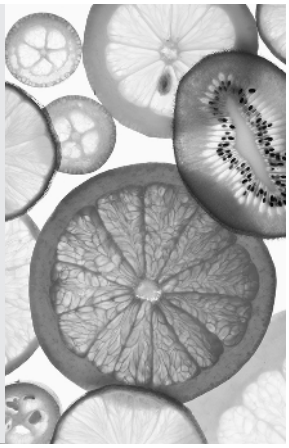
CHAPTER 1

HEALTH CARE AND FOOD SERVICE INDUSTRY

An Overview



LEARNING OBJECTIVES

- Know the major health issues of the US population.
- Know the differences of various levels of medical care provided in the United States including inpatient, outpatient, hospital@home, and long-term care.
- Identify the differences between senior living models of care in the independent living, assisted living, memory care, and "hospital" in the continuing care retirement centers (CCRCs).
- Understand person-directed care and the home model used in senior living vis-à-vis traditional medical care used in hospitals.
- Become familiar with the organizations' leading hospitals and senior living communities such as American Hospital Association and LeadingAge.
- Know the difference between hospital systems, community hospitals, rural hospitals, not-for-profit and for-profit hospitals.
- Know the differences between Medicare, Medicaid, preferred provider organizations (PPOs), and managed care.
- Understand the difference between contract food service management companies and self-operated health care food service providers.

NUTRITION HAS A major effect on your health and is something you can control to minimize the effects of many illnesses. Most of the chronic diseases and causes of death are impacted by diet. Additionally, genetics, a healthy lifestyle, routine physical activity, adequate sleep, and stress also impact on your health. The 10 leading causes of death in 2022 according to the Centers for Disease Control (CDC) and representing 72.3 percent of all deaths are heart disease, cancer, accidents (45 percent from overdose), cerebrovascular diseases (stroke), chronic lower respiratory diseases, Alzheimer disease, diabetes, nephritis/nephrotic syndrome/nephrosis, chronic liver disease/cirrhosis, and COVID-19. www.usfacts.org & www.cdc.gov

When you look at the life expectancy for the United States, men live an average of 77 years and women an average of 82 years compared to the world average for men being 71 and women being 76, you can deduce we have more people living longer at older ages in this country. (www.ufpa.or/dat/world-population/dahsboard) While this is a wonderful accomplishment it also indicates we have a larger population with chronic illness needing medical care and treatment in the later years of their lives.

The 2020 census data of the U.S. population is approximately 331.4 million. If you use the 17.3 percent of the population being over 65 years of age, it equates to over 57 million seniors living in the United States. With the growth of the older population and the increase in chronic conditions the demand for medical services will continue to grow. To meet this need more medical care, long-term care options, and medical professionals are needed to meet this demand.

Leading Causes of Death

The number one cause of death in the United States, representing 22 percent, is heart disease. Those who are affected by heart disease are often left with diminished quality of life and disability. The American Heart Association is a voluntary organization dedicated to eliminating heart disease and stroke. The association supports research and education for quality medical care, CPR, nutrition

improvements of people's diet, and has led to a 13.6% reduction in deaths from stroke and a 15.1% reduction in deaths from heart disease since 2018. www.heart.org

Obesity Disease

Obesity is a major health issue in this country, and the percentage of the population with this disease is on the rise. In 2023, 40 percent of adults and 20 percent of children were obese. While the causes are complex the reality is that too many of our people have this disease. Medical treatment and care for people with obesity are costly and require highly skilled professionals to treat. Additionally, obesity increases the risk of numerous other diseases including type 2 diabetes, heart disease, stroke, cancer, osteoarthritis, asthma, and others. This too increases the need for medical care and services CDC.

Diabetes Disease

Diabetes is a nationwide epidemic according to the American Diabetes Association. More than 10 percent of the people in the United States are diabetic. Two million have type 1 diabetes and approximately 16.5 million or 29 percent of people over 65 have diabetes. Average medical costs for people with diabetes are 2.6 times higher than for people without diabetes. Diabetes requires daily monitoring by the individual to keep blood sugar levels as close to normal as possible. It is difficult to control, and it is complex in nature. Education, medical support, medication(s), and access to professional diabetes personnel are necessary to minimize complications of the disease. Registered dietitians are extremely valuable for coaching people to make the best dietary choices and keep tight control of their blood sugar. Diabetes increases risk of stroke, blindness, heart, and kidney disease as well as nerve damage and amputations. Consequently, diabetes also adds a burden on medical services and need for trained professionals.

The American diet has changed drastically in the past 50 years. People eat larger portions, drink more high-calorie beverages, and consume about 25 percent more calories per day. Eating more meals out of the home and making decisions based on convenience rather than the quality of the meal are common. Ultra-processed foods constitute 50 to 60 percent of the average diet. Preparing regular meals at home with minimal or unprocessed food no longer defines the American diet. The art of cooking which enables you to control the quality and choice of ingredients in your food is declining. Those who want to ensure a healthy diet would benefit to make a meal plan and prepare the food for their meals. If you are not comfortable with your cooking skills, start by taking a class, watching cooking shows, and/or using recipes to make nutrient-dense meals. Choose healthy oils, lean meats and poultry, fish, whole grains, fruits, vegetables without added sugar or salt. When time is an issue use a crock pot or cook in bulk on days off, so you can use food cooked ahead for busy times. The food you choose to eat is what your body must use to repair and rebuild all its body parts, so, if you want to be your healthiest self, choose wisely.

Health Insurance

CDC reported that between 2019 and 2023 adults 18 to 64 without health insurance decreased to 10.9 percent from 14.7 percent and at the same time children without health insurance decreased to 3.9 percent from 5.1 percent. This is great news and a result of the Affordable Care Act (ACA). However, the OBBBA is set to make major changes to Medicaid, and it is expected that uninsured individuals will increase by 10 million.

Medicare

Medicare insurance is for people aged 65 or older, or have a disability, end-stage renal disease, or ALS. Currently more than 70 million people or one-fifth of the population are on this insurance. Medicare insurance has multiple parts: Part A is hospital insurance covering inpatient care, limited skilled nursing care, hospice care, and home health care. Part B covers services from doctors and other health care providers, outpatient, home health, durable medical equipment, and other preventive services. Part D covers prescription drugs. People also sign up for Supplemental Insurance or Medigap Part G to provide coverage for the percentage of the fees not covered. Medicare is not free, participants contribute a substantial monthly fee to be part of Medicare for medical care, prescriptions, and outpatient services. There are some Advantage program options that do not cost the participant, but they limit and control the medical care and the providers.

Medicaid

Medicaid is a joint federal and state program. It is the largest health care coverage in the United States covering half of all children, low-income seniors, disabled, and adults in low-wage jobs. The number is expected to grow as the population ages, the need for long-term care increases, and older people enter nursing homes. Medicaid is the largest purchaser of nursing home services and maternity care in the nation. The anticipated increase in spending is predicted to go to purchasing prescription drugs.

