER ON A BUN W/LETTUCE & TOMATO ♥ BAKED POTATO BAR W/ FF SOUR CREAM FRIED MOZZARELLA STICKS W/TOMATO SAUCE ♥ LIMA BEANS ♥ HAM (AND CHEESE) ON RYE ♥ HALF IAM (& CHEESE) RYE COBB SALAD BOWL ♥ *TUNA, RICE & PEA SALAD PINEAPPLE UPSIDE DWN CK	♥ VEGETABLE BEEF SOUP ♥ HERBED GRILLED - CHICKEN SANDWICH W/L&T ON WHEAT BUN ♥ CHILI CON CARNE ♥ W/CORN BREAD ♥ PAPRIKA CAULIFLOWER ♥ ITALIAN GREEN BEANS SHAVED BEEF SANDWICH ♥ HALF SHAVED BEEF SAND	CREAM OF BROCCOLI SOUP ♥ SLICED TURKEY SANDWICH W/TURKEY GRAVY BEEF STEW W/ ♥ BISCUITS TACO SALAD BAR WHIPPED POTATOES ♥ STEAMED PEAS & CARROTS TUNA DELUXE TWISTS HALF FF TUNA DELUXE TWISTS ♥ (W/ NO CHEESE) ♥ CHICKEN/ROTINI SLD BOAT ♥ CARROT RAISIN SALAD ♥ HOME STYLE RICE PUDDING	♥ ITALIAN VEGETABLE SOUP FRIED FISH ON A BUN ♥ CAJUN BAKED FISH REGULAR BAKED FISH PEPP & CHEESE HOT POCKET W/TOMATO SAUCE FRENCH FRIED POTATOES CORN ON THE COB ♥ *EGG & OLIVE SALAD/ ON A WHEAT BUN ♥ HALF *EGG & OLIVE HAM ROLL-UP PLATE/ W/PROVOLONE CHS & VEGS ♥ MARINATED VEGE SLAW ♥ BLUEBERRY COBBLER	N.E. CLAM CHOWDER BUFFALO CHICKEN WINGS W/CELERY & MACARONI SLD MACARONI AND CHEESE BURGERS TO ORDER PARSLIED REDSKIN POTATOES FRENCH FRIED ZUCCHINI ♥ BROCCOLI SPEARS/LEMON - TUNA ASSORTED SUBS - HAM - TURKEY ♥ *TUNA SALAD BOAT MARLBED CHEESECAKE					
D I N N E R	♥ CHICKEN RICE SOUP PEPPERONI PIZZA CHEESEBURGERS WITH/ HOT SAUCE FRIED ONION RINGS SLICED SQUASH TUNA/CHEESE TWISTS ♥ TUNA/TWIST (NO CHEESE) ANTIPASTO PLATTER POTATO SALAD ♥ FF POTATO SALAD PECAN PIE	♥ LENTIL SOUP ♥ ROAST TURKEY W/ TURKEY GRAVY GRILLED RUEBEN SANDWICH WHIPPED POTATOES ♥ SAVORY BREAD DRESSING ♥ BROCCOLI/CARROT MEDLEY TURKEY SALAD PITA HALF FF TRKY SLD PITA ♥ SLICED BEEF PLATE W/ POTATO SALAD ♥ *TUNA SALAD BAGEL ITALIAN TOMATO SALAD ♥ APPLE CRISP	♥ CREAM OF TOMATO SOUP ♥ SZECHWAN BEEF W/STEAMED RICE SPAGHETTI WITH - MEAT SAUCE ♥ STEAMED PEAS ♥ BAKED POTATO BAR W/ FF SOUR CREAM ♥ IAM (AND CHEESE) ON RYE ♥ HALF IAM (& CHEESE) RYE COBB SALAD BOWL ♥ TUNA, RICE & PEA SALAD PINEAPPLE UPSIDE DWN CK	♥ VEGETABLE BEEF SOUP ♥ CHILI CON CARNE ♥ W/CORN BREAD ♥ LEMON BAKED CHICKEN ♥ CONFETTI RICE ♥ PAPRIKA CAULIFLOWER SHAVED BEEF SANDWICH ♥ HALF SHAVED BEEF SAND TOMATO STUFFED W/TUNA PLT ♥ TOM STD W/FF TUNA PLT ♥ *APPLE WALDORF SALAD ♥ STRAWBERRY SHORTCAKE	CREAM OF BROCCOLI SOUP ROAST BEEF W/GRAVY CHEESE STRATA W/CHEESE SAUCE TACO SALAD BAR SLICED RISSOLE POTATOES LEMON-SESAME GRN BEANS ♥ TUNA DELUXE TWISTS (NO CHEESE) ♥ HALF FF TUNA DX TWISTS ♥ CHICKEN/ROTINI SLD BOAT ♥ CARROT RAISIN SALAD ♥ HOME STYLE RICE PUDDING	♥ ITALIAN VEGETABLE SOUP ITALIAN MEAT LOAF W/TOMATO SAUCE FRIED FISH ON A BUN ♥ CAJUN BAKED FISH REGULAR BAKED FISH FRENCH FRIED POTATOES CORN ON THE COB ♥ FF EGG & OLIVE SALAD/ ON A WHEAT BUN ♥ HALF FF EGG & OLIVE HAM ROLL-UP PLATE/ W/PROVOLONE CHS & VEGS ♥ MARINATED VEGE SLAW ♥ BLUEBERRY COBBLER	N.E. CLAM CHOWDER BUFFALO CHICKEN WINGS W/CELERY & MACARONI SLD VEAL PARMESAN W/SAUCE PASTA(ZITI) W/SAUCE BURGERS TO ORDER ♥ ITALIAN GREEN BEANS - TUNA ASSORTED SUBS - HAM - TURKEY ♥ *TUNA SALAD BOAT MARLBED CHEESECAKE					
N I C H T	♥ CHICKEN RICE SOUP ANTIPASTO PLATTER TUNA/CHEESE TWISTS ♥ TUNA/TWIST (NO CHEESE) PECAN PIE	♥ LENTIL SOUP ♥ SLICED BEEF PLATE W/FF POTATO SALAD ♥ FF TURKEY SALAD PITA ♥ APPLE CRISP	♥ CREAM OF TOMATO SOUP COBB SALAD BOWL HAM AND CHEESE ON RYE ♥ SHAVED IAM ON RYE PINEAPPLE UPSIDE DWN CK	♥ VEGETABLE BEEF SOUP TOMATO STUFFED W/TUNA PLT SHAVED BEEF ON WHEAT 1/2 SHAVED BEEF ON WHEAT SHAVED BEEF ON WHITE ♥ STRAWBERRY SHORTCAKE	CREAM OF BROCCOLI SOUP CHICKEN/ROTINI SALAD BOAT TUNA DELUXE TWISTS ♥ TUNA DELUXE TWISTS (NO CHEESE) ♥ HOME STYLE RICE PUDDING	♥ ITALIAN VEGETABLE SOUP HAM ROLL-UP PLATE/ W/PROVOLONE CHS & VEGS ♥ FF EGG & OLIVE SALAD/ ON A WHEAT BUN ♥ BLUEBERRY COBBLER	N.E. CLAM CHOWDER TUNA SALAD BOAT ♥ FF TUNA SALAD BOAT - TUNA ASSORTED SUBS - HAM - TURKEY MARLBED CHEESECAKE					

THE FNS NEWSLETTER

Volume 1 Issue 4

January 22, 1995

THE FNS NEWSLETTER IS A PUBLICATION OF THE RGH DEPARTMENT OF FOOD AND NUTRITION SERVICES

Follow the Dots to Save Fat

Cafeteria employees have been helping patrons identify low fat items on the menu and on the menu board by placing a ♥ alongside those items containing 7 grams of fat or less. Standard recipes have been modified to reduce fat and/or portion sizes have been reduced.

Another clue to help identify the lower fat items has been to place "dots", or colored circles on salads and sandwiches. These items have been made with less fat than the regular recipe calls for; with reduced fat mayonnaise; or by omitting the cheese.

Remember, those items with a ♥ on the menu or a circle on the cover contain 7 grams of fat or less.

Low Fat is not Necessarily Low Calorie

According to the Calorie Control Council, 90% of adult Americans currently consume some type of "light" or reduced fat product, as compared with only 76% in 1991. However, eating reduced fat or fat-free products alone does not necessarily guarantee eating less calories.

When manufacturers remove fat, sugar is likely to be increased. For instance, the ingredients on a box of SnackWell's devil's food cookie cakes lists sugar as the first ingredient. The third and fourth ingredients are high fructose corn syrup and corn syrup, respectively—both are forms of sugar.

Sometimes manufacturers make the product smaller to reduce the fat.. A package of Hostess Lights cupcakes weighs 12% less than the original.

As part of a program to control the daily fat intake, reduced fat foods can be helpful, but should be used in moderation. "Eating a whole fat-free cake in one sitting defeats the purpose" according to Dr. John Foreyt (Director of the Nutrition Research Clinic, Baylor College of Medicine, Houston.)

Weight loss by lowering fat intake alone is still unproved. Only when calories and nutritional needs balance at the end of the day, will this occur.

The following chart compares a few original products with their "light" alternatives.

COOKIE COUNT

BRAND	WT. (OZ.)	CALORIES	FAT (GM.)
Nabisco Oreo cookies	.39	53.3	2.3
Reduced fat Oreo cookies	.37	46.7	1.7
Nabisco Fig Newtons	.54	55	1.3
Fat Free Fig Newtons	.51	50	0
Nabisco Ritz crackers	.11	16	.80
Reduced fat Ritz crackers	.11	14	.50
Keebler Cinnamon Crisp Graham Selects	.13	17.5	.63
Cinnamon Crisp Graham Selects*	.12	13.8	.19
Nabisco Wheat Thins	.06	8.8	.38
Reduced Fat Wheat Thins	.06	7.2	.22
Nabisco Triscuits	.16	20	.71
Reduced Fat Triscuits	.15	17.1	.43
Keebler Toasted Complements crackers	.11	15.6	.67
Toasteds Complements crackers**	.10	12	.30
Hostess Twinkies	1.4	140	4
Hostess Lights Twinkies	1.4	120	1.5
Hostess cupcakes	1.6	170	5
Hostess Lights cupcakes	1.4	120	1.5

*low-fat version

**reduced-fat version

Buffalo Wings High Fat Menu Item

Deep-fried wings (8) = 36 gm. fat, 216 mg. cholesterol, and 651 calories;

Blue cheese dressing = 37 gm. fat, 14 mg. cholesterol and 349 calories.

Macaroni salad = 5 gm. fat, 25 mg. cholesterol and 157 calories

The answer is over 75 gm. fat, if you eat the whole thing.

ROCHESTER GENERAL HOSPITAL - DEPARTMENT OF FOOD AND NUTRITION SERVICES CAFETERIA MENU WEEK 4 - 7 GRAMS OF FAT OR LESS

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
▼ OATMEAL ▼ CREAM OF WHEAT ▼ SCRAMBLED EGGS ▼ *SCRAMBLED EGGS BACON HOMEFRIES WITH ONIONS ▼ FRENCH TOAST (1 - SLICE) EGGO WAFFLES ▼ BANANA BRAN MUFFINS	▼ OATMEAL ▼ COOKED GRITS FRIED EGGS ▼ *SCRAMBLED EGGS SAUSAGE PATTIES HASH BROWN PATTIES ▼ BLUEBERRY PANCAKES (1 - EACH) EGGO WAFFLES ▼ APPLE RAISIN MUFFINS	▼ OATMEAL ▼ CREAM OF WHEAT SCRAMBLED EGGS ▼ *SCRAMBLED EGGS BREAKFAST SANDWICH ON/ENGL MUFFIN OR CROISSANT OVEN BAKED BACON HOMEFRIES WITH ONIONS EGGO WAFFLES PINEAPPLE/NUT MUFFINS	▼ OATMEAL ▼ CREAM OF WHEAT FRIED EGGS ▼ *SCRAMBLED EGGS OVEN BAKED BACON TATAR TOTS ▼ FRENCH TOAST (1 - SLICE) EGGO WAFFLES ▼ BLUEBERRY MUFFINS	▼ OATMEAL ▼ CREAM OF WHEAT SCRAMBLED EGGS ▼ *SCRAMBLED EGGS DICED PEPPERS, ONIONS, & HAM HASH BROWN PATTIES CINNAMON COFFEE CAKE EGGO WAFFLES ZUCCHINI/NUT MUFFINS	▼ OATMEAL ▼ CREAM OF WHEAT FRIED EGGS ▼ *SCRAMBLED EGGS OVEN BAKED BACON HOMEFRIES WITH ONIONS ▼ PANCAKES (1 - EACH) EGGO WAFFLES CHOCOLATE CHIP MUFFINS	▼ OATMEAL ▼ CREAM OF WHEAT FRIED EGGS ▼ *SCRAMBLED EGGS OVEN BAKED BACON TATAR TOTS BREAKFAST SANDWICH ON/ENGL MUFFIN ▼ ENGLISH MUFFIN EGGO WAFFLES ▼ OATMEAL MUFFINS
▼ VEGETABLE SOUP ▼ ROAST TURKEY SLICES W/TURKEY GRAVY STUFFED SHELLS W/SAUCE BURGERS TO ORDER SAVORY BREAD DRESSING WHIPPED POTATOES ▼ ORIENTAL VEGETABLES ▼ CORNED BEEF W/NO FAT & FF POTATO SALAD - PLATE CHICKEN SALAD/MARBLE RYE ▼ FF CHICKEN SLID/MAR RYE DELI SANDWICH BAR - #1 ▼ MARINATED GRN BEAN SLD LEMON BARS	▼ YANKEE BEAN SOUP KNOCKWURST ON A BUN W/SAUERKRAUT MACARONI AND CHEESE GERMAN POTATO SALAD ▼ MASHED SQUASH TURKEY TACO SALAD BAR TOMATO STUFFED W/TUNA SALAD ▼ FF TUNA/TOMATO PLATE ▼ CALICO SALAD HAM & CHEESE CROISSANT ▼ HALF TURKEY ON WHEAT CARROT CAKE W/CRM CHS-FR	▼ CHICKEN NOODLE SOUP ▼ ORIENTAL CHIX STIR FRY ▼ W/STEAMED RICE PEPPERONI PIZZA VEGETARIAN PIZZA FRENCH FRIED CAULIFLOWER ▼ STEAMED GREEN BEANS SEAFOOD SALAD BOATS ▼ FF SEAFOOD SALAD BOATS TURKEY DELUXE TWISTS 1/2 TURKEY DELUXE TWISTS ▼ HALF FF TUNA PITA APPLE WALDORF SALAD ▼ FF APPLE WALDORF SALAD CHINESE CHEWS	▼ SOUTHWEST BEEF & VEG. ▼ ZITI W/FRESH VEGETABLE-MARINARA SAUCE GARLIC BREAD ROASTED STUFFED CHICKEN W/CHICKEN GRAVY ▼ PARSLIED REDSKIN POTATOES ▼ BROCCOLI SPEARS DELI SANDWICH BAR - #3 CITRUS SPINACH SALAD TURKEY SPINACH SALAD EGG & OLIVEMARBLE RYE 1/2 FF EGG & OLIVEMAR RYE CARROT RAISIN SALAD ▼ FF CARROT RAISIN SALAD CHOCOLATE CHOC-CHIP CAKE W/CHOCOLATE SAUCE	▼ CREAM OF TOMATO SOUP MUSHROOM/SWISS BURGERS ON/SESAME BUNS VEGETABLE LASAGNA W/TOMATO SAUCE FRENCH FRIED ONION RINGS ▼ ESCALLOPED CABBAGE (made w/skim milk) FAJITA CHICKEN PASTA SALAD ▼ *CHIEF'S SALAD BOWL ITALIAN SUBS BY THE INCH ▼ HALF TURKEY ON WHEAT PECAN PIE	▼ LENTIL SOUP TURKEY DIVAN FRENCH FRIED SHRIMP W/COCKTAIL SAUCE ▼ *BAKED FISH FRENCH FRIED POTATOES ▼ CONFETTI RICE LIMA BEANS DEVILED EGG PLATE W/FOUR BEAN SALAD ▼ FF COLE SLAW SALAD SPINACH SALAD BOWL TUNA & CHEESE TWISTS 1/2 FAT-FREE TUNA TWISTS (NO CHEESE) SHAVED HAM WHITE/WHEAT ▼ PEACH CRISP	▼ MINESTRONE SOUP VEGETABLE LASAGNA W/TOMATO SAUCE CHICKEN CORDON BLEU W/SUPREME SAUCE BURGERS TO ORDER ▼ BAKED POTATOES W/SOUR CREAM SLICED BUTTERED CARROTS DELI BAR - #2 TUNA SALAD BOATS ▼ FF TUNA SALAD BOATS ▼ SLICED TURKEY PITAS GERMAN CHOCOLATE CAKE
▼ VEGETABLE SOUP CHICKEN PATTY ON/ WHEAT BUN W/LET & TOMATO STUFFED SHELLS W/SAUCE BURGERS TO ORDER FRENCH FRIED ZUCCHINI ▼ STEAMED PEAS ▼ CORNED BEEF W/NO FAT & FF POTATO SALAD - PLATE CHICKEN SALAD/MARBLE RYE ▼ FF CHICKEN SLID/MAR RYE DELI SANDWICH BAR - #1 ▼ MARINATED GRN BEAN SLD LEMON BARS	▼ YANKEE BEAN SOUP MACARONI AND CHEESE BEEF STROGANOFF W/BUTTERED EGG NOODLES ▼ STEAMED CARROT SLICES TURKEY TACO SALAD BAR TOMATO STUFFED W/TUNA SALAD ▼ FF TUNA/TOMATO PLATE ▼ CALICO SALAD HAM & CHEESE CROISSANT ▼ HALF TURKEY ON WHEAT CARROT CAKE W/CRM CHS-FR	▼ CHICKEN NOODLE SOUP PEPPERONI PIZZA VEGETARIAN PIZZA ▼ ORIENTAL CHIX STIR FRY ▼ W/STEAMED RICE FRENCH FRIED CAULIFLOWER ▼ STEAMED CORN SEAFOOD SALAD BOATS ▼ FF SEAFOOD SALAD BOATS TURKEY DELUXE TWISTS 1/2 TURKEY DELUXE TWISTS ▼ HALF FF TUNA PITA APPLE WALDORF SALAD ▼ FF APPLE WALDORF SALAD CHINESE CHEWS	▼ SOUTHWEST BEEF & VEG. ▼ ZITI W/FRESH VEGETABLE-MARINARA SAUCE GARLIC BREAD ROASTED STUFFED CHICKEN W/CHICKEN GRAVY ▼ PARSLIED REDSKIN POTATOES ▼ STEAMED PEAS DELI SANDWICH BAR - #3 CITRUS SPINACH SALAD TURKEY SPINACH SALAD EGG & OLIVEMARBLE RYE 1/2 FF EGG & OLIVEMAR RYE CARROT RAISIN SALAD ▼ FF CARROT RAISIN SALAD CHOCOLATE CHOC-CHIP CAKE W/CHOCOLATE SAUCE	▼ CREAM OF TOMATO SOUP MUSHROOM/SWISS BURGERS ON/SESAME BUNS ▼ ROAST TURKEY SLICES W/TURKEY GRAVY WHIPPED POTATOES SAVORY BREAD DRESSING ▼ ESCALLOPED CABBAGE (made w/skim milk) FAJITA CHICKEN PASTA SALAD ▼ *CHIEF'S SALAD BOWL ITALIAN SUBS BY THE INCH ▼ HALF TURKEY ON WHEAT PECAN PIE	▼ LENTIL SOUP FRENCH FRIED SHRIMP W/COCKTAIL SAUCE ▼ CHICKEN ALA KING ON/ A BISCUIT ▼ *BAKED FISH FRENCH FRIED POTATOES ▼ CONFETTI RICE MASHED SQUASH DEVILED EGG PLATE W/FOUR BEAN SALAD ▼ FF COLE SLAW SALAD SPINACH SALAD BOWL TUNA & CHEESE TWISTS 1/2 FAT-FREE TUNA TWISTS (NO CHEESE) SHAVED HAM WHITE/WHEAT ▼ PEACH CRISP	▼ MINESTRONE SOUP VEGETABLE LASAGNA W/TOMATO SAUCE MACARONI AND CHEESE BURGERS TO ORDER ▼ PARSLIED REDSKIN POTATOES GREEN BEAN CASSEROLE DELI BAR - #2 TUNA SALAD BOATS ▼ FF TUNA SALAD BOATS ▼ SLICED TURKEY PITAS GERMAN CHOCOLATE CAKE
▼ VEGETABLE SOUP ▼ CORNED BEEF W/FF POTATO SALAD - PLATE ▼ FF CHICKEN SALAD ON/MARBLE RYE LEMON BARS	▼ YANKEE BEAN SOUP TOMATO STUFFED W/TUNA SALAD ▼ FF TUNA/TOMATO PLATE HAM & CHEESE CROISSANT CARROT CAKE W/CRM CHS-FR	▼ CHICKEN NOODLE SOUP SEAFOOD SALAD BOATS ▼ FF SEAFOOD SALAD BOATS TURKEY DELUXE TWISTS CHINESE CHEWS	▼ SOUTHWEST BEEF & VEG. CITRUS SPINACH SALAD EGG & OLIVEMARBLE RYE ▼ FF EGG & OLIVEMAR RYE CHOCOLATE CHOC-CHIP CAKE W/CHOCOLATE SAUCE	▼ CREAM OF TOMATO SOUP FAJITA CHICKEN PASTA SALAD ITALIAN SUBS BY THE INCH PECAN PIE	▼ LENTIL SOUP DEVILED EGG PLATE W/FOUR BEAN SALAD TUNA & CHEESE TWISTS ▼ PEACH CRISP	▼ MINESTRONE SOUP TUNA SALAD BOATS ▼ FF TUNA SALAD BOATS ▼ SLICED TURKEY PITAS GERMAN CHOCOLATE CAKE

