

# Association of State Public Health Nutritionists

## *Food Service Guidelines Needs Assessment Survey*


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# Introduction


- The Centers for Disease Control and Prevention's (CDC) Division of Nutrition, Physical Activity and Obesity (DNPAO) is supporting the Association of State and 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 purpose of this survey is to get feedback from the states staff in regard to understanding and implementation of FSG in workplace and worksite settings. The survey was designed to gather more detail from state level staff working in this area.
- The FSG Needs Assessment survey was sent to sixty-seven state staff. From that, 29 people responded to the survey. Two of those respondents only answered the first three questions. They are included in the beginning of this analysis, but are excluded after Question 3.



## Respondents were asked to describe the difference between **food service guidelines** (FSG) and **nutrition standards**.

Most respondents referred to nutrition standards as regarding the content of food, and food service guidelines involving the serving of food and recommendations for healthier eating.

- *“Nutrition standards provide specific nutrition criteria that foods and beverages should meet (e.g. limit amounts for sodium, saturated fat, etc.). Food service guidelines can include nutrition standards in addition to procurement standards and other policies pertaining to the serving or availability of foods and beverages (e.g. placement, pricing, and other environmental guidelines to create a healthier food/beverage environment).”*
- *“Food service guidelines are strategies that cafeterias can adopt to make healthy foods and beverage more accessible and visible (i.e. changing recipes to include more fruits and vegetables or whole grains, ...). whereas nutrition standards are actual nutrient levels to be followed (i.e., the amount of sodium, sugar, and/or fat in a vending machine item).”*



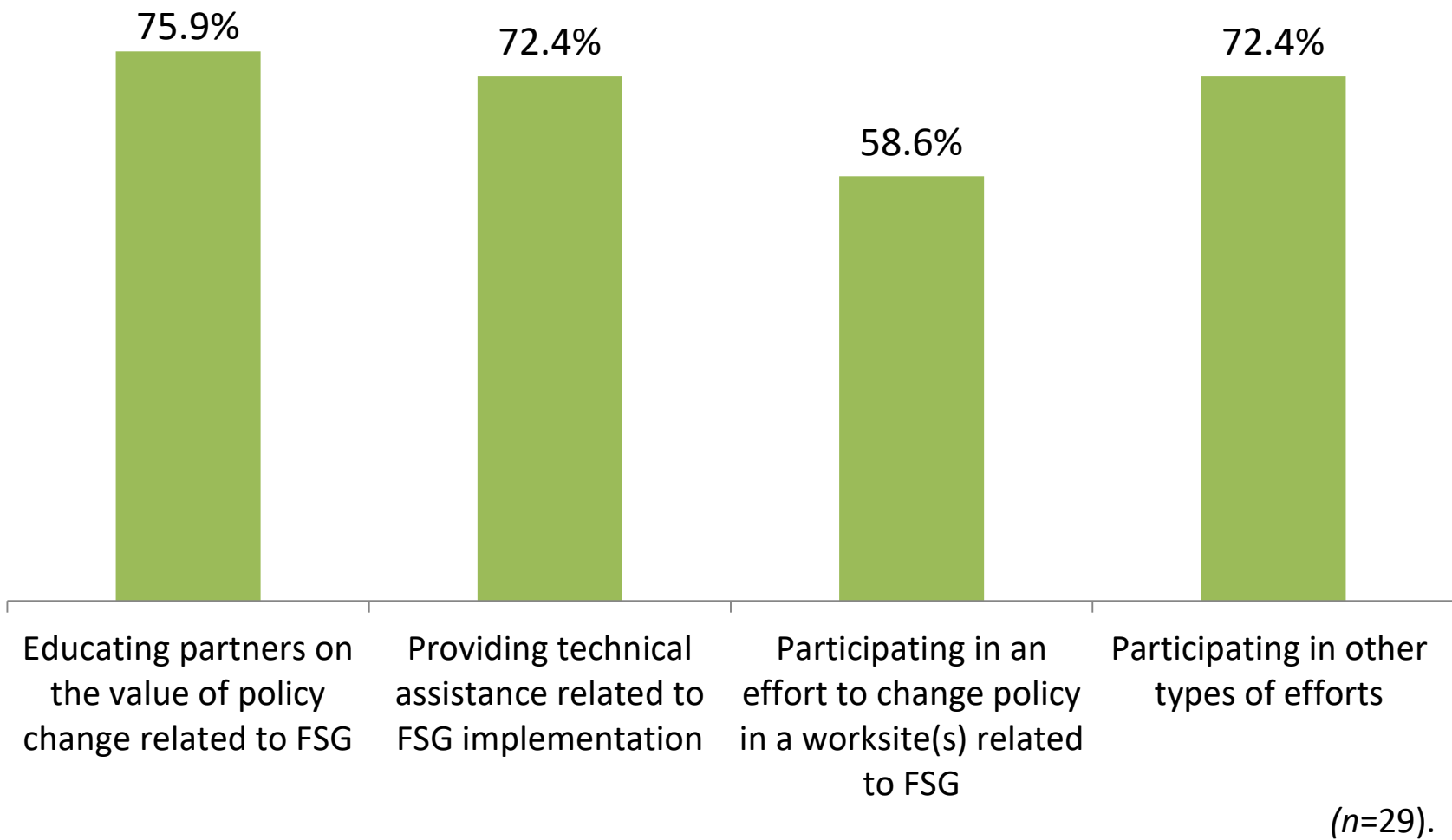
Respondents were asked to describe the difference between **food service guidelines** (FSG) and **nutrition standards**.

Many participants also said that nutrition standards are more formal than food service guidelines.

- *“Guidelines seem to be suggested; standards seem more formal and must be followed.”*
- *“Nutrition standards are required by an overarching agency and food service guidelines are voluntarily adopted by food service.”*
- *Guidelines are recommendations and standards are required.”*
- *“Standards - the inclusion or exclusion of foods and beverages based on specific nutrients and their associated values. Food Services Guidelines - guidelines that make healthier food and beverage choices available in cafeterias, snack bars or vending machines...”*



# Activities to support implementation of FSG in workplace and worksite settings varies across states.






Answers to an open-ended question about FSG work revealed other areas where states are working to further the implementation of FSG in workplace and worksite settings.

Many respondents mentioned working with **blind vendors**.

- *“Working to implement a guide for worksites, working with blind vendors, working within own agency.”*
- *“Healthy catering policy, working with blind vendors to have healthier options in vending machines.”*
- *“Working with blind vendors to improve cafeteria and vending machine options in one state agency building.”*
- *“Working with blind vendors; working with institutions, working with vending companies to follow vending guidelines.”*



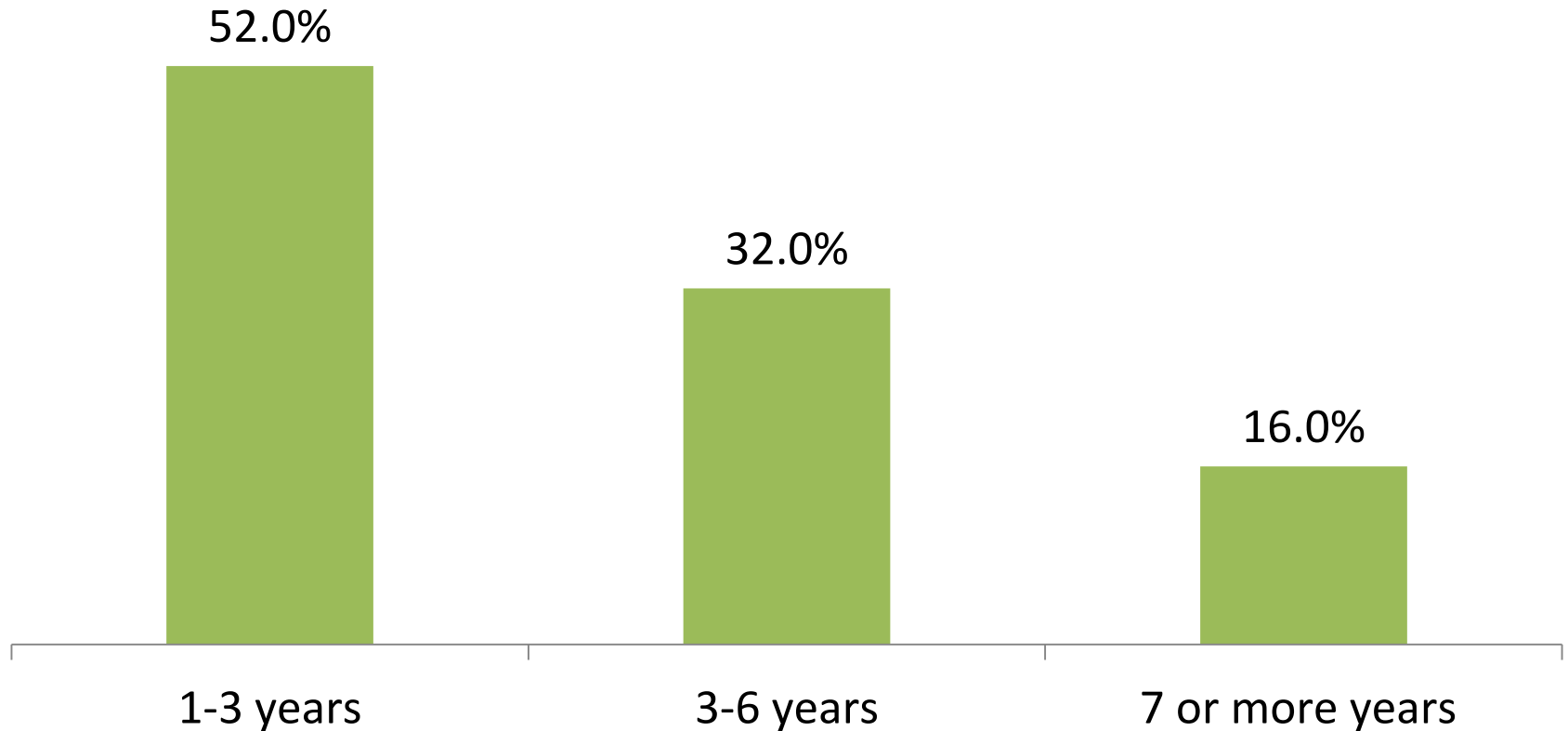
Answers to an open-ended question about FSG work revealed other areas where states are working to further the implementation of FSG in workplace and worksite settings.

