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AIDS and the Foodservice Industry: Operators, Employees,
Patrons, and ... Problems

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July 11, 1988

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8/2/88

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INTRODUCTION

No other four-letter word creates as much fear and carries as great a social stigma as AIDS. This disease is one of the most perplexing, volatile and misunderstood phenomena of our time. To the AIDS victims, the problems generated by the public's confusion and hysteria can be as debilitating as the disease itself. And in the workplace, the problem of AIDS is forcing employers to confront not only the medical facts of the disease, but also the legal and social issues concerning employer discrimination against AIDS victims, customer phobias, and employee questions about co-workers with AIDS (Salibian, 1987).

THE DISEASE

Symptoms

AIDS (Acquired Immune Deficiency Syndrome), first recognized as a distinct disease by the United States Centers for Disease Control in 1981, is defined as "a reliably diagnosed disease that is at least moderately indicative of an underlying cellular immunodeficiency in a person who has no known underlying cause of cellular immunodeficiency nor any other cause of reduced resistance reported to be associated with that disease" (Wing, 1986). Basically, AIDS attacks the immune system of a person, leaving the victim incapable of fighting off a wide range of serious and often fatal diseases, referred to as "opportunistic infections" (Beltz, 1985). These diseases, which are normally not seen in people with healthy immune systems, may include *Pneumocystis carinii*

pneumonia (PCP), a parasitic infection of the lungs which has symptoms similar to other forms of pneumonia, and Kaposi's sarcoma (KS), a rare form of cancer, usually occurring anywhere on the surface of the skin or mouth (New York State Department of Health, 1987).

AIDS is caused by a virus - human immunodeficiency virus (HIV) - also previously referred to as human T-lymphotropic virus-type 3 (HTLV-III), lymphadenopathy-associated virus (LAV) and AIDS-related virus (ARV). Being infected with the virus does not necessarily mean one will develop AIDS (New York State Department of Health, 1987). People who have been infected with the virus but are showing no symptoms of AIDS are considered to be HIV-positive. Others infected with the virus will experience such symptoms as swollen lymph nodes, weight loss, abnormal fatigue, night sweats, and some decreased effectiveness in their immune systems. This group is considered to have AIDS-related complex or ARC. These people are often quite capable of working. The last group of people infected with the virus have severely impaired immune systems and have contracted one or more opportunistic infections. These people are considered to have AIDS and as the infections become worse, these people will no longer be capable of working (Wing, 1986).

Means of Transmission

The AIDS virus has been found in various body fluids such as blood, semen, saliva, tears, breast milk, and urine. However, epidemiological evidence indicates that the AIDS virus is transmitted only through direct blood-to-blood or semen-to-blood

contact. Transmission of the virus can occur during sexual contact, by injection with contaminated blood, or by an infected mother to her fetus or newborn. There are no known cases of the virus being transmitted via air, water, food, or casual body contact (New York State Department of Health, 1987).

The AIDS virus cannot be transmitted during food preparation or serving according to the Centers for Disease Control. Dr. Donald Louria, member of the science advisory committee, American Foundation For AIDS Research (AmFAR), New York City, said that no cases of AIDS being transmitted through food have been reported. He said that if somehow the virus had contaminated some food, once the virus was ingested, it would be killed while in the stomach. The virus is very delicate and could not withstand the punishment of the stomach acids (Levin, 1987).

AIDS VICTIMS

The majority of AIDS victims in the United States are homosexual and bisexual men, male and female intravenous drug users, hemophiliacs, infants of mothers with AIDS, and women who were the sexual partners of men with AIDS. Homosexual and bisexual men, many of whom engage in anal intercourse, are at a higher risk for AIDS since it and other sexual practices may result in semen-to-blood or blood-to-blood contact. The rectal lining is thin and easily torn, thus allowing direct semen-to-blood contact. However, anyone, whether homosexual or heterosexual, who engages in such sexual practices will be at increased risk for AIDS. IV drug users are at increased risk for AIDS since many often share their needles,

resulting in small amounts of blood from a person infected with the AIDS virus being injected directly into the bloodstream of the next user. Hemophiliacs, having to receive frequent transfusions of blood plasma concentrates, are put at an increased risk for AIDS. These blood products are prepared from several hundred to thousands of donations, of which one donation from an AIDS infected donor would contaminate all the products. However, the risk of contamination has been greatly reduced due to recent procedures for screening blood (New York State Department of Health, 1987).

FEAR OF AIDS

Although the AIDS virus cannot be transmitted through casual contact, people are still deadly afraid of the virus. This fear stems from the fact that while the majority of people are aware of the deadly nature of the disease, they are ignorant of its causes, how it's transmitted, or how communicable it is. These people's ignorance is breeding their irrational fear. Most people know that AIDS is a death sentence, and thus are, understandably, afraid. But an irrational fear of AIDS and its victims is harmful, perhaps even more harmful than the disease itself.

Cases of irrational fear have appeared all over the country and in all different situations. For a limited time, an airline refused seats on its planes to known AIDS victims. Only three out of two thousand dentists surveyed in the Chicago area said they would work on a patient they knew had AIDS. Some children afflicted with the AIDS virus have been prevented from attending school and spit on at the school doors by frightened, angry, parents of their classmates

(Quinn, 1987). Customers have been known to bring their own utensils from home to eat with at restaurants. A restaurant customer known to have AIDS was told to give the cashier his payment in an envelope rather than with his bare hands (Anonymous, 1987). Some people who have tested positive for the AIDS antibodies have lost their medical insurance, their jobs, and their friends. All these unfortunate situations have occurred because of people's irrational fear of AIDS.

AIDS AND THE FOODSERVICE INDUSTRY

Foodservice operators face a double-edged "fear and hysteria" sword - one side from employees fearful of an infected coworker and another side from patrons reacting to the possibility of an AIDS infected worker in the restaurant (Evans, 1988). Many foodservice operators have already had to deal with this new volatile issue of the 80s. But for those operators who have not, most statistics indicate that all foodservice operators will have to deal with AIDS sooner or later (Sanson, 1987).

The largest group of AIDS victims to date is made up of homosexual and bisexual men (Susser, 1987). This statistic has a significant impact for the foodservice operator when it is combined with another statistic. Hospitality industry experts estimate that "anywhere from 20 percent to one-third of its labor force is homosexual." AIDS has already killed 54 percent of those contracting it and a statistical calculation shows that AIDS could threaten up to one million, currently employed, foodservice and lodging workers (Anonymous, 1987).

AIDS is raising some serious issues for foodservice operators to contend with (Anonymous, 1987). These issues involve:

- * Employer discrimination against AIDS victims in the workplace (most state laws categorize AIDS as a handicap, making discrimination illegal)
- * Testing or pre-screening - both generally considered to violate the right of privacy
- * Insurance liability in insuring AIDS victims
- * Employee questions about coworkers with AIDS
- * Customer phobias about AIDS which could affect operations with gay employees

Customer Phobias

Foodservice operators are going to have to deal with the public anxiety surrounding gay waiters. A recent issue of Restaurant Management reports of an episode that took place at a New York restaurant (Sanson, 1987). When a waiter went to take the order of two diners, one of the men snidely asked him if he was one of "those" people - and did he have AIDS? The waiter, keeping his composure, simply replied no. The other diner swiftly told the waiter that neither he nor his friend would eat in any restaurant that had waiters with AIDS. These two diners, unfortunately, were themselves restaurateurs. A restaurateur in Boston fears the public's anxiety about AIDS could get to the point where the public resents gay waiters. A phobia like this he says, if allowed to run rampant, could take over and seriously damage the restaurant business (Anonymous, 1987).

Homosexuals are not the only people who are at risk for AIDS.

The heterosexual proportion of AIDS cases have been increasing. Currently, heterosexual cases account for only 4 percent of the total cases, but will climb to 7 percent of the total by 1991 (Singer, 1987). An operator faces a "very real problem" if any employee, whether homosexual or heterosexual, contracts the disease or is rumored to have contracted the disease. Any rumor, whether based on fact or fiction, could create turmoil among employees and possibly discourage uninformed customers from frequenting the restaurant (Sanson, 1987).

At a National-American Wholesale Grocers' Association Seminar, former restaurateurs Lawrence and Seija Doolittle recalled how they were forced to close their establishment after rumors surfaced that their maitre d'-bartender had AIDS. A disgruntled fellow employee had instigated the false AIDS allegation, causing their sales to drop \$2,000 a day during a three-week period. By the time they finally closed the restaurant, the Doolittles had lost more than \$100,000 (Evans, 1988).

NBC's "Today" show recently featured a story about a four-star restaurant in California that saw business decline 70 percent when its former chef died of AIDS. The fact that the chef had not worked in the restaurant for five years prior to his death made no difference to the hysterical public (Sanson, 1987).

AIDS Education

Although no clear cut solutions exist to the threat to the restaurant industry caused by the AIDS hysteria, educational programs can be helpful in reducing the pervasive and disruptive

fear of AIDS (Letchinger, 1986). Peter Fischinger, AIDS coordinator of the Public Health Service, urges the foodservice industry to educate employers and employees, stressing to them that the disease cannot be transmitted during the preparation or serving of food (Evans, 1988).

Fears about the disease develop out of ignorance according to Robert Palmer, National Restaurant Association's legal counsel. An operator must educate himself in order to respond appropriately to AIDS-related problems as they arise. How the disease will impact a business and its daily operation will depend largely on how calmly and intelligently the manager reacts to it (Sanson, 1987).

Legal Issues

A manager who is not thoroughly informed about AIDS might initially react to a perceived AIDS threat in a way that could seriously harm his company's existence. A situation that occurred in a fast-food unit of a chain in Norfolk, Virginia illustrates this point. Michael Wolfe, a pizza maker for the company, complained he felt ill and a rumor started that he might be afflicted with the AIDS virus. A vice president of the company immediately fired Wolfe without notice. However, as it turned out, Wolfe did not have AIDS. He has now filed a discrimination lawsuit against the company (Singer, 1987).

Many employers, unprepared to deal with the issues surrounding AIDS, are simply firing, or refusing to employ, people with AIDS. Such employers are finding themselves the defendant in an increasing number of lawsuits based on state and federal handicap anti-

discrimination statutes. And more often than not, the law has taken the side of the AIDS victims (Sanson, 1987). Such lawsuits, often difficult and expensive to defend, can bring companies adverse publicity. Such was the case of a Florida employee who, having been fired from his job when he was diagnosed as having AIDS, subsequently sued his employer for \$5 million in damages. New York State, in Article 296 Human Rights Law, Executive Law 15 of the State of New York, expressly prohibits discrimination by employers against persons who have, or who are perceived to have, AIDS (Letchinger, 1986).

Fearful of contracting the virus, fellow employees of a coworker with AIDS or thought to have AIDS might pressure the employer to fire the employee with AIDS. Though there is much uncertainty surrounding the legal issues related to AIDS, Thomas Barnard, an attorney specializing in employment law and labor relations, has concluded, based on rational legal analysis, that an employer should not be found negligent for hiring or retaining an employee with AIDS. He says an employer must provide a safe work environment and it would be difficult to prove that an employer would be neglecting that duty by employing a person with AIDS. However, if an employer is faced with a negligence suit, he has two strong defenses he can raise: 1) medical evidence indicates that AIDS cannot be transmitted by the casual contact found in a work environment; and 2) the handicap laws impose a legal obligation on the employer not to hire/fire on the basis of AIDS (Barnard and Hastings, 1986). Nonacceptance of a person with AIDS by coworkers and customers is not likely to be accepted by the courts as a

defense for discriminating against employees or applicants with AIDS. The law does not condone discrimination simply because employees or customers are misinformed or prejudiced (Letchinger, 1986).

A fellow employee of an AIDS victim, opposed to working with an HIV infected person, may threaten to resign. Most management consultants advise businesses to stand firm against such employees. If the threat is short of resignation, but employees refuse to do their assigned jobs, employers are advised to discipline the employees by transferring them to a less desirable job or time slot (Ember, 1987). In his suggested corporate AIDS policy (see appendix B), Surgeon General Koop tells employers not to grant a transfer request of an employee who is fearful of working with a coworker who has AIDS if such a transfer is inconsistent with other transfer policies (Johnson, 1987).

Financial Issues

Besides its disruptive effect on a company's workforce, AIDS can also have a severe effect on a company's finances. The medical care for an AIDS patient can cost upwards to \$140,000 from diagnosis to death. Johnson & Higgins, a benefits consulting firm, calculated its own estimates of the costs to an employer for an employee who was disabled and subsequently died because of AIDS. They estimate that for a person making \$25,000 a year, the employer's costs for medical, disability, life insurance, and retirement benefits could range anywhere from \$98,000 to \$198,000 (Singer, 1987). While most companies' medical insurance plans cover the costs of AIDS

treatment, some of these costs will eventually be passed on to the employer in the form of higher insurance premium rates (Letchinger, 1986). The smaller self-insured company faces the largest financial risk, especially if the company's insurance plan has no stop-loss provision calling for an insurance company to cover catastrophic illness, or if the stop-loss is set unrealistically high. To a small firm with self-insurance needs, one or two cases of a catastrophic ailment could totally destroy that business says Stuart Bompey, a management lawyer in New York City (Singer, 1987).

