

# Food Service Guidelines Needs Assessment

*2016 Evaluation Report for the Association of State Public Health  
Nutritionists*

June 30, 2016



# Executive summary

The Centers for Disease Control and Prevention's (CDC) Division of Nutrition, Physical Activity and Obesity (DNPAO) is supporting the Association of State Public Health Nutritionists (ASPHN) in conducting a needs assessment of state health agencies regarding the food service guidelines (FSG) strategy in Domain 2 of DP13-1305 funding. The intent of this strategy is to increase the availability of healthier choices at food service settings including hospitals and state agencies and venues such as concession stands, cafeterias, snack bars, and vending machines.

The primary purpose of the needs assessment is to understand how states understand food service guidelines and identify issues they are experiencing in implementing the guidelines. The primary tasks of the needs assessment include: 1) to identify how states understand and define FSG; 2) to clarify what state health agencies are doing to implement FSG in priority settings; 3) to identify barriers to the implementation of FSG; and 4) to identify what states need in order to implement FSG.

The needs assessment consisted of 1) six key informant interviews of state FSG staff members conducted by ASPHN; 2) a survey completed by 29 state staff involved in FSG implementation in states; and 3) two online data-interpretation meetings attended by 11 people responsible for implementing FSG in their states. Results from these three methods of data collection are included in this evaluation report.

Needs assessment results indicate that food service guideline implementation varies across the country and some success can be noted. FSG implementation is occurring in a wide variety of settings, primarily in private businesses and multiple state government agencies. **About two-thirds of states are incorporating FSG into worksite wellness programs.**

**Many survey respondents described implementing FSG in workplace/worksite settings in a variety of ways** such as educating partners on the value of policy change related to FSG, providing technical assistance, and participating in policy change efforts or other types of efforts (i.e. working with blind vendors to improve cafeteria or vending machine options, food procurement efforts, developing a healthy catering or healthy meetings policy).

**Many FSG staff (about 48%; n=25) have worked in FSG implementation for 3 years or more indicating some stability in the workforce. Many have the requisite training needed; about 50% (n=26) of survey respondents were registered dietitians.** Although our sample was small, some interesting differences in implementation were found in relation to FSG staff educational and training backgrounds. For example, **respondents with a background in nutrition were more likely to implement FSG formally vs. informally, more likely to provide technical assistance, and were more likely to report that their state needs networking and influence in order to implement FSG in worksites successfully.**

**We did find challenges related to definitions, awareness, and implementation of the food service guidelines.** Participants understanding of guidelines and nutrition standards varied. Participants also sometimes used the terms ‘settings’ and ‘venues’ interchangeably. **About 59% (n=27) of needs assessment respondents developed their own guidelines that are based on existing guidelines.** Respondents indicated that states have different reasons for modifying existing guidelines; some states felt they need to be made more restrictive and other states felt they needed broader guidelines. Some respondents felt that the original source for the guidelines was not in a format that would be easily usable and implementable by food service vendors or other persons without a nutrition background. **Almost 82% (n=27) of respondents said their state FSG policy was implemented informally (i.e. voluntary agreement versus state policy).** We also found that **37% percent of respondents (n=27) were unaware that new Health and Sustainability Guidelines for Federal Concessions and Vending Operations (Health and Sustainability Guidelines) are under development.**

States faced multiple barriers regarding FSG implementation, including vendor resistance, limited financial resources, political barriers, and a lack of influence among other barriers.

Despite challenges described by survey and interview respondents, many needs assessment participants felt that progress has been made towards implementing FSG. One data interpretation participant described this progress:

*‘...I really do think progress is being made in this area...When I first started doing this work, business enterprises wouldn’t work with me at all. They did attempt to do FitPick and were working with someone else, but it just didn’t work out at all. But then, when we revisited this a couple of years ago, we had new personnel in business enterprise and a new contractor in our cafeteria and they were very much on board. They had been to national meetings and heard people from the CDC talk. They had heard some people from other states talk. They came in with a real “can-do attitude”; that yes, this is the way things are going and healthy food is the most rapidly growing segment of the food industry and we are going to do this. So, I do think that progress is being made, with all the efforts that have been going on.’*

### **Limitations**

There were several limitations to this needs assessment. First, the needs assessment survey had a response rate of 57%. Because we were not able to reach every state that is working on FSG implementation, the results from the needs assessment survey should not be considered completely representative. Further, interview participants were all experienced nutritionists and members of ASPHN. Non-ASPHN members were invited to participate in the interviews but declined to do so. Similarly, we did not ask each data interpretation focus group participant about their professional background. Staff with training and education in nutrition may have different opinions with regard to the successes and challenges of FSG implementation.