Other types of FSG efforts:

- *“Healthy meetings policy for state procurement and a pilot project on food for purchase in one of the cafeterias; local grantees doing similar work in county worksites as well as supporting this in hospital work sites.”*
- *“Food Procurement efforts to identify and highlight products that meet specific nutrient standards.”*
- *“We developed a Healthier Vending & Snack Bar Toolkit which includes a model policy, SD Healthier Vending & Snack Bar Standards Implementation Guide, and Project Checklist. We are also working with the State Business Enterprise Program and their blind vendor to start getting healthier items in state building vending machines.”*
- *“Working on vending, providing information to legislature for healthy food procurement bill, working with state parks on healthy food in concession stands.”*



Most states have been working on FSG implementation for about **1-3 years**.



In the survey, this was an open ended response question. The years that respondents reported were tallied into these categories shown on the graph.

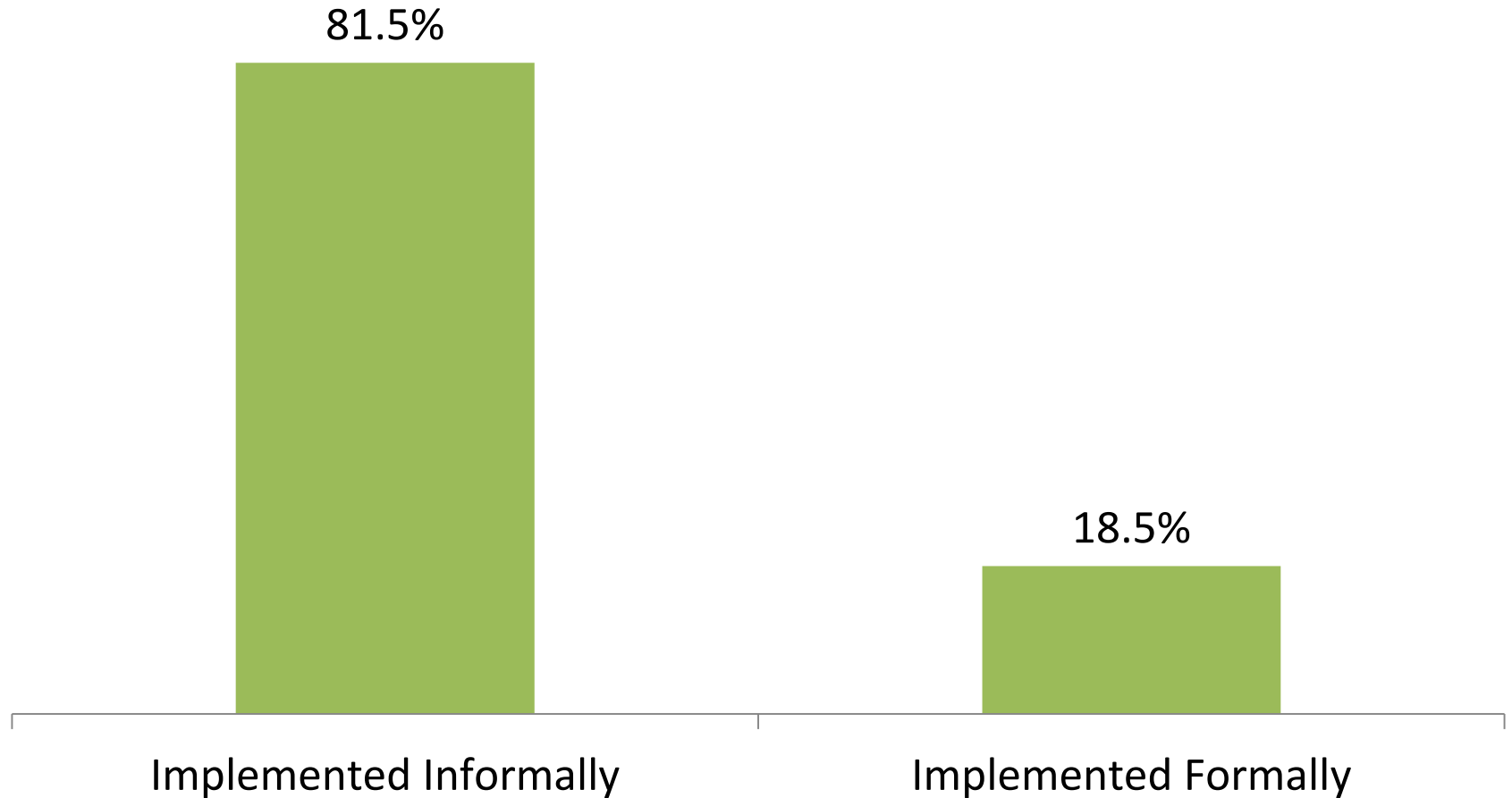
(n=25; 4 invalid responses\*).

\*Invalid responses included 'several years,' or 'unknown.'



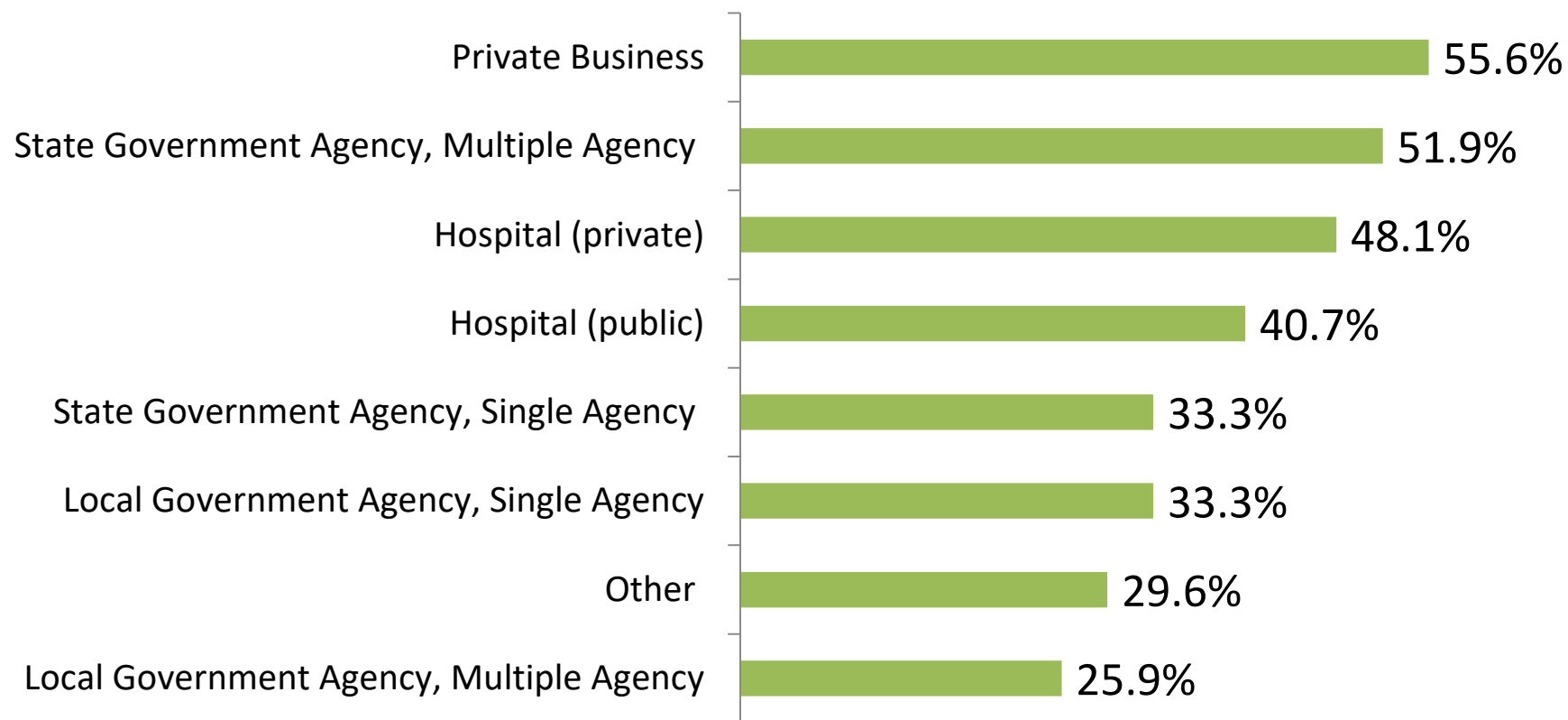


The majority of respondents said their state FSG policy work was implemented **informally**.



(n=27).

States are implementing food service guidelines in many different settings; predominantly in **private businesses** and **state government agencies**.