The Big, Beautiful Bill 2025 (OBBBA) includes planned cuts to Medicaid of about a trillion dollars. It includes a $50.4B reduction in Medicaid spending on rural hospitals by 2034. As of today, there are 1,796 rural hospitals that will feel the impact of this cut, some of which will have to close.

Managed Care

The most common types of managed care are health maintenance organizations (HMOs) and preferred provider organizations (PPOs). These systems were originally established to help control medical costs by overseeing the delivery of medical services. Provider networks contract with specific physicians, hospitals, and other medical professionals to create networks. Services out of network are significantly more expensive or not covered at all. The primary-care physician (PCP) controls the care and referrals to specialists.

Acute Care

The American Hospital Association

The American Hospital Association (AHA) is a national organization representing all types of hospitals and health care networks. Current membership includes over five thousand hospitals and 43,000 individual members. AHA provides advocacy, education, and is a source of information on health care issues and trends. There are 6,093 hospitals in the United States and four hundred health care systems (69 percent or 3,525 community hospitals are part of HC systems). Three-quarters of health systems are not for profit, 10 percent are catholic hospitals, 10 percent are for-profit hospitals, 3 percent are government hospitals, and the remaining are hospitals of varying types. Traditional types of hospitals include tertiary, urban, community, and rural. Tertiary hospitals often include medical school, research, and university alignment. These hospitals often have the most innovative treatments available and get referrals from the other hospitals for difficult and unique cases. Community hospitals are full service and often specialize in commonly treated medical conditions such as orthopedics and cardiac care. Rural hospitals, including critical access hospitals, are no larger than 25 acute care beds and must be located 35 (15 miles by mountainous terrain) miles from the nearest hospital. There are also rural emergency hospitals which include an emergency department and observation beds but no inpatient beds; they can also offer outpatient services. There are other types of rural hospitals, 70 percent of which have a shortage of highly qualified staff.

Health Care Systems: The largest health care systems in the United States in 2025 were HCA a for-profit system with 180 hospitals, Veterans Health Administration with 171 hospitals, Common Spirit Health formed from the merger of Catholic Health Initiatives and Dignity health with 140 hospitals, Ascension Health a nonprofit with over 139 hospitals, Trinity Health with 88 hospitals, and LifePoint Health with 84 hospitals. There are other health networks in addition to those mentioned. Health networks gained momentum with the establishment of managed care and the need to negotiate with the large and powerful insurance and drug companies.

There are large hospitals with over 1,000 beds. The largest are Yale New Haven in Connecticut (1541), Jackson Memorial in Miami, Florida (1488), Advent Health in Orlando, Florida (1400), and Cleveland Clinic in Ohio (1300). While large hospitals have greater ability to negotiate with insurance companies and suppliers, most of them find value in becoming part of a health network.

One of the newest initiatives with the AHA is Hospital@Home (H@H). As of July 2025, four hundred hospitals representing 140 health care systems have a H@H program. H@H has been approved by 39 state governments and is growing. H@H enables patients to receive acute-level care in their homes instead of a hospital. This care is supported by AHA for patients with medium acuity and is stable enough to be monitored from home. Currently, it is approved by Congress till 2030 with a mandate for Medicare and Medicaid to conduct a study on its effectiveness.

Issues identified by AHA for the hospital industry include (1) Recruitment and retention of health care professionals; 70 percent of the shortage of highly trained staff are at rural hospitals. (2) Disaster preparedness funding is not paced with actual disasters occurring. (3) Shortage of IV fluids. (4) Value-based service and fee for service.

HOSPITAL-CUSTOMER-FOCUSED CARE

The views and demands of patients as *consumers/customers* affect their choices and have a tremendous influence on the health care system. To determine customer wants and needs, customers must first be identified. Seven customer groups can be considered: patients, family and visitors, physicians, employees, volunteers, vendors, and payors.

The trend of identifying and meeting customers' needs drives satisfaction. Added services intended to increase satisfaction eventually become expected, so that further service-expansion attempts must be made continually to sustain customer satisfaction. This phenomenon encourages the philosophies of continuous quality improvement and total quality management. Frontline employees are key in providing customer satisfaction because they are the ones who represent the organization or department. Numerous health care organizations' employees are covered by collective bargaining agreements (CBAs), the largest being Service Employees International Union (SEIU). Customer satisfaction surveys, industry cost, and quality benchmarking assist the industry in identifying valuable strategies for improving customer experience.

Value in the Quality–Cost Equation

To provide *value*, quality must be delivered while keeping costs under control. Customers' demands for quality from their perspective have provided the stimulus for customer satisfaction programs in health care. These programs span the continuum from simple customer service guidelines to detailed continuous quality improvement programs. All have the essential objective of improving quality and customer satisfaction in an effort to improve outcomes and increase use. Whereas customer satisfaction programs emphasize service delivery, continuous quality improvement programs provide a mechanism for in-depth enhancement of systems, processes, and methods of delivery.

Nutrition and food service departments have opportunities to provide full quality and satisfaction to customers. Three distinct opportunities related to the food service component are the product, the service or delivery of the product, and the nutritional value of the product. In addition to these food service opportunities, many more exist in the delivery of clinical nutrition care. Each of these opportunities for quality enhancement must be evaluated in the customer service or quality improvement process selected. Multidisciplinary partnership between nursing services, the clinical nutrition team, and food service management creates a foundation of success.

Programs and services continue to evolve, with the purpose of generating revenue for nutrition and food service departments and a dual focus on care giver satisfaction. Approaches to patient meal service include menu enhancement, nontraditional offerings such as room service, and home meal delivery after discharge.

The retail space "cafeterias" have evolved to be dining destinations to include "pop ups" from your favorite local restaurants to nationally branded beverage, for example Starbuck as a coffee destination as well as delivery and pickup models from Food Lockers to 3rd-party delivery platforms to support the 12-hour shifts for care givers and the food needs. Restaurants and extended service hours are typically driven by the size of the hospital medical service lines and weekend surgical schedules. Convenience stores and micromarkets have grown with contactless payment and self-services options for all shifts, seven days a week. Many hospitals, especially essential hospitals and rural hospitals, may find it necessary to reduce costs and hours of operation by installing vending operations.

Senior Living

LeadingAge is a community of nonprofit aging services provider organizations serving older adults. LeadingAge state partners work with national organizations to ensure that older adults receive the high-quality services and support they need and deserve. They represent more than 5,400 nonprofit aging services providers and 36 partners in 41 states. They use advocacy, education, applied research, and community building to make the United States a better place to grow old. Members include the entire continuum of aging services, namely skilled nursing, AL, memory care, affordable housing retirement communities, adult day programs, hospice, community-based services, and home-based care. If you want more information, go to: www.leadingage.org.