THE PROBLEM

AIDS affects all employees in all industries. However, unlike other industries, the foodservice industry is also affected by the effect AIDS has had on its customers. If the customers of a restaurant do not understand or believe that the AIDS virus cannot be transmitted via food, then a problem exists for that restaurant to contend with. Because they are plagued with the "double-edged" problems AIDS creates for both employees and patrons, the foodservice industry must be better prepared than other industries to deal with all the issues that AIDS produces. This preparation includes having a written, formal policy to prevent discrimination charges and to reduce medical costs; and educating employees to eliminate ignorance and fear and prepare the employees to deal with customers' fear and hysteria.

"Wait and See" Attitude

Most companies are still taking an "ostrich-like" approach to AIDS. Even as the number of AIDS cases mount, many companies still have had no experience with the disease and feel remote, if not immune, from its impact (Ember, 1987). However, hospitality industry experts predict that almost every restaurant manager will eventually encounter an employee who has been infected with the AIDS virus (Susser, 1987). Unfortunately, most restaurateurs do not understand the disease - they are not familiar with its symptoms, its known means of transmission, or the precautions for avoiding or reducing the risk of contracting it. In addition, many are unaware of the potential legal, economic, and social problems surrounding the disease.

Many foodservice operators are taking the "wait and see" approach to AIDS. Because of their lack of education on AIDS, many operators are relying on others to see what their approach is to the situation before they react. And many operators still believe they will not have to deal with AIDS since they do not employ homosexuals or intravenous drug users.

The Hypotheses

The hypotheses of this study were as follows:

- 1) The majority of foodservice establishments do not have a formal policy for dealing with employees with AIDS; and
- 2) the majority of foodservice establishments do not have an education program for informing employees about the disease.

The sub-hypotheses stated that restaurateurs did not have a formal AIDS policy and education program because they:

SH1: Lacked the knowledge concerning:

- a) the disease - its symptoms, known means of transmission, and precautions for avoiding or reducing the risk of contracting it
- b) the possible costs involved for medical care of an AIDS victim
- c) the legal issues that have been created with the AIDS situation

SH2: Were unaware of the fear and phobias concerning the AIDS infected employee by:

- a) the customers
- b) his/her coworkers

SH3: Did not believe they employed members of the high risk groups for AIDS, such as homosexuals and intravenous drug users

SH4: Were taking the "wait and see" approach to AIDS

The Purpose

The purpose of this study is to gain a better understanding of how the foodservice industry is responding to the issues surrounding AIDS. If the hypotheses are true, then more information on AIDS needs to be provided to foodservice operators so they can make informed decisions about future situations, rather than simply reacting to AIDS in the workplace.

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REVIEW OF RELATED LITERATURE

Much of the research on AIDS has been about the medical nature of the disease, such as its causes, possible vaccines, and possible cures. Although much has been written concerning the social, economic, and legal aspects of the disease, not much research has been performed. A few studies, however, do give an indication of how the public and the corporations are responding to issues in the "age of AIDS."

FEAR OF AIDS

Much of America is responding to AIDS with fear, and more people fear the disease today than two years ago. In a nationwide telephone survey conducted April 1 - 10, 1987 by Media General-Associated Press, 1,304 Americans were asked if they feared one disease more than any other. Of the 44 percent who said yes, 48 percent cited AIDS and 47 percent cited cancer as the most feared disease. In September 1985, Media General-Associated Press asked the same question and 78 percent had cited cancer and only 23 percent had cited AIDS (this poll had allowed for multiple responses). The more recent poll also found six of every ten Americans support mandatory testing for the AIDS virus as a requirement for certain jobs, such as those in the health and foodservice fields (The Associated Press, 1987).

Another poll conducted by Gallup in August 1987 of 1,607 American adults found that 78 percent think AIDS victims should be treated compassionately. However, 60 percent of Americans think

AIDS carriers should have to carry AIDS identification cards and 33 percent think AIDS should be grounds for job dismissal (Anonymous, 1987a).

CONFUSED ABOUT MEANS OF TRANSMISSION

Many people continue to be confused about the means of transmission for the AIDS virus. The National Gay Task Force AIDS Information Hotline frequently receives calls from people wondering exactly what is meant by "casual contact" and whether a person can get AIDS from food contaminated by the blood of a cook who has cut himself. A spokesman for the hotline says that people are panic-stricken. And indeed, the results of a Washington Post-ABC News poll demonstrate that confusion, fear, and panic still exist. Seventeen percent of the respondents believed one could get AIDS from a drinking glass. Another 12 percent believed the AIDS virus could be transmitted via a toilet seat (Sanson, 1987).

In September of 1987, the National Center for Health Statistics conducted a survey of 3,097 Americans over the age 18 and found results similar to the Washington Post-ABC News Poll. Twenty-six percent of the respondents thought it was likely they would get the AIDS virus from donating blood. This statistic alone is quite alarming. But what is even more shocking and of a greater concern to a foodservice operator is that 36 percent of the respondents thought they could get AIDS by eating at a restaurant where the cook had it (The Associated Press, 1988).

This is a startling statistic and carries serious implications for the foodservice industry. If 36 percent of the public is afraid

of getting AIDS from a restaurant worker and someone starts a rumor about a restaurant's employee having AIDS, the potential damaging effect it could have on this foodservice establishment is immeasurable. If a person fearful of getting AIDS from an infected employee was to walk into a restaurant where an AIDS rumor was being circulated and started to cause a scene, the manager and employees would have to be prepared to handle this situation. They would have to explain to the person the facts about how the AIDS virus is transmitted and how proper sanitation codes would dictate that any food contaminated with blood would be discarded. However, to effectively and accurately address any questions or concerns a hysterical customer might have, the restaurant personnel must be well educated about AIDS.

AIDS AND THE WORKPLACE

Evidence of fear and confusion concerning AIDS and its transmission is continually being uncovered in the workplace. Many workers have doubts about working with an AIDS-stricken coworker. A survey by the Center for Work Performance Problems at the Georgia Institute of Technology of 2,000 people questioned by telephone in August and September of 1987 focused on AIDS and the workplace in particular. The results of the survey indicate that U.S. managers may soon face a tough dilemma in dealing with strong worker opposition to working with AIDS victims on the job (Hodges and Toon, 1988).

The Georgia Tech survey found 66 percent of the respondents would be concerned about using the same bathroom as an AIDS sufferer

on the job. When asked whether they would be concerned about eating in the same cafeteria, 40 percent of the respondents answered yes. And 37 percent of the respondents said they would not be willing to share tools or equipment with a person known to have AIDS.

The responses indicate that some people's fear of AIDS is so pervasive, they are afraid to eat in the same room with, share tools with, or use the same bathroom as, an AIDS victim. Imagine how these people would react to having to work side by side with an AIDS victim. Consequently, managers should be well informed about AIDS in order to be prepared to deal with opposition based on irrational fear.

In response to the question as to whether they believed the reported evidence that AIDS can only be transmitted by sexual contact or blood contamination, 35 percent of the respondents of the Georgia Tech survey said no. Trusting scientists' conclusions can be difficult for people gripped by the fear of contracting AIDS. People might not be convinced of the way AIDS is transmitted, but they do know for certain that AIDS is a fatal disease with no cure in sight.

In the Georgia Tech survey, when the respondents were asked about making accommodations for a person known to have AIDS, only 25 percent said they would not favor making special work arrangements for the individual if his or her health deteriorated. And only 19 percent said they would not be willing to help the individual perform aspects of the job with which the AIDS-stricken person was having difficulty (Hodges and Toon, 1988). These results show that although people might fear AIDS victims, they still feel sympathy

for them and are willing to help them with their jobs.

CORPORATE AIDS POLICIES

Various studies have been conducted to determine the percentage of companies that have policies for dealing with employees with AIDS, and all the studies report different figures. However, all the results show less than 30 percent of the companies have policies for dealing with AIDS sufferers. A survey was conducted in November 1985 by Personnel. They asked their readers to answer a questionnaire on page 72 of their magazine, in addition to sending questionnaires to 400 human resources managers in the United States. Of the 124 responses received, only 5 respondents said they had a formal policy for dealing with AIDS (Levine, 1986). A survey was conducted during the week of March 4 - 10, 1987 by Louis Harris & Associates Inc. for Business Week. Of the six hundred human resources, benefits, and personnel executives at companies drawn from the Business Week 1000, only 10 percent of the respondents said their company had a specially tailored policy for dealing with employees who have AIDS (Siwolop et al., 1987). In July 1987, the Boston office of TeleSearch Incorporated surveyed 100 companies from Fortune 1000 companies and found that only 29 percent had policies for dealing with employees with AIDS. The results of this survey indicate that most of the companies do not want to admit that AIDS exists or that it will only affect some other company says Ellen C. Kinlin, president of TeleSearch (Anonymous, 1987b).

The results of a survey conducted by the National Gay Rights Advocates was reported in the August 1987 issue of Nation's

Business. They found 23 percent of responding companies had developed, or were developing, written policies on AIDS (Singer, 1987).

The results of the most recent poll, conducted by Alexander & Alexander Consulting Group and reported in the February 2, 1988 issue of USA Today, found less than 10 percent of 2,008 companies surveyed in the United States had formal policies for dealing with employees with AIDS. In addition, the survey found 10.1 percent of the respondents reported having an employee with AIDS (Berry, 1988).

All the surveys conducted thus far have reported different numbers of companies that have implemented formal AIDS policies. However, the results do reveal that only a very small number of companies have decided to implement AIDS policies. For whatever reasons they may have, the majority of companies have concluded that they do not need a specific policy for dealing with AIDS.

AIDS AND THE HOSPITALITY INDUSTRY

A survey conducted by Beta Research Corporation for Meetings and Conventions begins to focus in on AIDS in the hospitality industry. A poll of 200 meeting planners found that AIDS is becoming an issue for them. Forty-five percent of the respondents, when asked to rate the concern about AIDS in the meeting industry, said "moderate," "high," or "very high." But two other responses are more directly related to the foodservice industry. Thirty-three percent of the respondents said their attendees were now more concerned about the cleanliness of the foodservice establishments because of the perceived threat of being infected with the AIDS

virus. In addition, 37.5 percent of the respondents said they had noticed reluctance by hotel and foodservice personnel to serve homosexual attendees. Once again, the responses to these two questions show the concern over a perceived connection between AIDS, the foodservice industry, and homosexuals.

A comment from a planner for a Midwestern manufacturing company demonstrates the misconceptions held by many people about the ways the AIDS virus is transmitted. In explaining why he avoids doing business with homosexual food and beverage suppliers, the Midwestern meeting planner says that with gay people handling food and beverage, there is a greater chance of AIDS being spread (Levin, 1987). His statement clearly demonstrates the ignorance surrounding the means of transmission of the AIDS virus and the stereotyping of AIDS being an exclusively homosexual disease.

THE LEGAL ISSUES

The 1987 Louis Harris Poll found only 10 percent of the respondents had formal policies for dealing with employees who have AIDS. In addition, only 15 percent of the respondents had launched a formal educational campaign about AIDS. When asked to rate the concern among their employees about working with people who have AIDS, 9 percent of the respondents said "very high" and 21 percent said "high." When asked the question "if an employee objected to working with another employee who had AIDS, would you move the employee who has AIDS, move the coworker, or insist that the existing work situation not be changed," the surprise result was in the number of respondents who answered "not sure." Forty-six

percent responded this way, verifying that there remains a tremendous amount of uncertainty concerning the possible legal problems that could arise in discriminating against an employee with AIDS (Siwolop, 1987).

In the study performed by Personnel magazine, respondents were asked whether they planned to screen potential employees for AIDS. Of the 101 respondents who answered this question, only 3 said yes. Two of these respondents said they require pre-employment physicals in any case but administer no specific tests for AIDS. Some other respondents commented that their current understanding is that such action is not justified and they will not authorize such tests unless they are required by law. One respondent questioned the ethics of such a requirement (Levine, 1986).