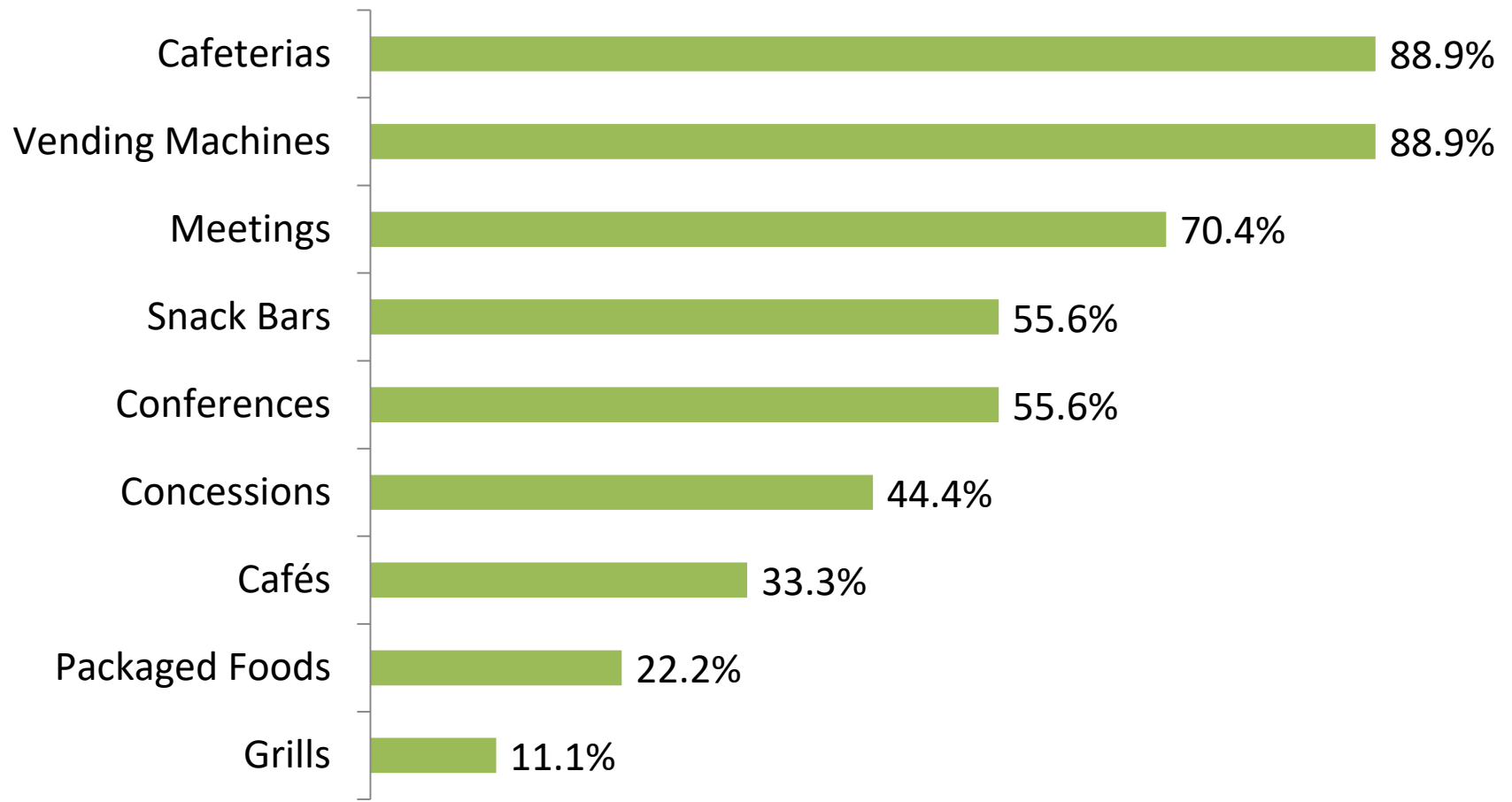


Respondents that chose 'Other' also described 'schools,' 'childcare centers,' 'state parks,' 'restaurants,' 'pantry,' and 'worksite.'

(n=27).



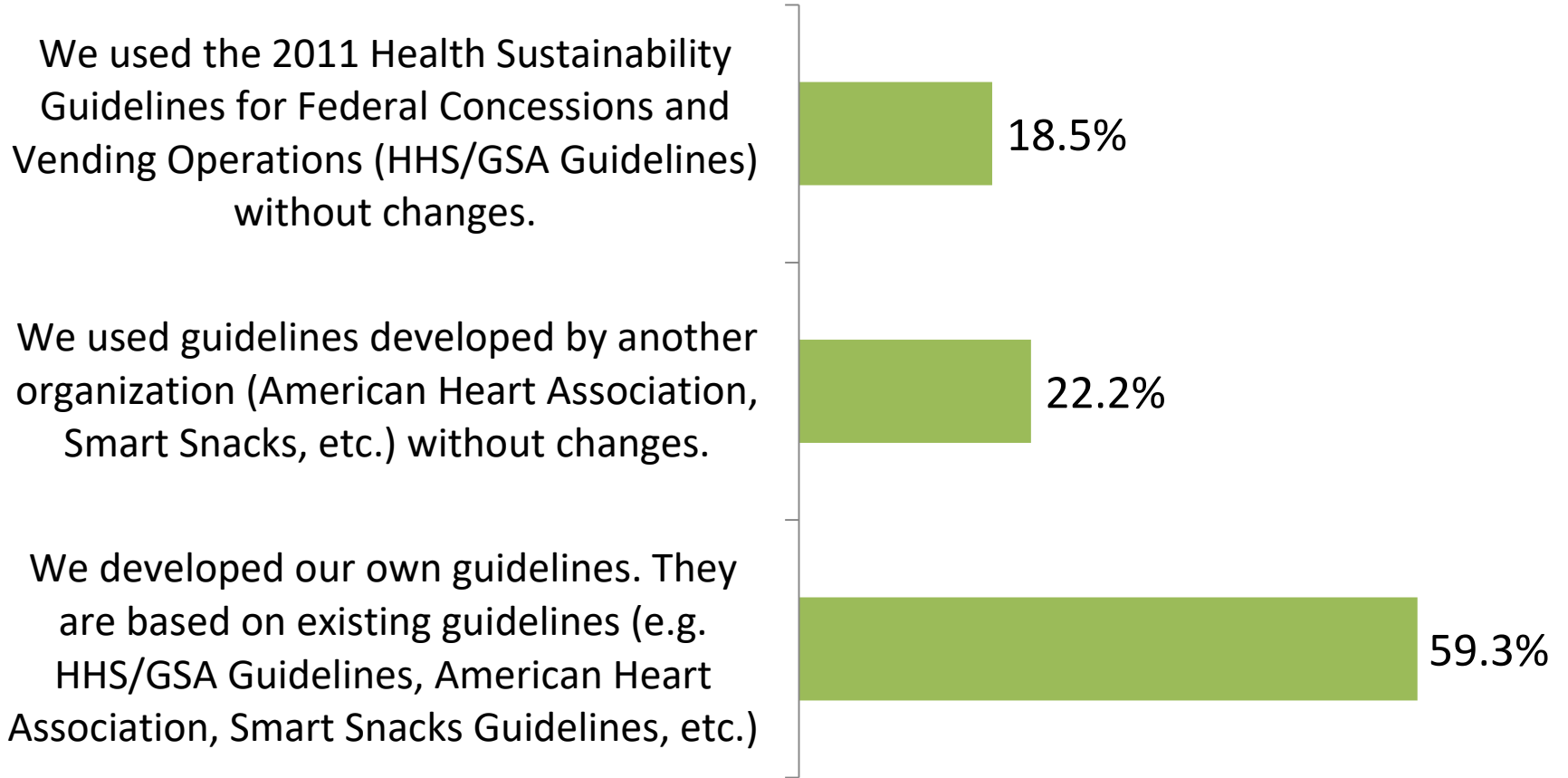
Most states are working in **cafeterias** and **vending machine** venues; few are working in grills or packaged food venues.



(n=27).



# Most states have **developed their own guidelines** for use in implementing FSG into worksites.



(n=27).

\*No respondent selected 'We did not base our guidelines on anything already in place. We started from scratch.'



## Respondents that selected *'We developed our own guidelines'* described their strategies:

Many respondents said that they used some or all of the listed examples (HHS/GSA Guidelines, American Heart Association, Smart Snacks Guidelines), other CDC resources, the Guidelines for Federal Concessions and Vending Operations, FitPick, CSPI, Health and Sustainability Guidelines , REAL certification process created by the US Healthful Food Council, NIH Sensible Selections criteria, and other standards specific to certain states.

One respondent gave a great example of how they developed their own guidelines for meetings.

- *"Close to GSA and other guidelines but simpler (not counting calories, etc.). Example for healthy meetings: no public money buys sugary beverages or fried food, no food for meeting less than 3 hours, and otherwise, align with DGA."*



Very few respondents listed the **original source** of the guidelines their state is using.

The original source of the guidelines for states included:

- [state name] Better Bites (for worksites)
- AHA
- NAMA's FitPick Guidelines Nemours Vending CSPI Healthy Meeting Guidelines
- USDA



# About half of respondents described why their state wanted to **modify the original source guidelines**.

Respondents felt that the original source guidelines needed to be modified to better suit their location or program's goals.