Appendix I

Samples of Analyzed Menus Posted for Point-of-Purchase Reference

MONDAY BREAKFAST - 1

	Portion	Calories	Total Fat Gms.	Choles- terol mgs.	Sodium mgs.
♥Oatmeal	1/2 cup	105	2	0	1 (285 inst)
♥Cream of Wheat	1/2 cup	100	trace	0	2 241 (instant)
Scrambled eggs (reg)	1 egg	95	7.1	248	155
♥Scram- bled eggs*	1 egg	25	1	0	80
Sausage Pattie	2 oz.	220	22	40	461
Hash Brown Potatoes	4 oz.	194	10	0	31
♥Blueberry Pancake	1	71	2	16	160
♥Eggo Waffles	1	140	5	45	225
Cranberry Nut Muffin	1 (2 1/2 oz.)	252	11	45	333

*Eggbeaters

MONDAY LUNCH - 1

	Portion	Calories	Total Fat Gms.	Cholesterol mgs.	Sodium mgs.
♥Black Bean & Ham Soup	1 cup	170	7	10	1110
Fried Chicken (eating skin)	6 oz.	447	43+	146	471
♥Fried chicken (not eating skin)	4 oz. Lt.	187	4	97	85
	4 oz. Dk.	187	5	102	105
♥Candied Yams	1/2 cup	275	3.8	0	281
♥Collard Greens & Tomatoes	1/2 cup	68	2	5	286
Beef Goulash	6 oz.	221	9	37	1200
Corn Bread	Regular	290	12+	84	582
	♥*1/2 portion	145	6	42	291
Tuna Salad Boat/ Rye Roll	reg	252	9	35	530
	♥w/FF Mayo	206	3	30	534
Italian Hoagie	Whole	702	33	71	1799
	Half	351	16	36	899
♥Turkey on Wh. Wheat	Half	137	2	29	167
Carrot Raisin Salad	regular	263	24	17	339
	♥fat free	47	1	0	360
Banana Pudding+	1 portion	318	9+	15	281

+ Portion size or cooking method exceeds fat goal of 7 grams or less per portion.

* One corn muffin and the 1/2 portion of corn bread is of similar value.

MONDAY DINNER - 1

	Portion	Calories	Total Fat Gms.	Choles- terol mgs.	Sodium mgs.
♥Black Bean & Ham Soup	1 cup	170	7	10	1110
♥Fried chicken (not eating skin)	4 oz. Lt.	187	4	97	85
	4 oz. Dk.	187	5	102	105
♥Candied Yams	1/2 cup	275	4	0	281
♥Collard Greens & Tomatoes	1/2 cup	68	2	5	286
♥Broiled Ham/ Pineapple	3oz./ 1 slice	206	5	46	1141
Corn Bread	Regular	290	12+	84	582
	♥*1/2 portion	145	6	42	291
Tuna Salad Boat/ Rye Roll	reg	252	9	35	530
	♥w/FF Mayo	206	3	30	534
Italian Hoagie	Whole	702	33	71	1799
	Half	351	16	36	899
♥Turkey on Wh. Wheat	Half	137	2	29	167
Carrot Raisin Salad	regular	263	24	17	339
	♥fat free	47	1	0	360
Banana Pudding+	1 portion	318	9+	15	281

+ Portion size or cooking method exceeds fat goal of 7 grams or less per portion.

* One corn muffin and the 1/2 portion of corn bread is of similar value.

MONDAY NIGHTCART - 1

	Portion	Calories	Total Fat Gms.	Choles- terol mgs.	Sodium mgs.
♥Black Bean & Ham Soup	1 cup	170	7	10	1110
Tuna Salad Boat/ Rye Roll	reg	252	9	35	530
	♥w/FF Mayo	206	3	30	534
Italian Hoagie	Whole	702	33	71	1799
	Half	351	16	36	899
Banana Pudding+	1 portion	318	9+	15	281

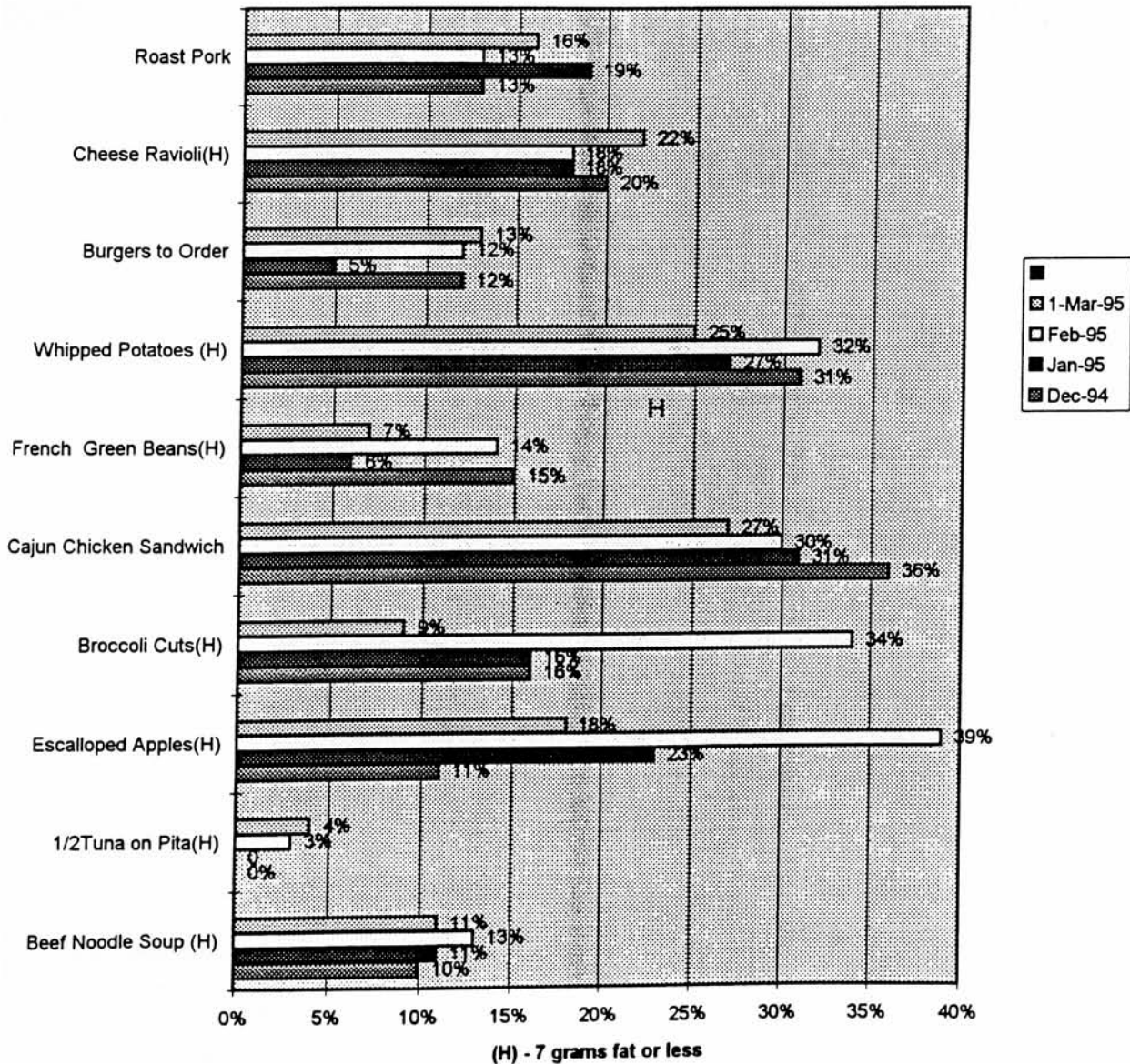
Appendix J

Analysis of Cafeteria Sales

from
December 1994 - March 1995

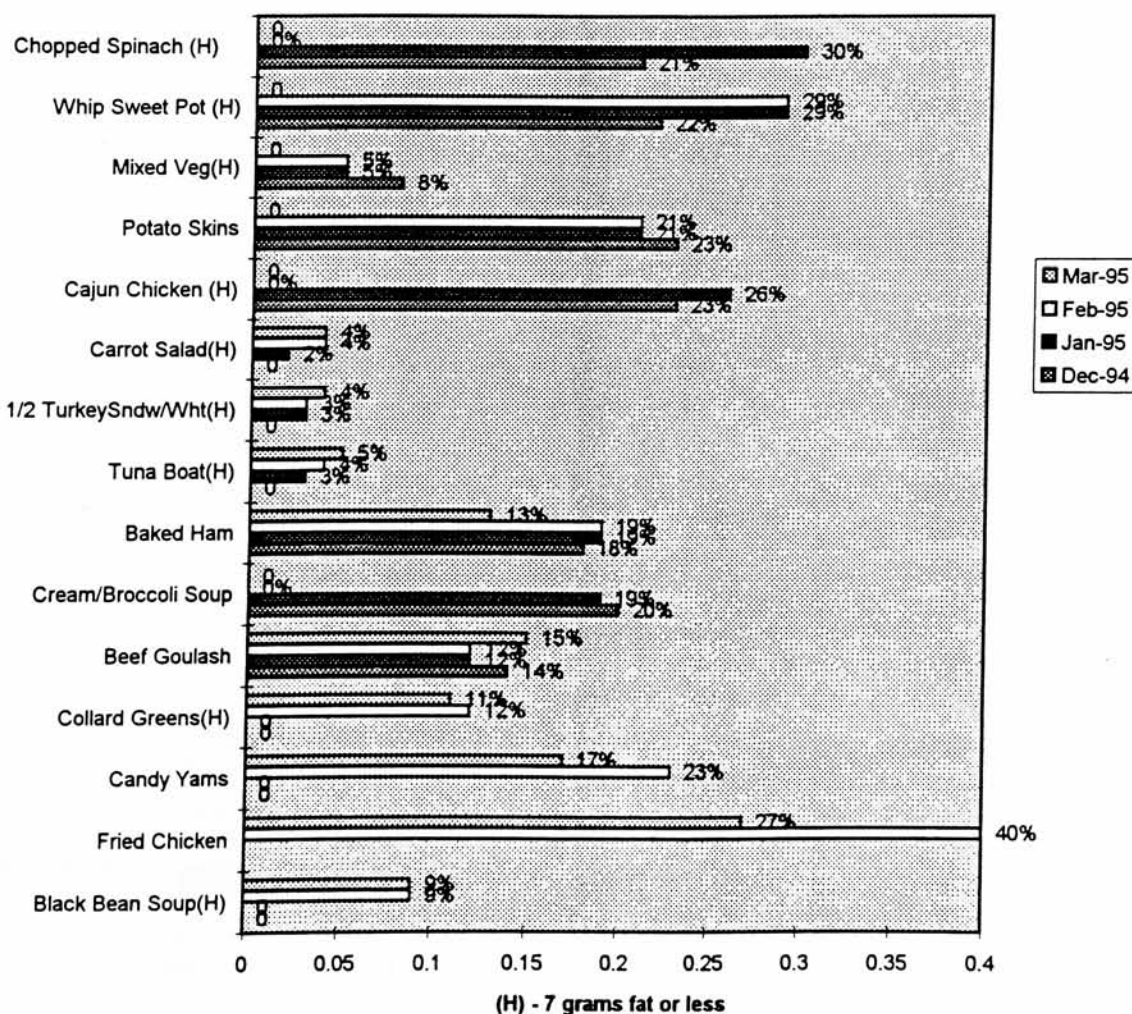
	Dec-94	Jan-95	Feb-95	1-Mar-95			
Beef Noodle Soup (H)	10%	11%	13%	11%			
1/2Tuna on Pita(H)	N/A	N/A	3%	4%			
Escaloped Apples(H)	11%	23%	39%	18%			
Broccoli Cuts(H)	16%	16%	34%	9%			
Cajun Chicken Sandwich	36%	31%	30%	27%			
French Green Beans(H)	15%	6%	14%	7%			
Whipped Potatoes (H)	31%	27%	32%	25%			
Burgers to Order	12%	5%	12%	13%			
Cheese Ravioli(H)	20%	18%	18%	22%			
Roast Pork	13%	19%	13%	16%			

Week I - Sunday



	Dec-94	Jan-95	Feb-95	Mar-95			
Black Bean Soup(H)	N/A	N/A	9%	9%			
Fried Chicken			40%	27%			
Candy Yams	N/A	N/A	23%	17%			
Collard Greens(H)	N/A	N/A	12%	11%			
Beef Goulash	14%	12%	12%	15%			
Cream/Broccoli Soup	20%	19%	N/A	N/A			
Baked Ham	18%	19%	19%	13%			
Tuna Boat(H)	N/A	3%	4%	5%			
1/2 TurkeySndw/Wht(H)	N/A	3%	3%	4%			
Carrot Salad(H)	N/A	2%	4%	4%			
Cajun Chicken (H)	23%	26%	N/A	N/A			
Potato Skins	23%	21%	21%	N/A			
Mixed Veg(H)	8%	5%	5%	N/A			
Whip Sweet Pot (H)	22%	29%	29%	N/A			
Chopped Spinach (H)	21%	30%	N/A	N/A			

Week I Monday

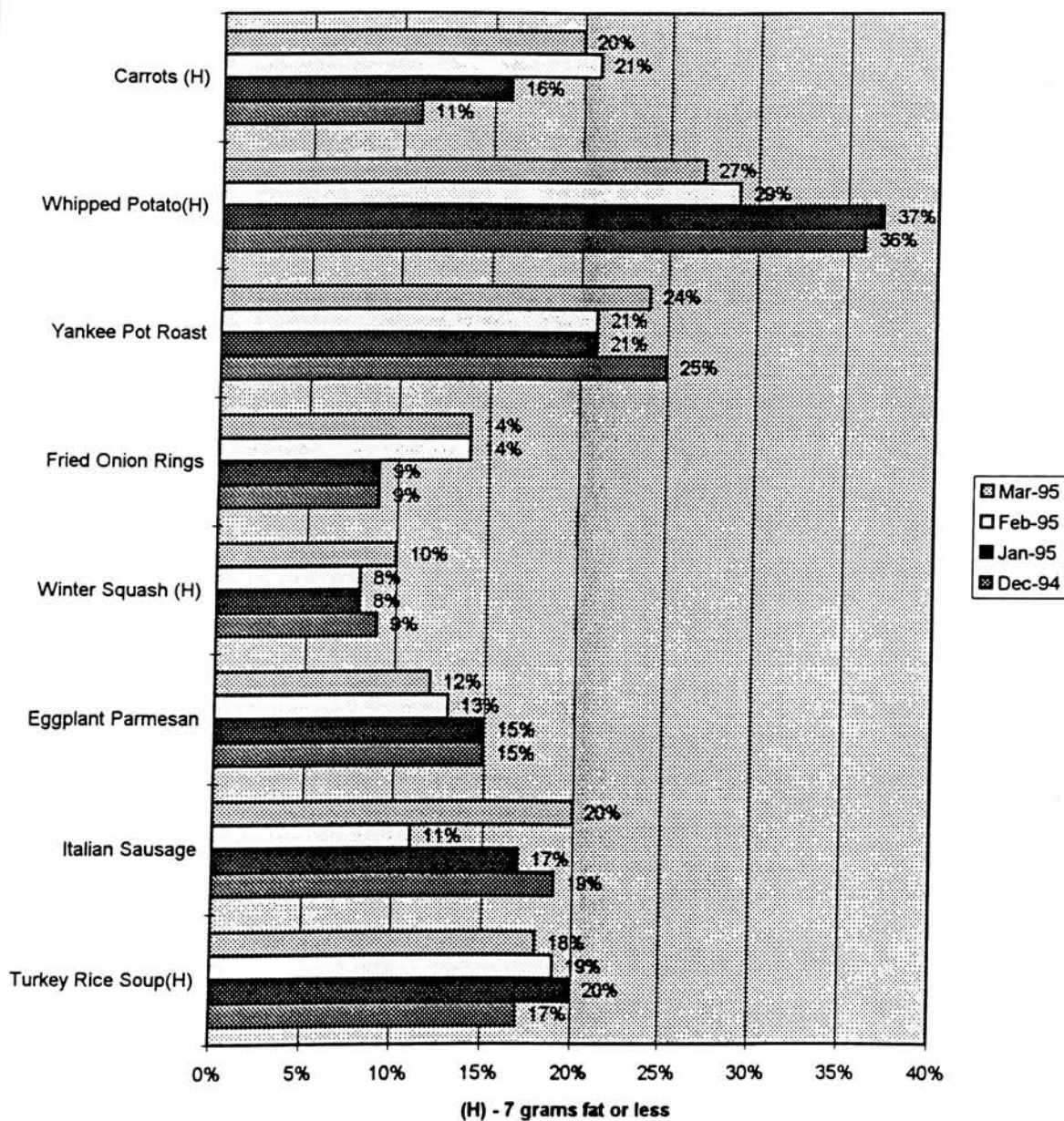


from

December 1994 - March 1995

	Dec-94	Jan-95	Feb-95	Mar-95			
Turkey Rice Soup(H)	17%	20%	19%	18%			
Italian Sausage	19%	17%	11%	20%			
Eggplant Parmesan	15%	15%	13%	12%			
Winter Squash (H)	9%	8%	8%	10%			
Fried Onion Rings	9%	9%	14%	14%			
Yankee Pot Roast	25%	21%	21%	24%			
Whipped Potato(H)	36%	37%	29%	27%			
Carrots (H)	11%	16%	21%	20%			