AIDS EDUCATION

The Personnel study found only 5 out of the 124 respondents had set a formal policy for dealing with AIDS, and only 19 respondents reported that they were educating their employees about AIDS. These particular respondents were then asked if they thought their education program had allayed their employees' fear. Nine out of 19 respondents answered yes, 2 said no, 3 indicated they did not know, and five did not answer the question at all. Of the 101 respondents who did not have an AIDS education program, only 10 planned on setting one up. One of these 10 respondents, an employee relations manager of a large eastern manufacturing and service firm remarked that his firm had decided, on the basis of recent information, that an education program appeared to be the only non-

threatening way of raising the issues surrounding AIDS. Another respondent, a personnel representative of a medium-size southern consumer-goods manufacturer, replied that his company had decided they did not need an education program because AIDS, for all the attention it had received, still seemed remote in their area of the country (Levine, 1986).

INSURANCE COVERAGE

The Personnel survey went on to ask questions concerning insurance coverage. With the cost of coverage of an AIDS patient ranging upwards to \$140,000 from diagnosis to death, they asked the respondents if their insurance carriers had raised any questions about covering such employees. Three of the respondents said their carriers were planning to raise their premium rates and another said his life insurance carrier would not pay the death benefits for an AIDS victim (Levine, 1986).

Respondents were then asked if their medical insurance paid for such alternative coverage as home health care, hospice care, and/or case management for such long-term illnesses as AIDS. Sixty-one out of 124 respondents, or 49 percent, said yes. Out of those 61 respondents, forty-two reported that such types of coverage had reduced the long-term costs of covering such illnesses (Levine, 1986).

PRECAUTIONS BY FOOD-HANDLING ESTABLISHMENTS

Food-handling establishments were asked what, if any, special precautions were they taking with respect to AIDS. Of 18

respondents who answered this question, nine reported they require employees to take special precautions while handling food, and nine said they do not. Two respondents require employees to wear plastic or rubber gloves, two follow standard health procedures for handling food, and one said it followed the Centers for Disease Control guidelines (see appendix C) (Levine, 1986).

As shown by these studies, the workplace abounds with confusion, fear, and stereotyping in connection with AIDS. The study performed by Personnel is the most comprehensive study on AIDS in the workplace as of this date. Unfortunately, the study was conducted in late 1985 and much has changed since then. As AIDS has received more publicity and the number of people dying from AIDS has increased, people's fear has only intensified. People might not know exactly how the AIDS virus is spread, but they do know if they are infected, their lives will never be the same. This pervasive fear only heightens the confusion over how the virus is transmitted. People are flooding AIDS hotlines asking exactly what is meant by "casual contact" and whether a person can get AIDS from food contaminated by the blood of a cook who is infected with the virus (Sanson, 1987). A current, thorough study of AIDS in the workplace, with particular emphasis on the foodservice industry, is needed to gather information on how the foodservice industry is handling the AIDS dilemma and how it is responding to the public hysteria.

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Siwolop, Sana et al. "The AIDS Epidemic and Business," Business Week, March 23, 1987, p. 132.

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METHODOLOGY

RESEARCH DESIGN

The methodology used for this study was a combination of descriptive and case research. This combination was used do to the purpose of the study and the sample used. AIDS is a relatively new phenomena, thus a descriptive design was used to collect information on the subject, point out potential problem areas, such as discrimination charges, public hysteria, and medical costs, and to learn how the foodservice industry is responding to the AIDS situation. And since the study was focused on a given social unit, the foodservice industry, case research was used.

A mailed questionnaire was used rather than telephone or personal interviews to reduce costs and interviewer biases. In addition, AIDS is a very sensitive and explosive issue for many foodservice operators and confidentiality is extremely important. The anonymity involved in a mailed questionnaire allows the respondent to answer without fear of retribution.

The questionnaires were accompanied by a cover letter and a self-addressed return envelope (see appendix A). Third class bulk rate postage was used to mail the questionnaires and the return envelopes used metered postage. This type of postage was used since it is lower in cost than first class postage.

Official school stationery was used to indicate the importance of the study. In addition, the associate director of the School of Food, Hotel, and Tourism signed the cover letter. As an incentive for answering the questionnaire, the collective responses were offered to those operators who returned the questionnaire.

SAMPLING

A statewide sample was employed to show how AIDS has affected all areas of New York State. When the AIDS virus was first discovered, New York City had the highest number of AIDS victims. Small upstate cities thought they were immune from the effects of AIDS. However, as time has gone on, the AIDS virus has spread to all parts of the state. The sample used consists of 2000 foodservice establishments randomly selected from all the foodservice establishments in New York State with the SIC codes of 5814 and 5815, representing full-service restaurants and fast food chains, respectively. The number of establishments with SIC code 5814 was 277,159 and with SIC code 5815 was 35,346. Selecting 2000 establishments out of a combined total of 312,505 establishments represented a sampling of 6.4 percent. This list was generated by Americalist, a division of Haines & Company, Inc., North Canton, Ohio, and was directly printed on mailing labels.

PILOT STUDY

A pilot study was conducted in February 1988 using a random sample of foodservice establishments in the Rochester, New York area. The sample used consisted of foodservice establishments listed in the yellow pages of the Rochester telephone book. Approximately 810 restaurants were listed in the yellow pages. A random sample of 70 restaurants were selected by choosing every eleventh listing.

Of the seventy questionnaires sent out, three were returned because the establishment had left no forwarding address. Of the

remaining 67 questionnaires, 10 were returned for a response rate of 14.9 percent.

From the results of the pilot study, the questionnaire was revised slightly. Some questions were eliminated since they did not provide any significant results and some questions were added to give more information about the issues in the sub-hypotheses. Variables 11, 15, 16, 17, and 60 thru 67 were added and in variable 46, "a local school or college" was added to the list of responses.

THE INSTRUMENT

The questionnaire was designed to answer many questions relating to the hypotheses. Some of the concepts in the Personnel study were incorporated in this questionnaire, with added emphasis on the particular problems that may arise in a foodservice establishment. Several questions from the executive poll conducted for Business Week by Louis Harris & Associates Inc. were used in this questionnaire to allow for comparisons between corporate America's response and the foodservice industry's response (see appendix A).

The first question was used to measure the depth of knowledge of the foodservice operator concerning the ways the virus is transmitted, discrimination possibilities, medical costs, and the fear of patrons and employees. The concepts for the questions on the means of transmitting the virus were partially developed from the New York State Education Department's AIDS Instructional Guide - AIDS Myth-fact sheet for lesson #29 (The New York State Education Department, 1987). The legal questions were developed from an

advertisement/registration form for a seminar presented by the Law Journal Seminars-Press entitled "AIDS - Legal Aspects of a Medical Crisis."

Question 2 measured the respondents' feelings about an educational campaign about AIDS. The concepts for these questions were taken from some of the various responses to questions asked in the survey conducted by Personnel. Many of the questions they asked were open ended. Some of the reasons given by the respondents for either setting up or not setting up an education program were reworded and used for the various questions on an AIDS educational campaign (variables 18 - 22).

The use of a Likert scale in questions 1 and 2 obtained the respondents' knowledge in a less threatening manner than would have been possible with the questions presented in the form of a test. Also, scaling the responses allowed measurement of the strength or confidence of the respondents' knowledge or opinion.

Questions 3 thru 5 gauged the respondents' level of concern over the problem of AIDS. These three questions were used to ease the respondent into answering questions about his/her own company by progressing from the general to the specific concerns. Question 6 asked the respondents' if their company had a formal written policy or statement for dealing with employees who have AIDS. A definition of a formal policy was not included in this question since the definition is usually based on content. Rather than have a lengthy question saying if the policy includes A, B, C, and D then it can be called a formal policy, it was up to the respondents to decide if they have a formal policy. If the response is yes, then

the respondents were asked to answer questions 7 thru 11. These five questions focused on the content of the respondent's policy in relation to the content of Surgeon General Koop's suggested corporate AIDS policy (Ember, 1987).

Previous studies had indicated that the majority of U.S. companies do not have a formal policy for dealing with employees who have AIDS. If the majority of the respondents of this study did not have a formal AIDS policy, a question was needed to see what these establishments were doing with respect to AIDS, if they were doing anything at all. Question 12 asked the respondents if they had an informal policy for dealing with employees with AIDS, and if so, to describe it briefly. This open ended question was included to gather information on what the respondents were doing in relation to AIDS. An open ended question allowed the respondents to express their feelings on the subject rather than just select a response. Question 13 asked the respondents if they thought their existing general policies were adequate for dealing with AIDS. Finally, question 14 asked the respondents if their company was considering establishing a formal AIDS policy.

AIDS education was the subject starting with question 15. If the respondent's company had an education program about AIDS, he was asked how long it had been established and whether it was limited to information on AIDS in the workplace or AIDS in general. If the respondent's company did not have an education program about AIDS established or he was not sure, the respondent was asked if he felt his company should have an AIDS educational program.

Questions 16 and 17 raised questions about medical coverage for

AIDS victims. The respondents were asked if their current medical insurance paid for alternative coverage such as hospice or home health care. If the respondent did not provide medical insurance for his employees, then he was instructed to skip to question 18.

Question 18 and 19 asked the respondents if any of their employees were in a high risk group for AIDS, had died from AIDS, had contracted AIDS, or had tested positive for the AIDS antibodies. If the respondents answered yes to question 19, they were asked to answer questions 20 and 21. Question 20 asked the respondents how they had discovered an employee had AIDS or had tested positive for antibodies to the AIDS virus. Was it from the employee himself, from a coworker, or by some other means? Question 21 asked if any special arrangements, such as flexible work time, job reassignments, etc., were made for the AIDS victim.

Question 22 was used to measure the respondents' awareness of the possibility of a lawsuit for discriminating against an employee who has AIDS. Question 23 was asked to discover who the respondents would turn to first to obtain more information on AIDS.

Questions 24 thru 27 were structured to evaluate the respondents' "personalities" - whether they had a proactive or reactive personalities. Scenarios were developed depicting different situations and companies and the respondents were asked what these companies should do in relation to AIDS and AIDS education.

Questions 28 and 29 were used to measure the respondents' awareness of the proper methods for preventing the spread of the AIDS virus. Questions 30 and 31 asked the respondents' opinions on

testing for AIDS antibodies and whether their company has considered it. The remaining questions, 32 thru 37, were demographic and professional organization questions.

METHOD OF ANALYSIS

The Statistical Package for the Social Sciences (SPSS) was used to analyze the results. The Condscriptive program of SPSS was used to calculate the frequencies, means, and standard deviations for each of the variables. Each individual question was considered a variable and the numbered variables are as shown in Appendix A.

LITERATURE CITED

The New York State Education Department. "AIDS Myth-Fact Sheet for Lesson #29," AIDS Instructional Guide Grades K - 12, December 1987, p. 117.

Ember, Lois R. "The Public Health Challenge," Chemical and Engineering News, November 23, 1987, p. 52.

RESULTS AND DISCUSSION

The questionnaires were mailed out on April 11, 1988 and a response was asked for by April 29, 1988. Questionnaires were accepted until June 1, 1988. Of the 2000 questionnaires sent out, one was returned with no forwarding address and 159 were returned by June 1, 1988 for a return rate of 7.95 percent.

Of the respondents who answered the demographic questions, 60 percent were full service restaurants, 27 percent were fast food restaurants, 3 percent were hotels, 6 percent were taverns, and the remaining 5 percent consisted of pizza palors and limited menu restaurants. The majority of these establishments, 82 percent, were independently owned, 12 percent were franchised independents, and 6 percent were chain owned. Only 5 percent of the respondents employed 100 or more people. Of the remaining respondents, 13 percent had 50 to 99 employees, 24 percent had between 20 and 49 employees, 26 percent had 10 to 19 employees, 18 percent had between 5 and 9 employees, and 14 percent employed less than 5 people.

Fifty-three percent of the respondents were the owners of their establishments. Managers of establishments represented 39 percent of the respondents. The remaining 8 percent consisted of bartenders, waitresses, and bookkeepers. Six percent of the respondents had received a postgraduate degree, 6 percent had finished some postgraduate study but had not received a degree, 34 percent had graduated from college, 36 percent had attended college without graduating, and 18 percent had not attended college. Of the respondents, 24 percent were members of the New York State

Restaurant Association, 22 percent were members of the National Restaurant Association, 3 percent were members of the American Hotel and Motel Association, 2 percent were members of the International Food Service Executives Association, and 5 percent were members of various local organizations.

The following are the results of questions 32 thru 37 (variables 55 thru 67) giving the demographic and professional organization information:

V55. What term best describes your establishment?

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
full service restaurant	91	59.1	59.1
fast food restaurant	41	26.6	85.7
hotel/motel/resort	5	3.2	89.0
drinking place (tavern, bar, etc.)	9	5.8	94.8
other	8	5.2	100.0
	-----	-----	
TOTAL	154	100.0	

VALID CASES: 154

MISSING CASES: 5

V56. What term best describes the type of ownership?