- *“Original guidelines were not in a format that would be easily useable and implementable by food service vendors or other non-public health persons.”*
- *“**National guidelines were difficult to operationalize**. Sodium cannot be reduced in all products; we also wanted at least 50% healthy in machines (among other changes). Institutional guidelines did not exist nationally that were usable...”*
- *“Wanted **stricter standards** or to include recommendations that others did not include.”*
- *“Needed a food-based standard which is **accessible** to foodservice managers instead of a nutrient-based standard which is only accessible with nutrient analysis software.”*
- *“Guidelines can be too **restrictive** and sometimes **not realistic**. For example, some foods may be slightly higher in sodium but is high in fiber in nutrients. Getting it exact is not based in reality. We also increased sugar limits for deserts.”*



# Respondents gave many examples of how they **modified the original source guidelines.**

Most respondents modified the original guidelines to be **less restrictive.**

- *“In most instances, stayed the same, but in some less restrictive, especially if a specific percentage was defined, like 50/50% split among vending options.”*
- *“Made less restrictive, included only nutrition and marketing (i.e. placement and cost) related recommendations (nothing related to composting or environmental issues).”*

A few respondents said that the original source guidelines needs to be made **more restrictive.**

- *“Used nutrition standards within the guidelines, but created action steps for worksites to take that are based on the evidence (e.g. implement a policy, use pricing, placement and promotion, etc.). The nutrition standards included are more restrictive.”*
- *“Made more restrictive. The green standards use information from the HHS/GSA guidelines. The yellow standards are a compilation of research and facts from other credible sources as listed previously.”*

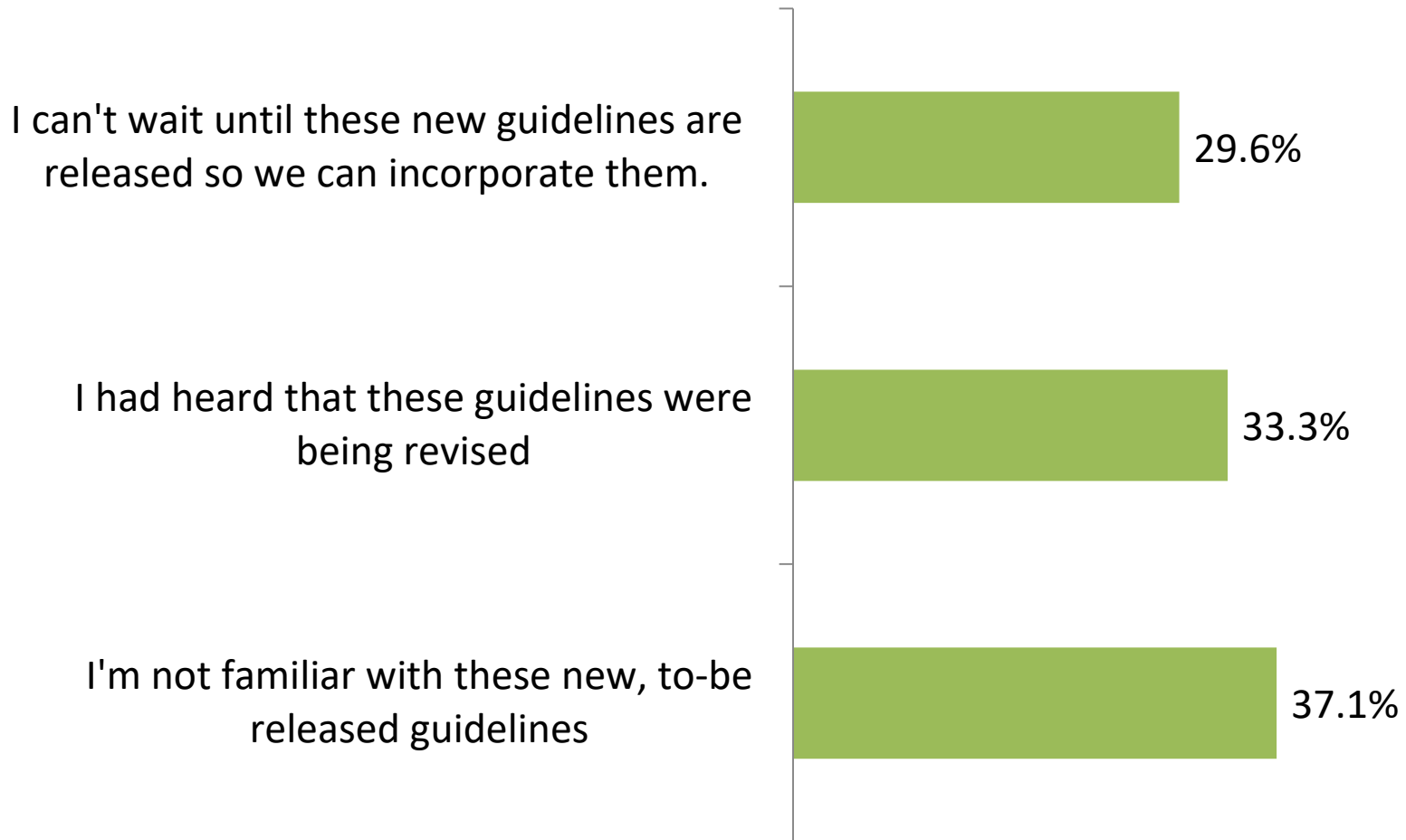
Other changes included making **food-based** and **nutrient-based** changes.

- *“Depends on nutrient and guidelines. we made the cafeteria, meetings/events more food focused, whereas vending and institution were more nutrient focused.”*
- *“Translated the NIH Sensible Selections criteria, a nutrient-based standard, to a food-based standard.”*






About 37% of respondents were **not familiar** with the new Health and Sustainability Guidelines for Federal Concessions and Vending Operations.



(n=27).



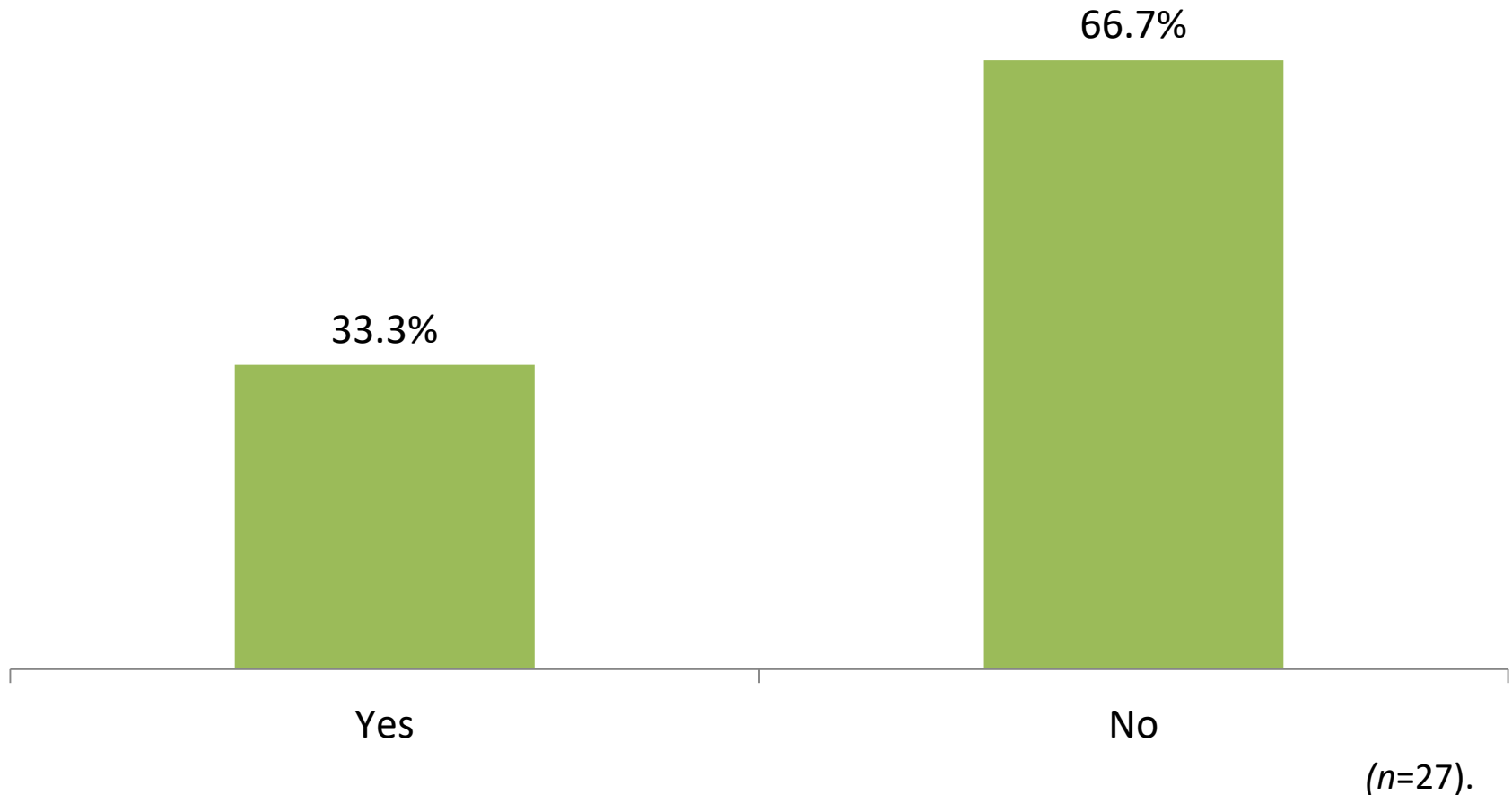
# State health agencies are working with a variety of different **partners** to address FSG.