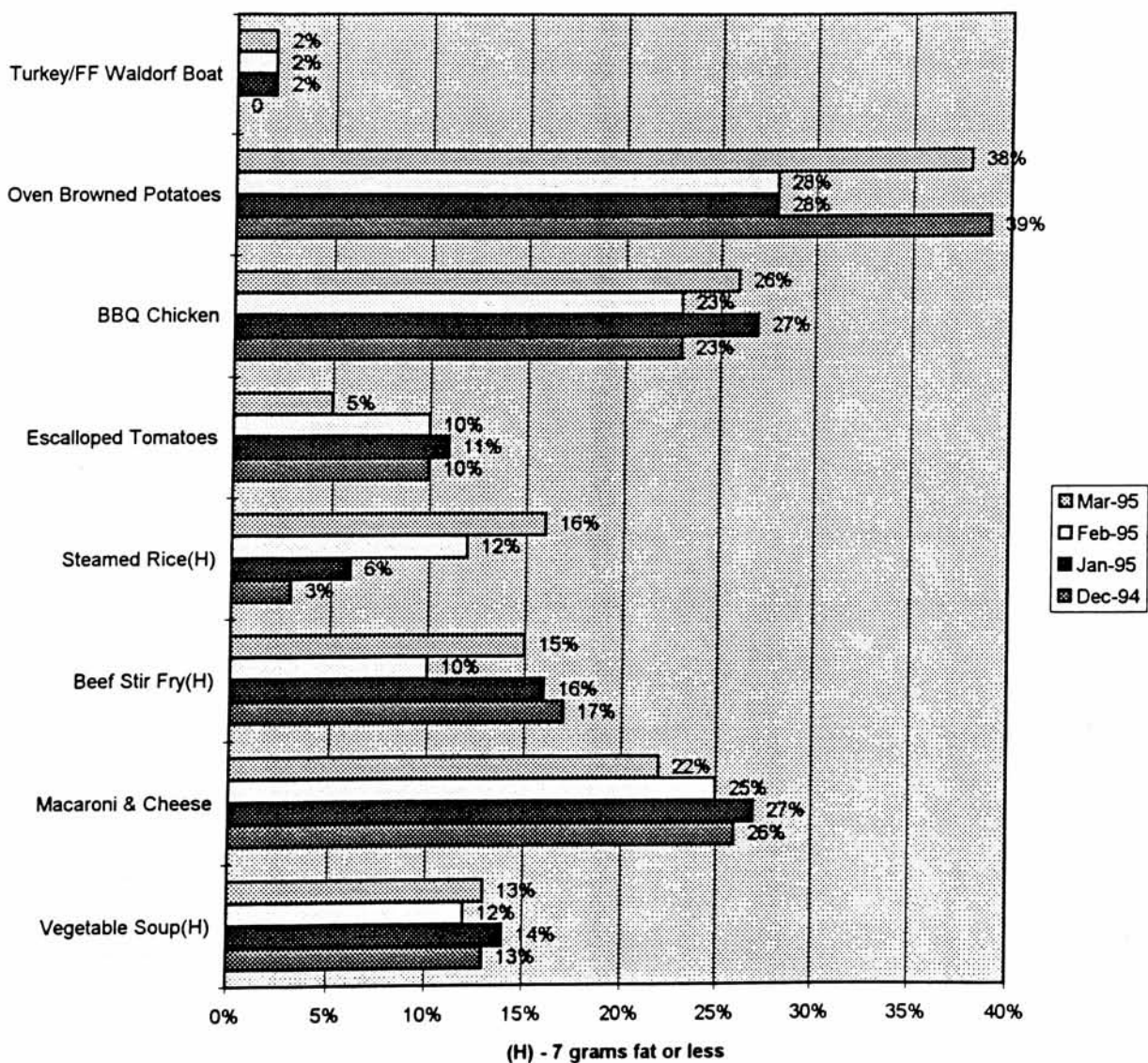
Week I Tuesday



from
December 1994 - March 1995

	Dec-94	Jan-95	Feb-95	Mar-95			
Vegetable Soup(H)	13%	14%	12%	13%			
Macaroni & Cheese	26%	27%	25%	22%			
Beef Stir Fry(H)	17%	16%	10%	15%			
Steamed Rice(H)	3%	6%	12%	16%			
Escalloped Tomatoes	10%	11%	10%	5%			
BBQ Chicken	23%	27%	23%	26%			
Oven Brownd Potatoes	39%	28%	28%	38%			
Turkey/FF Waldorf Boat	N/A	2%	2%	2%			
1/2 Corned Beef Sand (H)	N/A	4%	3%	3%			
Stuffed Celery Sld (H)	N/A	2%	2%	3%			
Steamed Peas & Onions(H)	18%	6%	11%	22%			

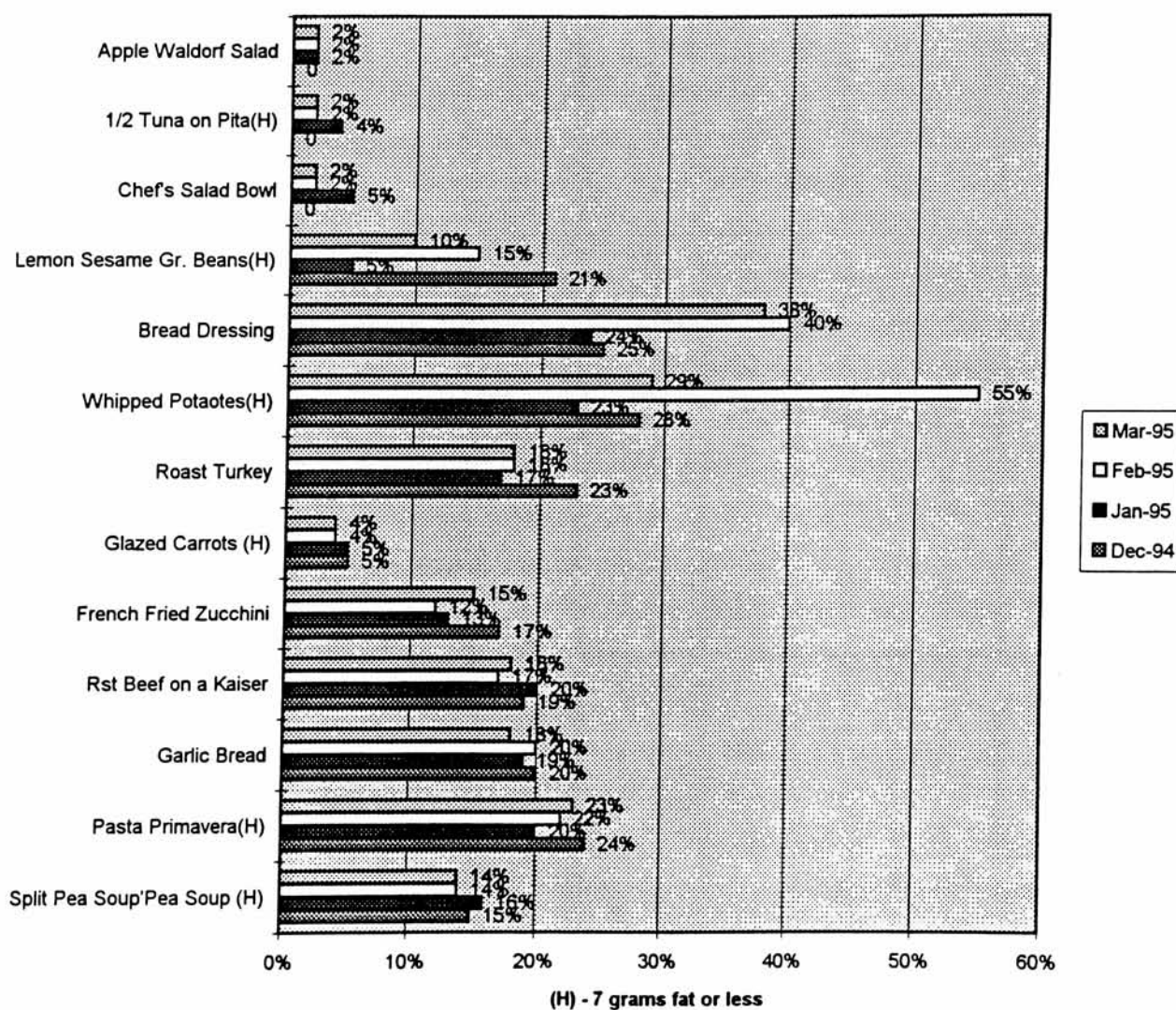
Week I Wednesday



from
December 1994 - March 1995

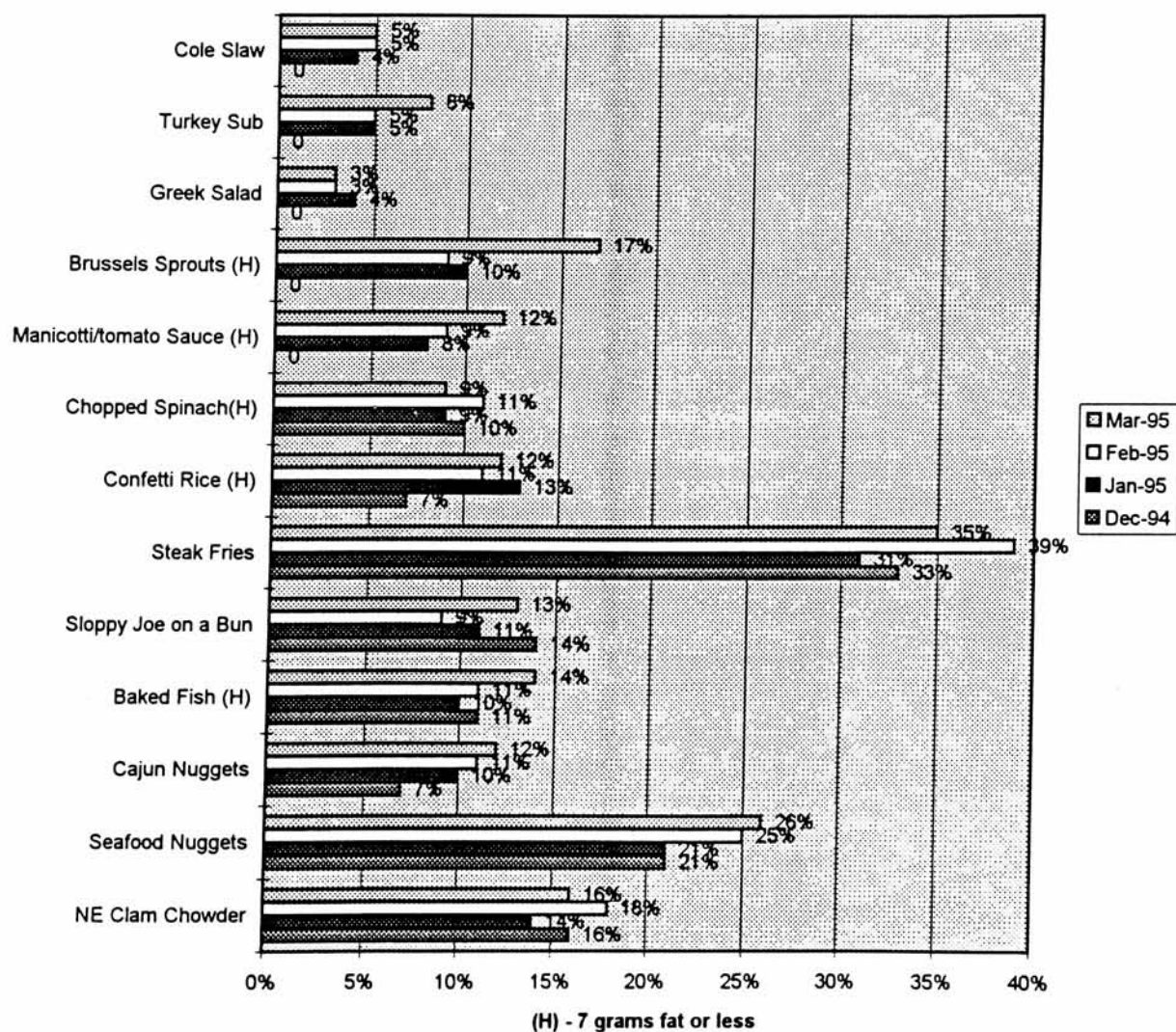
	Dec-94	Jan-95	Feb-95	Mar-95				
Split Pea Soup/Pea S	15%	16%	14%	14%				
Pasta Primavera(H)	24%	20%	22%	23%				
Garlic Bread	20%	19%	20%	18%				
Rst Beef on a Kaiser	19%	20%	17%	18%				
French Fried Zucchini	17%	13%	12%	15%				
Glazed Carrots (H)	5%	5%	4%	4%				
Roast Turkey	23%	17%	18%	18%				
Whipped Potatoes(H)	28%	23%	55%	29%				
Bread Dressing	25%	24%	40%	38%				
Lemon Sesame Gr.	21%	5%	15%	10%				
Chef's Salad Bowl	N/A	5%	2%	2%				
1/2 Tuna on Pita(H)	N/A	4%	2%	2%				
Apple Waldorf Salad	N/A	2%	2%	2%				

Week I Thursday



	Dec-94	Jan-95	Feb-95	Mar-95			
NE Clam Chowder	16%	14%	18%	16%			
Seafood Nuggets	21%	21%	25%	26%			
Cajun Nuggets	7%	10%	11%	12%			
Baked Fish (H)	11%	10%	11%	14%			
Sloppy Joe on a Bun	14%	11%	9%	13%			
Steak Fries	33%	31%	39%	35%			
Confetti Rice (H)	7%	13%	11%	12%			
Chopped Spinach(H)	10%	9%	11%	9%			
Manicotti/tomato Sauce (H)	N/A	8%	9%	12%			
Brussels Sprouts (H)	N/A	10%	9%	17%			
Greek Salad	N/A	4%	3%	3%			
Turkey Sub	N/A	5%	5%	8%			
Cole Slaw	N/A	4%	5%	5%			

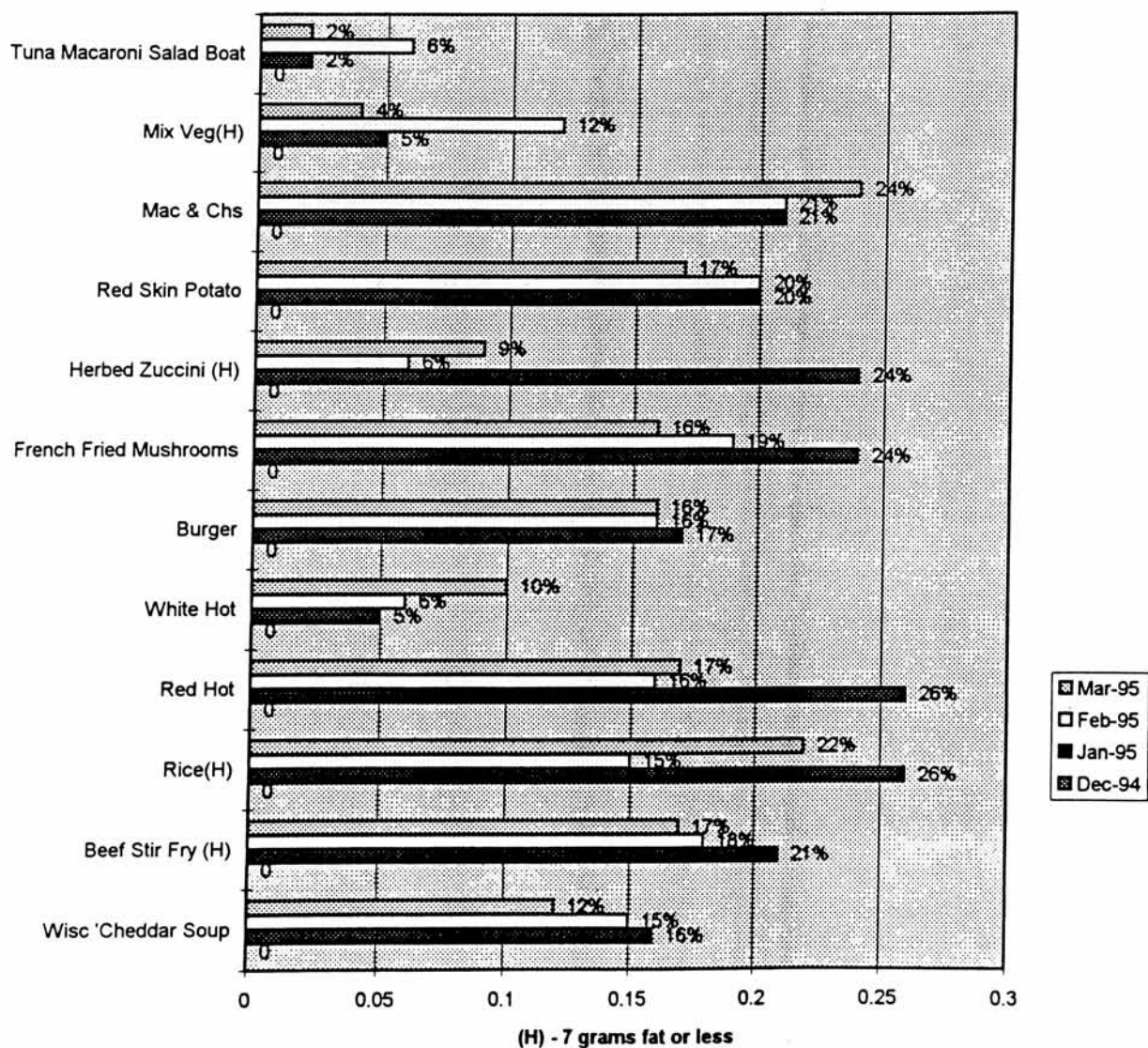
Week I Friday



December 94 - March 95

	Dec-94	Jan-95	Feb-95	Mar-95			
Wisc 'Cheddar Soup	N/A	16%	15%	12%			
Beef Stir Fry (H)	N/A	21%	18%	17%			
Rice(H)	N/A	26%	15%	22%			
Red Hot	N/A	26%	16%	17%			
White Hot	N/A	5%	6%	10%			
Burger	N/A	17%	16%	16%			
French Fried Mushrooms	N/A	24%	19%	16%			
Herbed Zucchini (H)	N/A	24%	6%	9%			
Red Skin Potato	N/A	20%	20%	17%			
Mac & Chs	N/A	21%	21%	24%			
Mix Veg(H)	N/A	5%	12%	4%			
Tuna Macaroni Salad Boat	N/A	2%	6%	2%			