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
independent	127	82.5	82.5
franchise independent	18	11.7	94.2
chain owned	9	5.8	100.0
other	0	0.0	100.0
	-----	-----	
TOTAL	154	100.0	

VALID CASES: 154

MISSING CASES: 5

V57. Number of foodservice employees at this establishment?

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
4 or less	21	13.9	13.9
5 to 9	28	18.5	32.5
10 to 19	40	26.5	58.9
20 to 49	36	23.8	82.8
50 to 99	19	12.6	95.4
100 or more	7	4.6	100.0
TOTAL	151	100.0	

VALID CASES: 151
MISSING CASES: 8

V58. What is your position?

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
owner	78	53.4	53.4
manager	57	39.0	92.5
other	11	7.5	100.0
TOTAL	146	100.0	

VALID CASES: 146
MISSING CASES: 13

V59. What is the highest level of formal education you have attended to date?

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
high school or less	28	18.4	18.4
attended college without graduating	55	36.2	54.6
graduated from college	51	33.6	88.2
postgraduate study without degree	9	5.9	94.1
postgraduate degree	9	5.9	100.0
TOTAL	152	100.0	

VALID CASES: 152
MISSING CASES: 7

V60. Are you a member of NYSRA?

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
yes	37	24.2	24.2
no	116	75.8	100.0
TOTAL	153	100.0	
VALID CASES:	153		
MISSING CASES:	6		

V61. Are you a member of HSMA?

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
yes	0	0.0	0.0
no	153	100.0	100.0
TOTAL	153	100.0	
VALID CASES:	153		
MISSING CASES:	6		

V62. Are you a member of SFM?

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
yes	0	0.0	0.0
no	153	100.0	100.0
TOTAL	153	100.0	
VALID CASES:	153		
MISSING CASES:	6		

V63. Are you a member of IFSEA?

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
yes	3	2.0	2.0
no	150	98.0	100.0
TOTAL	153	100.0	
VALID CASES:	153		
MISSING CASES:	6		

V64. Are you a member of NRA?

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
yes	34	22.2	22.2
no	119	77.8	100.0
	-----	-----	
TOTAL	153	100.0	

VALID CASES: 153
MISSING CASES: 6

V65. Are you a member of NYCRA?

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
yes	0	0.0	0.0
no	153	100.0	100.0
	-----	-----	
TOTAL	153	100.0	

VALID CASES: 153
MISSING CASES: 6

V66. Are you a member of AHMA?

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
yes	4	2.6	2.6
no	149	97.4	100.0
	-----	-----	
TOTAL	153	100.0	

VALID CASES: 153
MISSING CASES: 6

V67. Are you a member of any other organization?

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
yes	7	4.6	4.6
no	146	95.4	100.0
	-----	-----	
TOTAL	153	100.0	

VALID CASES: 153
MISSING CASES: 6

The first question consisted of seventeen variables concerning the ways the virus is transmitted, legal issues, medical costs, the fear of patrons and employees, and general opinions concerning AIDS. To score the responses, some questions should be answered positively and some should be answered negatively to be considered correct. The individual questions have been renumbered as variables (see Appendix A).

Variables 1, 3, 9, 10, 12, and 14 thru 17 were answered positively with a "strongly agree" or "agree." Variables 2, 4 thru 8, 11, and 13 were answered negatively with a "strongly disagree" or "disagree". Each of these variables are separated into categories depending its content.

<u>CATEGORY</u>	<u>VARIABLES</u>
Employees' and patrons' fear	13, 16
Legal issues	2-, 10-, 17-
Medical costs	13, 16
Means of transmission	1-, 3-, 4, 6, 7, 8
Opinion	9, 12

The negative signs following certain variables indicate the majority of respondents answered this question incorrectly with a positive response when the response should have been negative or with a negative response when the response should have been positive. The areas of confusion became apparent when viewed in this manner - the legal issues and to a lesser extent, the means of transmission of the AIDS virus.

The majority of respondents have a limited knowledge about how the virus is transmitted. Most were aware that women and healthy looking people are capable of transmitting the virus and that

everyone who had sexual intercourse with an AIDS infected person is at risk for developing AIDS. However, the respondents were still confused over the issue of AIDS and donating blood - 46 percent strongly agreed or agreed that there was a possibility of receiving the AIDS virus from donating blood. And 45 percent of the respondents strongly agreed or agreed that the AIDS virus could be transmitted in other ways besides blood-to-blood and blood-to-semen contact. Compared to the 35 percent of respondents of the Georgia Tech telephone survey of 2000 Americans who said they did not believe the reported evidence that AIDS could only be transmitted by sexual contact or blood contamination, the foodservice respondents were either more confused or more concerned over the way the AIDS virus is transmitted than the Georgia Tech respondents.

As far as the legal issues were concerned, either the respondents had been misinformed or not informed at all. The majority of respondents strongly agreed or agreed with variable 17: In order to provide a safe working environment for their employees, management must inform employees about an AIDS-infected coworker. Although there is much uncertainty surrounding the legal issues related to AIDS, an employer should not be found negligent for hiring or retaining an employee with AIDS. An employer must provide a safe work environment for all employees and it would be difficult to prove that an employer would be neglecting that duty by employing a person with AIDS. The majority of respondents either strongly agreed or agreed with variable 10: Management has the right to fire or not hire a person because of AIDS or fear of AIDS. However, the handicap laws impose a legal obligation on the employer not to

hire/fire on the basis of AIDS. Unfortunately, the majority of the respondents appear to be unfamiliar with handicap laws protecting AIDS victims. Forty-six percent strongly disagreed or disagreed that a person with AIDS was protected under state handicap worker statutes and 35 percent neither agreed or disagreed. Though only a few states have enacted specific laws protecting AIDS victims, New York State is one of them. New York State "expressly prohibits discrimination by employers against persons who have, or who are perceived to have, AIDS" (Article 296 Human Rights Law, Executive Law 15 of the State of New York). Refusal by coworkers and customers of an AIDS victim is unlikely to be honored by the courts as a defense for discriminating against employees or applicants with AIDS. The law does not condone discrimination simply because employees or customers are misinformed or prejudiced.

Following are the results of variables 1 thru 17:

V1. There is a possibility of receiving the AIDS virus from donating blood

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
strong agree	49	30.8	30.8
agree	24	15.1	45.9
neither agree or disagree	9	5.7	51.6
disagree	36	22.6	74.2
strongly disagree	41	25.8	100.0
	-----	-----	
TOTAL	159	100.0	

VALID CASES: 159
MISSING CASES: 0

V2. A person with AIDS is protected under state handicapped worker statutes

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
strong agree	4	2.5	2.5
agree	26	16.5	19.0
neither agree or disagree	56	35.4	54.4
disagree	47	29.7	84.2
strongly disagree	25	15.7	100.0
TOTAL	158	100.0	

VALID CASES: 158

MISSING CASES: 1

V3. The AIDS virus can be transmitted in other ways besides blood-to-blood and blood-to-semen contact

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
strong agree	22	13.8	13.8
agree	50	31.4	45.3
neither agree or disagree	32	20.1	65.4
disagree	35	22.0	87.4
strongly disagree	20	12.6	100.0
TOTAL	159	100.0	

VALID CASES: 159

MISSING CASES: 0

V4. Women are not capable of transmitting the AIDS virus to men

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
strong agree	2	1.3	1.3
agree	2	1.3	2.5
neither agree or disagree	7	4.4	6.9
disagree	46	28.9	35.8
strongly disagree	102	64.2	100.0
TOTAL	159	100.0	

VALID CASES: 159

MISSING CASES: 0

V5. Employees without AIDS believe it is safe to work with employees who have AIDS

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
strong agree	3	1.9	1.9
agree	11	6.9	8.8
neither agree or disagree	34	21.4	30.2
disagree	61	38.4	68.6
strongly disagree	50	31.4	100.0
TOTAL	159	100.0	

VALID CASES: 159

MISSING CASES: 0

V6. AIDS, alone, is what usually kills a person

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
strong agree	9	5.7	5.7
agree	16	10.1	15.8
neither agree or disagree	22	13.9	29.7
disagree	48	30.4	60.1
strongly disagree	63	39.9	100.0
TOTAL	158	100.0	

VALID CASES: 158

MISSING CASES: 1

V7. Not everyone who has sexual intercourse with an AIDS-infected person is at risk for developing AIDS

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
strong agree	13	8.2	8.2
agree	36	22.6	30.8
neither agree or disagree	14	8.8	39.6
disagree	39	24.5	64.2
strongly disagree	57	35.8	100.0
TOTAL	159	100.0	

VALID CASES: 159

MISSING CASES: 0

V8. A healthy looking and feeling person cannot transmit the AIDS virus

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
strong agree	2	1.3	1.3
agree	3	1.9	3.1
neither agree or disagree	1	.6	3.8
disagree	44	27.7	31.4
strongly disagree	109	68.6	100.0
	-----	-----	
TOTAL	159	100.0	

VALID CASES: 159

MISSING CASES: 0

V9. In the near future, it is likely that every foodservice manager will encounter an employee who has AIDS or AIDS-related complex

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
strong agree	30	18.9	18.9
agree	66	41.5	60.4
neither agree or disagree	35	22.0	82.4
disagree	18	11.3	93.7
strongly disagree	10	6.3	100.0
	-----	-----	
TOTAL	159	100.0	

VALID CASES: 159

MISSING CASES: 0

V10. Management has the right to fire or not hire a person because of AIDS or fear of AIDS

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
strong agree	26	16.4	16.4
agree	41	25.8	42.1
neither agree or disagree	41	25.8	67.9
disagree	31	19.5	87.4
strongly disagree	20	12.6	100.0
	-----	-----	
TOTAL	159	100.0	

VALID CASES: 159

MISSING CASES: 0

V11. People do not fear getting the AIDS virus from an AIDS-infected food handler

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
strong agree	0	0.0	0.0
agree	1	0.6	0.6
neither agree or disagree	6	3.8	4.4
disagree	53	33.3	37.7
strongly disagree	99	62.3	100.0
TOTAL	159	100.0	

VALID CASES: 159

MISSING CASES: 0

V12. Foodservice establishments should require employees to wear latex or plastic gloves

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
strong agree	36	22.8	22.8
agree	30	19.0	41.8
neither agree or disagree	39	24.7	66.5
disagree	35	22.2	88.6
strongly disagree	18	11.4	100.0
TOTAL	158	100.0	

VALID CASES: 158

MISSING CASES: 1

V13. The cost of medical care per AIDS patient, from diagnosis to death, is usually no more than \$75,000

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
strong agree	9	5.7	5.7
agree	9	5.7	11.3
neither agree or disagree	57	35.8	47.2
disagree	47	29.6	76.7
strongly disagree	37	23.3	100.0
TOTAL	159	100.0	

VALID CASES: 159

MISSING CASES: 0

V14. Some of my patrons would stop frequenting my establishment if they knew one of my employees was carrying the AIDS virus

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
strong agree	113	71.1	71.1
agree	39	24.5	95.6
neither agree or disagree	2	1.3	96.9
disagree	2	1.3	98.1
strongly disagree	3	1.9	100.0
	-----	-----	
TOTAL	159	100.0	

VALID CASES: 159

MISSING CASES: 0

V15. Employees will not eat in the same cafeteria with an AIDS-infected coworker

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
strong agree	37	23.3	23.3
agree	53	33.3	56.6
neither agree or disagree	52	32.7	89.3
disagree	16	10.1	99.4
strongly disagree	1	0.6	100.0
	-----	-----	
TOTAL	159	100.0	

VALID CASES: 159

MISSING CASES: 0

V16. The cost of medical insurance is likely to rise

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
strong agree	82	51.6	51.6
agree	69	43.4	95.0
neither agree or disagree	7	4.4	99.4
disagree	1	0.6	100.0
strongly disagree	0	0.0	100.0
	-----	-----	
TOTAL	159	100.0	

VALID CASES: 159

MISSING CASES: 0

V17. In order to provide a safe working environment for their employees, management must inform employees about an AIDS-infected coworker

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
strong agree	40	25.2	25.2
agree	61	38.4	63.5
neither agree or disagree	29	18.2	81.8
disagree	14	8.8	90.6
strongly disagree	15	9.4	100.0
	-----	-----	
TOTAL	159	100.0	
VALID CASES:	159		
MISSING CASES:	0		

Variables 18 thru 22 asked the respondents' opinions about an AIDS educational campaign. The majority of respondents felt an education program on AIDS could stir up potentially adverse publicity for their companies and would only be necessary if employees asked for information on AIDS. However, the respondents did not believe that an education program would exaggerate the issue and they did not feel isolated from the effects of AIDS. These responses clearly indicate the conflict these respondents must experience when deciding whether or not to implement an AIDS education program. Even though the majority of respondents believed education was one of the only non-threatening ways of raising the issues surrounding AIDS, the majority of respondents have yet to implement such a program. The fear of poor publicity might have dissuaded the majority of the respondents from establishing an education program.