State health agencies are working with:

- A state worksite wellness initiative
- Department of Health (local and state)
- American Heart Association
- Blue Cross Blue Shield
- A health foundation
- Department of Education
- Blind vendors
- Department of Social and Health Services
- Department of Corrections
- Health Care Authority
- Department of Agriculture
- Opportunities for Ohioans with Disability
- Department of Personnel Administration
- US Healthful Food Council

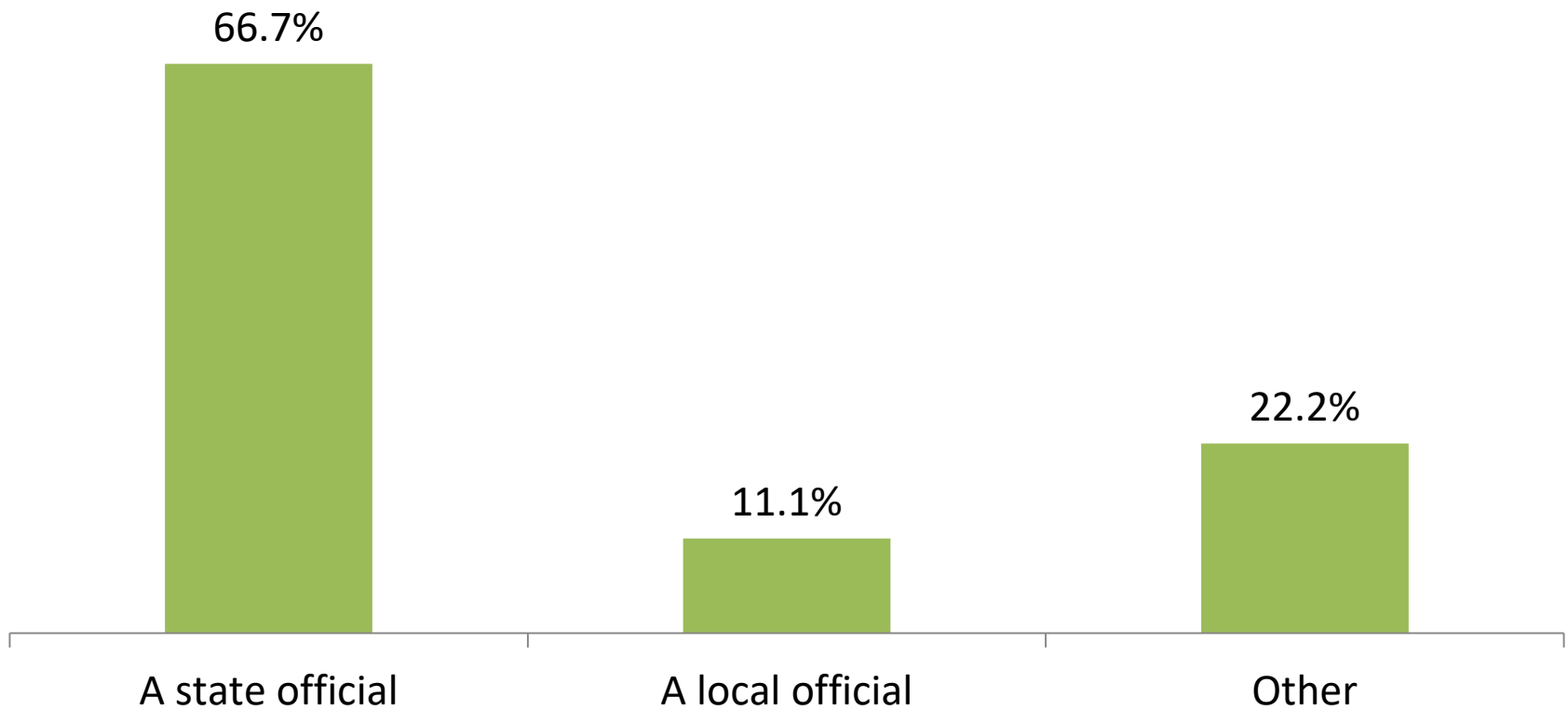


Only one-third of respondents have a **champion** for the FSG policy work in their state.






Of those that had a champion for the FSG policy work in their state, most were **state officials**.



(n=9; 18 not applicable).



Respondents that answered ‘yes’ to having a champion in their state were asked to specify the **position** of their champions.

- The position of state champion included:
  - Statewide advocacy organization and statewide worksite wellness initiative led by academic university
  - Governor
  - Director of Health, Governor
  - Chronic disease program manager, and to some extent, PH Director
  - Local Health Department Lead
  - UDOH Deputy Director
  - Division of Nutrition and Physical Activity
  - Commissioner of Health Department

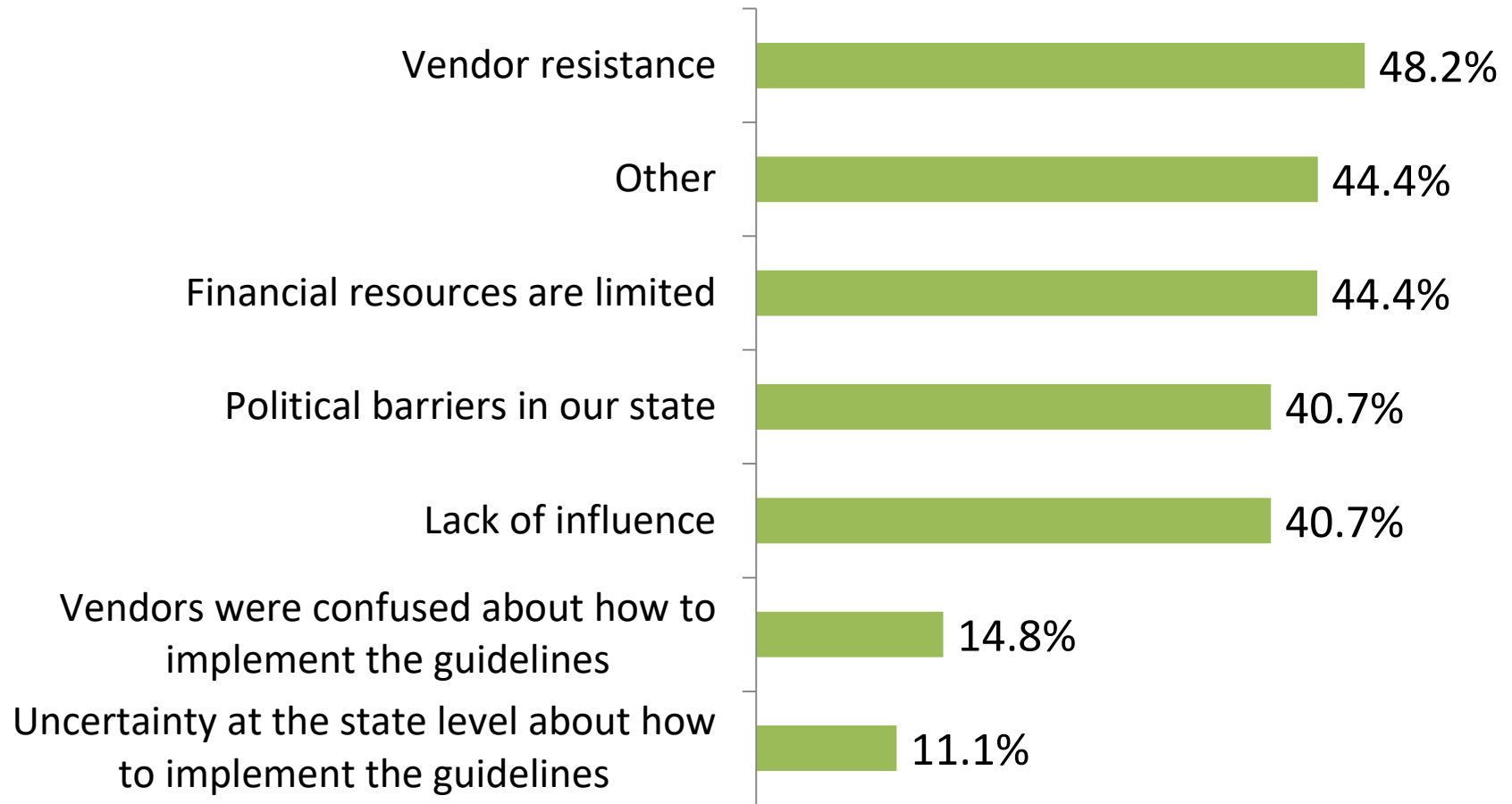


# Respondents listed several different departments that **write state food procurement contracts.**

- Many respondents listed:
  - The Department of Administrative Services
  - The Management and Budget
  
- Respondents also listed:
  - Department of Education is the conduit for CACFP
  - Department of Enterprise Services writes contracts for institutional food; Department of Services for Blind has contracts with vendors
  - Office for General Services
  - State parks
  - State contract division
  - Commission for the Blind




There are many **contextual barriers** that states are experiencing with regard to implementation.



(n=27).

No respondents selected 'We have not had any barriers.'