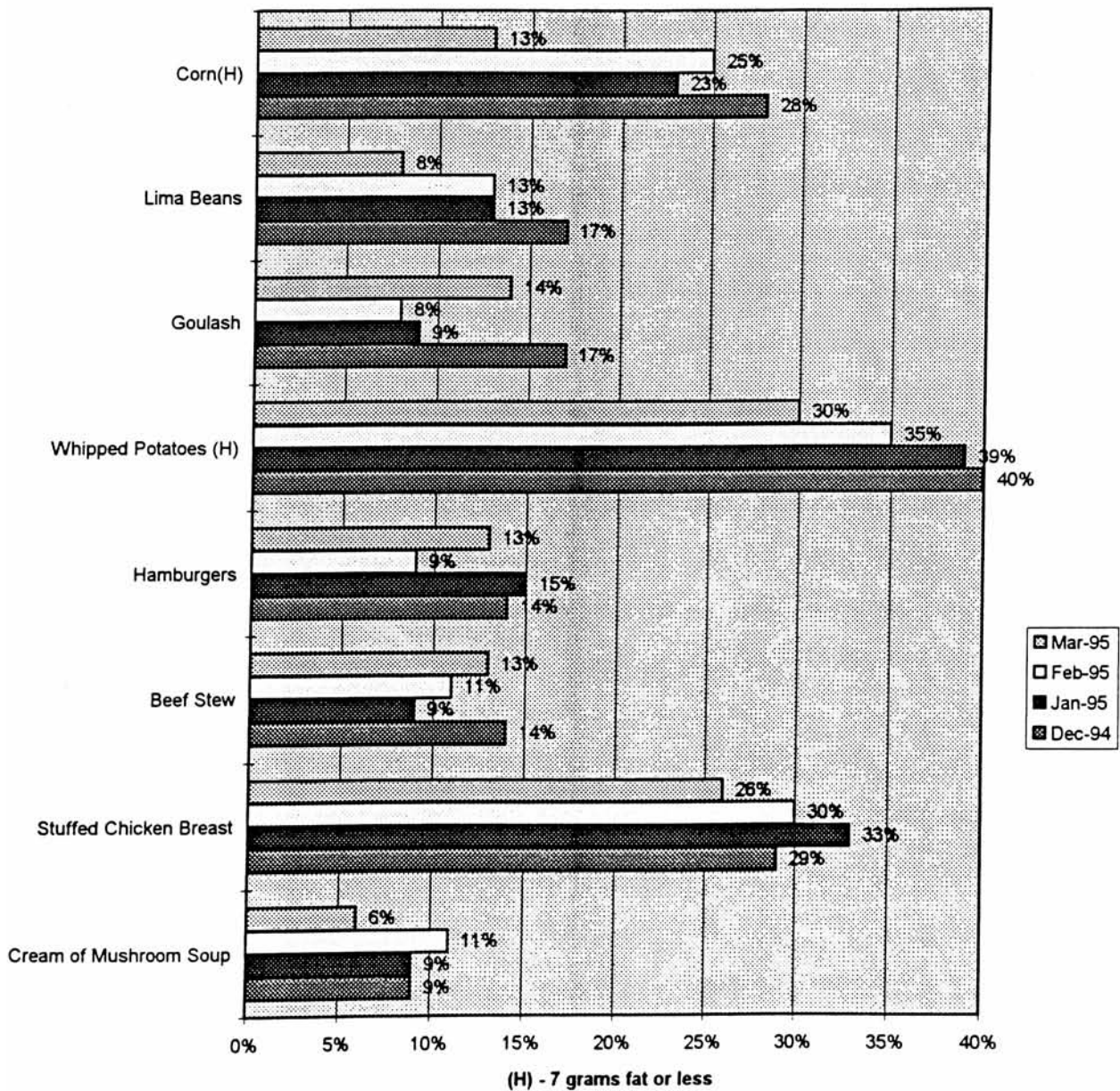
Week I Saturday



Cafeteria Purchases in Percentages of Total Sales from December 1994 - March 1995

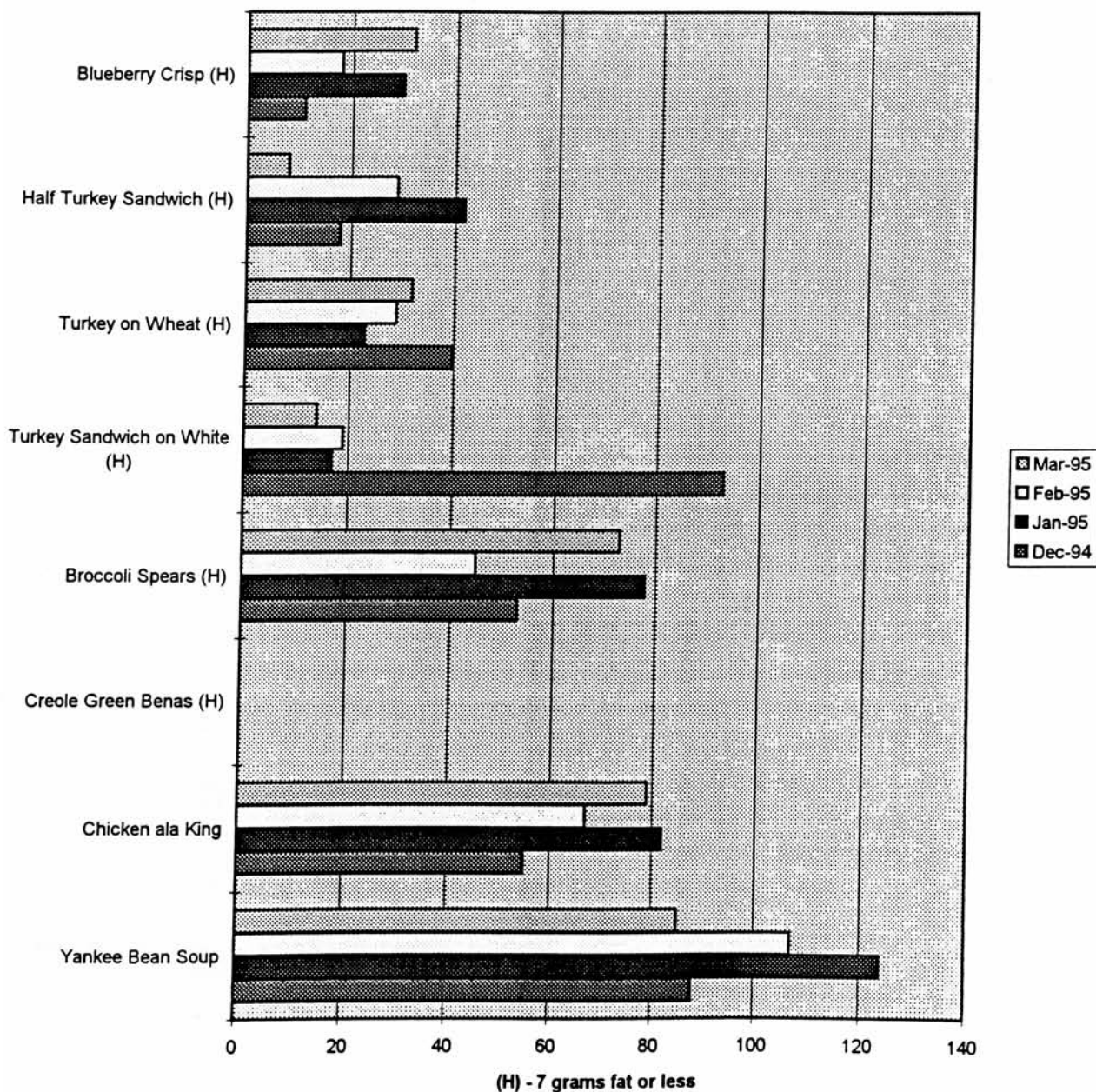
Sunday	Dec-94	Jan-95	Feb-95	Mar-95		
Cream of Mushroom Soup	9%	9%	11%	6%		
Stuffed Chicken Breast	29%	33%	30%	26%		
Beef Stew	14%	9%	11%	13%		
Hamburgers	14%	15%	9%	13%		
Whipped Potatoes (H)	40%	39%	35%	30%		
Goulash	17%	9%	8%	14%		
Lima Beans	17%	13%	13%	8%		
Corn(H)	28%	23%	25%	13%		

Week II Sunday



Monday	Dec-94	Jan-95	Feb-95	Mar-95			
Yankee Bean Soup	88	124	107	85			
Chicken ala King	55	82	67	79			
Creole Green Benas (H)							
Broccoli Spears (H)	53	78	45	73			
Turkey Sandwich on White (H)	93	17	19	14			
Turkey on Wheat (H)	40	23	29	32			
Half Turkey Sandwich (H)	18	42	29	8			
Blueberry Crisp (H)	11	30	18	32			

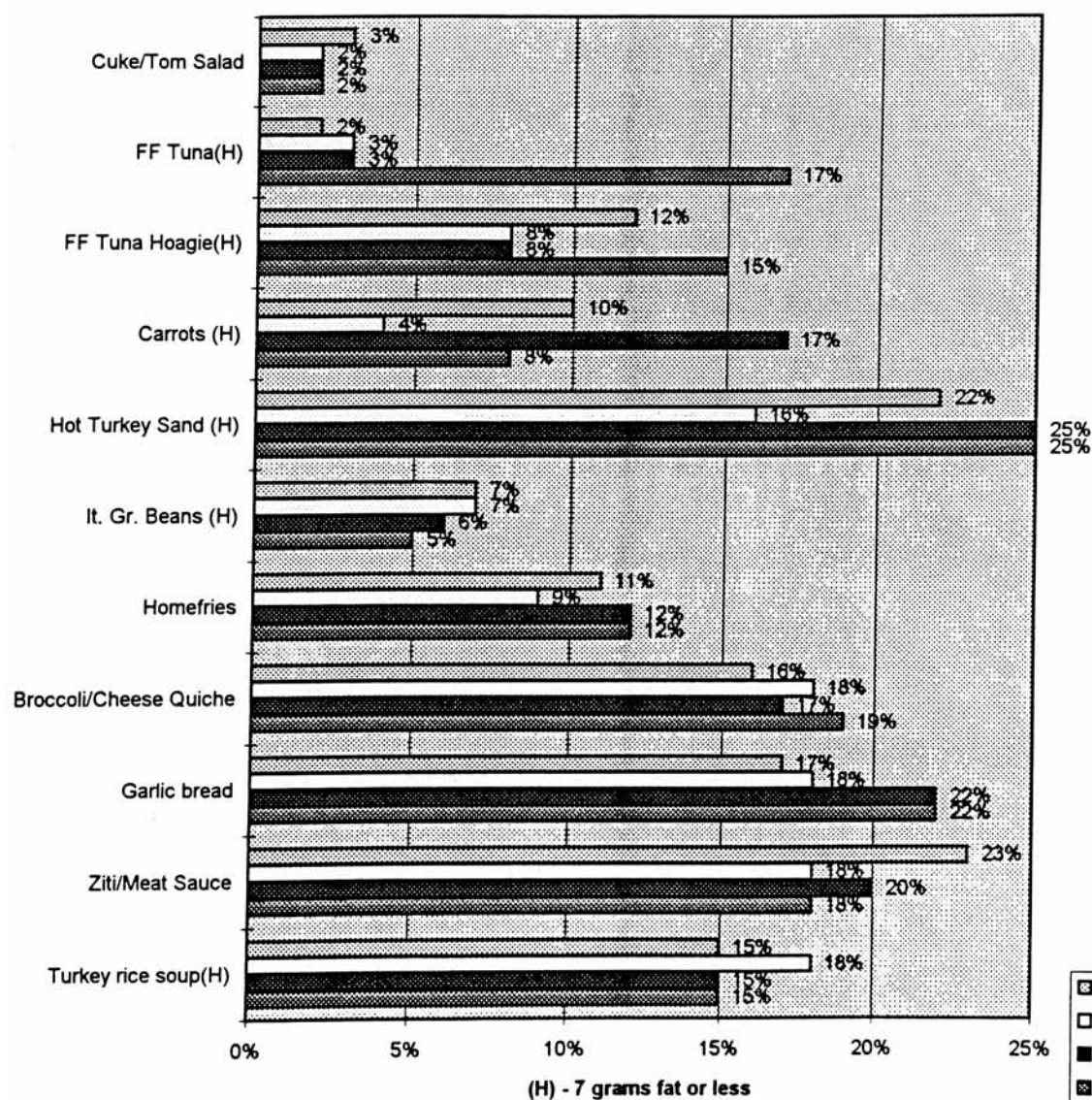
Week II Monday



from
December 1994 - March 1995

	Dec-94	Jan-95	Feb-95	Mar-95			
Turkey rice soup(H)	15%	15%	18%	15%			
Ziti/Meat Sauce	18%	20%	18%	23%			
Garlic bread	22%	22%	18%	17%			
Broccoli/Cheese Quiche	19%	17%	18%	16%			
Homefries	12%	12%	9%	11%			
lt. Gr. Beans (H)	5%	6%	7%	7%			
Hot Turkey Sand (H)	25%	25%	16%	22%			
Carrots (H)	8%	17%	4%	10%			
FF Tuna Hoagie(H)	15%	8%	8%	12%			
FF Tuna(H)	17%	3%	3%	2%			
Cuke/Tom Salad	2%	2%	2%	3%			

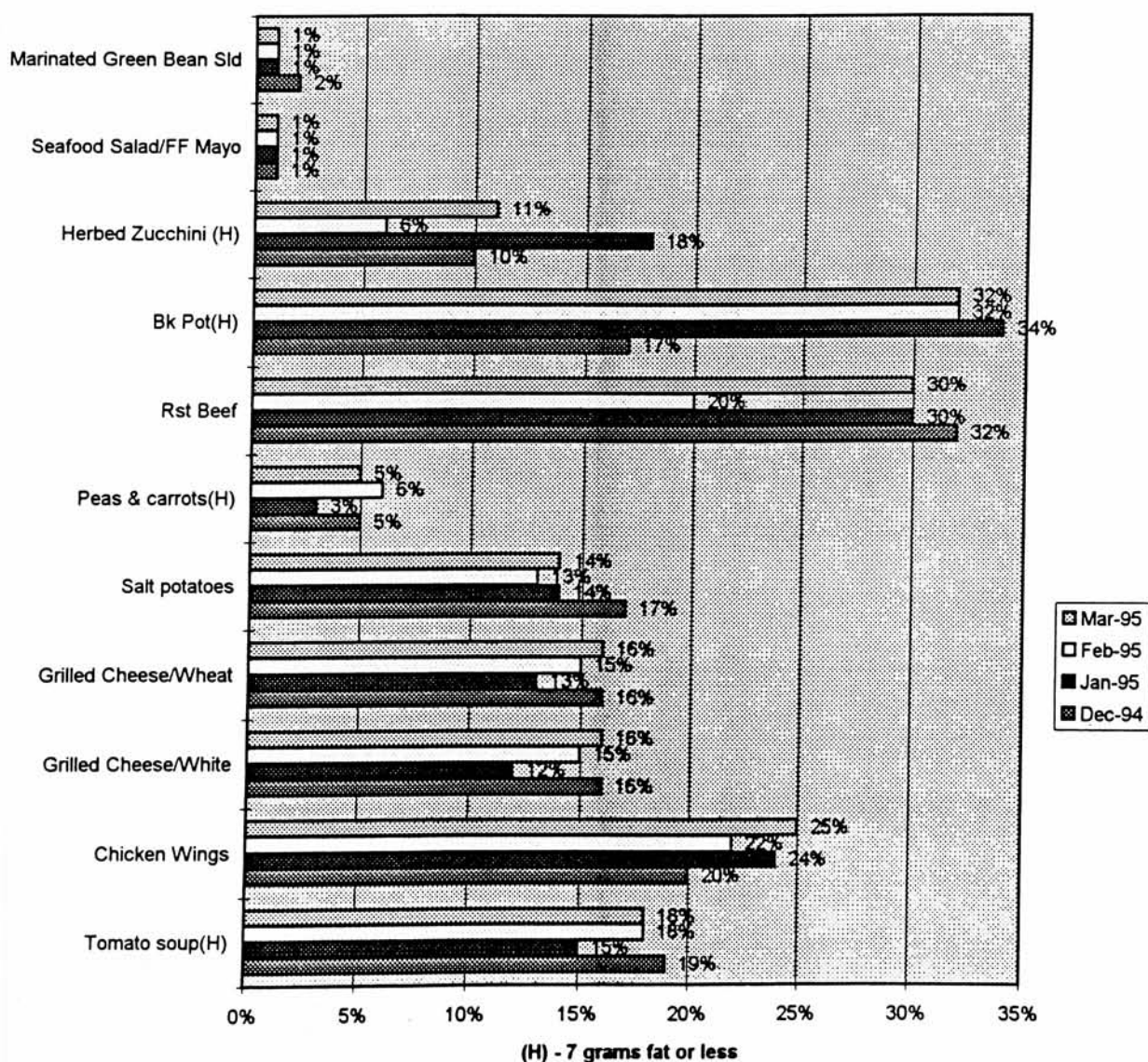
Week II Tuesday



from
December 1994 to March 1995

	Dec-94	Jan-95	Feb-95	Mar-95			
Tomato soup(H)	19%	15%	18%	18%			
Chicken Wings	20%	24%	22%	25%			
Grilled Cheese/White	16%	12%	15%	16%			
Grilled Cheese/Wheat	16%	13%	15%	16%			
Salt potatoes	17%	14%	13%	14%			
Peas & carrots(H)	5%	3%	6%	5%			
Rst Beef	32%	30%	20%	30%			
Bk Pot(H)	17%	34%	32%	32%			
Herbed Zucchini (H)	10%	18%	6%	11%			
Seafood Salad/FF Mayo	1%	1%	1%	1%			
Marinated Green Bean Sld	2%	1%	1%	1%			