Pioneer Network (PN) is the organization that led senior care culture change to one of person-directed care. PN is a national not-for-profit organization dedicated to creating a culture where elders' individual voices are solicited, welcomed, heard, and respected. The primary goal of the organization is to move eldercare to a place where all care and support are person-directed not system-directed. PN was instrumental in engaging CMS in the culture change in senior living. Numerous standards of care and survey inspectors promote and hold organizations to many of the tenets promoted by PN. There are numerous resources available free of charge from PN including the Artifacts of Culture Change 2.0 which is a self-assessment tool to foster implementation to a person-directed care culture. The PN partners with The Green House Project. See www.pioneernetwork.org for resources and more information.

The Green House Project is a not-for-profit organization that has created a non-organizational eldercare environment that empowers the lives of people who live and work in them. Dr. Willian H. Thomas, a Harvard-educated geriatrician from upstate New York, developed and promoted this housing design for seniors. The Green House project organization has helped senior living organizations implement, design, and make operational changes that lead to better outcomes for residents, lower workforce turnover, and significantly increase occupancy rate over traditional nursing homes. Since 2003 approximately four hundred homes in 35 states are in operation. Most of the homes are licensed skilled nursing facilities (SNFs), some offer post-acute rehab, AL, and dementia care. The homes are small in scale, self-contained, and self-sufficient. Each home includes private bedrooms and bathrooms for each resident, a living room with a fireplace, and outside spaces that are easy and safe to access. Universal workers provide care, social support, cook for, and dine with residents in a community dining room. Physicians and RNs visit for medical care and medication administration. For more information check out www.thegreenhouseproject.org.

Continuing care retirement centers (CCRCs) are a blend of various levels of support for seniors. A typical CCRC includes independent living (IL), assisted living (AL), memory care, and skilled nursing often referred to as "hospital." IL can be an apartment or a small home where outside upkeep is maintained by the CCRC. Residents dine in community dining rooms for 21 to 31 meals a month. Cleaning and upkeep of the apartment/house are often provided. AL varies but includes help with daily living activities and medication administration. Residents usually have a private bedroom and bathroom, but living spaces are communal and all meals are provided in group dining rooms. In memory care residents can have a private or shared bed and bathroom. Supervision is 24 hours a day, all meals are supervised and provided in community dining rooms. Some residents cannot sit long, and they are given safe areas to walk while eating. All memory care units are locked and self-contained. Skilled nursing usually referred to as "hospital" are similar to most SNFs and have a hospital model. The *Green House* model is used for a small percentage of CCRCs.

Nursing homes initially were a continuation of hospital care with an extended length of stay ending. In the early 2000s PN led a culture change movement away from a provider-directed care where management makes the decisions with little or no choice by the elders. The culture change movement has continued today with the most innovative senior living communities practicing person-directed care or citizenship. Person-directed care is when the elder makes decisions about their individual routines. Citizenship is when the elders have influence on their community and have responsibility for each other.

Workforce Issues

Globalization, COVID-19, technology, and AI have changed the nature of jobs and work. COVID-19 taught us that working from home was not only possible, but it was also effective and led to an improved work–life balance. Office work, teaching particularly at the college level, was beneficial and effective. Though the pandemic ended, most businesses and colleges continued to offer a hybrid of online and face-to-face classes/work. The downside of all activities online is the lack of relationship building between colleagues and others. The advantage is that people are wasting less time between tasks, commutes are non-existent, and roads less busy as well as the time to travel eliminated. However, today there are a variety of situations, and generally it is the leadership of organizations that decide on how business will be conducted. Working from home is not possible with most service jobs. The ability to interact, observe, and provide direct care limits most of the work done in service jobs. During the COVID pandemic many service workers were brave and dedicated in facing risk to their health by providing care and services. At the same time many service workers found other jobs and left their employment.

Telehealth is continuing to grow in value and use particularly following how important it was with COVID-19. Offering flexibility, the ability to provide care from any location with the internet via

computer, the industry is developing strategy to ensure telehealth is a long-term viable care model. Medicare telehealth services have been extended through December 31, 2027, under the Consolidated Appropriations Act, 2026. Other insurance providers continue to support its use.

The demand for health care and food service jobs such as chefs, cooks, and dietitians remains high. Food service managers in health care continue to compete with other service industries for the dwindling labor resources. A reduction in skilled workers coupled with an increased need for food service workers will require higher pay scales, which will negatively affect budget and cost-control efforts.

Not only has the labor market diminished, but the demographics have also changed. The age breakdown of employees' age in 2023 is as follows: 16 to 24-year-olds represent 13 percent, 25 to 44-year-olds represent 44 percent, 45 to 64-year-olds represent 36 percent, and those 65 or older represent 7 percent. In the 4th edition of this text baby boomers represented the largest percentage of the work force at 42 percent, and by 2023 they were the smallest percent and millennials were the largest percent of the workforce. www.bls.gov

- *Baby boomers (born ~1946 to 1964)*: Born during the post-WWII population boom, defined by civil rights movement, Vietnam War, and cultural revolution of the 1960s to 1970s.
- *Generation X (born ~1965 to1980)*: Sometimes called "latchkey kids," grew up with increasing divorce rates, economic uncertainty, and the early digital revolution.
- *Millennials (born ~1981 to 1996)*: Came of age during rapid technological change, 9/11, and the Great Recession. First generation to grow up with the internet as a significant part of life.
- *Generation Z (born ~1997 to 2012)*: Digital natives shaped by smartphones, social media, climate change awareness, school shootings, and economic instability.
- *Generation Alpha (born ~2013 to present)*: The first generation born entirely in the twenty-first century, growing up with AI, advanced technology, and significant social changes.

Working teenagers (16 to 19 years old), a traditional food service complement, have declined in number due to the low birth rate and many states prohibiting teenage workers, working in a health care food service kitchen. The average age of the workforce today is 42.1 years. Workers aged 25 to 44 years are the dominant age group followed by those 45 to 64.

Having knowledge of the average worker's age and the diversity of the labor force helps food service managers make the changes needed to attract and retain employees. The value system of the workforce will be based on worker individuality, maximum amount and control of free time away from work, and participation in deciding how work is accomplished. These values will require nutrition and food service managers to be flexible with schedules, including total hours worked, workdays, and responsibilities.

Today's Workforce

Today's workforce is reflective of the people living in our country. There is a variety of age, disabilities, status, military experiences, religion, education, plus gender, race, and nationality. The United States is a nation reflected by the growing number of minority workers. This trend will continue because racial and ethnic groups compose about 25 percent of the U.S. population. The total population in the United States is more than 331 million. According to the U.S. Census Bureau the white race makes up more than 58 percent of the population; Hispanic or Latino *ethnicity* is 19 percent; black or African American alone about 12 percent; some other race alone 8 percent; Asian alone 6 percent; two or more races' 10 percent; American Indian or Alaska Native alone 1 percent; and Native Hawaiian or Pacific Islander alone 0.2 percent. www.Census.gov Currently the Hispanic population is the fastest growing among minorities, according to the Census Bureau. Immigrants and their U.S.-born descendants are expected to provide most of the U.S. population gains in the decades ahead.