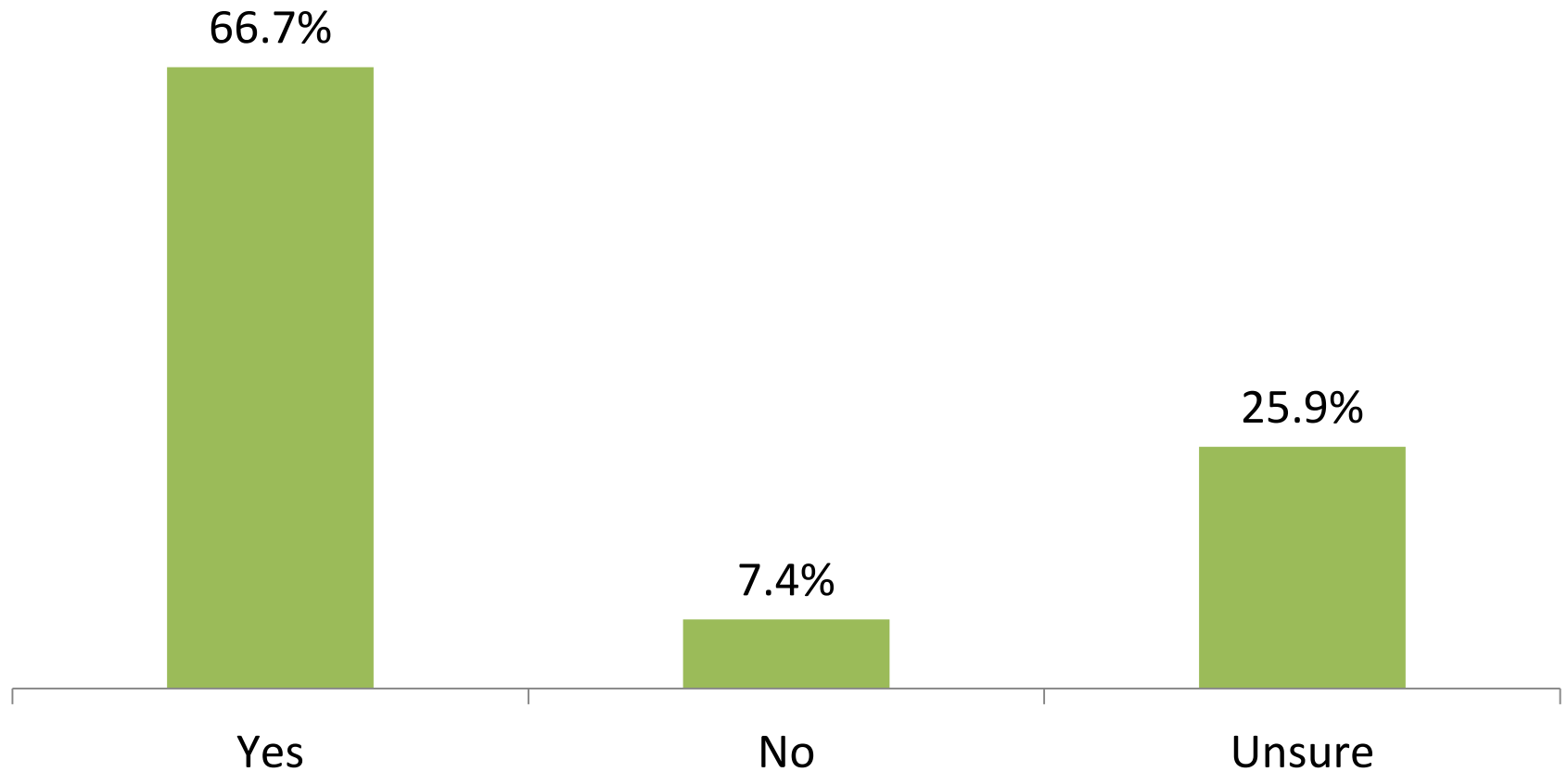
Respondents described other **contextual barriers** that their states are experiencing in regard to implementation.

- Some respondents said the contextual barriers they are facing are outside of their control.
  - *“Vendor is the same for all state buildings and the contract is set.”*
  - *“Unable to affect food in agencies that rent space and share the rented space with food service-- contract is held with building/campus owner.”*
- Many respondents also listed resource-related barriers to implementation.
  - *“Time, competing priorities... money to support a cafeteria pilot and training of blind vendor staff.”*
  - *“Reputation of state cafeterias as serving previously frozen, processed, unhealthy food has concentrated the customer pool. It will be an uphill battle for the cafeterias to expand their customer base to employees who want healthy options. State licensing authority does not provide funding and therefore has no power to dictate what the cafeterias serve.”*





About two-thirds of states are incorporating FSG into **worksite wellness programs.**



(n=27).



Respondents gave many suggestions for how **non-1305-funded public health nutritionists** can help implement worksite wellness strategies.

- Working as partners and collaborating with agencies was important to respondents.
  - *“Serve as champions in their worksites and provide expertise; support the work happening through 1305 by providing the needed tools and resources to patients to achieve better nutrition and to empower patients to serve as their own champions in their communities and/or worksites.”*
  - *“Be involved as partners for program development and implementation and help to connect the state department with other potential partners.”*
  - *“Increased awareness, training on implementing or supporting FSG in their area of work where applicable.”*
- Many respondents also suggested that non-1305-funded public health nutritionists provide technical assistance and training to agencies.

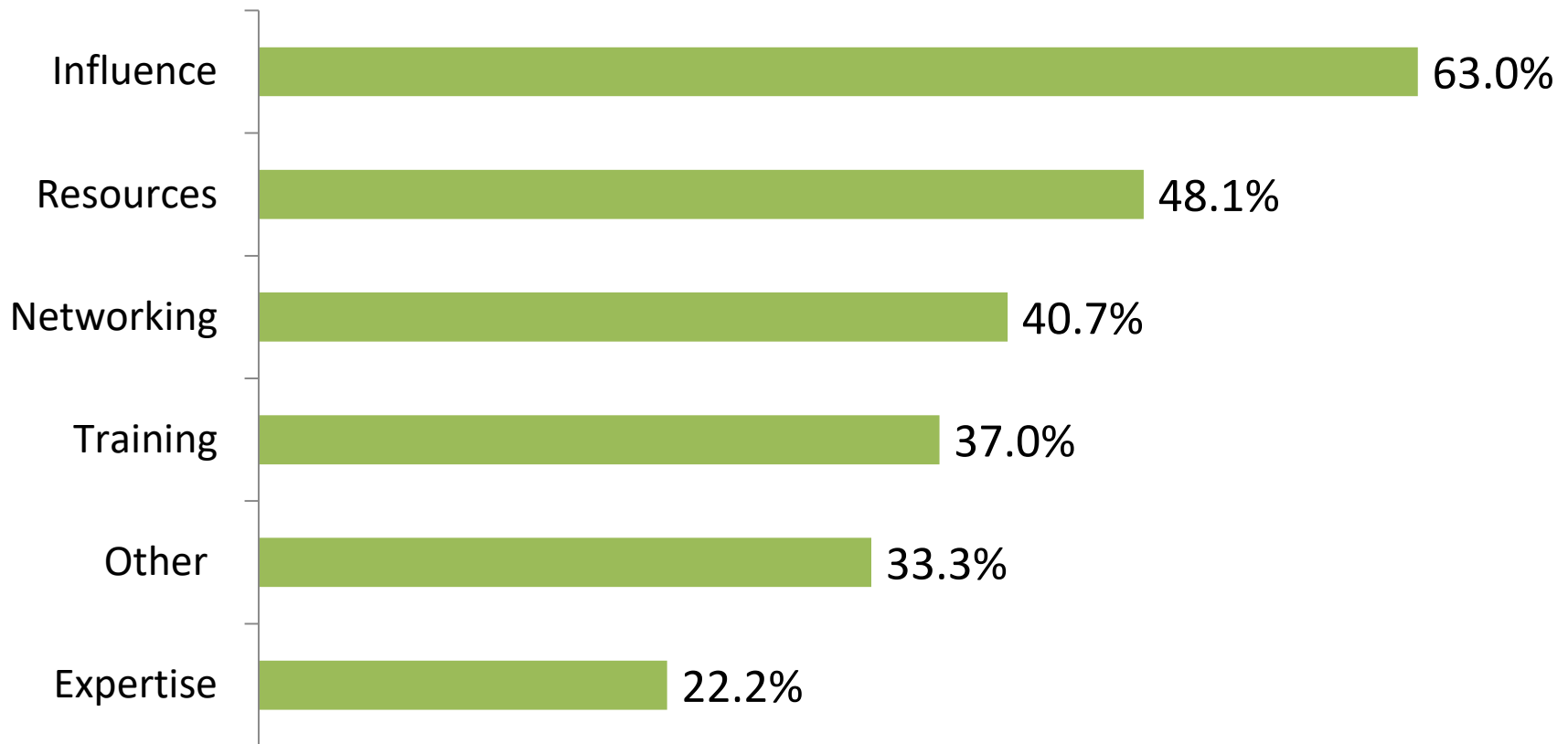


Respondents described **specific resources** or **connections** to national partners that would help their state be successful in implementing FSG in worksites.