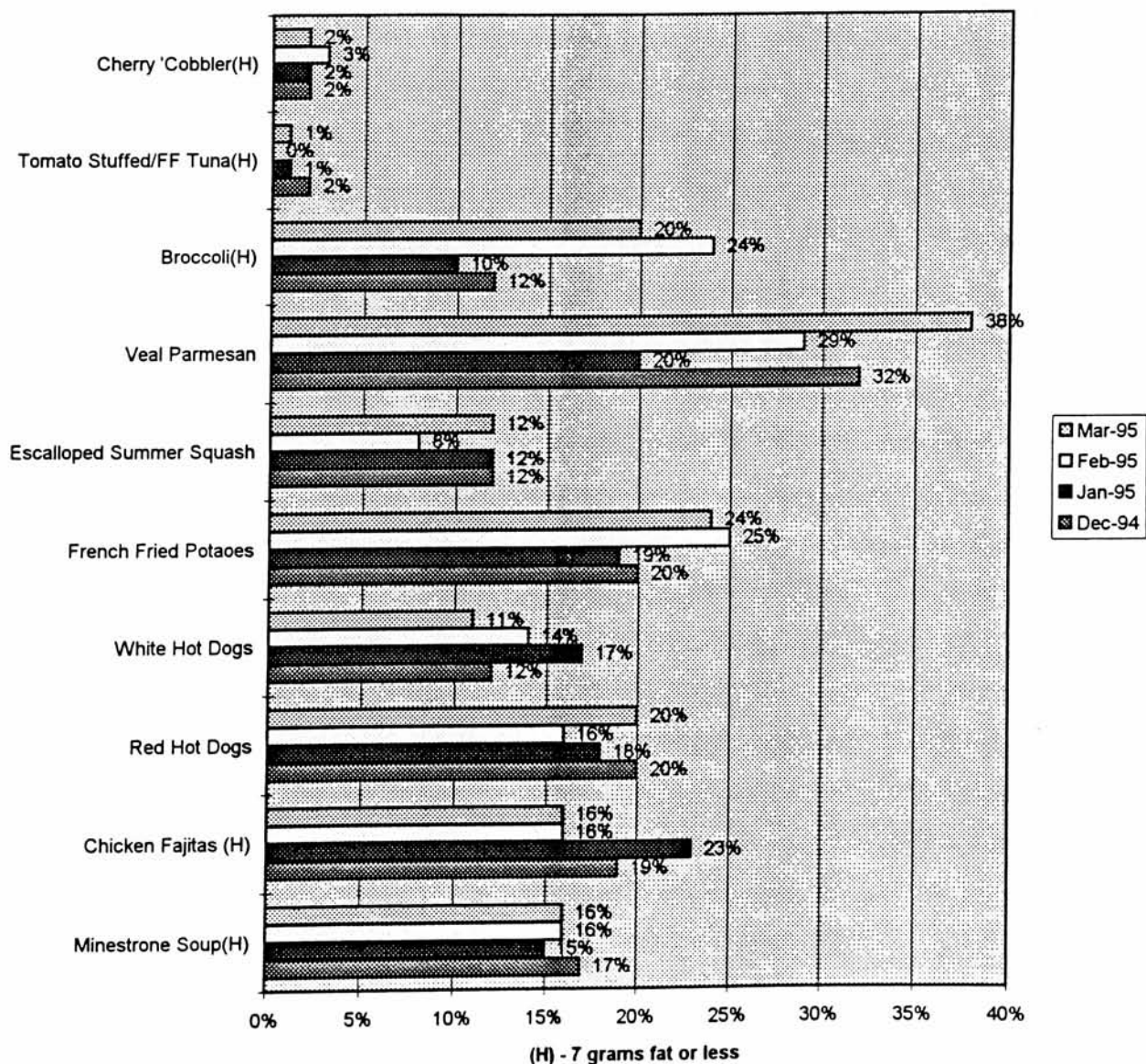
Week II Wednesday



December 1994 - March 1995

	Dec-94	Jan-95	Feb-95	Mar-95			
Minestrone Soup(H)	17%	15%	16%	16%			
Chicken Fajitas (H)	19%	23%	16%	16%			
Red Hot Dogs	20%	18%	16%	20%			
White Hot Dogs	12%	17%	14%	11%			
French Fried Potatoes	20%	19%	25%	24%			
Escaloped Summer Squash	12%	12%	8%	12%			
Veal Parmesan	32%	20%	29%	38%			
Broccoli(H)	12%	10%	24%	20%			
Tomato Stuffed/FF Tuna(H)	2%	1%	0%	1%			
Cherry 'Cobbler(H)	2%	2%	3%	2%			

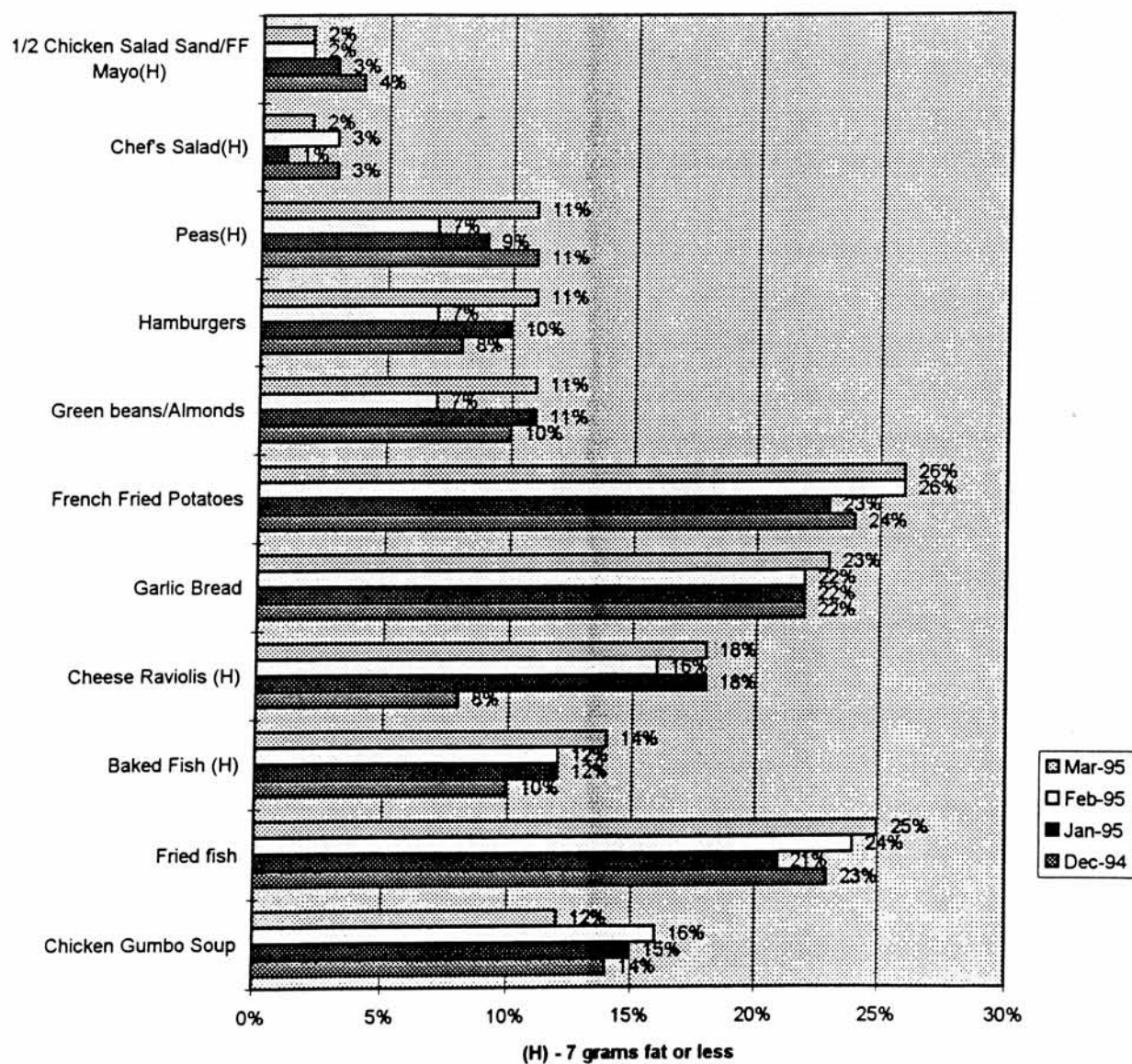
Week II Thursday



from
December 1994 - March 1995

	Dec-94	Jan-95	Feb-95	Mar-95			
Chicken Gumbo Soup	14%	15%	16%	12%			
Fried fish	23%	21%	24%	25%			
Baked Fish (H)	10%	12%	12%	14%			
Cheese Raviolis (H)	8%	18%	16%	18%			
Garlic Bread	22%	22%	22%	23%			
French Fried Potatoes	24%	23%	26%	26%			
Green beans/Almonds	10%	11%	7%	11%			
Hamburgers	8%	10%	7%	11%			
Peas(H)	11%	9%	7%	11%			
Chef's Salad(H)	3%	1%	3%	2%			
1/2 Chicken Salad Sand/FF	4%	3%	2%	2%			

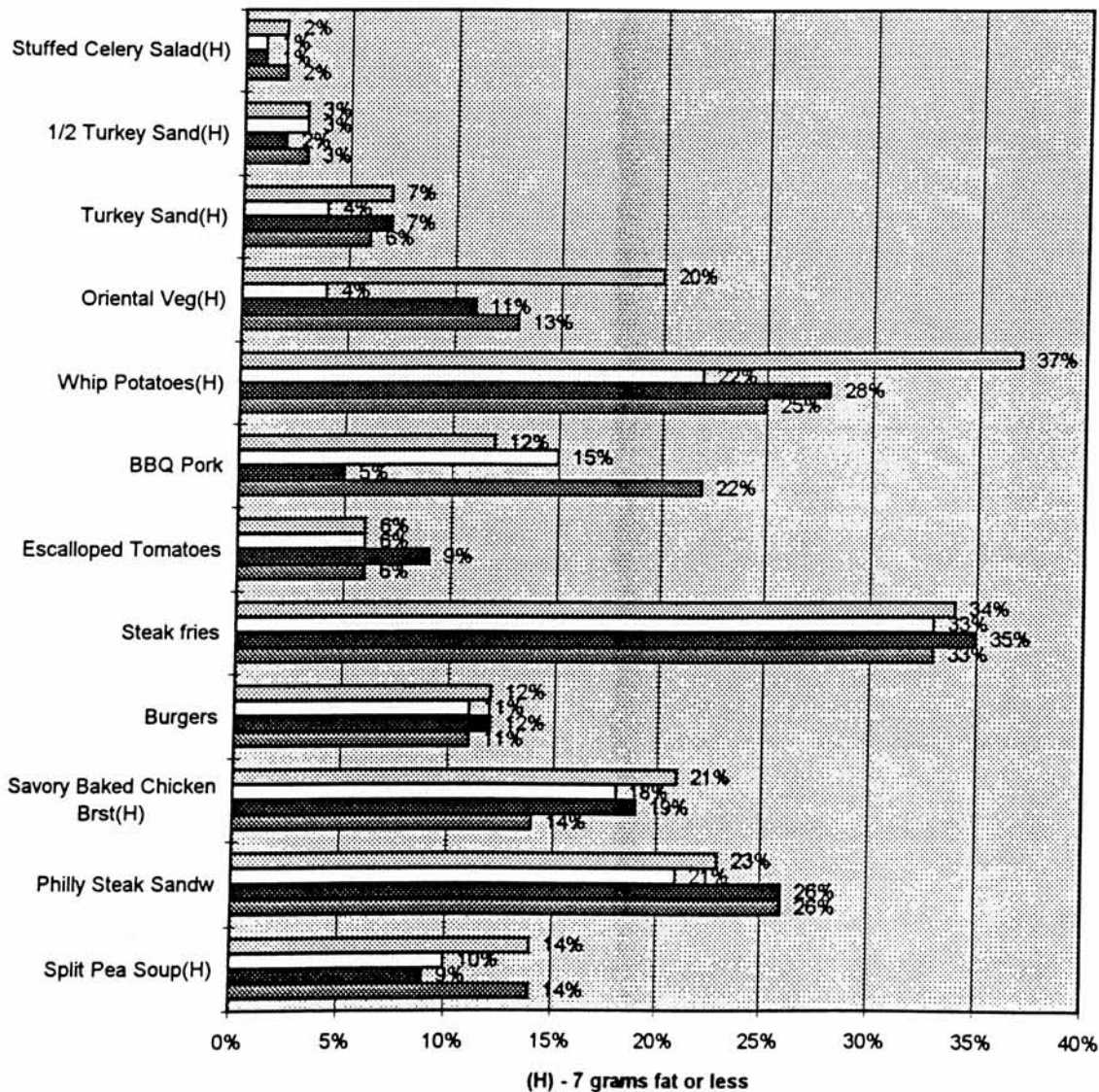
Week II Friday



from
December 1994 - March 1995

	Dec-94	Jan-95	Feb-95	Mar-95				
Split Pea Soup(H)	14%	9%	10%	14%				
Philly Steak Sand	26%	26%	21%	23%				
Savory Baked Ch	14%	19%	18%	21%				
Burgers	11%	12%	11%	12%				
Steak fries	33%	35%	33%	34%				
Escalloped Toma	6%	9%	6%	6%				
BBQ Pork	22%	5%	15%	12%				
Whip Potatoes(H)	25%	28%	22%	37%				
Oriental Veg(H)	13%	11%	4%	20%				
Turkey Sand(H)	6%	7%	4%	7%				
1/2 Turkey Sand(	3%	2%	3%	3%				
Stuffed Celery Sa	2%	1%	1%	2%				

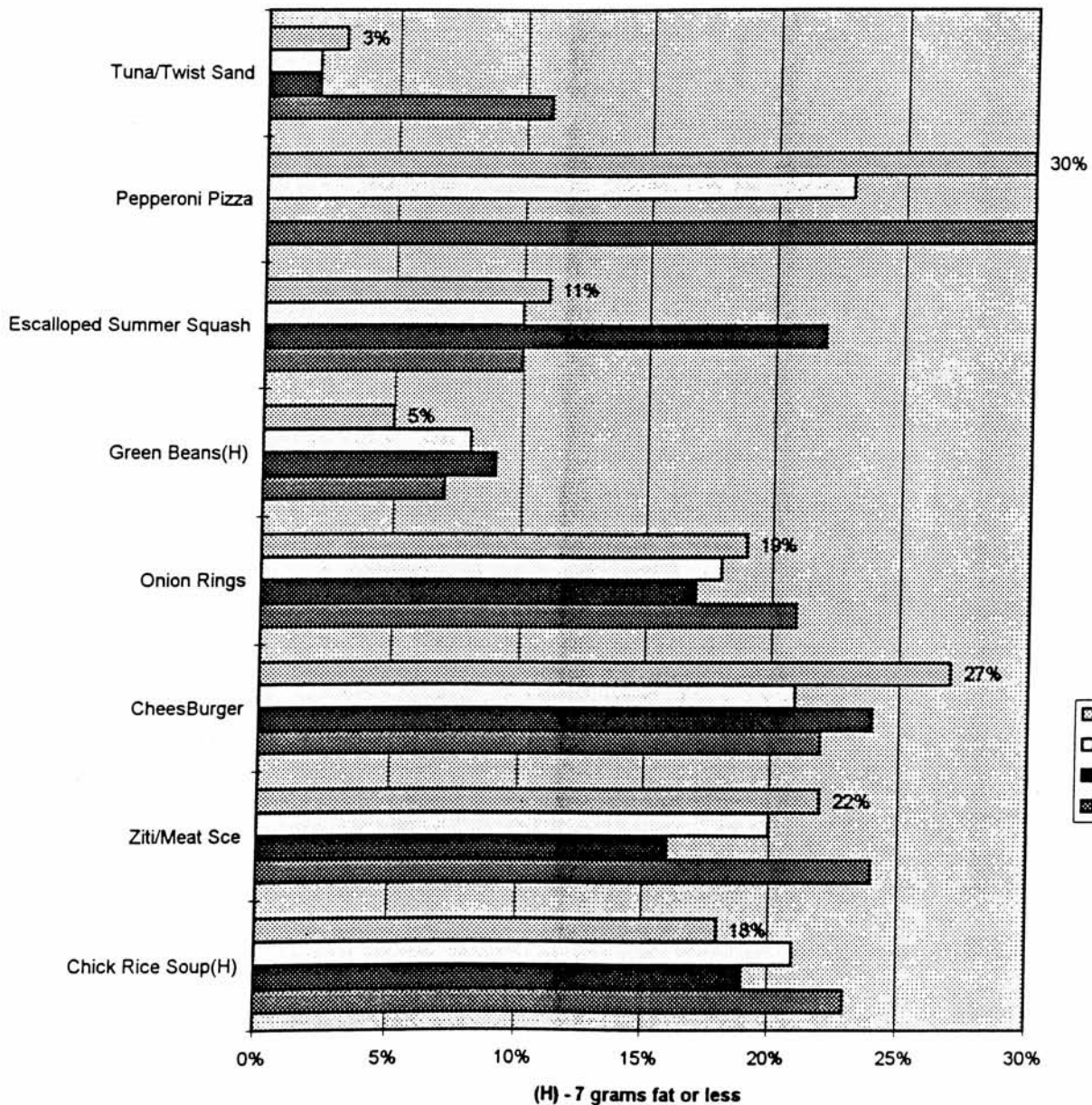
Week II - Saturday



from
December 1994 - March 1995

	Dec-94	Jan-95	Feb-95	Mar-95				
Chick Rice Soup(H)	23%	19%	21%	18%				
Ziti/Meat Sce	24%	16%	20%	22%				
CheesBurger	22%	24%	21%	27%				
Onion Rings	21%	17%	18%	19%				
Green Beans(H)	7%	9%	8%	5%				
Escalloped Summer Sq	10%	22%	10%	11%				
Pepperoni Pizza	30%	N/A	23%	30%				
Tuna/Twist Sand	11%	2%	2%	3%				

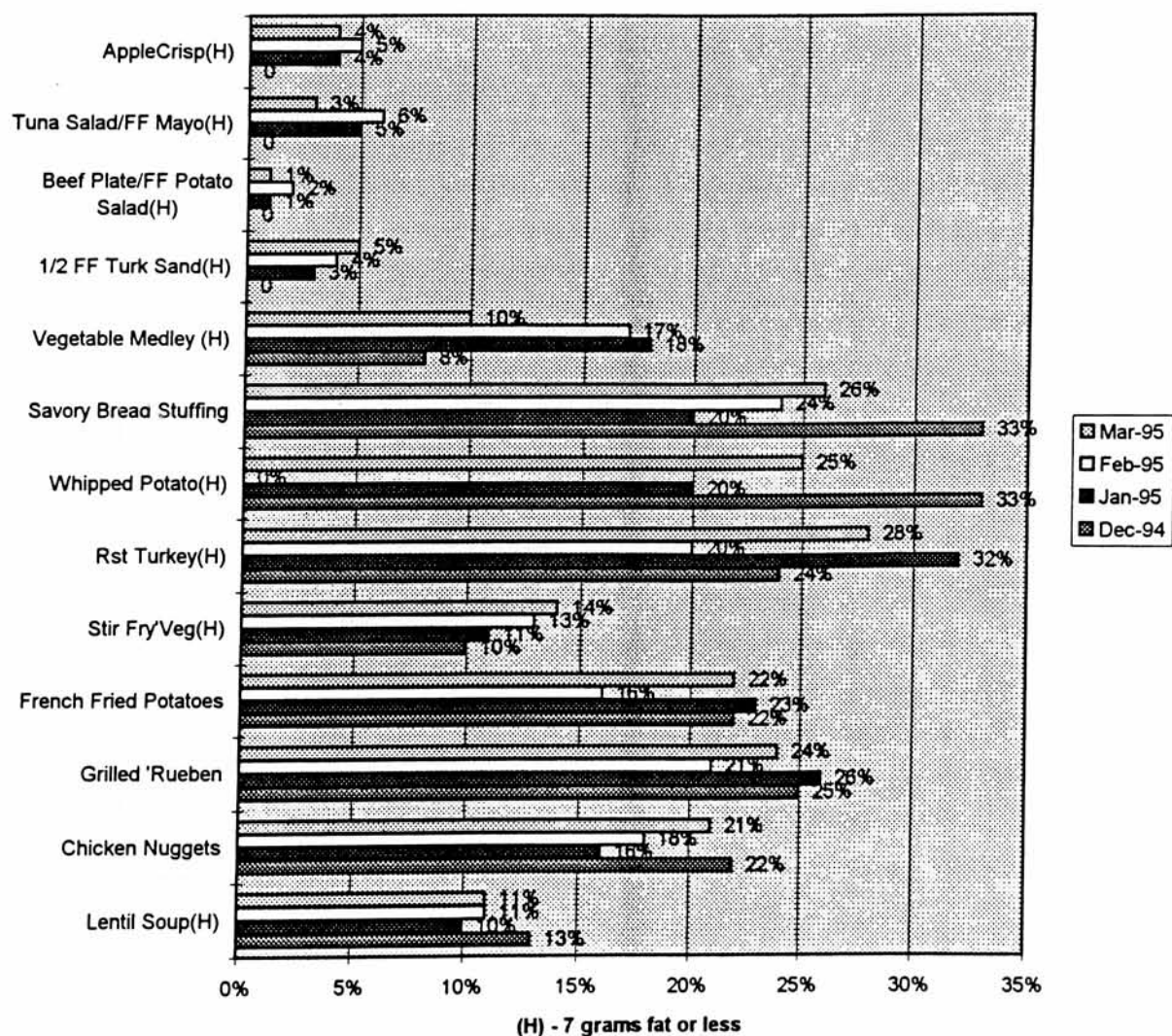
Week III Sunday



from
December 1994 - March 1995

	Dec-94	Jan-95	Feb-95	Mar-95			
Lentil Soup(H)	13%	10%	11%	11%			
Chicken Nuggets	22%	16%	18%	21%			
Grilled 'Rueben	25%	26%	21%	24%			
French Fried Potatoes	22%	23%	16%	22%			
Stir Fry'Veg(H)	10%	11%	13%	14%			
Rst Turkey(H)	24%	32%	20%	28%			
Whipped Potato(H)	33%	20%	0%	25%			
Savory Bread Stuffing	33%	20%	24%	26%			
Vegetable Medley (H)	8%	18%	17%	10%			
1/2 FF Turk Sand(H)	N/A	3%	4%	5%			
Beef Plate/FF Potato Sal	N/A	1%	2%	1%			
Tuna Salad/FF Mayo(H)	N/A	5%	6%	3%			
AppleCrisp(H)	N/A	4%	5%	4%			

