War on Cafeteria Food

The number of children and adults being diagnosed with preventable chronic diseases is increasing, as well as the costs of health care. Some examples of these preventable diseases are obesity, high blood pressure, type II diabetes, and cholesterol. Interestingly enough, one of the main contributors to these health concerns are the foods that people consume. In other words, individuals who consume junk food and fast food which are high in sodium, carbohydrates, trans-fats and calories are either at risk of getting sick or already are suffering from some illness. Regardless, hospitals continue to offer these types of food that are considered “fast food” in their cafeterias knowing the impact it has on individuals. In order to decrease the number of people suffering from these preventable chronic diseases, as well as their medical expenses, hospital cafeterias must end relationships they have with large fast food corporations and build new ones with their local farmers instead. Moreover, hospitals can achieve their true statement of good health with the help of a two year grant that will allow them to transition from fast food to locally grown produce and help them make up for the difference in costs.

Unfortunately, fast food restaurants are growing immensely all over the world and even though they promote convenience, they don’t tell people about the inconveniences that can follow. Consequently, “Fast food is deep fried in partially hydrogenated oils (or trans fats), which lead to high cholesterol rates and heart attacks” (Freeman, 2007, p. 2225). Because of
these foods, the number of children becoming obese is increasing and negatively impacting their health. For example, “The prevalence of obesity in childhood has been increasing dramatically worldwide in recent years. It is associated with cardiovascular disease, hypertension, diabetes, osteoarthritis and cancer” (Cowie, 2014). To add on, there needs to be a change in the nutrition that is provided to children and even adults in order to stop these numbers from increasing even more. The correlation between fast food consumption, obesity, and chronic diseases that follow are evident. Further explained, “this change is related to poor nutrition, increased consumption of packaged and highly processed foods, lack of physical activity and even the food industry’s putting profits before health” (Radford, Jones, Winterstein, 2015). To expand, diseases like these and more make up large numbers of hospitalizations in hospitals all around the world. Fortunately, by cutting out fast food in cafeterias the number of illnesses caused by fast food intake will decrease the number of sick people because they will no longer be consuming it. The root cause of chronic diseases is well known and should be nipped in the bud. According to one source, “A 2006 study found that 89% of pediatric hospitals in the U.S. had some type of fast-food or restaurant chain in their facilities” (Lee, 2012). Thus, proving that the problem is more widespread than people make it out to seem. Moreover, it is hypocritical of hospitals to promote good health in some areas but then turn around and serve foods that are the main cause of poor-health conditions. Additionally, they need to stick to their true mission of promoting good health throughout all aspects, including the food they offer to their patients.

Implementing the solution, which is not serving fast food at hospital cafeterias, would cut out preventable chronic diseases and decrease numbers of obesity. Ultimately, this would mean less hospitalizations and a healthier nation with affordable health costs. In addition, once ties with fast food chains are broken new ties will be made with local farmers bringing healthier
options like fruits and vegetables to the table. Not only will this help hospitals lead by example, it will improve patient’s health by allowing them make better food choices, and increase local farmer’s revenue. In fact, a recent study shows that individuals lower their risk of being hospitalized when they practice positive health behaviors, eating more fruits and vegetables being one of those behaviors, “individual and combined positive health behaviours were associated with lower risk of potentially preventable hospitalization (PPH) admission…these findings suggest there is a significant opportunity to reduced PPH by promoting healthy behaviours” (Trans, Falster, Douglas, Blyth, Jorm, 2014, p.1). Moreover, patients have the right to be able to make good food decisions and health improvements but they can only be made if hospitals give them the right resources that promotes these positive behaviors. In addition, reducing the number of sick people will help solve our health care crisis as well.

On another note, it is no secret that produce packed with high nutrition may be worth a little more than cheap calories. Some may argue that it might be too costly to purchase healthier food. For example, organic fruits and vegetables are higher in monetary value than a cheeseburger at McDonalds. On the brighter and more important side, organic fruits and vegetables are higher in nutritional value than anything purchased from a fast food menu. Also, studies have shown that nutrient dense food, like organic fruits and vegetables, keep individuals full much longer than fast food. This would decrease the amount of times someone consumed food throughout the day. For these reasons, hospitals who take the initiative to implement healthier options offered by their local farmers will be rewarded with a 2 year grant paying for the difference in costs of fast food and locally grown healthy food. After two years the results will be evident as the number of sick individuals and obese children will decrease. The first two years might be the hardest when transitioning but by cutting out fast food hospitals will no longer
purchase unnecessary desserts, drinks, and fried potato chips. Therefore, the money hospitals will save on this alone will make up for the difference of purchasing healthier food.

On the contrary, others may argue that these kind of approaches have been made in similar settings and were not successful. For example, the Hunger-Free Kids Act (2012), targets school cafeterias and enforces the promotion of offering healthier options as well. Some schools have already taken this into practice in order to receive their federal funds but are going about it the wrong way. For example, even though the act requires only 700 calories to be served to these children, they did not say it had to be boring or flavorless. These schools have been serving healthier foods and are not making it flavorful. Additionally, they are already seeing undesired results, “about 1 million kids have stopped eating school lunches since the standards went into effect” (Zissou, 2014). In contrast, this solution for hospitals is not setting a specific number of calories that can be offered because recommended calorie intake varies from person to person. In addition, it will not be made a requirement that all hospitals take this route but the ones that do will be rewarded with the 2 year grant. Finally, the efforts of promoting healthier food naturally come along with making it enjoyable for individuals in order to get them to want to implement healthier choices in their lifestyle.

To sum things up, the two year grant will make the transition in the menus easy for hospital cafeterias, which will be beneficial not only to the patients and other individual’s health, but also for our local farmers by increasing their revenue. Cutting ties with fast food chains will have a domino effect that will eventually convince other hospitals and maybe even school cafeterias to take same initiative in the future. Furthermore, helping spread knowledge and helping the establishments that have large impacts on daily food consumption by the people that occupy them will end with great results. As a result, cutting out fast food and offering healthier
options will start helping individuals by knocking out the number of chronic disease diagnosis’ followed by less hospitalizations and end up with a healthier nation and more cost-efficient health care system for all.
References

Cowie, J. (2014). MEASUREMENT OF OBESITY IN CHILDREN. *Primary Health Care, 24*(7), 18-23