Diversity of the workforce varies regionally. For instance, the African American population is primarily in the South, Southeast, Chicago, Detroit, and Northeast cities, whereas Hispanics are located in the Southwest, West, Florida, New York, and the Chicago metropolitan area. Native Americans live in Alaska, the Southwest, and the Plains states, and Asian Americans most likely live in the West, with concentrations in Hawaii, California, and Washington.

Along with gains in cultural diversity comes the necessity for managers to recognize opportunities to draw on differences that enhance quality and service. In addition, these differences must be understood to provide compatible leadership that can create career ladders and encourage minorities in entry-level health care positions to access the system for further development. Health care nutrition and food service departments represent an entry point where training becomes more of a priority. Employee socialization and retention are specific concerns for food service directors.

Infectious Disease in the Workplace

Working in health care increases your contact with infectious diseases. In order to minimize your health risk and reduce the spread of infections health care providers require staff to be vaccinated for infectious diseases and screened annually for tuberculosis. The human relations department oversees the screening and monitoring of infectious diseases under the guidance of the medical director and the interdepartmental infectious disease committee. In the 1980s HIV/AIDS pandemic began in the United States and, until 1996 when antiretroviral therapy was available and the disease was treatable, it was the leading cause of death of men between 25 and 44. The disease was spread by body fluids. Cuts and needle sticks could infect a health care worker and so major procedure changes were made. In 2002, severe acute respiratory syndrome (SARS) spread to 4 continents and more than 24 countries. In 2009/10 the swine flu (H1N1) pandemic was responsible for the death of about 12,500 people (80 percent under 65 years old) in the United States. An Ebola outbreak, killing half of those who contracted it, arrived in 2014/16. In 2019, COVID-19 began spreading around the world. This pandemic led to lockdowns, mandated face masks, limits on large gatherings, and killing over seven million people around the world.

Omnibus Budget Reconciliation Act of 1987

Food service departments that serve extended-care units and long-term care facilities also must comply with the Medicare and Medicaid Requirements for long-term care facilities. These requirements, finalized in September 1992, implemented the nursing home reform amendments enacted by the Social Security Act by Omnibus Budget Reconciliation Act (OBRA) of 1990, as published by the Health Care Financing Administration. It is estimated that nearly 50 percent of the OBRA regulations relate directly or indirectly to nutrition and food service departments. The OBRA standards pertain to dignity and independence in dining, initial and annual nutrition assessments, nutrition care plans, and participation of a dietitian in family conferences.

CMS

CMS is in the Department of Health and Human Services centers for Medicare and Medicaid services. It oversees Medicare, Medicaid, CHIP. Federally funded long-term care is funded by both Medicaid and Medicare, so if a community receives federal funds, they are subjected to health care CMS inspection/surveys. The survey evaluates the providers' adherence to state/federal regulations and guidelines in the operations manual at both the individual and organizational levels. These expectations help to ensure patient safety and quality of care within CMS's state- and federally funded programs. The inspection process is very intensive for the food and nutrition department. It includes observations of the dining program and kitchen sanitation, and often the inspector is a registered dietitian. There is a dining room and a kitchen/food service observation form that are useful in preparing and self-auditing the department's services. The inspection process codes citations based on severity/harm and scope (isolated, pattern, widespread). Citations or Federal tags (F-tags) are given a letter between A and L with L being the most concerning. Common tags of food and nutrition are 368, 371, 256, and 364. High-level citations receive fines, closure, or inability to admit new residents. Inspection results are available on Medicare.gov. The CMS website is available on www.cms.gov.

The Joint Commission

Medicare and Medicaid regulations are government-imposed, but some facilities choose to further their compliance efforts by following standards set by independent organizations. *The Joint Commission* (www.jointcommission.org) is one such organization. Standards set by TJC are similar to those set by Medicare; however, TJC surveys tend to place more emphasis on the systems, processes, and procedures that influence quality of patient care and outcomes. They also have announced increased standards for safety, infection control, pain management, and emergency readiness. They do not announce the date or time of the surveys. Because TJC guidelines are updated and published annually, they must be reviewed annually to ensure compliance.

Americans with Disabilities Act

In addition to significantly influencing operations, legislation continues to dictate employment practices. As the labor force shrinks and alternative labor sources are explored, Americans with disabilities are one solution to some of the problems associated with inadequate staffing. Furthermore, ensuring equal employment opportunities for this segment of the population is mandated by federal law. In 1990, President George H. W. Bush signed the *Americans with Disabilities Act*, which prohibits employment discrimination against the disabled. The Act mandates that employers with 25 or more employees are prohibited from discriminating against qualified individuals with disabilities with regard to applications, hiring, discharge, compensation, advancement, training, or other terms, conditions, or privileges of employment. The Act affects both the selection of employees and the service of meals to consumers. Reasonable accommodations have to be made for both groups.

Closely tied to the Americans with Disabilities Act is the treatment of employees with AIDS in the workplace. In terms of knives and other tools and equipment that could cause cuts, certain risks are involved with kitchen employees who are HIV positive. Closely tied to AIDS—and perhaps more important to food service managers—is the near-epidemic number of cases of TB currently identified. Because TB is an airborne infection that is highly contagious, food service managers have to diligently ensure annual employee physical examinations.

Ethics play a role in nutrition and food service managers' decisions regarding meal delivery and clinical care. For example, purchasers of food and supplies must avoid suppliers whose offer of favors or gifts would place them in a compromising purchasing position. As part of the health care team, registered dietitians must give input regarding the delivery of nutritional hydration services to terminally ill patients. Some ethical issues dealing with nutrition management are addressed by state-specific advance directives signed when patients are admitted to a facility. These advance directives, which reflect a patient's wishes, help physicians and other caregivers in their decisions about the course of treatment.

Environmental Trends

Despite inroads in the amount of waste sent to landfills, more effort is needed. Health care and food service, both separately and together, have been targets in the environmental controversy. The waste from food service operations is composed of 60 to 70 percent of solid waste that includes food, paper, and plastic supplies such as napkins and single-use plastic items. The remaining 30 to 40 percent is from food production and preparation. Waste management efforts in all areas of health care should consider four agendas: **reducing** the quantity of waste, **reusing** as many materials or items as possible, **recycling** used materials, and **rethinking** what we can do to protect the environment. The increase in environmental regulation and public concern is forcing health care organizations to take innovative measures in handling medical waste, which includes many hazardous products as well as infectious waste that usually is incinerated.

Many food service opportunities exist to decrease waste and to implement recycling systems. For example, using individual coffee mugs and soft drink cups and eliminating or limiting disposable tableware can reduce waste. Recycling office paper, glass, steel and aluminum cans, and corrugated paper is another waste-reduction effort.

Many health care organizations have found a way to simultaneously decrease landfill use and help those less fortunate. For example, programs designed to feed the hungry are operated in many metropolitan areas. Food products prepared by health care food service departments are picked up by volunteers and distributed to organizations that distribute the food to homeless or low-income individuals. These programs have an added advantage in that the food service manager can measure and monitor food waste to improve preparation forecasts.