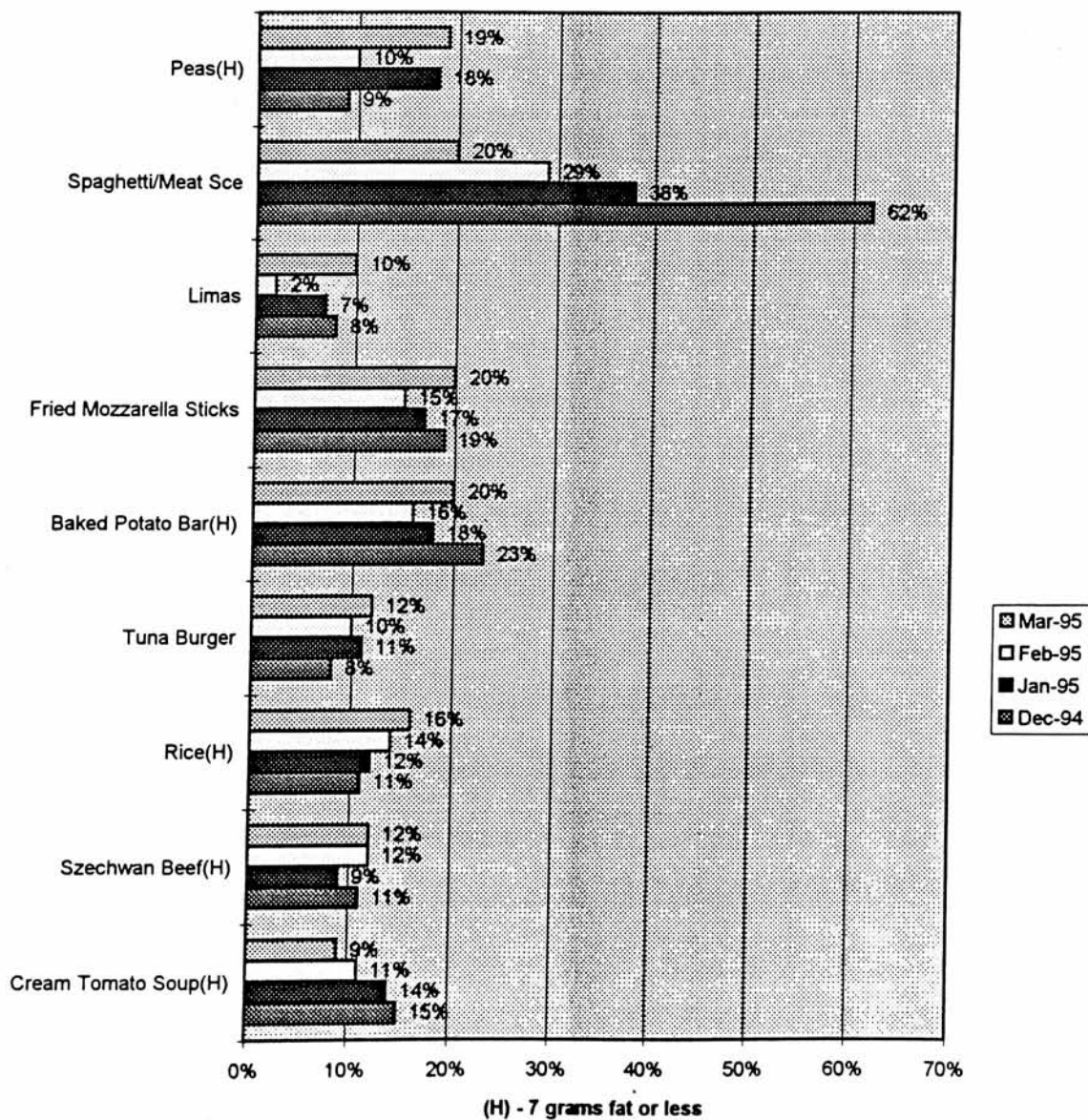
Week III Monday



December 1994 - March 1995

	Dec-94	Jan-95	Feb-95	Mar-95			
Cream Tomato Soup(H)	15%	14%	11%	9%			
Szechwan Beef(H)	11%	9%	12%	12%			
Rice(H)	11%	12%	14%	16%			
Tuna Burger	8%	11%	10%	12%			
Baked Potato Bar(H)	23%	18%	16%	20%			
Fried Mozzarella Sticks	19%	17%	15%	20%			
Limas	8%	7%	2%	10%			
Spaghetti/Meat Sce	62%	38%	29%	20%			
Peas(H)	9%	18%	10%	19%			

Week III Tuesday

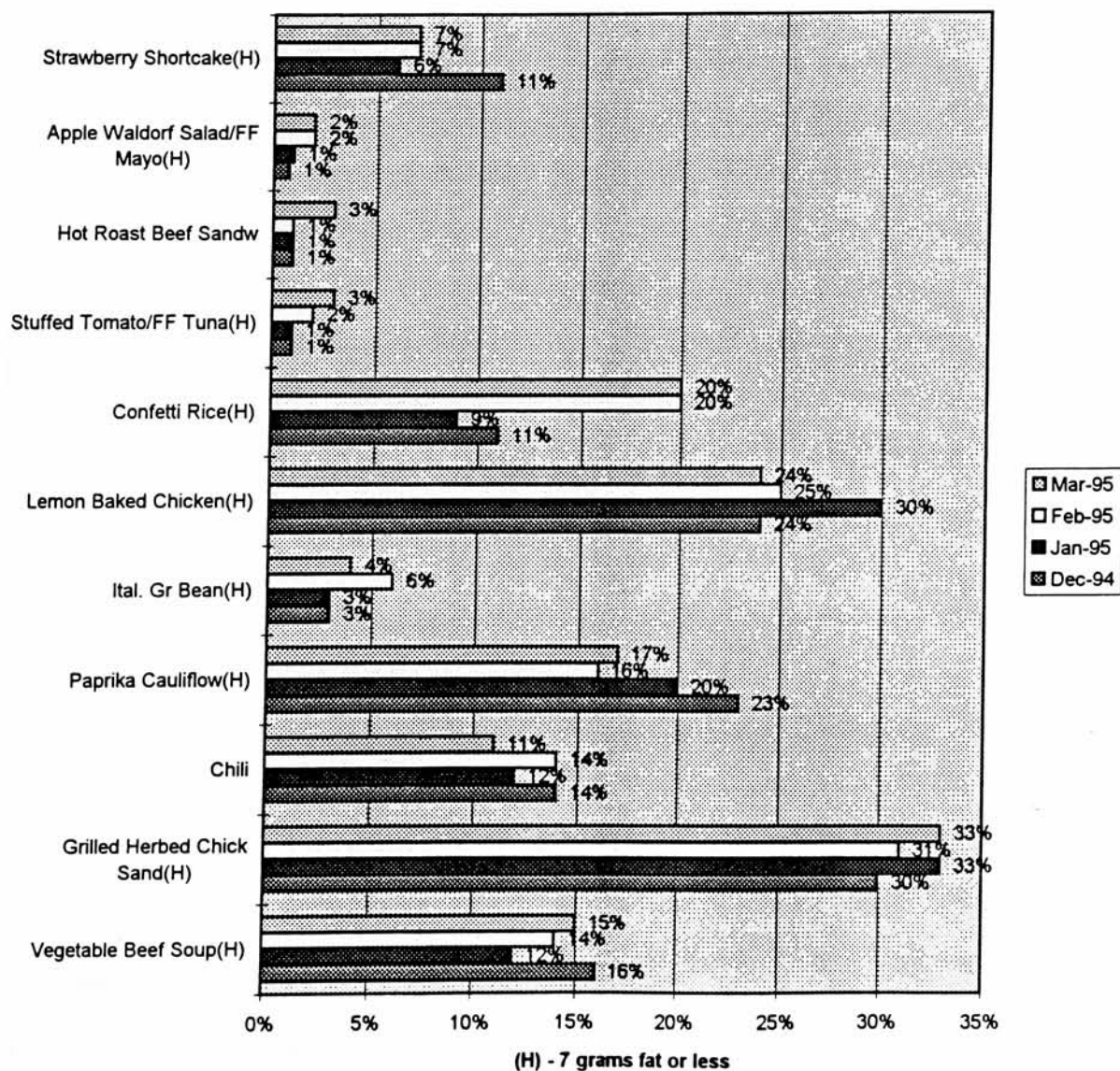


from

December 1994 - March 1995

	Dec-94	Jan-95	Feb-95	Mar-95			
Vegetable Beef Soup(H)	16%	12%	14%	15%			
Grilled Herbed Chick Sa	30%	33%	31%	33%			
Chili	14%	12%	14%	11%			
Paprika Cauliflow(H)	23%	20%	16%	17%			
Ital. Gr Bean(H)	3%	3%	6%	4%			
Lemon Baked Chicken(	24%	30%	25%	24%			
Confetti Rice(H)	11%	9%	20%	20%			
Stuffed Tomato/FF Tun	1%	1%	2%	3%			
Hot Roast Beef Sandw	1%	1%	1%	3%			
Apple Waldorf Salad/FF	1%	1%	2%	2%			
Strawberry Shortcake(H)	11%	6%	7%	7%			

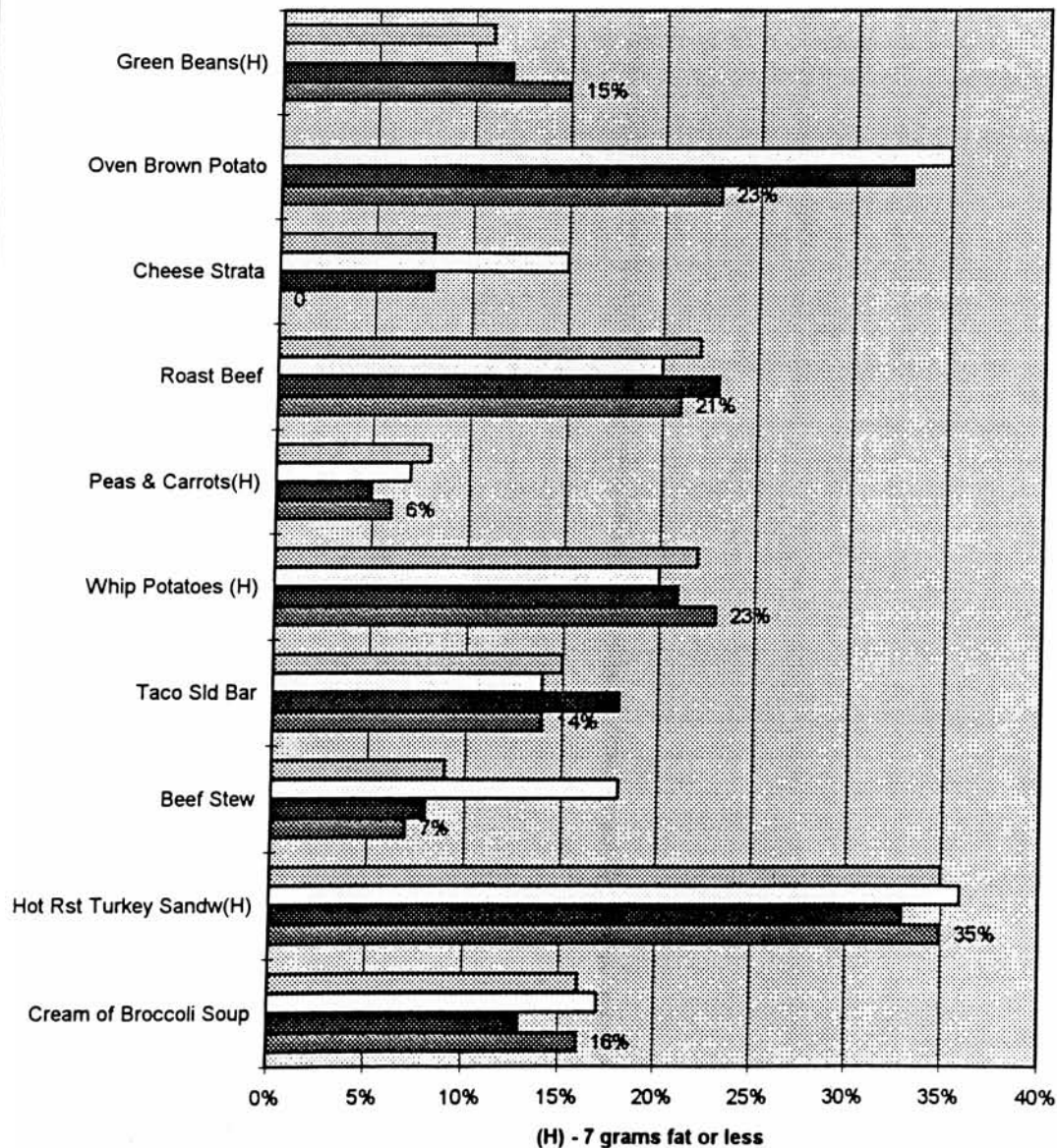
Week III Wednesday



from
December 1994 - March 1995

	Dec-94	Jan-95	Feb-95	Mar-95
Cream of Broccoli Soup	16%	13%	17%	16%
Hot Rst Turkey Sandw(	35%	33%	36%	35%
Beef Stew	7%	8%	18%	9%
Taco Sld Bar	14%	18%	14%	15%
Whip Potatoes (H)	23%	21%	20%	22%
Peas & Carrots(H)	6%	5%	7%	8%
Roast Beef	21%	23%	20%	22%
Cheese Strata	N/A	8%	15%	8%
Oven Brown Potato	23%	33%	35%	0%
Green Beans(H)	15%	12%	0%	11%

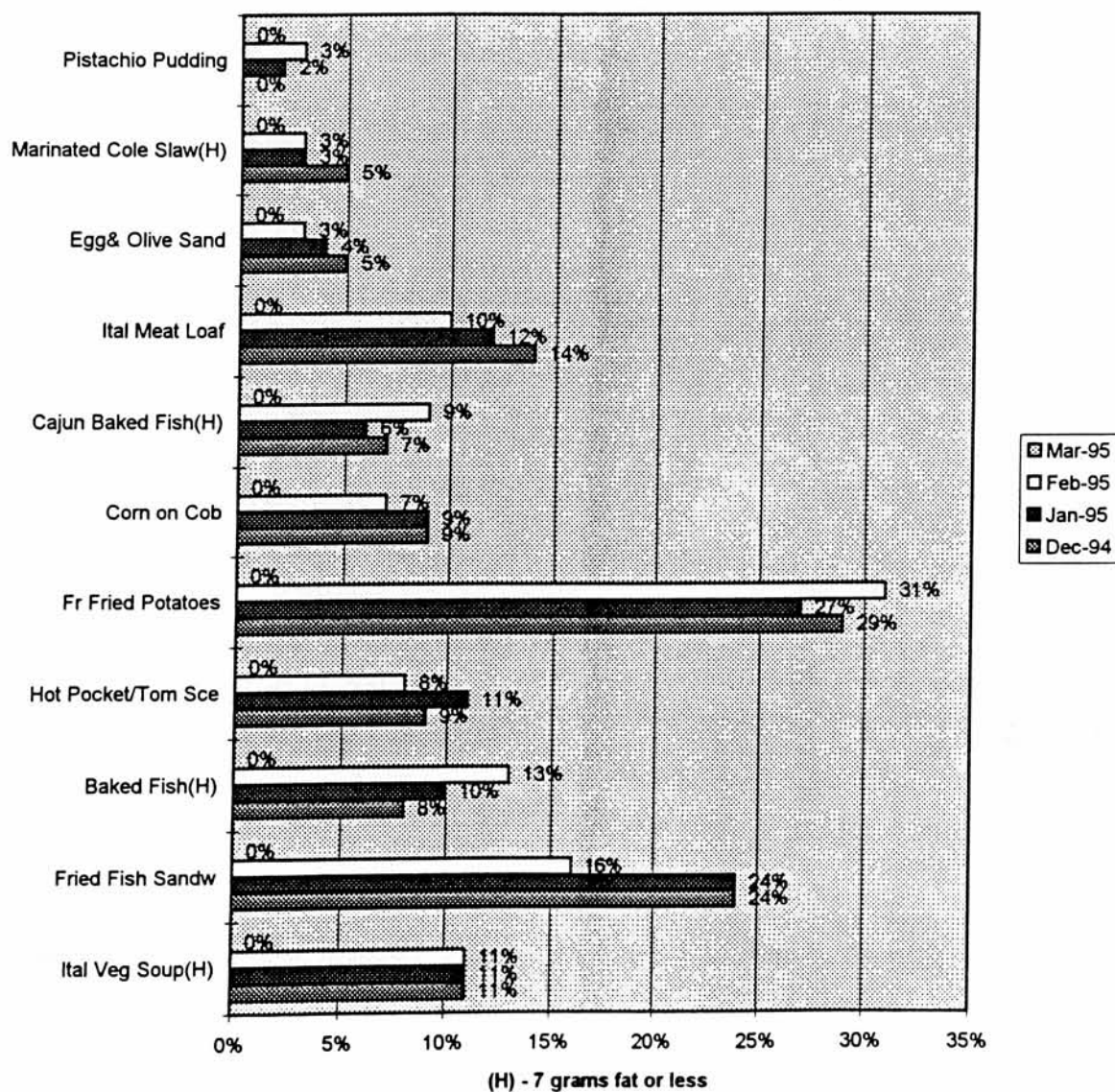
Week III Thursday



December 1994 - March 1995

	Dec-94	Jan-95	Feb-95	Mar-95			
Ital Veg Soup(H)	11%	11%	11%	0%			
Fried Fish Sandw	24%	24%	16%	0%			
Baked Fish(H)	8%	10%	13%	0%			
Hot Pocket/Tom Sce	9%	11%	8%	0%			
Fr Fried Potatoes	29%	27%	31%	0%			
Corn on Cob	9%	9%	7%	0%			
Cajun Baked Fish(H)	7%	6%	9%	0%			
Ital Meat Loaf	14%	12%	10%	0%			
Egg& Olive Sand	5%	4%	3%	0%			
Marinated Cole Slaw(	5%	3%	3%	0%			
Pistachio Pudding	0%	2%	3%	0%			