The following are the results to variables 18 thru 22:

V18. Would only exaggerate an already sensitive issue

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
strong agree	5	3.3	3.3
agree	27	18.0	21.3
neither agree or disagree	24	16.0	37.3
disagree	61	40.7	78.0
strongly disagree	33	22.0	100.0
	-----	-----	
TOTAL	159	100.0	

VALID CASES: 150

MISSING CASES: 9

V19. Appears to be the only non-threatening way of raising the
issues surrounding AIDS

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
strong agree	25	16.7	16.7
agree	62	41.3	58.0
neither agree or disagree	47	31.3	89.3
disagree	13	8.7	98.0
strongly disagree	3	2.0	100.0
	-----	-----	
TOTAL	150	100.0	

VALID CASES: 150

MISSING CASES: 9

V20. Is necessary only if employees ask for information about AIDS

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
strong agree	5	3.4	3.4
agree	28	18.9	22.3
neither agree or disagree	29	19.6	41.9
disagree	64	43.2	85.1
strongly disagree	22	14.9	100.0
	-----	-----	
TOTAL	148	100.0	

VALID CASES: 148

MISSING CASES: 11

V21. Would not be necessary since AIDS still seems remote in this area of the country

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
strong agree	3	2.0	2.0
agree	6	4.1	6.1
neither agree or disagree	19	12.8	18.9
disagree	65	43.9	62.8
strongly disagree	55	37.2	100.0
TOTAL	148	100.0	

VALID CASES: 148

MISSING CASES: 11

V22. Could stir up potentially adverse publicity for the company

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
strong agree	27	18.0	18.0
agree	50	33.3	51.3
neither agree or disagree	23	15.3	66.7
disagree	35	23.3	90.0
strongly disagree	15	10.0	100.0
TOTAL	136	100.0	

VALID CASES: 150

MISSING CASES: 9

Variable 23 thru 25 measured the respondents' level of concern over AIDS. Rather than ask the respondents directly how they felt about AIDS and risk making them feel threatened, the respondents were gradually lead up to this question. First the respondents were asked if they felt AIDS was a threat to society and then if they felt it was a threat to the foodservice industry. Variable 25 finally asked the respondents if their top management was concerned about AIDS.

The majority of respondents, 91 percent, believed AIDS was a threat to society. However, the percentage of respondents that believed AIDS was a threat to the foodservice industry drops to 59 percent. And 59 percent of the respondents' replied their top managements' had shown either much concern or some concern over the problem of AIDS in the workplace. Following are the results of variables 23 thru 25:

V23. Do you see AIDS as a threat to society?

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
yes	141	91.0	91.0
not sure	8	5.2	96.1
no	6	3.9	100.0
	-----	-----	
TOTAL	155	100.0	

VALID CASES: 155

MISSING CASES: 4

V24. Do you see AIDS as a threat to the foodservice industry?

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
yes	92	59.4	59.4
not sure	34	21.9	81.3
no	29	18.7	100.0
	-----	-----	
TOTAL	155	100.0	

VALID CASES: 155

MISSING CASES: 4

V25. To what degree is the level of concern shown by your company's top management over the problem of AIDS in the workplace?

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
much concern	35	22.7	22.7
some concern	56	36.4	59.1
not sure	8	5.2	64.3
not much concern	41	26.6	90.9
no concern	14	9.1	100.0
	-----	-----	
TOTAL	154	100.0	

VALID CASES: 154

MISSING CASES: 5

Compare these results to the results of the Business Week Executive Poll conducted by Louis Harris & Associates. When the human resource executives were asked to rate the level of concern shown by their company's top management over the problem of AIDS in the workplace, they responded as follows:

	<u>PERCENT</u>
great concern	14
some concern	50
not much concern at all	31
not sure	5

The foodservice operators concern over AIDS closely matched the concern shown by the human resource managers in the Business Week survey. However, slight differences did exist. The percentage of foodservice operators who were greatly concerned over AIDS in the workplace was 23 percent compared to 14 percent of human resource managers. Unfortunately, this concern over AIDS has not prompted the respondents to develop a formal, written AIDS policy or education program.

In the survey conducted by TeleSearch of 100 Fortune 1000 companies, 29 percent had developed a formal AIDS policy. The Business Week Executive Poll of 600 human resources, benefits, and personnel executives from the Business Week 1000 found 10 percent of its respondents had implemented a "specially tailored policy" for dealing with employees who have AIDS. And the Personnel survey of human resource managers found that only 5 percent of them had a formal AIDS policy. Whether compared to a high of 29 percent or to a low of 5 percent, a 0.6 percent rating from the foodservice respondents is far below the corporate average. Many foodservice establishments are small and may not deem the development of a formal AIDS policy as important as would a larger company. The possibility of an employee having AIDS is much greater for a company employing thousands of people than for a company employing less than a hundred people. Whatever the reason, the foodservice industry is lagging behind the rest of corporate America in developing formal policies for dealing with employees who have AIDS. Only 1 establishment out of 159 responding establishments had developed a formal AIDS policy.

V26. Does your establishment have a formal written statement or policy for dealing with employees who have AIDS?

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
yes	1	0.6	0.6
not sure	6	3.9	4.5
no	147	95.5	100.0
	-----	-----	
TOTAL	154	100.0	

VALID CASES: 154

MISSING CASES: 5

A definition of a formal policy was not included in this question since the definition is usually based on content. Rather than ask the respondents to describe their policies, the respondents were asked to answer questions 7 thru 11. These five questions asked the respondents if the content of their policies contained the same major points as Surgeon General Koop's suggested corporate AIDS policy and how long their policy had been established.

The one respondent who had developed a formal AIDS policy indicated in question 7 that the policy had been established between 6 months and 1 year ago. In addition, this respondent's AIDS policy included making available audio-visual or print resources to assist managers in educating their employees and emphasized to managers that the employees' health conditions were personal and confidential. However, his policy did allow special consideration beyond normal transfer requests for employees who were afraid of working with a coworker who had AIDS and it did not include treating a person with AIDS through case management programs that provided for home or hospice care.

V27. How long has this policy been in place?

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
6 months or less	0	0.0	0.0
6 months - 1 year	1	100.0	100.0
over 1 year	0	0.0	100.0
	-----	-----	
TOTAL	1	100.0	
VALID CASES: 1			
MISSING CASES: 158			

V28. Does your policy include making available audio-visual or print resources to assist managers in educating their employees?

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
yes	1	100.0	100.0
not sure	0	0.0	100.0
no	0	0.0	100.0
	-----	-----	
TOTAL	1	100.0	

VALID CASES: 1

MISSING CASES: 158

V29. Does your policy emphasize to managers that employees' health conditions are personal and confidential?

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
yes	1	100.0	100.0
not sure	0	0.0	100.0
no	0	0.0	100.0
	-----	-----	
TOTAL	1	100.0	

VALID CASES: 1

MISSING CASES: 158

V30. Does your policy include giving no special consideration beyond normal transfer requests for employees who are afraid of working with a coworker who has AIDS?

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
yes	0	0.0	0.0
not sure	0	0.0	0.0
no	1	100.0	100.0
	-----	-----	
TOTAL	1	100.0	

VALID CASES: 1

MISSING CASES: 158

V31. Does your policy include treating a person with AIDS through
case management programs that provide for home or hospice care?

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
yes	0	0.0	0.0
not sure	0	0.0	0.0
no	1	100.0	100.0
	-----	-----	
TOTAL	1	100.0	

VALID CASES: 1

MISSING CASES: 158

Previous studies had indicated that the majority of U.S. companies did not have a formal policy for dealing with employees who had AIDS. If the majority of the respondents of this study did not have a formal AIDS policy, a question would be needed to see how these establishments were dealing with AIDS, if in fact they were dealing with AIDS at all. Question 12 asked the respondents if they had an informal policy for dealing with employees with AIDS, and if so, to describe it briefly. This open ended question was included to gather information on what the respondents were doing in relation to AIDS. An open ended question allowed the respondent to express his feelings on the subject rather than just select a response.

Thirteen respondents indicated that they did have an informal policy. Of the twelve respondents who described their informal policies, most of their descriptions were of a negative nature towards people with AIDS. Following are a few of the responses made by the respondents:

- * "Termination - as soon as possible, but with extreme caution with regards to any possible backlash"
- * "They would be asked to leave our establishment"
- * "To protect myself, other staff and patrons from AIDS, my protection is isolation from the carrier - actual or potential. I will not employ or maintain anyone with AIDS or appears to be in a high risk group for AIDS."
- * "Get rid of the problem by getting rid of the employee"
- * "We do not hire [people with AIDS] - and will find some excuse to get rid of someone who has AIDS or is a carrier"
- * "We do not hire anyone with AIDS"
- * "Fire if hired. Do not hire if disease is known. It is management's or ownership's responsibility to protect its patrons from any form of contamination and especially death"
- * "Anyone found to have AIDS would be let go"

Whether one could classify these statements as "policies" is debatable. However, these responses do demonstrate the attitudes of some foodservice operators. An operator may very well hate and fear an AIDS victim, but if he acts on what he is feeling by not hiring or firing a person he believes has AIDS, he could end up the defendant in a discrimination suit. Unfortunately, this kind of attitude may very well be the driving force behind the lack of formal policies developed by foodservice companies. If a foodservice operator does not, or believes he does not, hire people with AIDS, then he would probably not have a formal policy for dealing with employees who have AIDS.

V32. Does your establishment have an unwritten, informal policy for dealing with employees who have AIDS?

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
yes	13	8.4	8.4
not sure	7	4.5	13.0
no	134	87.0	100.0
	-----	-----	
TOTAL	154	100.0	

VALID CASES: 154

MISSING CASES: 5

The respondents were asked if they thought their companies should have a formal AIDS policy or did they think their companies' existing general policies were adequate. The Business Week Executive Poll asked their respondents this same question. Seventy-four percent of their respondents who did not have AIDS policies agreed with their companies' decision. However, in this study, only 25 percent of the respondents thought their companies' existing general policies were adequate. And compared to the 16 percent of the Business Week respondents, 30 percent of the respondents of this study felt their companies should have a formal AIDS policy. The respondents in the Business Week Executive Poll were confident in their opinions - only 10 percent of them were not sure whether their companies should have a policy. But the foodservice respondents were not as certain about the measures their companies had taken concerning AIDS - 44 percent were not sure whether a formal AIDS policy should have been implemented or not. This response is indicative of the foodservice industry's uncertainty when dealing with the AIDS dilemma.

V33. Do you think your establishment should have a formal written policy or statement for dealing with employees who have AIDS, or do you think existing general policies are adequate?

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
should have a formal policy	47	30.7	30.7
not sure	68	44.4	75.2
existing policies are adequate	38	24.8	100.0
	-----	-----	
TOTAL	153	100.0	

VALID CASES: 153

MISSING CASES: 6

Although 31 percent of the respondents felt their companies should have a formal AIDS policy, only 8 percent of the companies were actually considering developing a policy.

V34. Is your establishment considering developing a formal policy or statement for dealing with employees who have AIDS?

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
yes	13	8.4	8.4
not sure	56	36.4	44.8
no	85	55.2	100.0
	-----	-----	
TOTAL	154	100.0	

VALID CASES: 154

MISSING CASES: 5

Of the respondents, 58 percent thought an education program on AIDS appeared to be the only non-threatening way of raising the issues surrounding AIDS. Yet 51 percent thought an AIDS education program could stir up potentially adverse publicity for their

companies. This fear of poor publicity might be preventing the respondents from implementing an education program on AIDS - only 3 percent of the respondents had established such a program. In the Business Week Executive Poll, 15 percent of their respondents had developed an educational program on AIDS. Once again, the foodservice industry seems to be lagging behind the rest of corporate America in developing formal AIDS policies and AIDS education programs.

V35. Has your company established an education program about AIDS?

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
yes	5	3.2	3.2
not sure	6	3.8	7.0
no	146	93.0	100.0
	-----	-----	
TOTAL	157	100.0	
VALID CASES:	157		
MISSING CASES:	2		

Of the 5 respondents who had implemented an education program, one had set up his program over a year ago, three had set up their programs between 6 months and 12 months ago, and one had set up his program less than 6 months ago. Two of the respondents' programs were limited to the facts about getting AIDS in the workplace, two had programs instructing employees about how to avoid getting the disease in general, and one respondent's program educated employees about AIDS in the workplace and AIDS in general.

V36. How long has this program been established?

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
less than 6 months	1	20.0	20.0
6 months - 1 year	3	60.0	80.0
over 1 year	1	20.0	100.0
	-----	-----	
TOTAL	5	100.0	

VALID CASES: 5

MISSING CASES: 154

V37. Is your AIDS education program limited to the facts about getting AIDS in the workplace or about how to avoid getting the disease in general?