Food Labeling and Nutrition Claims

The Food and Drug Administration (FDA) established food-labeling regulations in conjunction with the Nutrition Labeling and Education Act in 1990. Both the number of foods covered and the amount of information required on labels have increased. The purpose of this legislation and ensuing regulation is to provide consumers with more reliable and informative material. Since May 1994, all processed foods regulated by the FDA must be appropriately labeled, and labels must include standardized serving sizes, grams of saturated fat, and fiber content. The percentage of daily values provides the percentage of fat, saturated fat, cholesterol, sodium, carbohydrate, and fiber contributed by a single serving, based on a 2,000-calorie daily diet. The new guidelines allow seven nutrient or disease-specific relationship claims and provide more detailed ingredient listings. Labels that use free, lean, lite, or extra-lean must meet the established standards for these product descriptions. In 2016 the nutrition facts' label on packaged food was updated to include the actual amount of added sugars, vitamin D, calcium, iron, and potassium. Additionally, a new footnote was added, and calories were in a larger font size.

In 2006, the Food Allergen Labeling and Consumer Protection Act of 2004 became effective. This law requires manufacturers to clearly identify on their food label if a food product has any ingredients that contain protein derived from any of the eight allergenic foods and food groups: milk, eggs, fish, crustacean shellfish, tree nuts, peanuts, wheat, sesame, or soybeans. These nine foods and food groups account for 90 percent of all food allergies. Other allergens are not required to be listed. The type of tree nut, the type of fish, and the type of crustacean must be listed.

An exemption from providing nutrition labels has been made for food served for immediate consumption, unless health claims are made. This exemption applies to restaurants and health care food service facilities. However, if health claims are made, these facilities have to meet the specific guidelines for the nutrient, and the claims must be verified by a minimum of three chemical analyses. For example, a claim that a product is low in cholesterol requires that the product has three verification analyses that prove it is at least 30 percent lower than the original product.

Foods that are *irradiated* must be labeled as such. Companies that wish to include genetically enhanced ingredients in their food products may label genetically enhanced ingredients and ingredients enhanced using biotechnology.

Literacy and the Workforce

About 2.5 million or more Americans who are illiterate are expected to enter the workforce each year; many will be attracted to the service industry, specifically food service. Of Americans who finish high school, only two-thirds will have adequate skills for employment. With the predictions of future labor shortages, quality of education and on-the-job training (OJT) are increasingly important employment considerations. OJT, once limited to specific job skills, has to go a step further to provide basic reading and writing skills as well as oral communication in English. Partnerships between educational organizations and health care organizations are in demand to improve the knowledge base of the fewer number of entry-level employees available for food service work. Some organizations now include basic literacy courses as part of the health care employee-training program intended to provide service areas with needed staff. Robotics are on the forefront assisting to narrow the employment gaps from delivery robots in senior living dining rooms to Flippy the hamburger maker in a hospital cafeteria to complete robotic kitchen in academic medical centers. Artificial intelligence is around the corner to assist in further closing the employment gaps. Technology costs are coming down, increasing the value proposition for food service leaders.

Menus Across the Country

No matter where you live in the United States, people enjoy hamburgers, hot dogs, fried chicken, macaroni and cheese, grilled cheese sandwiches, and pizza. However regional preferences are varied. Comfort foods in New England include fish with ritz cracker breading, Yankee pot roast, chicken pot pie, shellfish, and seafood; in the Midwest casseroles, beer brats, chili served with cinnamon rolls, deep dish pizza, and fried fish. Southern-style comfort foods include BBQ ribs and corn bread (variations across southern states), chicken and dumplings, shrimp and grits, fried catfish, biscuits and gravy, pimiento cheese, rice and beans, shrimp and okra gumbo, and ground beef casserole. Southwest fare enjoys spicy heat with foods like pork tacos, quesadillas, Texas black bean soup, tamales, enchiladas, sopapillas, and grilled corn. The West enjoys poke bowls, Dungeness crab cakes, sushi, sourdough bread, avocado toast, wild game, cioppino, fish tacos, and French dip beef sandwiches.

When planning a menu customize it to the region of the country where the facility is located. Include universal favorites along with regional favorites. If you decide to add food from other regions, do it as a special experiential dining event. If you are not familiar with local favorites check out the menus at popular restaurants in the area and survey your customers.

Chefs' roles in health care have grown substantially in the last 15 years. Today chefs fill the role of sous chef, head chef, executive

chef, and food service director. Health care offers balance in work hours, good benefits, and growth opportunities. The industry benefits with improved food quality and experts in culinary skills. Dietitians and chefs complement each other's skills and are a very effective team for healthy, delicious-tasting food. Working together on menu planning, retail, and special events are examples of significant improvements that have been experienced. Both acute care and senior living are benefiting from chefs joining the food service departments.

Medical Technology

The delivery of high-quality health care continues to rely on technology, the increased cost of which tends to affect health care faster than other businesses. This cost dynamic is due to rapid changes in technology that can be linked to equipment obsolescence over a short time period, acquisition or replacement costs, and the effects of competition among facilities. Some technological advances have been able to reduce labor needs, but more have required new or higher skill levels. A more demanding skill requirement has led to specialization within departments or fields, making it difficult to use staff for a variety of tasks. Technology also can be effective not only in diagnostics but also in treatment to lower costs and decrease the length of stay. Technology has been responsible for decreasing patient admissions and for increasing the use of outpatient services for tests and surgeries. Remote health monitoring devices such as watches, rings, or tiny sensors like the continuous glucose monitor are providing objective data to health care professionals to use in diagnosing and treating patients without costly tests or hospital admissions. Robotic surgery decreases invasiveness and improves the outcomes. Another type of *medical technology* with widespread effects on health care involves pharmaceuticals. The number of new medications entering the marketplace yearly is staggering. The rapid pace of development creates problems for the FDA and for the public in that a number of medications have been recalled after their extended use was found to cause side effects not predicted in trials before FDA approval. The digital transformation of health care will be greatly impacted with AI. Documentation of care by health professionals is cumbersome and time consuming. AI devices can record and summarize the care simultaneously while the interview, meeting, or physical assessment is occurring, thus reducing the documentation time.

Food Technology

This section briefly describes developments in *food technology* that food service operators should become familiar with. They include *sous vide*, biotechnology, irradiation, and medical foods.

The sous vide ("under vacuum") process, developed and perfected in Europe, uses freshly prepared foods that are processed with low-temperature cooking and vacuum-sealed in individual pouches. That process presented some problems with bacterial growth during the 1980s, but perfection of the slow-cooking methods to achieve pasteurization and improved packaging has made it a safe, viable option for food service operators. This technology is proving to be the least controversial and most widely accepted by both food service professionals and customers. Because many of the products prepared and preserved with low-temperature cooking and vacuum sealing are considered gourmet in nature, food service managers can expand and improve menu options for patients and other customer groups. Sous vide products are excellent for room service when one portion may be needed.