- Many respondents brought up the issue of needing more funding.
  - *“More resources to increase staffing - our health department is doing very little in worksite wellness as our 1305 focus is on ECEs, not worksites, because of limited staffing. We are just now piloting some work in a state agency cafeteria that falls under worksite wellness.”*
  - *“Funding for more staff to dedicate to this work.”*
  - *“Money to support comprehensive worksite wellness initiatives.”*
- There were also more specialized needs listed by respondents.
  - *“Purchasing/procurement standards for key product categories and lists of available products that meet these standards to increase availability/product development and access as more purchasers request these products. Key resources to share success stories and ensure viable business models to increase demand for the healthier options.”*
  - *“How to get partners to change and implement new, healthy foods... Working through barriers such as profit loss/gain, interest and motivation would be helpful.”*
  - *“National marketing research organization that has measured the demand for healthy foods when eating at worksite cafeterias and demonstrated willingness to pay for healthy foods.”*



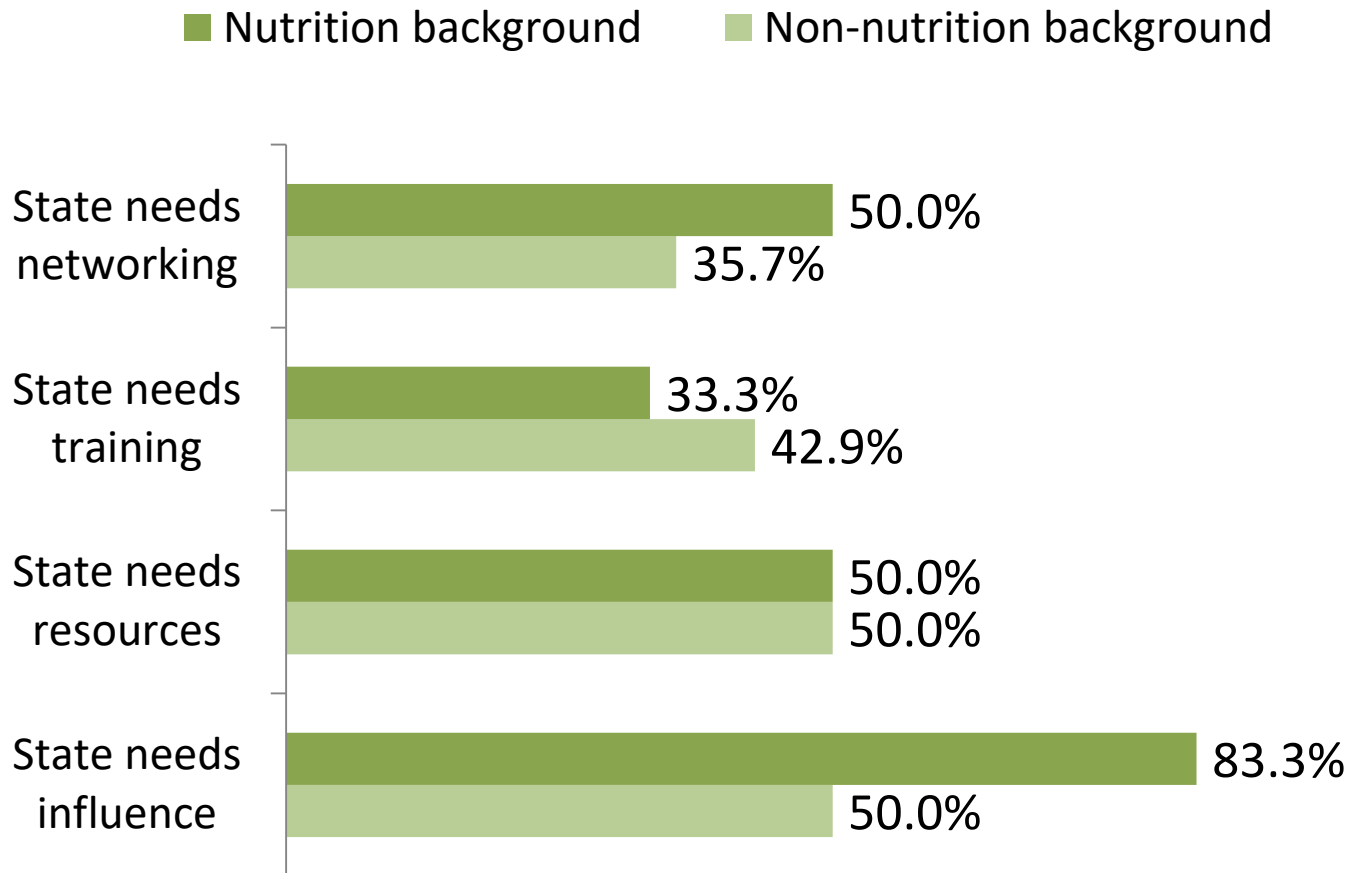
In order to implement FSG in worksites successfully, states predominantly need **influence** and **resources**.



(n=26; 1 missing).

Those that responded with 'Other' commented that they need 'political support,' 'lessons learned from other states,' and 'funding.'

# The perceived needs of states varies as a function of educational background.



Nutrition background, ( $n=12$ ).  
Non-nutrition background, ( $n=14$ ).



There were many things that the states considered as **helpful** at the start of the implementation process.

- Many respondents felt that examples from other states and partnerships with them helped with implementation.
  - *“Partnerships, existing guidelines to review as a starting point.”*
  - *“Connections with other agencies to partner around these strategies.”*
  - *“Recommendations for utilization of CDC's preferred standards; trainings and examples of how others implemented standards.”*
  - *“Examples from other states; guidance documents from CDC. The biggest key to movement in our state has been the support of the director of public health and making sure I am included on committees where key food service decisions are made.”*
- It was also helpful to states to simply have access to resources and materials.
  - *“...the US Healthful Food Council was instrumental, as they have provided onsite and distant technical assistance from the representative and Registered Dietitians.”*



Respondents gave several suggestions of what would have been **helpful** had it been available at the start of implementation.

- *“We need expertise. We have a lack of resources in our state to create programming. Although one agency was already working in this area, it took a long time to get connected to them. We lack the ability to expand our reach beyond this agency.”*
- *“Product lists, especially for vending. Continued support to build consumer demand.”*
- *“...I would like more information on the food industry and understanding where they purchase, and where are the incentives (e.g. commissions, broker fees etc.).”*
- *“Suggestions for working with vendors and most importantly the food manufacturers they use. There was a lot of good information about working with blind vendors, but I also work with other types of vendors.”*
- *“TRAINING...I feel like nutrition training has been inadequate for the 1305 grant!”*



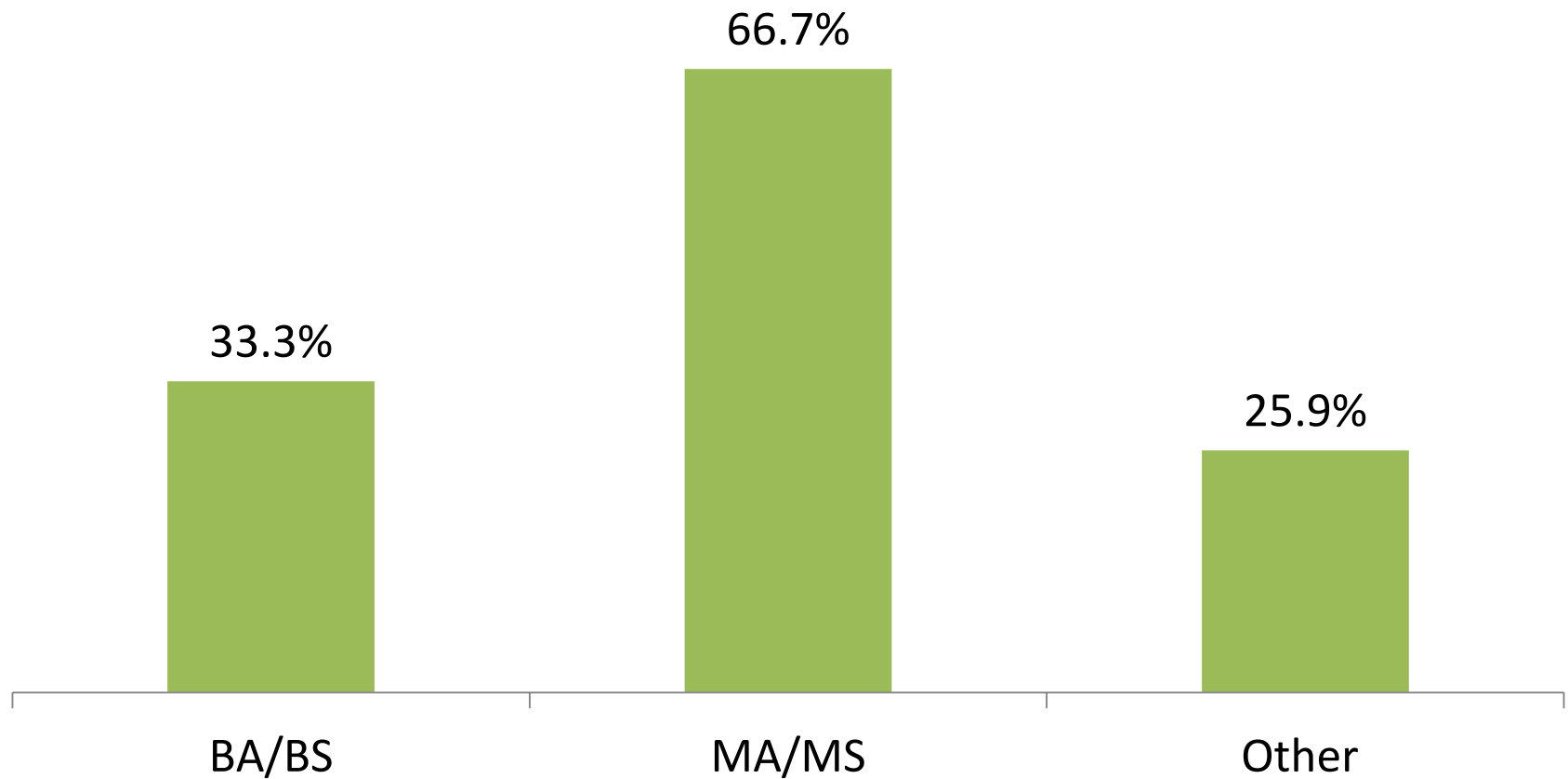
Respondents thought ASPHN could help states successfully implement FSG in worksites **by helping to provide necessary resources.**

- *“Help states undergoing large barriers (e.g. lack of political support; a partner who does not want to work closely together but with whom the agency does not want to burn a bridge) to see options for what they can do that they might not have seen or been aware of (e.g. what is the most effective role a state can take, based on an analysis of what other states have done that have seen similar challenges?).”*
- *“Provide direct TA on FSG in worksites to better assist with implementing targeted strategies in worksites based on the needs identified in state...assistance on working with vendors/partners.”*
- *“Networking; resourcing; sharing ideas; working with states to create best practices so they can learn.”*
- *“Provide resources for working with vendors and food manufacturers. Provide elevator speeches to help sell the concept of policy implementation and purpose to worksite upper management.”*





About two-thirds of respondents have a Master of Arts (MA) or Master of Science (MS) background.