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
workplace risk	2	40.0	40.0
AIDS in general	2	40.0	80.0
not sure	0	0.0	80.0
other	0	0.0	80.0
both workplace/general	1	20.0	100.0
	-----	-----	
TOTAL	5	100.0	

VALID CASES: 5

MISSING CASES: 154

Ninety-seven percent of the respondents did not have an AIDS education program established. Of these respondents, 35 percent thought their company should have an education program and 32 percent did not think a program was necessary. And 33 percent of the respondents were not certain whether their company should have an education program. The respondents' opinions are almost perfectly split and demonstrate how torn the foodservice industry has been in taking the initiative to educate their employees.

V38. Do you think your company should have an AIDS education program?

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
yes	50	34.7	34.7
not sure	48	33.3	68.1
no	46	31.9	100.0
	-----	-----	
TOTAL	144	100.0	

VALID CASES: 144

MISSING CASES: 15

Trying to educate employees to reduce potential hysteria is not the only AIDS-inspired problem foodservice operators must face. The costs of employee benefits have been predicted to rise. Due to the tremendous costs involved in caring for an AIDS patient, many insurance carriers have begun, or are considering, passing the increased costs to the foodservice industry through higher rates. One way to cope with these costs is through case management and alternative care. However, employers must make certain their current medical insurance will pay for such options. Of the 107 respondents who provided medical insurance for their employees, 27 percent had medical insurance that paid for such alternative care. However, 24 percent of these respondents indicated their current medical insurance did not pay for alternative care or case management. And 1 percent of the respondents said their insurance carrier had raised questions about covering employees with AIDS or AIDS-related complex.

V39. Does your current medical insurance pay for such alternative coverage as home health care, hospice care, and/or case management for such long-term illnesses as AIDS, cancer, and other life-threatening illnesses?

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
yes	29	27.1	27.1
not sure	52	48.6	75.7
no	26	24.3	100.0
	-----	-----	
TOTAL	107	100.0	
VALID CASES:	107		
MISSING CASES:	52		

V40. Has your insurance carrier raised any questions about covering employees with AIDS or AIDS-related complex (ARC)?

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
yes	1	0.9	0.9
not sure	25	23.4	24.3
no	81	75.7	100.0
	-----	-----	
TOTAL	107	100.0	
VALID CASES:	107		
MISSING CASES:	52		

When AIDS was first discovered, it was thought to be a disease affecting only homosexual men. As the disease has progressed, AIDS was found to affect all people. However, the stigma associated with homosexuals and AIDS has stuck in many people's minds. And hospitality experts have estimated that anywhere from 20 to 33 percent of the industry's employees are homosexual. Combine the high percentage of homosexual employees with the public phobia of

AIDS, and a foodservice operator could have a real dilemma on his hands. However, of the 157 respondents who answered question 18, only 12 percent believed they employed people who were considered to be in a high risk group for AIDS. Twelve percent does not fall within the range of 20 to 33 percent. Maybe these 157 respondents do not actually hire many homosexual people or others in the high risk group for AIDS. Or maybe these respondents would like to believe they do not hire, or forget that they do hire, homosexuals and others in the high risk group for AIDS. Choosing to ignore a potentially explosive issue is one way of dealing with AIDS. For many foodservice operators this might prove to be an easier way out for them than having to confront the issue and develop a formal AIDS policy and education program.

The Business Week Executive Poll asked its respondents if they have had any employees who had died from or contracted AIDS. Almost a third of the respondents said their companies have had employees who had contracted or died from the disease. In this study, only 3 percent of the foodservice respondents believed they had employees or former employees who had died from AIDS, contracted AIDS or ARC, or had tested positive for the AIDS antibodies. Once again, a low percentage of positive responses might be an indication of the foodservice industry's resistance to face up to the problems encountered with AIDS.

V41. To the best of your knowledge, do you have any employees who are considered to be in a high risk group for AIDS? (ie., IV drug users, hemophiliacs, etc.)

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
yes	19	12.1	12.1
not sure	21	13.4	25.5
no	117	74.5	100.0
	-----	-----	
TOTAL	157	100.0	

VALID CASES: 157
MISSING CASES: 2

V42. To the best of your knowledge, have any employees or former employees died from AIDS, contracted AIDS or ARC, or tested positive for the AIDS antibodies?

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
yes	4	2.5	2.5
not sure	19	12.1	14.6
no	134	85.4	100.0
	-----	-----	
TOTAL	157	100.0	

VALID CASES: 157
MISSING CASES: 2

Only three of the four respondents who have had employees or former employees who have died from AIDS, contracted AIDS, or tested positive for the antibodies answered questions 20 and 21. Two of the respondents said they had discovered this information about their employees by the employee himself. Another respondent had discovered a former employee had died because of AIDS in the newspaper. One respondent had not made any special arrangements for the AIDS-stricken employee since the employee no longer worked for

the respondent. Another respondent was not sure if any special arrangements had been made for the employee with AIDS and another respondent had allowed the employee to work at less strenuous positions.

V43. How did you discover this information?

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
from the person	2	66.7	66.7
from another employee	0	0.0	66.7
other	1	33.3	100.0
	-----	-----	
TOTAL	3	100.0	

VALID CASES: 3
MISSING CASES: 156

V44. Were any special arrangements made for this person, such as flexible work time, job reassignments, etc.?

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
yes	1	33.3	33.3
not sure	1	33.3	66.7
no	1	33.3	100.0
	-----	-----	
TOTAL	3	100.0	

VALID CASES: 3
MISSING CASES: 156

Question 22 deals with the legal problems that can arise in discriminating against an employee with AIDS. Surgeon General Koop, in his suggested corporate policy, warns employers not to grant transfer request of an employee fearful of working with an AIDS victim if such a transfer is inconsistent with other transfer policies. In the Business Week Executive Poll, 29 percent of the

respondents were apparently aware of the legal problems AIDS presents since they said they would insist the existing work situation remain the same if a coworker objected to working with an employee with AIDS. However, the respondents of this study were not as certain what steps to take in relation to the objecting coworker situation. Only 5 percent of the respondents said they would insist that the work assignments remain the same. But the percentage of respondents that were not sure what to do in this situation is of even greater importance. Sixty percent of the 150 respondents who answered this question said they were not sure what to do. The confusion and uncertainty the foodservice industry has demonstrated in responding to the AIDS situation is clearly evident in the response to this question.

V45. If one of your employees expressed objections to working with an employee who has AIDS, would you:

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
move the employee who has AIDS	22	14.7	14.7
move the other employee	8	5.3	20.0
insist the work assignments remain the same	8	5.3	25.3
not sure	90	60.0	85.3
other	22	14.7	100.0
	-----	-----	
TOTAL	150	100.0	

VALID CASES: 150
MISSING CASES: 9

Many people, not only foodservice operators, are confused and frightened when they think of AIDS. Of the 147 respondents who answered variable 46 (some of the respondents marked more than one response and thus could not be included in the calculations), 50 percent said they would contact the Health Department for information if they were uncertain what to do if an employee contracted AIDS. Another 31 percent said they would contact a professional from an AIDS agency, counseling, or support group. If over 80 percent of the foodservice industry were to contact one of these two groups for information on AIDS, these groups, with a coordinated effort, could distribute desperately needed, pertinent information on AIDS specifically geared for the foodservice industry.

V46. If an employee told you he/she had contracted AIDS and you were uncertain what to do, who would you contact first for more information?

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
National Restaurant Association	5	3.4	3.4
legal council	9	6.1	9.5
the family doctor	7	4.8	14.3
the health department	74	50.3	64.6
a local school or college	0	0.0	64.6
a professional from an AIDS agency, counseling or support group	46	31.3	95.9
other	6	4.1	100.0
	-----	-----	
TOTAL	147	100.0	

VALID CASES: 147
MISSING CASES: 12

Questions 24 thru 26 asked the respondents opinions on AIDS education indirectly through senerios involving other companies and other communities. In general, the respondents agreed that education programs for companies, whether or not they employed members of the high risk groups for AIDS, were worth while. However, 57 percent of the respondents thought that foodservice establishments should not post signs about AIDS in employee rest rooms that might be used by patrons. This negative response might be instigated by the fear of poor publicity. As reported previously, 51 percent of the respondents thought an educational campaign on AIDS in a foodservice establishment could stir up potentially adverse publicity for the company.

An education program that did not necessarily have to have any outward signs to the patrons was viewed more favorably. Forty-one percent of the respondents thought an AIDS education program was worth the time and cost. And another 15 percent of the respondents did not think an AIDS education program justified the time and cost involved, but thought it was better to be safe and implement an education program than be sorry and not implement one. And in question 26, when respondents were asked about implementing a community-wide foodservice AIDS education program for all the foodservice establishments in a town that had no reported cases of AIDS, 13 percent said the program should only be implemented in the establishments that employed members of the high risk groups for AIDS. Another 58 percent said the program should be implemented in all foodservice establishments regardless of whether they employ people in the high risk groups for AIDS.

V47. What if signs were available to foodservice establishments to post in employee rest rooms stating that employees should not share razors or toothbrushes as a precautionary measure against the spread of the AIDS virus. Since some employee rest rooms are also utilized by patrons, should foodservice establishments post these signs?

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
yes	41	27.0	27.0
not sure	25	16.4	43.4
no	86	56.6	100.0
	-----	-----	
TOTAL	152	100.0	

VALID CASES: 152

MISSING CASES: 7

V48. Though no members of the high risk groups for AIDS are known to be employed at Company X, the company has launched an AIDS educational campaign. Does current evidence relating to AIDS warrant the expense and time to implement such a program?

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
yes, current level of evidence warrants the cost and the time	62	40.5	40.5
no, more evidence is needed to warrant the cost and the time	35	22.9	63.4
no, but it is better to be safe than sorry	23	15.0	78.4
not sure	33	21.6	100.0
	-----	-----	
TOTAL	153	100.0	

VALID CASES: 153

MISSING CASES: 6

V49. Town X has no reported cases of AIDS. The local foodservice establishments have gathered together to discuss AIDS education. Since some of these establishments employ people in the high risk groups for AIDS, should a community-wide foodservice AIDS education program be implemented?

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
yes	89	57.8	57.8
yes, but only for those establishments with employees in the high risk group for AIDS	20	13.0	70.8
no	15	9.7	80.5
not sure	30	19.5	100.0
	-----	-----	
TOTAL	154	100.0	

VALID CASES: 154

MISSING CASES: 5

Are foodservice operators concerned enough about AIDS to educate themselves on the issues? Thirty-six of the respondents had actively sought to further their knowledge concerning AIDS via literature, seminars, etc., besides what they had read daily in the newspaper and other magazines they received.

V50. Have you actively sought to further your knowledge concerning AIDS via literature, seminars, etc., besides what you read daily in the newspaper and other magazines you receive?

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
yes	55	35.9	35.9
no	98	64.1	100.0
	-----	-----	
TOTAL	153	100.0	

VALID CASES: 153

MISSING CASES: 6

Although 46 percent of the respondents feared contracting AIDS from donating blood, an overwhelming 83 percent of the respondents would administer first aid without wearing gloves to an employee who had cut his finger. Only 12 percent said they would wear gloves before administering first aid. While deep kissing has not been shown to transmit the AIDS virus, only 36 percent of the respondents said they would administer mouth-to-mouth resuscitation to a patron who had gone into cardiac arrest. Yet 83 percent of the respondents were willing to risk contamination with the blood of another individual. And 43 percent of the respondents said they were not sure what they would do if a patron went into cardiac arrest. "Not sure" ... it was a common response to many questions in this study.

V51. If one of your employees cut his/her finger and needed immediate attention, would you:

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
administer first aid	127	82.5	82.5
would not administer first aid	1	0.6	83.1
would put on gloves to administer first aid	18	11.7	94.8
not sure	8	5.2	100.0
other	0	0.0	100.0
	-----	-----	
TOTAL	154	100.0	

VALID CASES: 154

MISSING CASES: 5

V52. If one of your patrons was to go into cardiac arrest and needed mouth-to-mouth resuscitation, would you:

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
administer mouth-to-mouth resuscitation	55	35.9	35.9
would use a cloth to cover the patron's mouth before administering mouth-to-mouth resuscitation	11	7.2	43.1
would use a tube or other instrument to administer mouth-to-mouth resuscitation	6	3.9	47.1
not sure	65	42.5	89.5
other	16	10.5	100.0
	-----	-----	
TOTAL	153	100.0	

VALID CASES: 153
MISSING CASES: 6

In the Business Week Executive Poll, respondents were asked if their companies had considered requiring a blood test for the presence of AIDS for prospective new employees. Only 9 percent had considered instituting such a test. These respondents were then asked if they thought the management of their companies would favor or oppose a policy requiring an AIDS blood test for all job applicants. Sixty-two percent of the respondents said their management would oppose such a policy. And 15 percent of the respondents were not sure if such a policy would be favored or opposed by their managements.