Biotechnology is creating the taste of the future. In this form of *genetic engineering*, a gene foreign to a product is spliced or added to its DNA to enhance or inhibit qualities of the original product. This bioengineering technology is being used to improve the current food supply; for example, vegetables and fruits are engineered to resist spoilage, increase variety, improve nutritional content, enhance resistance to disease, and provide a longer shelf life. The major reason for pursuing these genetically altered products is to decrease the amount of chemicals used during growth; by altering certain genes, the plants can be made resistant to insects.

The FDA has developed a guidance document for companies that wish to declare genetically enhanced ingredients in their food products. The National Food Processors Association announced before the FDA ruling that, in its view, no new regulation was necessary for food produced through biotechnology. Groups opposing the FDA guidelines include the Center for Science in Public Interest, the Environmental Defense Fund, and the National Wildlife Federation. Since the FDA decision, many—including a number of chefs—have publicly renounced bioengineered foods. It is not clear whether this disapproval mirrors sentiments of the general public or is limited to this group. Nutrition and food service managers should follow developments on this topic so as to make informed buying decisions.

Although it has been approved for food since the 1960s, *irradiation* is a technological breakthrough affecting current food supplies. Irradiation refers to exposure of substances to gamma rays or radiant energy. Irradiation has been used since 1985 to control trichinella in pork and since 1992 to control pathogens and other bacteria in frozen chicken and in some vegetables and fruits, especially strawberries.

In the late 1990s, after extensive and thorough scientific reviews of studies conducted worldwide on the effects of irradiation on meat, the FDA approved irradiation of fresh and frozen red meats, including beef, lamb, and pork, to control disease-causing microorganisms.

Federal law requires that all irradiated foods be labeled with the international symbol identified as the "radura"—simple green petals (representing food) in a broken circle (representing the rays of the energy source)—and accompanied by the words "Treated by Irradiation" or "Treated with Radiation."

Cloned food is food that is an exact genetic copy of another. This means that every single bit of DNA is the same between the two. There are a number of types of cloning. There are strict rules/guidelines on cloning, especially cloning humans. Cloning is used in hundreds of species, including goats, sheep, cows, mice, pigs, cats, dogs, and rabbits. Obviously not all cloned animals are used for food.

Medical food is a food or a mixture of food components that is administered under the supervision of a physician and interdisciplinary

team and is intended for specific dietary management of a disease for which the "food" was intended. Prebiotics and probiotics may be considered as medical foods. *Prebiotics* is a nondigestible food ingredient that beneficially affects the host by selectively stimulating the growth and activity of one or a limited number of bacteria in the colon. Probiotics are living organisms that, when administrated in adequate amounts, confer health benefits to the host.

Food Service Equipment

Advantages in equipment should be considered annually when making capital equipment plans. Concerns for water, energy use, and the environment must be considered when making capital purchases. Equipment needs vary from one organization to another and depend on the types of food purchased, the production methods used, staffing, the menu, and available space in the food service department. Under-the-counter storage equipment is available for more flexible storage. Equipment is also being designed to help operators meet HACCP regulations. Most of the new equipment is designed to maximize storage. Recent advances in food service equipment include cook-and-chill units, microwaves, blast chillers, smaller versions of existing equipment, and equipment that can be used for multiproduction methods. Some of the newer equipment can be matched with other equipment to offer flexible operation. Energy efficiency is increasingly becoming imperative, resulting in higher demand for energy-efficient equipment.

Many smaller versions of ovens and other equipment on the market were developed in response to limitations on space and the desire of some operators to use equipment in the view of customers. Other operators have installed preparation equipment—for example, a pizza oven—in full view of their customers. Microwaves, once used for boiling water or reheating foods, are finding their way into preparation areas of many food service departments. Microwaves can be used to defrost foods, reheat frozen products, and prepare vegetables.

Equipment that is water and energy intensive is being engineered not only to conserve water and sewage bills but also to heat that water. Proper ventilation equipment can provide savings on energy used to cool the kitchen and help ensure that cooking and ware-washing equipment work more efficiently.

Another advanced equipment is use of robotics, computerized units that assist with repetitive motion, such as placing items on patients' trays and cooking hamburgers. Technology is available to fully automate many kitchen and service activities. Equipment designs no doubt will consider changes in tomorrow's labor force. Instructions should be clear and understandable to workers whose abilities to read English may be limited, and knobs or switches should be designed for physically challenged individuals.

Background of Food Service Industry

Providing food in an organizational setting has evolved since the Middle Ages when large feudal groups were fed. Many large royal households fed as many as 250 people at each meal. Religious orders served quality food in abbeys to thousands of pilgrims on retreats. Florence Nightingale was the first "dietitian" when she insisted that the troops in field hospitals be provided nourishing food.

Today food is served in homes; restaurants; schools; colleges; universities; health care organizations; the military; corrections facilities; clubs and other social organizations; day-care centers; and industrial, business, and transportation enterprises. Each of the facilities plans, prices its menus, and provides a variety of dining rooms, from elegant to tray service in health care to fast food that can be eaten in an automobile.

According to the USDA Economic Research Service U.S. consumers, businesses, and government spend approximately US$1.54 trillion annually on food away from home. The retail food service industry ranks as one of the largest employers in the United States. In 2024 according to the Bureau of Labor Statistics food and beverage workers held about 5 million jobs, making the food sector a major employer in the U.S. economy. According to the BLS, food service and preparation jobs are the fastest-growing national occupation, and it is expected to continue to increase. The BLS also predicted the current shortage of registered dietitians.

There are approximately 1 million food service operations in the United States. Many U.S. households continuously rely on others for their food preparation. Restaurants account for 58.5 percent of food service sales. Elder care is the fastest-growing market; correctional food service also continues to grow with approximately 2.2 billion meals per year coming from correctional facilities in 2024.

Health care organizations, like many of the noncommercial food service operations, serve a captive audience. Their budgets for expenses are included in the hospital room rate, and many health care food services are subsidized, which means they receive some funds from external sources.

Classifications of Food Service

The *hospitality industry* is composed of three major segments: *lodging, food and beverage service*, and *travel and tourism. Lodging* includes hotels, motels, and so on and frequently offers food service to the customers. *Travel and tourism* include retail stores, recreation sites, transportation, travel agencies, and so on. Food service may be available at some of the sites. The *food and beverage* services industry is made up of a broad scope of establishments. These establishments are classified as *commercial, noncommercial*, and *organizational. Commercial food service* has the preparation and service of food as its primary activity. In non-commercial and organizational food service, the preparation and service of food is a secondary activity. The commercial segment includes fast-food, quick-service, or limited-menu restaurants; fine-dining restaurants; airport restaurants; convenience stores; buffet and self-serve restaurants; catering; supermarkets; food courts; and retail outlets such as department stores. These establishments set their own menu, price structure, and hours of service. Some, like airport restaurants, may serve the same customer only once or twice a year.

