

Dining Experiences of Customers with Food Allergies

Author(s): J. Kwon, K.L. Sauer, H. Wen, E. Bisges, L. Myers; Hospitality Management and Dietetics, Kansas State Univ., Manhattan, KS

Learning Outcome: To learn attitudes and behaviors of individuals with food allergies about their dining experiences.

The prevalence of food allergies appears to be increasing in the U.S., and many consumers experience difficulties when dining out. The purpose of this study was to explore the attitudes and behaviors of restaurant consumers with food allergies or children with food allergies through in-depth interviews. Participants (n=25) were recruited and selected from a screening survey distributed through a food allergy awareness website. Telephone interviews were conducted using open-ended and probing questions, audio-recorded, and transcribed verbatim. Participants discussed dining frequency, positive and negative experiences, attitudes about different types of restaurants, strategies for preventing food allergic reactions, and recommendations for individuals with food allergies. The transcripts were analyzed to identify major themes. Participants preferred allergy-friendly, large chain restaurants to independent restaurants. Having menu and allergen information available online, consistency of food, and a well-trained staff were identified as the primary considerations for selecting restaurants. Participants suggested that individuals with food allergies should explore restaurants prior to visiting and communicate special needs with restaurant staff to minimize allergen exposure. Despite various prevention strategies taken before dining out, 17 of 25 participants experienced food allergic reactions in restaurants. Participants perceived the lack of staff awareness, inconspicuous food cross-contact, and inconsistencies with food ingredients as the primary causes of food allergic reactions. This study provides important insight for food and nutrition professionals about how consumers with food allergies perceive the dining experience in restaurants. The findings also provide guidance for improved counseling protocols for working with individuals with food allergies.

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An Evaluation of Service-Learning Activities: Dietetic Students' On-Site Food Safety Trainings on Critical Violations at Restaurants in Springfield-Greene County, Missouri

Author(s): S.K. Fogleman¹, K. Nordyke², R. Sharp³; ¹Dietetics Program, Biomedical Sciences, Missouri State University, Springfield, MO, ²Citizenship and Service-Learning, Missouri State University, Springfield, MO, ³Environmental Health and Inspections, Springfield Green County Health Department, Springfield, MO

Learning Outcome: Participants will be able to utilize service-learning activities to promote food safety in the community.

Almost 50% of dollars spent on food are used to eat away from home, and/or to bring ready-to-eat food items home. Proper food handling at restaurants can help prevent food borne illness outbreaks and keep the public healthy. This study was designed to evaluate the effectiveness of short-term, problem-focused, and on-site food safety trainings on critical violations in local restaurants in Springfield, MO. The five target violations were identified by investigating repeated critical violations in the restaurant inspection data and interviews with the local health inspectors: lack of sanitation, time-temperature abuse, lack of proper labeling, contamination during storage, and improper hand-washing and use of gloves. ServSafe certified dietetic students reached out to the community, and developed and delivered proper food handling trainings under the supervision of health inspectors and instructors as a part of service learning activities. A total of 11 trainings were provided to 16 restaurants in the community. The targeted critical violations were counted before and after the trainings. Before the training, a total of 37 target violations were recorded in 16 restaurants. After the trainings, only 14 violations were repeated, but a total of 25 violations were found. Restaurants complied well with the proper hand-washing and use of gloves (n=7 before, n=0 after training) and moderately well with sanitation (n=11 before, n=6 after training) and labeling (n=6 before, n=1 after training). In conclusion, on-site food safety trainings on target violations would be an effective way to improve safe food handling practices at restaurants.

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Reheating Foods in the Microwave in a Health Care Facility

Author(s): K. Omietanski¹, C. Goodby²; ¹Kindred Healthcare, Louisville, KY, ²Kindred Healthcare, Denver, CO

Learning Outcome: The participant will learn about special considerations to minimize food safety and burn injury risk when reheating foods in the microwave in a healthcare facility.

Background: Food reheated in the microwave can present a food safety and burn injury risk. Although microwave manufacturers provide guidelines in their owner's manual for reheating foods and personal safety, these are typically not readily available to the staff and family members who usually reheat foods in the microwave in a healthcare facility. Additionally, manufacturer guidelines are typically written for the home and not the institutional healthcare setting.

Method: A project was initiated to determine special considerations to minimize food safety and burn injury risk when reheating foods in the microwave in a healthcare facility. Testing was conducted by two foodservice managers and two Registered Dietitians at five skilled nursing facilities. A variety of foods were tested after being at room temperature for 1 hour, after refrigeration for 2 hours, in various containers, and different microwaves. Temperatures were checked initially after 1 minute of microwaving and then at 30 second intervals until reaching at least 165°F, as well as at 2 minutes and 5 additional minutes after microwaving.

Conclusion: Conclusions included: (1) foods should be re-heated individually instead of on a plate/container with other foods; (2) food refrigerated on china plates/containers vs. plastic plates/containers require more time to heat to desired temperature; (3) even after up to 7 minutes post-microwaving, many foods would still pose a burn injury risk if there was contact with an individual's skin.

Results: The results of this project will be used to develop guidelines for microwave safety when re-heating foods in a healthcare facility.

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Hotel Style Room Service Leads to Increased Energy and Protein Intake in Chemotherapy and Hematopoietic Stem Cell Transplant Patients

Author(s): A. Bhow, R. Roberts, A. Boyle, D. Henroid, D. Ferdon; Nutrition and Food Services, UCSF Medical Center, San Francisco, CA

Learning Outcome: Participant will describe the influence of hotel style room service on protein and energy intake of hospitalized patients undergoing chemotherapy and hematopoietic stem cell transplant.

Curative treatment for most malignant hematologic diseases involves several cycles of intensive chemotherapy followed by a preparative chemotherapy regimen for subsequent hematopoietic stem cell transplantation (HSCT). These therapies increase risk of poor nutritional status because of their multiple nutrition-impact symptoms. Meal timing is an important aspect of nutrition care for this patient population. Previous studies have not adequately evaluated the influence of a hotel-style room service program (HSRSP) versus traditional tray line hospital meal service on nutritional outcomes, as was the purpose of this retrospective efficacy study. 24 hour calorie counts were collected for one hundred two patients admitted to the malignant hematology unit. Pre-HSRSP data was randomly collected for up to 10 consecutive business days for a total of 51 patients receiving traditional hospital tray line meal service. Post data were gathered in the same manner to achieve an equivalent number of patients after a HSRSP was implemented. A 20% increase in energy ($P = .05$), and a 19% increase in protein ($P = .12$) intake was realized after implementation of hotel-style room service. Comparison of intake to estimated individualized needs indicated that pre-HSRSP, patients met 67% of their calorie needs and 61% of their protein needs; and post-HSRSP, patients met 81% of their calorie and 76% of their protein needs. Hotel-style room service appears favorable to increase energy and protein intake in patients undergoing chemotherapy and HSCT.

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