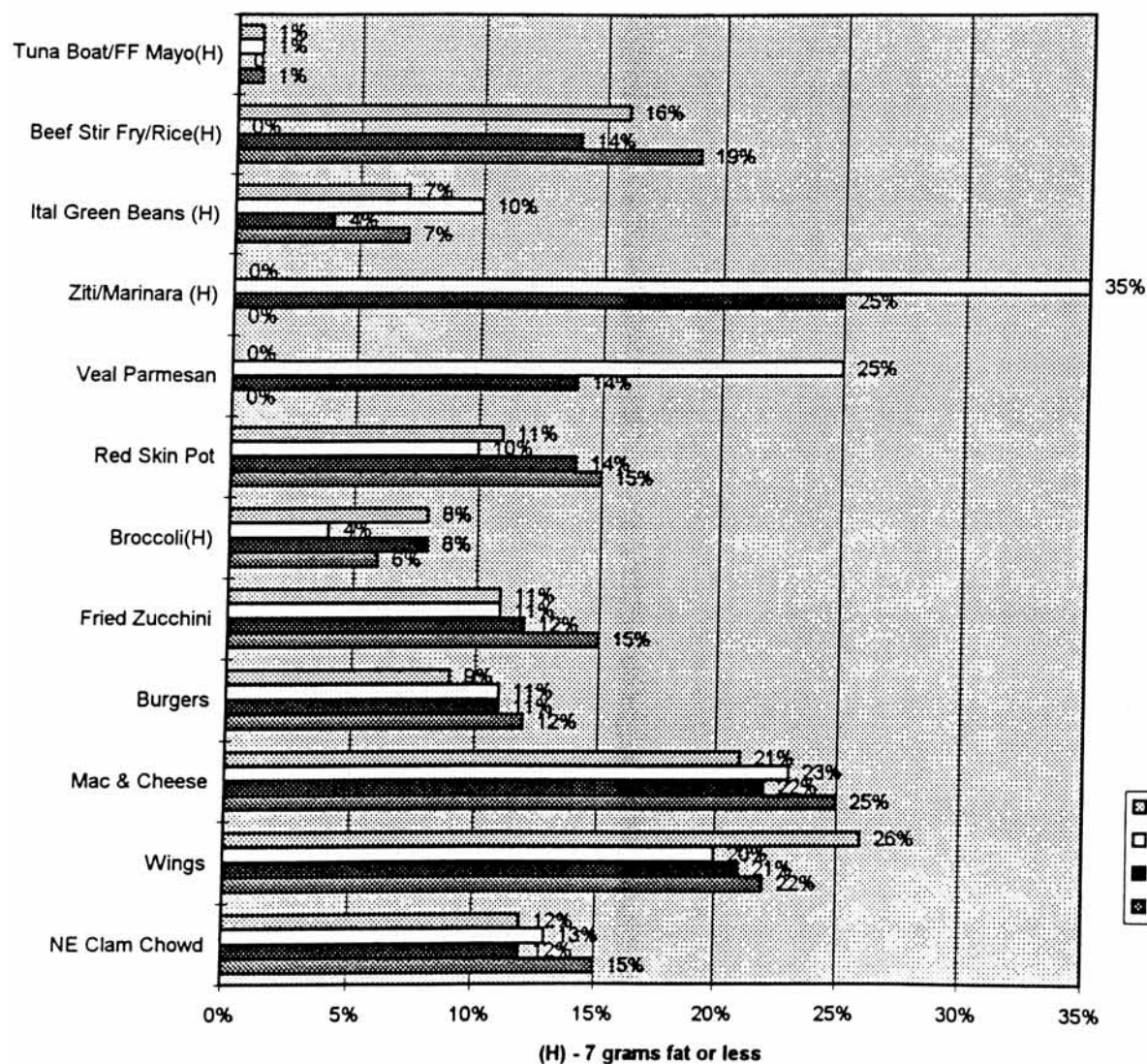
Week III Friday



December 1994 - March 1995

	Dec-94	Jan-95	Feb-95	Mar-95				
NE Clam Chowd	15%	12%	13%	12%				
Wings	22%	21%	20%	26%				
Mac & Cheese	25%	22%	23%	21%				
Burgers	12%	11%	11%	9%				
Fried Zucchini	15%	12%	11%	11%				
Broccoli(H)	6%	8%	4%	8%				
Red Skin Pot	15%	14%	10%	11%				
Veal Parmesan	0%	14%	25%	0%				
Ziti/Marinara (H)	0%	25%	35%	0%				
Ital Green Beans (	7%	4%	10%	7%				
Beef Stir Fry/Rice(	19%	14%	0%	16%				
Tuna Boat/FF May	1%	<1%	1%	1%				

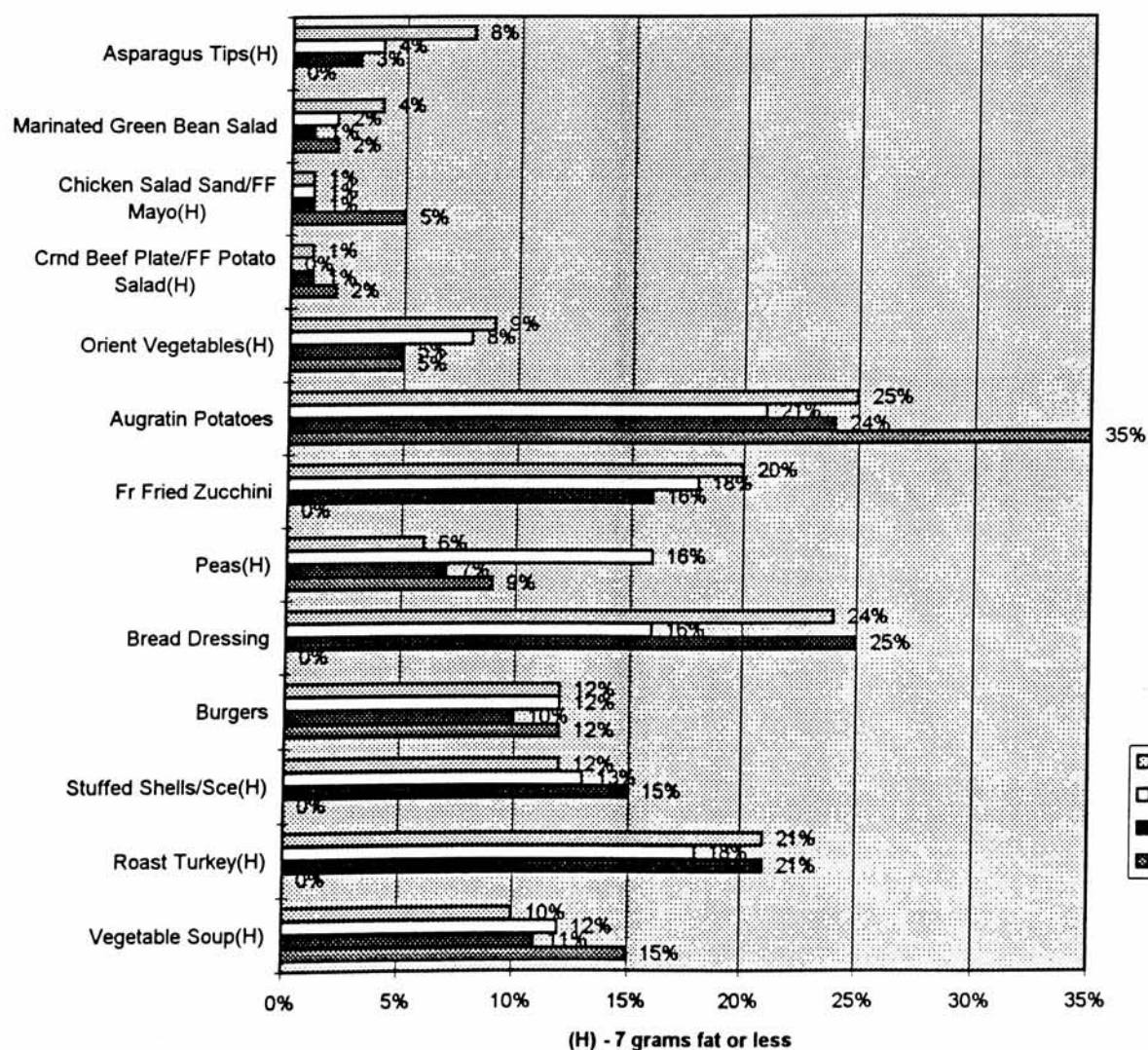
Week III Saturday



December 1994 - March 1995

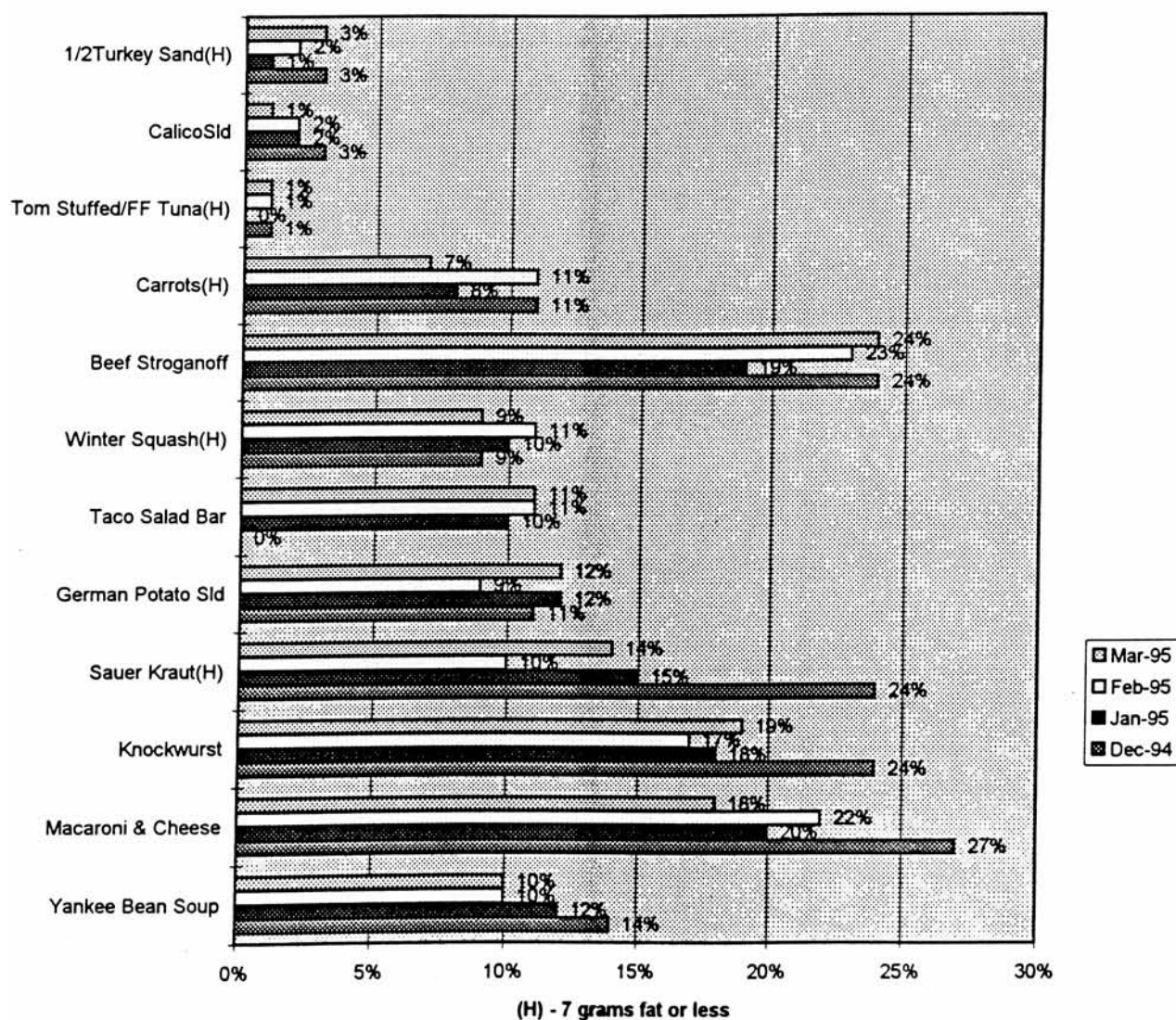
	Dec-95	Jan-95	Feb-95	Mar-95				
Vegetable Soup(H)	15%	11%	12%	10%				
Roast Turkey(H)	0%	21%	18%	21%				
Stuffed Shells/Sce	0%	15%	13%	12%				
Burgers	12%	10%	12%	12%				
Bread Dressing	0%	25%	16%	24%				
Peas(H)	9%	7%	16%	6%				
Fr Fried Zucchini	0%	16%	18%	20%				
Augratin Potatoes	35%	24%	21%	25%				
Orient Vegetables(	5%	5%	8%	9%				
Cmd Beef Plate/F	2%	1%	0%	1%				
Chicken Salad Sa	5%	1%	1%	1%				
Marinated Green B	2%	1%	2%	4%				
Asparagus Tips(H)	0%	3%	4%	8%				

Week IV Sunday



	Dec-94	Jan-95	Feb-95	Mar-95
Yankee Bean Soup	14%	12%	10%	10%
Macaroni & Cheese	27%	20%	22%	18%
Knockwurst	24%	18%	17%	19%
Sauer Kraut(H)	24%	15%	10%	14%
German Potato Sld	11%	12%	9%	12%
Taco Salad Bar	0%	10%	11%	11%
Winter Squash(H)	9%	10%	11%	9%
Beef Stroganoff	24%	19%	23%	24%
Carrots(H)	11%	8%	11%	7%
Tom Stuffed/FF Tun	1%	0%	1%	1%
CalicoSld	3%	2%	2%	1%
1/2Turkey Sand(H)	3%	1%	2%	3%

Week IV Monday

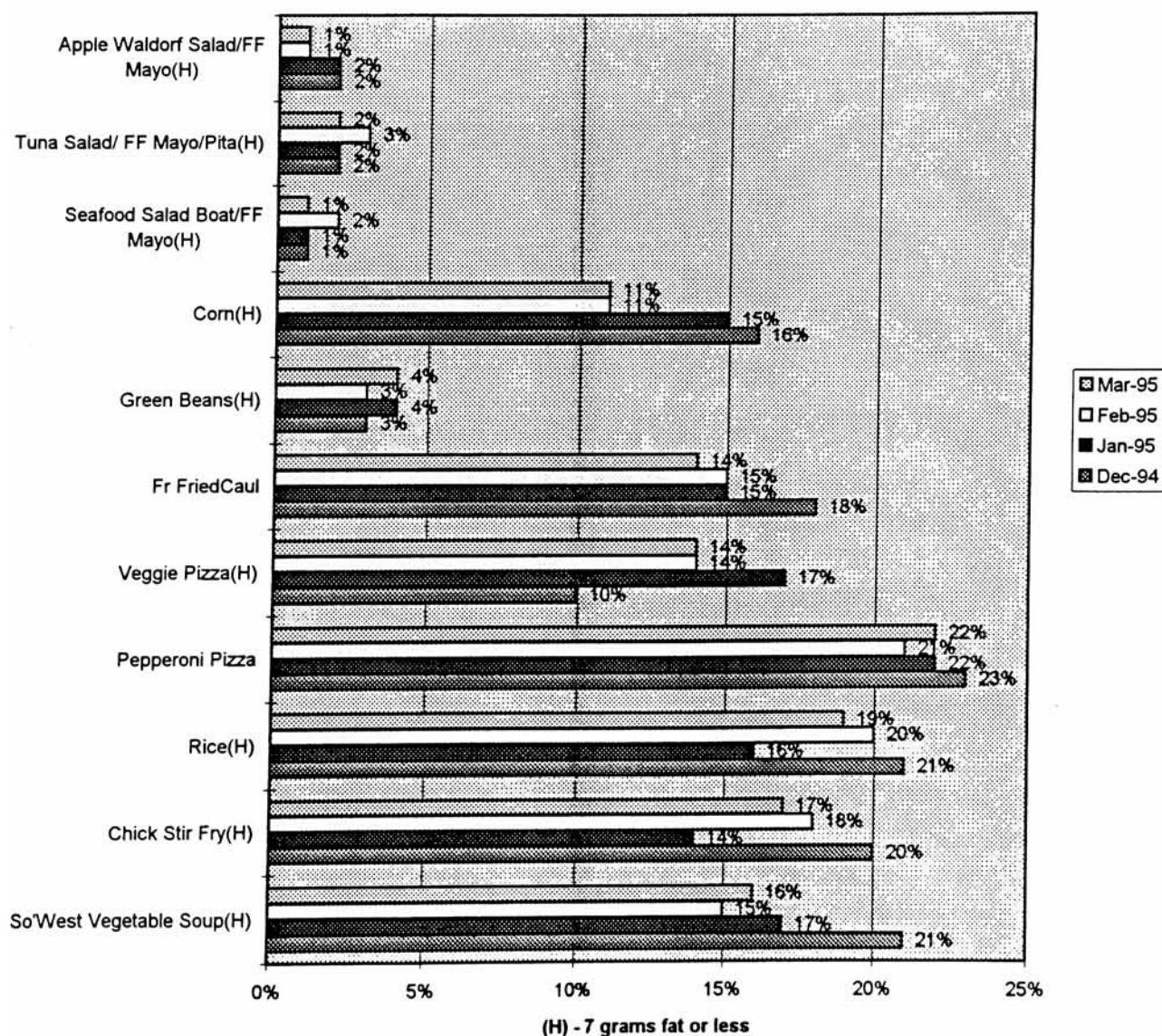


from

December 1994 - March 1995

	Dec-94	Jan-95	Feb-95	Mar-95				
So'West Vegetable	21%	17%	15%	16%				
Chick Stir Fry(H)	20%	14%	18%	17%				
Rice(H)	21%	16%	20%	19%				
Pepperoni Pizza	23%	22%	21%	22%				
Veggie Pizza(H)	10%	17%	14%	14%				
Fr FriedCaul	18%	15%	15%	14%				
Green Beans(H)	3%	4%	3%	4%				
Corn(H)	16%	15%	11%	11%				
Seafood Salad Boat	1%	1%	2%	1%				
Tuna Salad/ FF May	2%	2%	3%	2%				
Apple Waldorf Sala	2%	2%	1%	1%				