The *non-commercial segment*, where entities operate their own food service, includes hotel and motel restaurants, country club restaurants, cruise ships, trains, airlines, zoos, sporting events, and

theme parks. Each of these establishments may depend on the economy. When the economy is good, customers tend to spend more money to indulge in eating in these restaurants. The *organizational segment* includes the military; correctional facilities; hospitals; child-care centers; senior-care facilities; extended-care facilities such as nursing homes and other health care centers; employee food service for offices, industrial complexes, and health care facilities; schools, colleges, and universities; and not-for-profit establishments. All of the organizational segments have several things in common: a captive audience; low cost per meal; many regulatory agencies' standards; and local, state, and federal government regulations that must be met.

In-house management of non-commercial organizational food service is referred to as *self-operated*. Many non-commercial operations hire contract food service organizations that manage the food service department as well as other departments. *Contract food service management* is the provision of food service by a third-party company through a contract. The company meets the objectives of the department but is a for-profit company. The contract company provides management of the food service operation for the organization and usually the clinical nutrition services. Some organizations may outsource some of their services, such as information services or purchasing. *Outsourcing* means that an outside company will provide a service that the organization may not have the staff or equipment to do on-site.

Self-operation *food service* is defined as the organization or organization being responsible for the management and clinical components of food service. There is an ongoing discussion on the advantages and disadvantages of contract management versus self-operation. The advantages of using contract companies include expertise, economy of scale, and service:

- *Expertise*: Provides the knowledge, skills, education, and resources that a company will use to operate the food service operation. There is a network of expert nutrition and culinary professionals that support the development and mentoring of less experienced professionals. Proven system solutions are available between facilities and experts to assist in upgrading to best practices in the industry. There are growth opportunities within the company in the field as well as opportunities across the companies' contracts.
- *Economy of scale*: The work involved in developing resources for a food service operation is done economically, at a reduced cost per unit. The company offers buying power for food and equipment, expertise, and in some instances money for renovation projects and technology. Expert corporate teams develop standardized recipe files, nutrient analysis, and menus that can be customized for individual facilities saving time and labor.
- *Service*: Relieves the administration of worry about a department because the company will handle operational issues, quality control, customer satisfaction, and some staffing responsibilities, and the annual employee count is reduced because the employees are considered "management company" employees.

Disadvantages of a contract company versus self-operation include loss of control, expense, and divided loyalty:

- The *contract* is key in how well the relationship and the service provided are. Detailed requirements of labor, standards for food to be provided, and the cost range for retail should be spelled out. Expectations and incentives for regulatory compliance, patient/customer satisfaction give motivation for meeting and exceeding expectations. When conducting the bid consider a consultant who does not work for a competing interest as they often skew it to one of their customers.
- *Loss of control*: Hiring a contract company means relinquishing some control of the food service operation. Employees report to the manager of the contract company. However, majority of the employees are from the community and are customers to the hospital. Treating and embracing them in the hospital culture can be very beneficial. Leadership roles are not clear unless they are clearly defined in the contract.
- *Expense*: The organization pays a management fee and also may pay the salaries and benefits of employees. The fees may be determined on a cost-per-day basis, plus a percentage of saving, or the revenue against expenses. Each contract may be different and must be carefully evaluated. Generally, less management staff is needed for contract services because most of the systems development is provided by the company's expert dietitians, chefs, and operators.
- *Divided loyalty*: Employees working for a contract company may have divided loyalties—the company or the organization. The contract should include a meeting between the organization's representative and the contract company's representative to plan and promote integrating loyalty. Regardless of who operates the food service, it is vital that the needs of customers and the quality of the services be the primary concern.

Role of Food Service

The role of food service in a health care organization is to provide a variety of foods that are nutritious, compliant with the doctor's orders, prepared in a safe and sanitary environment that meets the financial obligation of the department as well as meeting the customers' satisfaction for taste and appearance. The department will strive to meet the social, cultural, religious, and psychological needs of customers in meal planning and service. The professional staff provides education to its customers while they are patients in the health care facility, in outpatient consultations, in the community, and to the general public, as requested.

Employees in the food service department are leaders within the organization who adhere to the overall mission, vision, and values of the organization while dovetailing the department's mission, vision, values, and philosophy to those of the organization. The role of the food service is to develop goals and outcome objectives and to seek commitment to achieving the outcomes. The department works

with other departments within the organization in a team effort to provide for customers. The largest challenge to face a food service department is to provide food to its customers while integrating the department's activities into the overall operation of the organization.

Managerial Ethics and Social Responsibility

Food service directors face *ethical challenges and social responsibility* as they balance the organization's need to know, and the privacy requests of employees, and cultural and ethical behaviors of a varied workforce and customer base to ensure that the organization is working in a socially responsible manner. They also have a responsibility to the *stakeholders*. Stakeholders have a direct "stake" or interest in its performance as they are affected one way or another in what the organization does and how it performs. For health care the stakeholders include customers, vendors, competition, regulators (at all levels), owners, employees, labor unions, clients, and local community.

Ethics is defined as the principles of conduct governing an individual or business or the views, attitudes, and practices about what is right or wrong; it concerns moral standards and basic values. There are professional or business and personal ethics. *Business ethics* refers to principles of moral standard that business executives follow. *Personal ethics* is a code that is influenced by religion or philosophy of life as a moral code. Organizations such as the Academy of Nutrition and Dietetics (AND) and the Association of Nutrition and Food Service Professionals (ANFP) have written codes of ethics that are guidelines for members of the organizations. (These codes may be found on the organizations' websites.) These codes are intended to promote and maintain the highest standards of food and nutrition services and personal contact among its members. Many codes of ethics are being replaced by standards. The term s*tandards* refer to some organizations' bills of rights for employees that assist managers in dealing with employees while ensuring those employees' rights.

All food service directors need to develop a personal code of ethics. The following should be included:

- Avoidance of conflict of interest
- Honesty and trustworthiness in all activities
- Respect for the rights of others, including cultural, ethnic, religious beliefs, and the right to privacy
- Loyalty to the employer
- Compliance with all applicable laws, regulations, rules, and policies
- Responsibility for one's own actions
- Honesty in credentials
- Adherence to a professional code of ethics
- Keeping confidential information confidential
- Protecting intellectual property.

Social responsibility in organizations is changing. Organizations must operate to provide services to achieve the greatest good for the greatest number of people. This can be accomplished by an organization's support of charities or events of public interest or issues and time off for employees to participate in events such as health care fairs, wellness events, environmental, and other related community activities.

Social responsibility also includes the promotion of equal rights of all groups, a fair wage for work performed, and the avoidance of favoritism. Employees should be protected in freedom of speech and assembly. Employees should have the right to unionize. Employers should provide a safe drug- and smoke-free work environment. Employees should be concerned about issues beyond business or work-related issues including being proactive about environmental quality, the conservation of water and energy, pollution, and the protection of patients' rights. As time and interest allow, employees should participate in community activities such as volunteering at health fairs, working with cancer-related and children's events.