Although only 1 percent of the foodservice operators had considered testing for AIDS, more of them would favor implementing a test for AIDS than would the human resources executives in the

Business Week Executive Poll. Twenty-eight percent of the respondents in this study would favor testing job applicants for AIDS. And most Americans would agree with the foodservice industry. In a telephone survey of 1304 Americans conducted in April 1987 by Media General-Associated Press, 60 percent of the respondents said they would support mandatory testing for the AIDS virus as a requirement for health and foodservice jobs.

V53. Many insurance companies would like to require blood tests for the presence of AIDS antibodies for people applying for insurance. Has your company considered instituting such a test for potential new employees?

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
yes	2	1.3	1.3
not sure	29	19.0	20.3
no	122	79.7	100.0
	-----	-----	
TOTAL	153	100.0	

VALID CASES: 153

MISSING CASES: 6

V54. In your opinion, would your company's top management favor or oppose a policy requiring a test for the presence of AIDS antibodies for all job applicants?

	<u>FREQUENCY</u>	<u>PERCENT</u>	<u>CUMULATIVE PERCENT</u>
would favor	43	28.3	28.3
not sure	65	42.8	71.1
would oppose	44	28.9	100.0
	-----	-----	
TOTAL	152	100.0	

VALID CASES: 152

MISSING CASES: 7

CONCLUSION

AIDS - it's like a terrible nightmare without a morning to end it. It is no longer just a big city problem. AIDS is now plaguing smaller towns and smaller companies.

And AIDS is unequivocally plaguing the foodservice industry. Restaurants have been forced to close due to the public hysteria surrounding the virus. More than one study has shown that people fear getting the disease from an infected foodhandler. Add to this the high percentage of homosexuals estimated to be working in the hospitality industry and a foodservice operator has a potentially explosive issue on his hands.

An abundance of articles have been written warning managers in all industries of the dangers that lie ahead. Business people need to establish what they will do to avoid discrimination lawsuits, to control medical and insurance costs, and to educate themselves and their employees. Foodservice operators, however, must deal with a double-edged sword. Not only do they have to contend with their employees' fear of working with an infected coworker, they also have to deal with their customers' fear of getting the virus from an infected worker.

TESTING THE HYPOTHESES

The hypotheses of this study were as follows:

- 1) The majority of foodservice establishments do not have a formal policy for dealing with employees with AIDS and 2) do not have an education program for informing employees about the disease.

The sub-hypotheses stated that restaurateurs do not have a formal AIDS policy and education program because they:

SH1: Lack the knowledge concerning:

- a) the disease - its symptoms, known means of transmission, and precautions for avoiding or reducing the risk of contracting it
- b) the possible costs involved for medical care of an AIDS victim
- c) the legal issues that have been created with the AIDS situation

SH2: Are unaware of the fear and phobias concerning the AIDS infected employee by:

- a) the customers
- b) his/her coworkers

SH3: Do not believe they employ members of the high risk groups for AIDS, such as homosexuals and intravenous drug users

SH4: Are taking the "wait and see" approach to AIDS

The hypothesis was overwhelming accepted. Although the majority of the respondents were aware of their employees' and patrons' fear of the disease and the medical costs involved in treating an AIDS victim, 95.5 percent of the respondents had yet to form a formal policy for dealing with employees with AIDS.

Education is the best way to quell fear of the unknown. Indeed, 58 percent of the respondents of the survey thought an educational campaign on AIDS in a foodservice establishment appeared to be the only non-threatening way of raising the issues surrounding AIDS. Yet at the same time, 93 percent of the respondents did not have an education program.

The Sub-hypotheses

Some of the reasons why these respondents did not have a formal AIDS and education program have been uncovered in the results of this study. Part A of the first sub-hypothesis was accepted. Many of the respondents were still confused about the known means of transmission of the virus. Forty-six percent of the respondents thought they could receive the AIDS virus from donating blood. And forty-five percent of the respondents thought the virus could be transmitted in other ways besides blood-to-blood and blood-to-semen contact. Percentages of this magnitude were not expected since the negation of these two aspects of the virus' transmission has been so highly publicized. Surgeon General Koop has repeatedly informed the public of the known means of transmission. However, fear of contamination with a deadly virus can distort a person's rational thinking.

Part B of the first sub-hypothesis was not accepted. The majority of the respondents were aware of the tremendous medical costs involved in treating AIDS victims. Only one of the respondents thought that the cost of medical insurance was not likely to rise.

The evidence to accept part C of the first hypothesis was clearly demonstrated in the results of variables 2, 10, 17, and 45 (see appendix A). The majority of respondents were either misinformed or uncertain about the legal issues that have been created with the AIDS situation. Sixty-four percent of the respondents thought, in order to provide safe working environment for their employees, they must inform employees about an AIDS-

infected coworker. Forty-two percent felt they had the right to fire or not hire a person because of AIDS or the fear of AIDS. Actions like these by a foodservice operator could easily make him the defendant in a discrimination suit. Perhaps an operator would not take such discriminatory actions if he was better informed of the law. Unfortunately, the majority of respondents were not familiar with New York State's law which expressly prohibits discrimination by employers against persons who have, or who are perceived to have AIDS. And the majority of respondents were not familiar with Surgeon General Koop's suggested corporate policy. In his policy, he clearly states to employers not to grant a transfer request of an employee who is afraid of working with a coworker who has AIDS if such a transfer is inconsistent with other transfer policies. Yet 60 percent of the respondents were unsure what to do if one of their employees objected to working with another employee who had AIDS.

This high degree of uncertainty concerning the legal issues is rendering the foodservice industry incapable of developing formal policies for dealing with employees who have AIDS. Rather than write a policy and risk its legality, the foodservice industry appears to have avoided the issue. They seem to feel that doing nothing at all is better than doing something and risk doing it wrong.

The second sub-hypothesis could not be accepted. The majority of the respondents were well aware of the fear and hysteria their employees and patrons have in regards to an AIDS infected employee.

Seventy percent of the respondents felt their employees would not feel safe working with a coworker who had AIDS. Fifty-seven percent of the respondents believe their employees would not eat in the same cafeteria with an AIDS-infected coworker. And ninety-six percent of the respondents felt their patrons were afraid of getting the AIDS virus from an AIDS-infected foodhandler and would not return to an establishment if they knew one of the employees had AIDS. These foodservice operators had no doubt as to the degree of fear their patrons have in regards to AIDS and the foodservice industry.

The third sub-hypothesis was accepted. The majority of the respondents did not, to the best of their knowledge, hire people who were at high risk for AIDS. Industry experts have estimated that up to one-third of the hospitality labor force is homosexual (Anonymous, 1987). Yet only 12 percent of the respondents believed they had employees in the high risk groups for AIDS. If a manager or owner does not believe he employs members of the high risk groups for AIDS, he might not think he needs a formal AIDS policy or education program.

The fourth sub-hypothesis cannot be totally accepted. From the results of this study, the respondents are obviously taking a "wait" approach to the AIDS issues since the majority of them have not developed formal AIDS policies or education programs. But whether they are taking a "see" approach in addition to a "wait" approach is not totally clear. The respondents are not waiting to see if the impact of AIDS will hit them. The responses they gave did not indicate they felt immune from AIDS. Over 60 percent of the

respondents thought it was likely that in the near future every foodservice manager would encounter an employee who had AIDS or AIDS-related complex. And only 6 percent of the respondents said AIDS still seemed remote in their part of the country.

AREAS OF FURTHER STUDY

Evidently, the respondents are not waiting to see if the impact of AIDS will effect them. But whether they are waiting to see what their peers are doing as far as developing policies is not known. Further research is needed to discover if members of the foodservice industry are simply not developing policies and education programs because they are waiting to see what the other establishment are doing or whether they do not feel confident enough in their knowledge of AIDS to develop a legally sound formal policy and an accurate and current education program.

TO THE FUTURE

The best way for an operator to avoid problems involving AIDS is by preparing and educating himself and his employees. Waiting for an employee to contract AIDS before developing a formal policy has proven to be disastrous for some establishments. By mishandling just one case of AIDS, a foodservice establishment could find itself the defendant in a discrimination suit. Besides the financially devastating effects of a settlement to an AIDS victim, an AIDS discrimination suit produces publicity that alone could destroy an establishment.

To write a formal AIDS policy and to develop an AIDS education

program, foodservice operators need to be better educated on the legal issues and known means of transmitting the virus. To many, this might seem like an overwhelming task. However, at least one respondent has decided to confront the AIDS issue. "I would like to add that your questionnaire was so thought provoking that I spoke with the owners and we have decided to get in touch with our local AIDS Task Force to become better informed on this subject, and develop our own policy/education program."

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APPENDIX A

April 11, 1988

Dear Owner or Manager:

We are enclosing a questionnaire on "Foodservice Industry's Response to AIDS." We would appreciate your taking a few minutes now to complete this and return it in the enclosed self-addressed envelope. No postage is necessary.

Your contribution to this research study will result in a better understanding of the disease and how it may impact our industry in the future. In addition, it is hoped this research will help provide some answers and guidance to the foodservice industry in dealing with AIDS.

It is important for you to realize that your participation in this study is absolutely confidential - no names are required. However, if you would like a copy of the collective responses, please include a self-addressed, stamped envelope. The results will be sent to you as soon as possible.

Your assistance is invaluable and will help us all learn more about how the foodservice industry can respond to the issues surrounding a disease that will affect us all. We would appreciate your response no later than April 29, 1988.

Thank you in advance for your immediate response.

Edward B. Stockham, Ph.D.
Associate Director

Cheri A. Young
Research Assistant

For the following questions, please use the scale below for your responses:

SA - Strongly agree
A - Agree
N - Neither agree or disagree
D - Disagree
SD - Strongly disagree

1) Based on the current evidence about AIDS:

V1.	There is a possibility of receiving the AIDS virus from donating blood	<u>SA</u>	<u>A</u>	<u>N</u>	<u>D</u>	<u>SD</u>
V2.	A person with AIDS is protected under state handicapped worker statutes	<u>SA</u>	<u>A</u>	<u>N</u>	<u>D</u>	<u>SD</u>
V3.	The AIDS virus can be transmitted in other ways besides blood-to-blood and blood-to-semen contact	<u>SA</u>	<u>A</u>	<u>N</u>	<u>D</u>	<u>SD</u>
V4.	Women are not capable of transmitting the AIDS virus to men	<u>SA</u>	<u>A</u>	<u>N</u>	<u>D</u>	<u>SD</u>
V5.	Employees without AIDS believe it is safe to work with employees who have AIDS	<u>SA</u>	<u>A</u>	<u>N</u>	<u>D</u>	<u>SD</u>
V6.	AIDS, alone, is what usually kills a person	<u>SA</u>	<u>A</u>	<u>N</u>	<u>D</u>	<u>SD</u>
V7.	Not everyone who has sexual intercourse with an AIDS-infected person is at risk for developing AIDS	<u>SA</u>	<u>A</u>	<u>N</u>	<u>D</u>	<u>SD</u>
V8.	A healthy looking and feeling person cannot transmit the AIDS virus	<u>SA</u>	<u>A</u>	<u>N</u>	<u>D</u>	<u>SD</u>
V9.	In the near future, it is likely that every foodservice manager will encounter an employee who has AIDS or AIDS-related complex	<u>SA</u>	<u>A</u>	<u>N</u>	<u>D</u>	<u>SD</u>
V10.	Management has the right to fire or not hire a person because of AIDS or fear of AIDS	<u>SA</u>	<u>A</u>	<u>N</u>	<u>D</u>	<u>SD</u>
V11.	People do not fear getting the AIDS virus from an AIDS-infected food handler	<u>SA</u>	<u>A</u>	<u>N</u>	<u>D</u>	<u>SD</u>