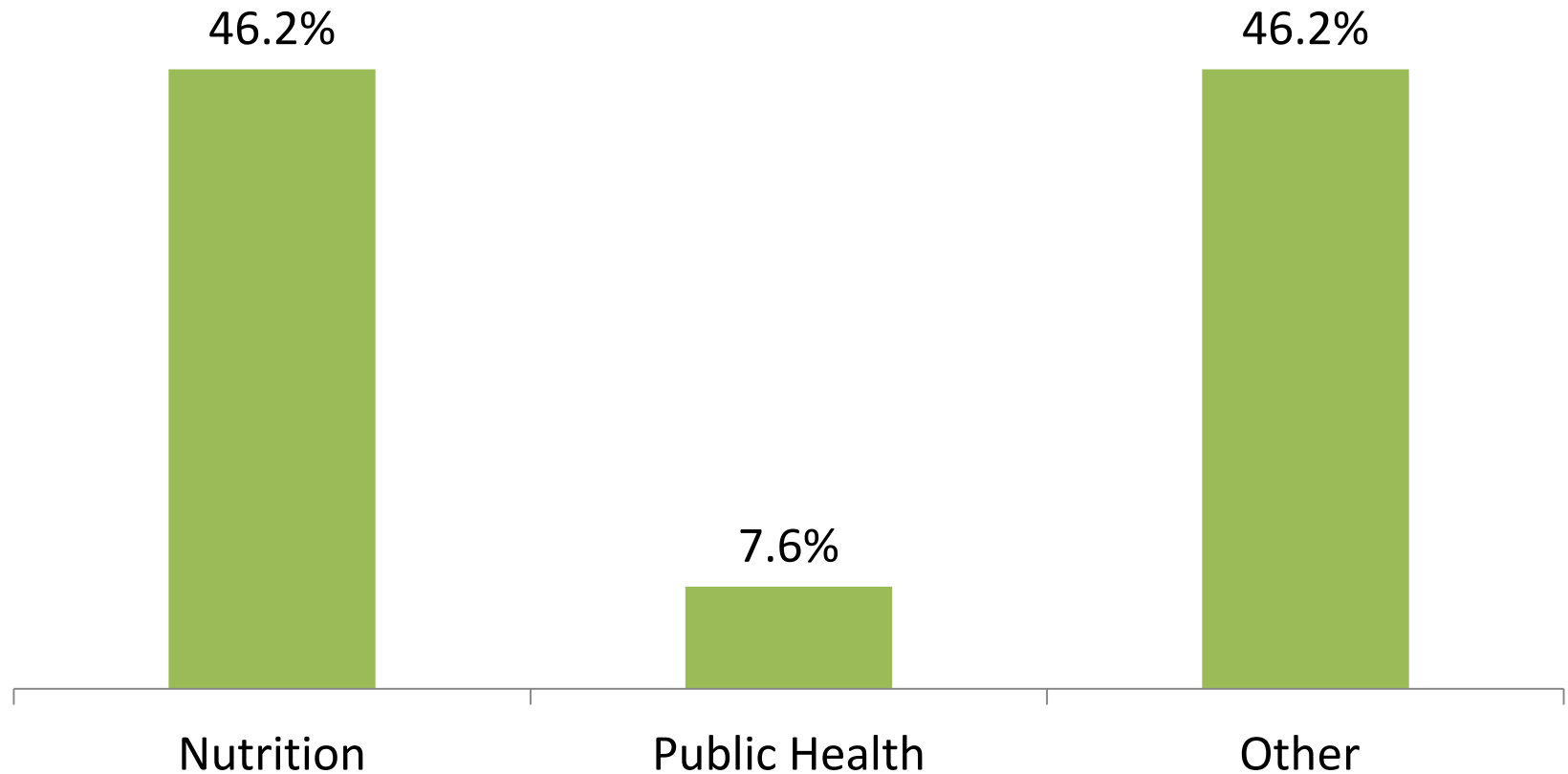


No respondents selected 'Ph.D., EdD, DrPH.' For 'other', respondents said 'MPH' and 'RD'.

(n=26; 1 missing).



# About half of respondents received their education in **nutrition**.



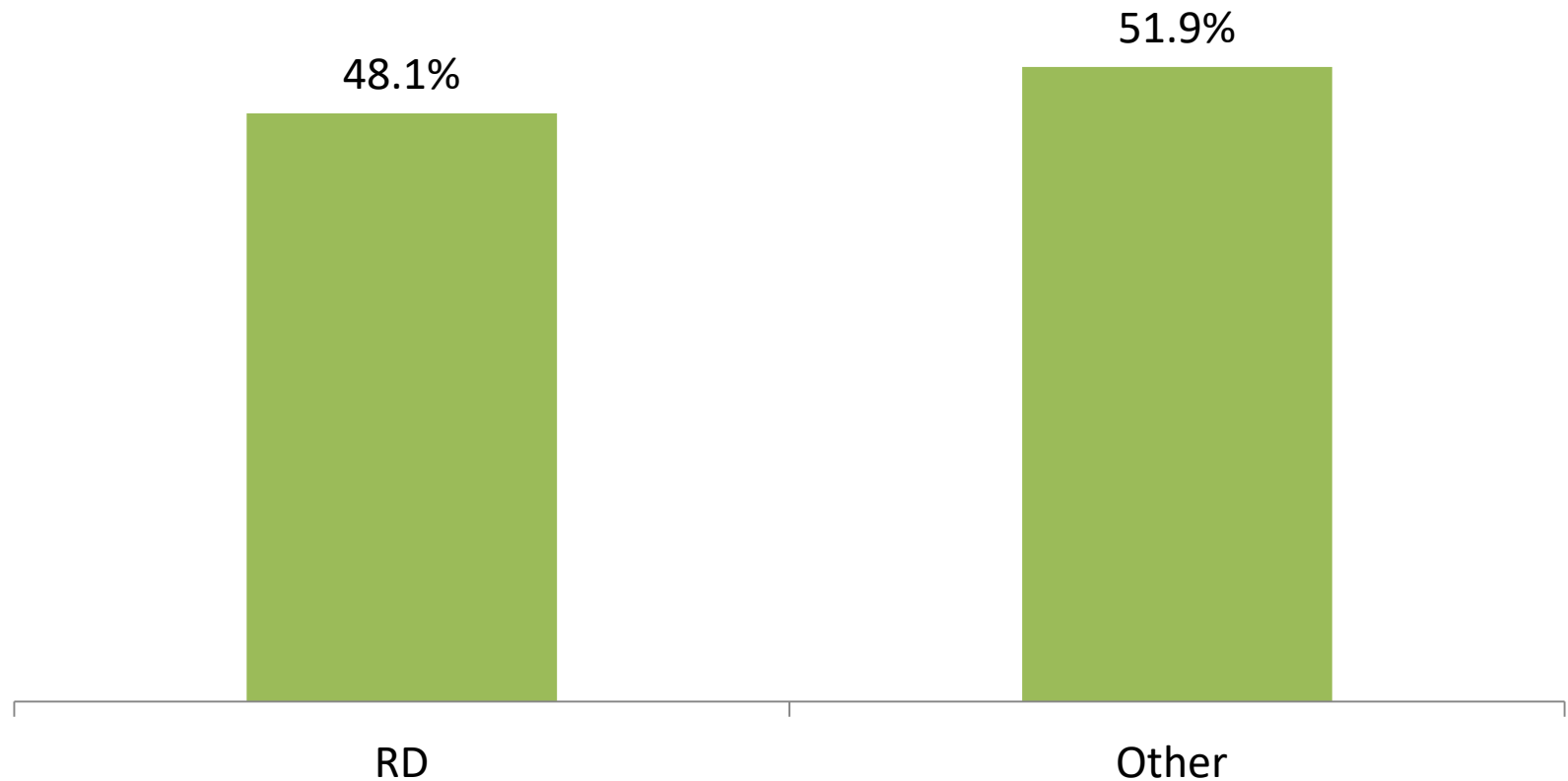
No respondents selected 'Health education' or 'Nursing.'

Respondents who selected 'Other' described Early Childhood Education, Sociology, Environmental Science, Home Economics, Family and Consumer Sciences, Policy, Social Work, Health Service Administration, Behavioral Health, Child Development and Family Studies.

(n=26; 1 missing).



About half of respondents hold a **Registered Dietitian** certification.



No respondent selected 'RN' or 'CHES.' Respondents that selected 'Other' wrote 'none,' 'MPH,' and 'State Certified Dietitian-Nutritionist.'

(n=26; 1 missing).

# Recommendations for 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.