STRESS

Job stress can affect all the systems of the body. *Stress* is a condition that can be physical or mental strain from situation(s) in the workplace. Food service is considered a high-stress occupation because of constant deadlines and demands, the objective of meeting the needs of customers, and in some instances the uneven distribution of the workload.

A food service director will need to be a buffer between staff and external stress. As an example, a customer in the cafeteria becomes angry over a perceived error in the amount of change received from a transaction. The food service director or cafeteria manager should intervene to deal with the problem, rather than leaving the cashier to fend for herself or himself because the relationship between the cashier and customer in the future could lead to additional stress.

To minimize the stress level in the workplace, food service directors should know their stress level and develop ways to cope. Many books have been written on how to deal with stress. The following ideas may be helpful.

- Know what causes you the greatest stress. Accept your own mistakes as positive learning experiences. Do not constantly relive the experience and fret that it will happen again.
- Keep a positive outlook. See the big picture, focus on what you value, and do not let the little things destroy your attitude. Believe in yourself and your knowledge, skills, and abilities.
- Accept what you cannot change or control. If the administration tells you that you cannot change prices in the cafeteria, let it go. Do not worry about things that are beyond your scope of responsibility or control.
- Focus on one task at a time. Thinking about all the tasks you need to complete is a waste of energy and will not allow you to do your best with the task at hand.
- Use positive results from your work. While working hard and with lots of pressure, bask in the outcomes of your effort. For example, pleasing a customer, teaching a new employee a job task, or writing a well-received report to administration is a positive result.
- Eliminate as many stresses as possible.
- Clear your desk. Remove clutter such as papers or materials that are no longer used.

- Shut your door. Get rid of annoying or distracting background noises.
- Unclutter your life. Give up activities that cause stress and spend more time with yourself, friends, or family members.

When the stress seems overwhelming, take a break. Get away from the situation. Take a walk, chat with a colleague, listen to music, do relaxation exercises that will help to loosen muscles, and release negative thoughts about the offending situation.

- Let others know you are stressed. Express your feelings without becoming overly angry.
- Be honest, be direct, and be definite. Learn to say no to something you do not want or need to do.
- Focus on the good things and be grateful for what you have. Slow down; you can accomplish only one thing at a time. Keep your priorities in mind.
- Seek professional help if stress has increased your blood pressure, changed your lifestyle, and changed your moods (depression).
- Be straightforward without being rude. Do not overreact. Take time out, review the situation, and try to discuss your feelings quietly.

Food service directors are better leaders and managers when they learn how to cope with stress and how to provide freedom from undue stress at work. When a work situation becomes too stressful for the director, it usually affects the staff as well.

PROFESSIONAL DEVELOPMENT

Personal and professional involvement is an individual choice. Effective food service directors are responsible for maintaining and improving their knowledge and skills to be competent to perform their duties. This can be accomplished in a number of ways. The following is a list of suggestions that other food service directors have found to be beneficial.

- The food service industry offers professional development and ongoing education and training.
- The AND, the ANFP, and many other professional organizations conduct annual education conventions where speakers provide information on the latest research on food and nutrition services that can be used to improve skills and continue professional growth.
- Most professional organizations on both the state and national levels lobby for their members on issues of interest to the organization. A good example is reimbursement for medical nutrition therapy.
- Professional and trade organizations also publish magazines and journals that address the needs and interests of their members.
- Involvement in professional organizations at local, state, and national levels helps improve the profession and assist younger people entering the profession.
- Serving as a role model or mentor and sharing ideas with students and staff will help new members and will give a food service director a sense of "giving back" to the profession.
- Food service directors should use information gained from participating in professional activities to train staff and in providing written reports to administration of the facility to let them know how the involvement not only helps food service directors personally but is also beneficial to the organization.
- Education is lifelong. To continue the education process, food service directors should enroll in courses at community colleges, universities, or off-site continuing education programs or attend seminars or workshops that will benefit them and their organization. Education can be obtained while sitting at home/office via webinars, e-learning, websites, videos related to the profession (such as food safety), teleconferences, and online courses through university flexible-learning programs.
- Read critically; read books, journals, trade magazines, and then read some more.
- Networking is building and maintaining positive relationships with people, typically outside current organizations or businesses. Networking with other professionals is an excellent source of support, ideas, and methods improvement. Networking on legislative issues with other professional organizations to lobby support for food and nutrition programs increases the awareness of these issues to the legislative body and the community. Networking allows food service directors to know that their problems are not unique and, that by sharing, problems may be solved. Networking can be accomplished by attending local, state, and national professional organization meetings and through websites, Internet chat rooms, telephone calls, and e-mail.
- At conferences offer your business card and collect cards from those you meet. Talk to other members, vendors, and educators; ask questions without being intrusive or rude.
- Become involved in community affairs such as religious activities, schools, social and service organizations.
- If possible, participate in research within the organization or as a member of a focus group or a test site for evaluating a new piece of equipment or a new food product.
- Learn from suppliers. Suppliers have a wealth of information concerning new products or equipment. They are also available for hands-on demonstrations for incorporating new food items on menus, on the latest research reports, and in-service training on sanitation and proper equipment use. Many suppliers also sponsor trade shows where the newest equipment and food items are available, in addition to presentations by noted speakers in the field.
- Participation in professional organizations and networking provides many opportunities to continue on a career path or develop a new skill set. It opens doors to what else is available within the profession or what is available if you desire to change professions. Building skills and experiences is lifelong learning. Using your interest and talents may lead to a unique new career. Networking and participation also can lead to lifelong friendships.

SUMMARY

This chapter analyzes the current and projected external environment for health care food services. The external environment includes trends and issues arising from the government, businesses and industries, health care organizations, workforce demographics, customer needs and demographics, and technology, the unknown effect the OBBBA will have on the delivery of health care. Many of these elements are evolving constantly and will continue to direct the operation of health care nutrition and food service departments.

As the environment changes, food service managers should modify the goals, objectives, and operation of their departments. Many trends discussed in this chapter will have a direct effect on how other information in the text should be applied to individual departments, and these will be noted in the relevant chapters.

By anticipating trends, successful managers will plan their departmental operations with a vision—both the department's and the facility's—of tomorrow. This is accomplished through conducting internal and external environmental analyses and applying the information to organizing and planning functions.

KEY TERMS

American Hospital Association
Contract food service management
CMS
Cultural diversity
Empowering
Ethics
Green House
Health care systems
Hospital@Home
LeadingAge
Leading causes of death in United States
Medical foods
Medicare/Medicaid/Managed Care
Omnibus Budget Reconciliation Act (OBRA)
Person-directed care
Pioneer Network
The Joint Commission
Self-operated health care food service
Wellness

DISCUSSION QUESTIONS

1. State your own personal code of ethics; does it mesh with the professional organization's ethics that you will become a member of?
2. Explain the difference in customer base for Medicare, Medicaid, and CHIP.
3. How would a Food Service Director change their communication style when working with the five generations in the workforce?
4. Explain the culture change of senior living and patient-centered care for hospitals.
5. How are contract-managed and self-operated foodservices similar?