V12. Foodservice establishments should require employees to wear latex or plastic gloves	<u>SA</u>	<u>A</u>	<u>N</u>	<u>D</u>	<u>SD</u>
V13. The cost of medical care per AIDS patient, from diagnosis to death, is usually no more than \$75,000	<u>SA</u>	<u>A</u>	<u>N</u>	<u>D</u>	<u>SD</u>
V14. Some of my patrons would stop frequenting my establishment if they knew one of my employees was carrying the AIDS virus	<u>SA</u>	<u>A</u>	<u>N</u>	<u>D</u>	<u>SD</u>
V15. Employees will not eat in the same cafeteria with an AIDS-infected coworker	<u>SA</u>	<u>A</u>	<u>N</u>	<u>D</u>	<u>SD</u>
V16. The cost of medical insurance is likely to rise	<u>SA</u>	<u>A</u>	<u>N</u>	<u>D</u>	<u>SD</u>
V17. In order to provide a safe working environment for their employees, management must inform employees about an AIDS-infected coworker	<u>SA</u>	<u>A</u>	<u>N</u>	<u>D</u>	<u>SD</u>
2) In your opinion, an educational campaign on AIDS in a foodservice establishment:					
V18. Would only exaggerate an already sensitive issue	<u>SA</u>	<u>A</u>	<u>N</u>	<u>D</u>	<u>SD</u>
V19. Appears to be the only non-threatening way of raising the issues surrounding AIDS	<u>SA</u>	<u>A</u>	<u>N</u>	<u>D</u>	<u>SD</u>
V20. Is necessary only if employees ask for information about AIDS	<u>SA</u>	<u>A</u>	<u>N</u>	<u>D</u>	<u>SD</u>
V21. Would not be necessary since AIDS still seems remote in this area of the country	<u>SA</u>	<u>A</u>	<u>N</u>	<u>D</u>	<u>SD</u>
V22. Could stir up potentially adverse publicity for the company	<u>SA</u>	<u>A</u>	<u>N</u>	<u>D</u>	<u>SD</u>

- 3) Do you see AIDS as a threat to society?
V23. ☐ Yes ☐ No ☐ Not sure
- 4) Do you see AIDS as a threat to the foodservice industry?
V24. ☐ Yes ☐ No ☐ Not sure
- 5) To what degree is the level of concern shown by your company's
V25. top management over the problem of AIDS in the workplace?
☐ No concern ☐ Not much concern ☐ Some concern
☐ Much concern ☐ Not sure
- 6) Does your establishment have a formal written statement or
V26. policy for dealing with employees who have AIDS?
☐ Yes ☐ No (SKIP TO QUESTION #12)
☐ Not sure (SKIP TO QUESTION #12)
- 7) How long has this policy been in place?
V27. ☐ 6 months or less ☐ 6 months - 1 year ☐ Over 1 year
- 8) Does your policy include making available audio-visual or print
V28. resources to assist managers in educating their employees?
☐ Yes ☐ No ☐ Not sure
- 9) Does your policy emphasize to managers that employees' health
V29. conditions are personal and confidential?
☐ Yes ☐ No ☐ Not sure
- 10) Does your policy include giving no special consideration beyond
V30. normal transfer requests for employees who are afraid of
working with a coworker who has AIDS?
☐ Yes ☐ No ☐ Not sure
- 11) Does your policy include treating a person with AIDS through
V31. case management programs that provide for home or hospice care?
☐ Yes ☐ No ☐ Not sure

* IF YOU ANSWERED YES TO QUESTION #6, PLEASE SKIP TO QUESTION #15 *

- 12) Does your establishment have an unwritten, informal policy for
V32. dealing with employees who have AIDS?
☐ Yes (PLEASE DESCRIBE BRIEFLY BELOW) ☐ No ☐ Not sure
-

- 13) Do you think your establishment should have a formal written
V33. policy or statement for dealing with employees who have AIDS,
or do you think existing general policies are adequate?
☐ Should have formal policy ☐ Existing policies adequate
☐ Not sure

- 14) Is your establishment considering developing a formal policy or
V34. statement for dealing with employees who have AIDS?
☐ Yes ☐ No ☐ Not sure

V35. ☐ Yes --. ☐ No --. ☐ Not sure --.

V36. How long has this program been established?

[] Over 1 year
[] 6 months - 1 year
[] Less than 6 months

V38. Do you think your company should have an AIDS education program?

[] Yes
[] No
[] Not sure

(PLEASE PROCEED TO QUESTION #16)

V37. Is your AIDS education program limited to the facts about getting AIDS in the workplace or about how to avoid getting the disease in general?

[] Worplace risk
[] AIDS in general
[] Not sure

[] Other, please specify:

16) Does your current medical insurance pay for such alternative
V39. coverage as home health care, hospice care, and/or case
management for such long-term illnesses as AIDS, cancer, and
other life-threatening illnesses? (If you do not
provide medical insurance for your employees please skip to
question #18)

☐ Yes ☐ No ☐ Not sure

17) Has your insurance carrier raised any questions about covering V40. employees with AIDS or AIDS-related complex (ARC)?

☐ Yes ☐ No ☐ Not sure

18) To the best of your knowledge, do you have any employees who
V41. are considered to be in a high risk group for AIDS? (ie., IV
drug users, hemophiliacs, etc.)

☐ Yes ☐ No ☐ Not sure

19) To the best of your knowledge, have any employees or former
V42. employees died from AIDS, contracted AIDS or ARC, or tested
positive for the AIDS antibodies?

[] Yes [] No (SKIP TO QUESTION #22)

[] Not sure (SKIP TO QUESTION #22)

20) How did you discover this information?

V43. ☐ From the person ☐ From another employee

☐ Other, please specify below:

21) Were any special arrangements made for this person, such as V44. flexible work time, job reassignments, etc.?

☐ Yes, please specify briefly: ☐ No ☐ Not sure

- 22) If one of your employees expressed objections to working with
V45. an employee who has AIDS, would you:
- ☐ Move the employee who has AIDS
 - ☐ Move the other employee
 - ☐ Insist the work assignments remain the same
 - ☐ Not sure
 - ☐ Other, please specify briefly: _____
- 23) If an employee told you he/she had contracted AIDS and you were
V46. uncertain what to do, who would you contact first for more
information: (CHECK ONLY ONE)
- ☐ National Restaurant Association
 - ☐ Legal council
 - ☐ The family doctor
 - ☐ The Health Department
 - ☐ A local school or college
 - ☐ A professional from AIDS agency, counseling, support group
 - ☐ Other, please specify: _____
- 24) What if signs were available to foodservice establishments to
V47. post in employee rest rooms stating that employees should not
share razors or toothbrushes as a precautionary measure against
the spread of the AIDS virus. Since some employee rest rooms
are also utilized by patrons, should food service
establishments post these signs?
- ☐ Yes, the signs should be posted
 - ☐ No, the signs should not be posted
 - ☐ Not sure
- 25) Though no members of the high risk groups for AIDS are known to
V48. be employed at Company X, the company has launched an AIDS
educational campaign. Does current evidence relating to AIDS
warrant the expense and time to implement such a program?
- ☐ Yes, current level of evidence warrants the cost and time
 - ☐ No, more evidence is needed to warrant the cost and time
 - ☐ No, but it is better to be safe than sorry
 - ☐ Not sure
- 26) Town X has no reported cases of AIDS. The local foodservice
V49. establishments have gathered together to discuss AIDS
education. Since some of these establishments employ people in
the high risk groups for AIDS, should a community-wide
foodservice AIDS education program be implemented?
- ☐ Yes
 - ☐ Yes, but only for those establishments with employees in
the high risk group for AIDS
 - ☐ No
 - ☐ Not sure
- 27) Have you actively sought to further your knowledge concerning
V50. AIDS via literature, seminars, etc., besides what you read
daily in the newspaper and other magazines you receive?
- ☐ Yes
 - ☐ No

- 28) If one of your employees cut his/her finger and needed
V51. immediate attention, would you:
☐ Administer first aid
☐ Would not administer first aid
☐ Would put on gloves to administer first aid
☐ Not sure
☐ Other, please specify: _____
- 29) If one of your patrons was to go into cardiac arrest and needed
V52. mouth-to-mouth resuscitation, would you:
☐ Administer mouth-to-mouth resuscitation
☐ Would use a cloth to cover the patron's mouth before administering mouth-to-mouth resuscitation
☐ Would use a tube or other instrument to administer mouth-to-mouth resuscitation
☐ Not sure
☐ Other, please specify: _____
- 30) Many insurance companies would like to require blood tests for
V53. the presence of AIDS antibodies for people applying for insurance. Has your company considered instituting such a test for potential new employees?
☐ Yes ☐ No ☐ Not sure
- 31) In your opinion, would your company's top management favor or
V54. oppose a policy requiring a test for the presence of AIDS antibodies for all job applicants?
☐ Would favor ☐ Would oppose ☐ Not sure
- 32) What term best describes your establishment? (CHECK ONLY ONE)
V55. ☐ Full service restaurant
☐ Fast food restaurant
☐ Hotel/Motel/Resort
☐ Drinking place (tavern, bar, etc.)
☐ Other, please specify: _____
- 33) What term best describes the type of ownership?
V56. ☐ Independent
☐ Franchise independent
☐ Chain owned
☐ Other, please specify: _____
- 34) Number of foodservice employees at this establishment (if part
V57. of a chain, only the number of foodservice employees at this particular unit):
☐ 4 or less ☐ 10 to 19 ☐ 50 to 99
☐ 5 to 9 ☐ 20 to 49 ☐ 100 or more
- 35) What is your position: _____
V58.

36) What is the highest level of formal education you have attended
V59. to date? (CHECK ONLY ONE)
[] High school or less
[] Attended college without graduating
[] Graduated from college
[] Postgraduate study without degree
[] Postgraduate degree

37) Please check those professional organizations of which you are
V60- a member of: (CHECK ALL THAT APPLY)
V67 [] NYSRA [] IFSEA [] NYCRA
[] HSMA [] NRA [] AHMA
[] SFM [] Other, please specify: _____

Thank you for completing this questionnaire. Your assistance is
deeply appreciated.

APPENDIX B

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Surgeon General Koop's suggested corporate AIDS policy

- * Treat AIDS disease within existing policy for life-threatening illnesses
- * Allow employees with AIDS to work for as long as they can
- * Require that AIDS patients perform their jobs satisfactorily or offer them ones with lesser responsibility
- * Encourage sensitivity on the part of coworkers of an employee with AIDS
- * Do not grant a transfer request of an employee who is afraid of working with a coworker who has AIDS if such a transfer is inconsistent with other transfer policy
- * Maintain the confidentiality of health records of persons who test AIDS-virus positive, but who are not ill
- * Implement an educational program on AIDS
- * Consider case management of an AIDS victim for humanitarian and economic reasons

APPENDIX C

Summary:

Recommendations for Preventing Transmission of Infection with Human T-Lymphotropic Virus Type III/ Lymphadenopathy-Associated Virus in the Workplace

Food-service workers (FSWs). FSWs are defined as individuals whose occupations involve the preparation or serving of food or beverages (e.g., cooks, caterers, servers, waiters, bartenders, airline attendants). All epidemiologic and laboratory evidence indicates that bloodborne and sexually transmitted infections are not transmitted during the preparation or serving of food or beverages, and no instances of HIV or HTLV-III/LAV transmission have been documented in this setting.

All FSWs should follow recommended standards and practices of good personal hygiene and food sanitation (Food Service Sanitation Manual, 1976). All FSWs should exercise care to avoid injury to hands when preparing food. Should such an injury occur, both aesthetic and sanitary considerations would dictate that food contaminated with blood be discarded. FSWs known to be infected with HTLV-III/LAV need not be restricted from work unless they have evidence of other infection or illness for which any FSW should also be restricted.

Routine serologic testing of FSWs for antibody to HTLV-III/LAV is not recommended to prevent disease transmission from FSWs to consumers.

U.S. Centers for Disease Control, "Summary: Recommendations for Preventing Transmission of Infection with Human T-Lymphotropic Virus Type III/Lymphadenopathy-Associated Virus in the Workplace," Morbidity and Mortality Weekly Report, Vol. 34, No. 45, November 15, 1985.

Precautionary measures outlined by the Centers for Disease Control that have general applicability to all hospitality and services industries, regardless of HIV infection status, include the following:

- * "Sharp items (such as needles, scalpel blades, or other sharp instruments) should be considered potentially infective and should be handled with extraordinary care to prevent accidental injuries. Other potentially infective waste should be contained and transported in clearly identified impervious plastic bags. If the outside of the bag is contaminated with blood or other body fluids, a second outer bag should be used.

- * "Blood and other body fluids may be carefully poured down a drain connected to a sanitary sewer.

- * "Laundry and dishwashing cycles commonly used in hospitals are adequate to decontaminate linens, dishes, glassware, and utensils.

- * "Equipment and environmental surfaces exposed to spills of blood or other body fluids should be cleaned with soap and water or a detergent. A disinfectant solution or a freshly prepared solution of household bleach (diluted 1:10 in water) should be used to wipe the area after cleaning.

- * "Individuals cleaning up spills of blood or other body fluids should wear disposable gloves.

- * "Hands should be washed thoroughly and immediately with soap and water if they accidentally become contaminated with blood or other body fluids."

Edward B. Stockham, "A Healthy Approach for Confronting AIDS in the Workplace," Business & Society Review, No. 63, Fall 1987.