In addition, we have no way of knowing whether non-respondents did not complete the survey because they are exceptionally advanced in their FSG work or because they are in the very early stages of this work in their state. Furthermore, the number of possible respondents was

impacted by a few bounce back messages (2 instances) and situations where the contact provided either did not do FSG work or had moved on to another position (5 instances). Data collection for future needs assessment surveys could be strengthened if there were adequate resources and time to increase the response rate.

Survey respondents were not asked to provide identifying information such as respondent name, state, or organization. As such, we could not examine how individual states implement FSG or their various levels of implementation.

## Findings

Participants in this needs assessment (key informant interviews, needs assessment survey, and data interpretation meetings) identified successes and specific challenges to implementing FSG in states. Through this process, they helped identify several areas they believe would help ensure more consistent implementation of FSG. **There are specific areas in which the CDC and ASPHN could assist states in implementing the Health and Sustainability Guidelines.**

For example, the lack of necessary resources is apparent across many states. Limited staffing is making it difficult for many states to successfully implement FSG because there is not enough staff available to work with vendors or in settings. **If available, states need additional funding and more streamlined methods for FSG implementation. In addition, technical assistance to the states should continue and be enhanced if possible.**

Clear communication would help facilitate the understanding, implementation and evaluation of FSG implementation. For example, **standardization of definitions could help implementation with vendors with limited understanding of FSG.**

Within some states, lack of political support and lack of influence complicates FSG implementation. **Increased communication to help raise awareness about success factors related to implementation is needed.** CDC's FSG success stories indicate that marketing and promotion including social media accounts, newsletters, and point of purchase displays are key to successful implementation as well as frequent communication with stakeholders. A communication campaign with sound bites, elevator speeches, and social media messages to help raise awareness of the intent of the FSG strategy could facilitate the implementation of food service guidelines.

Needs assessment survey results suggest that most states are implementing their FSG policy informally and states have specific needs (resources, training, influence and networking) to a varying degree. Furthermore, many states have created their own guidelines based on other existing guidelines. **The CDC and ASPHN should work to further understand why states feel the need to develop their own guidelines. Suggested findings for both organizations are listed in the next section.**

## *CDC*

- There are inconsistent definitions of FSG among professionals doing this work (the distinction between food service guidelines and nutrition standards and ‘settings’ and ‘venues’). Standard definitions could improve implementation.
- More understanding is needed with regards to why states believe the guidelines need to be revised to fit their needs.
- A lack of resources is apparent across many states resulting in very few staff dedicated to FSG, making it difficult for many states to successfully implement FSG. States need assistance to find alternate funding. In addition, states need more streamlined methods for FSG implementation.
- States need more assistance in identifying or cultivating a champion for FSG in their state.
- States need help in overcoming barriers, such as vendor resistance.
- Many respondents asked for more resources to support their work including assistance in working with vendors and success stories. States also requested a list of products for vending that meet the guidelines, research that supports implementation efforts, and a universal database for FSG. Respondents believe these resources will help them engage more vendors. The CDC has resources for FSG implementation, yet some states may be unaware of these resources. For example, CDC’s FSG success stories available at <http://www.cdc.gov/obesity/strategies/food-serv-guide.html> indicate that marketing and promotion including social media accounts, newsletters, and point of purchase displays are key to success implementation as well as frequent communication with stakeholders.
- Respondents asked for more technical assistance and help connecting with others, areas in which the CDC can provide assistance.
- More understanding is needed as to why FSG staff are not aware of whom in their state writes procurement contracts. The CDC may be of some assistance in helping state staff connect with the proper contacts.

## *ASPHN*

- ASPHN could help to provide resources to states regarding FSG implementation. For example, ASPHN could develop examples or success stories from other states illustrating successful FSG and collaboration.
- ASPHN members can provide assistance in helping FSG leads in states to make connections with other FSG staff.
- ASPHN can offer assistance to FSG staff needing to identify or cultivate a champion for FSG in their state.
- Respondents shared that nutrition training and issues related to promoting policy implementation was inadequate for DP13-1305. Respondents specifically mentioned ASPHN as a source for training in this area.
- ASPHN could help develop and implement a communication campaign to promote implementation of food service guidelines.
- ASPHN could locate FSG resources on their webpage so that they could be easily found.