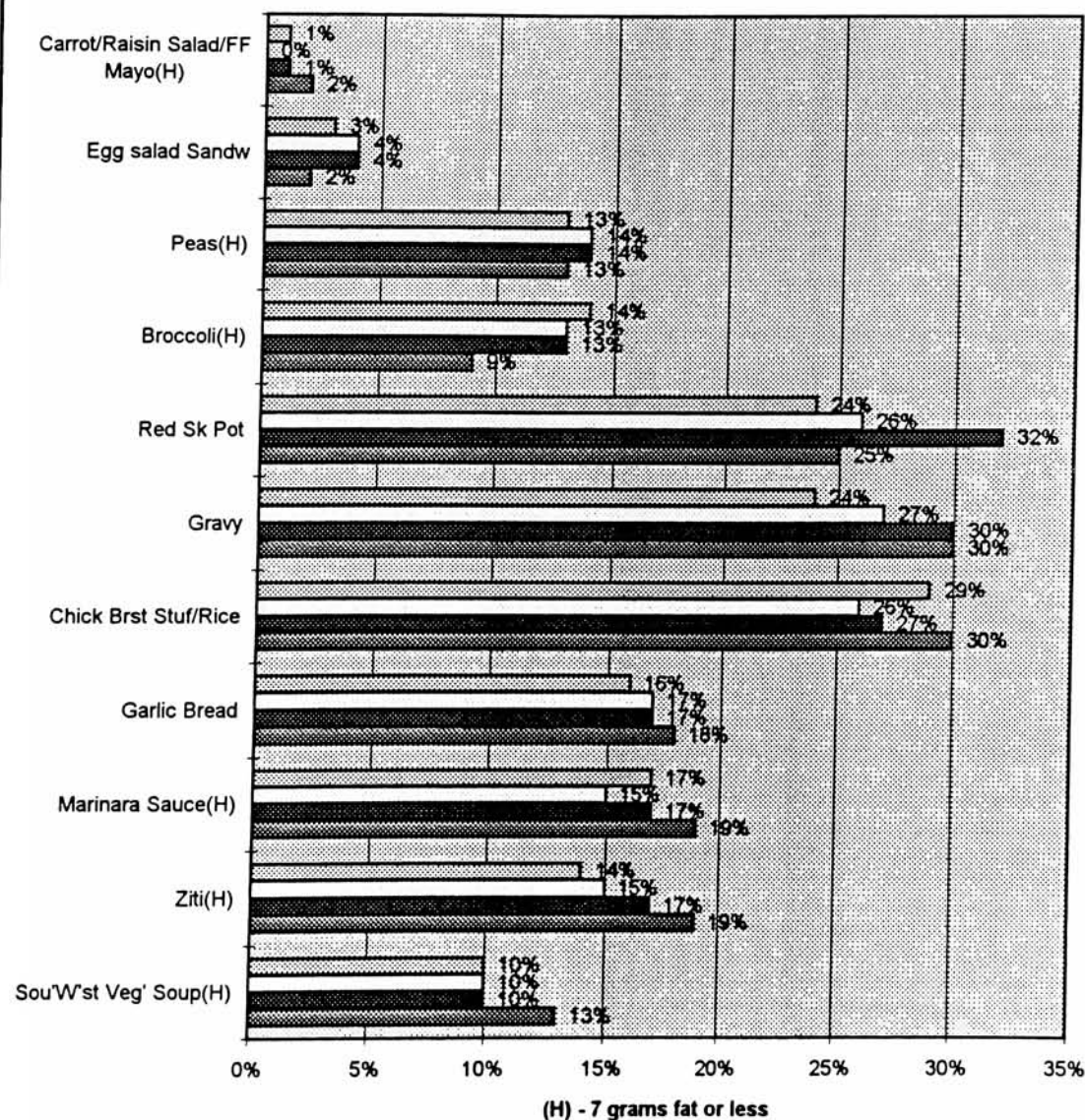
Week IV Tuesday



from
December 1994 - March 1995

	Dec-94	Jan-95	Feb-95	Mar-95			
Sou'W'st Veg' Soup(H)	13%	10%	10%	10%			
Ziti(H)	19%	17%	15%	14%			
Marinara Sauce(H)	19%	17%	15%	17%			
Garlic Bread	18%	17%	17%	16%			
Chick Brst Stuf/Rice	30%	27%	26%	29%			
Gravy	30%	30%	27%	24%			
Red Sk Pot	25%	32%	26%	24%			
Broccoli(H)	9%	13%	13%	14%			
Peas(H)	13%	14%	14%	13%			
Egg salad Sandw	2%	4%	4%	3%			
Carrot/Raisin Salad/FF M	2%	1%	0%	1%			

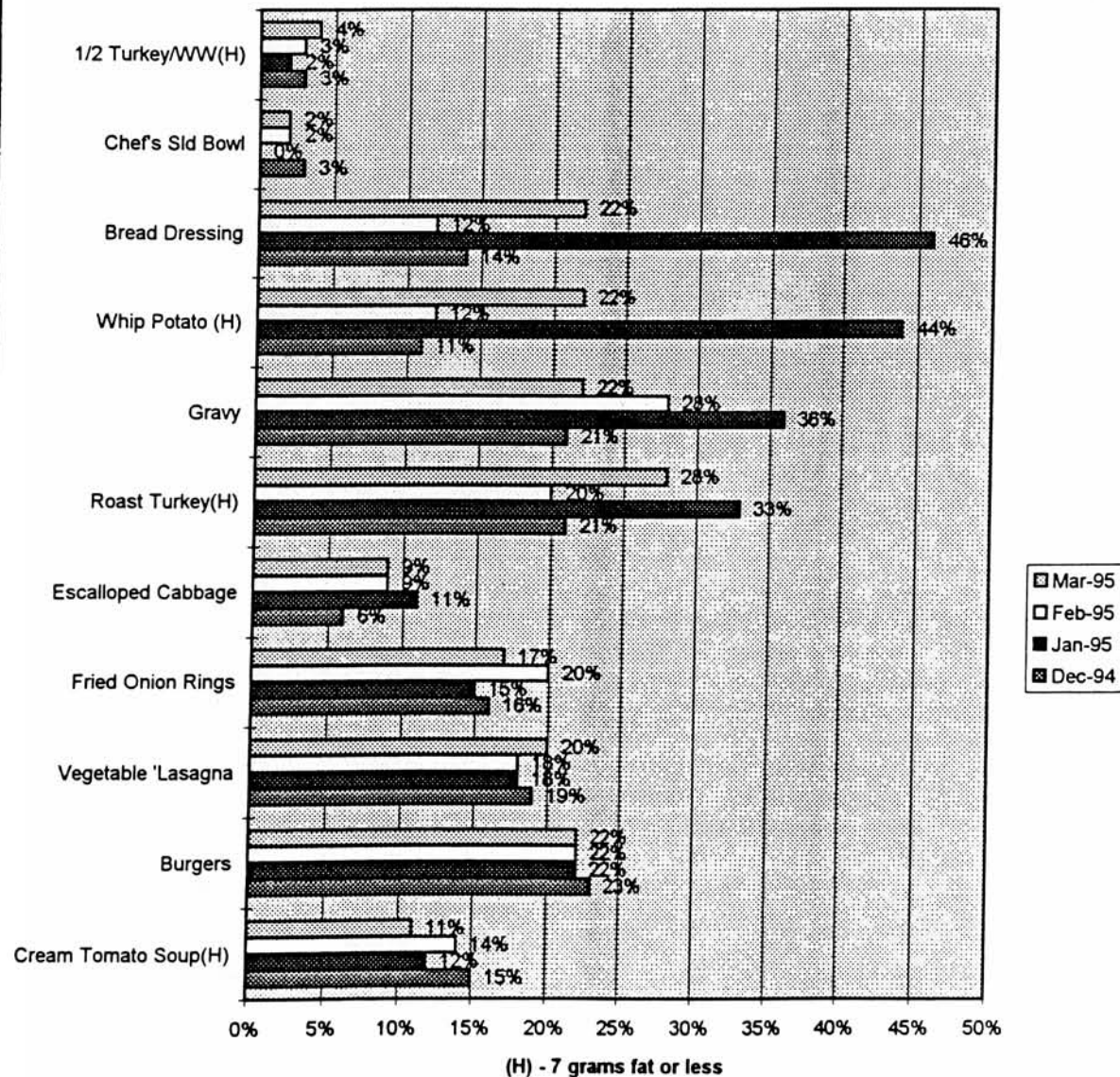
Week IV Wednesday



from
December 1994 - March 1995

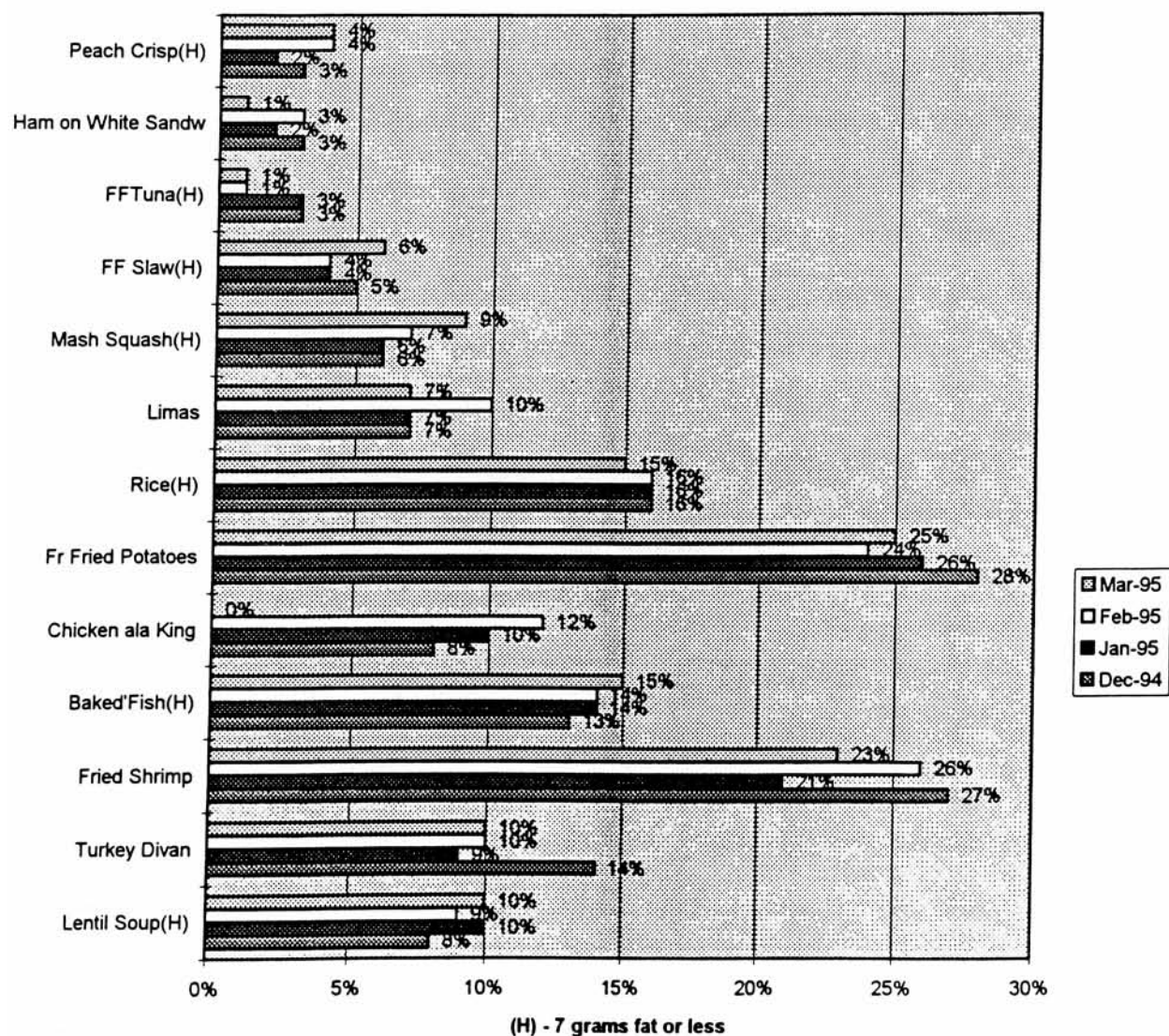
	Dec-94	Jan-95	Feb-95	Mar-95			
Cream Tomato So	15%	12%	14%	11%			
Burgers	23%	22%	22%	22%			
Vegetable 'Lasagn	19%	18%	18%	20%			
Fried Onion Rings	16%	15%	20%	17%			
Escalloped Cabba	6%	11%	9%	9%			
Roast Turkey(H)	21%	33%	20%	28%			
Gravy	21%	36%	28%	22%			
Whip Potato (H)	11%	44%	12%	22%			
Bread Dressing	14%	46%	12%	22%			
Chef's Sld Bowl	3%	0%	2%	2%			
1/2 Turkey/WW(H)	3%	2%	3%	4%			

Week IV Thursday



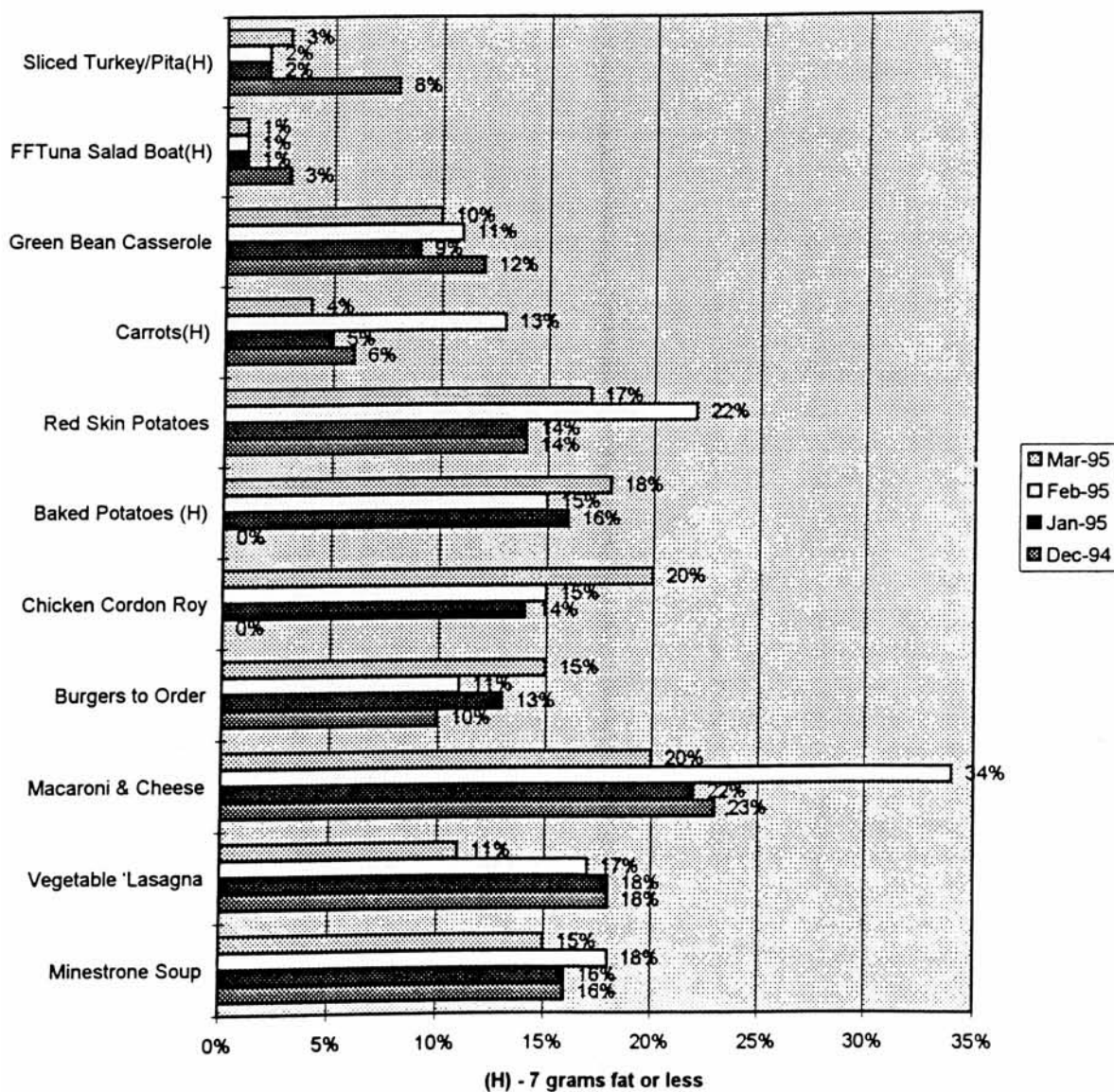
	Dec-94	Jan-95	Feb-95	Mar-95
Lentil Soup(H)	8%	10%	9%	10%
Turkey Divan	14%	9%	10%	10%
Fried Shrimp	27%	21%	26%	23%
Baked Fish(H)	13%	14%	14%	15%
Chicken ala King	8%	10%	12%	0%
Fr Fried Potatoes	28%	26%	24%	25%
Rice(H)	16%	16%	16%	15%
Limas	7%	7%	10%	7%
Mash Squash(H)	6%	6%	7%	9%
FF Slaw(H)	5%	4%	4%	6%
FFTuna(H)	3%	3%	1%	1%
Ham on White Sa	3%	2%	3%	1%
Peach Crisp(H)	3%	2%	4%	4%

Week IV Friday



	Dec-94	Jan-95	Feb-95	Mar-95			
Minestrone Soup	16%	16%	18%	15%			
Vegetable 'Lasagna	18%	18%	17%	11%			
Macaroni & Cheese	23%	22%	34%	20%			
Burgers to Order	10%	13%	11%	15%			
Chicken Cordon Roy	0%	14%	15%	20%			
Baked Potatoes (H)	0%	16%	15%	18%			
Red Skin Potatoes	14%	14%	22%	17%			
Carrots(H)	6%	5%	13%	4%			
Green Bean Casserole	12%	9%	11%	10%			
FFTuna Salad Boat(H)	3%	1%	1%	1%			
Sliced Turkey/Pita(H)	8%	2%	2%	3%			

Week IV Saturday



Appendix K

Survey I Summary of Comments and Suggestions

Survey I Summary of "Favorites"

General Items		Sandwiches		Breads	
Bagels	10	Non-specific	4	Muffins	4
Baked Potato Bar	13	Beef/Kimmelweck	9	Garlic	2
Stir Fry	3	Rubens	5	Soups	
Vegetable Lasagna	6	Chicken Pattie/Bun	5	Non-specific	21
Quiche	2	Sloppy Joe	2	Broccoli/Cheddar	5
Chicken/Turkey		Club	3	Clam Chowder	2
Chicken Wings	10	Pita	2	So'west' Vegetable	2
Stuffed Chicken Breast	15	Burgers		Chili	5
Chicken Fajita	6	Non-specific	3	Salads	
Turkey Divan	3	Mushroomburger	2	Non-specific	3
Pasta		Cheeseburger	4	Salad Bar	22
Primavera	13	RGH burger	1	Taco Salad Bar	27
Ziti/Spaghetti	2	Tuna burger	1	Coleslaw	3
Stuffed Shells/Ravioli	3	Desserts		Seafood	3
Cheese		Non-specific	9	Fish	
Cheese Strata	3	Yogurt	2	Baked or cajun	9
Mozzarella Sticks	1	Cookies	3	Nuggets	5
Macaroni & Cheese	8	Ice cream sandwiches	2	Fried fish, clams, shrimp, or sticks	7

Summary does not include any item mentioned only once or which did not fit into one of the above categories.

Survey I Summary of “Least Likes”

Atmosphere	12
Cold food	3
Chicken Wings	1
Crowded	14
Fat/Grease/Fried food	9
No Variety/Healthful foods	2
Quality/taste/freshness	5
Menu/variety/selections	28
Noise	33
Portion/Price	6
Lines/traffic pattern	29
TWIG	2
Open time limited	7