Evaluating Washington State’s Healthy Nutrition Guidelines

Report from a Baseline Evaluation of Executive Order 13-06

September 30, 2014

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Washington State Department of Health

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Acknowledgements
The authors thank the Department of Health staff, cafeteria operators, vendors, worksite wellness coordinators, agency leadership, public health practitioners and research assistants Kidan Araya, Jessica Johnston, Nicole Peltzer, and Sophia Trinh who gave their time and thoughtful input for this evaluation. We also thank Emilee Quinn, MPH and Donna Johnson, PhD, RD for their contributions and direction.

This publication was supported by the Washington State Department of Health through a Cooperative Agreement (CDC Community Transformation Grant DP11-1103PPHF11) with the Centers for Disease Control and Prevention (CDC).
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Executive Summary

In September 2013, Governor Jay Inslee issued a statewide Executive Order (EO 13-06), Improving the Health and Productivity of State Employees and Access to Healthy Foods in State Facilities. EO 13-06 mandated all state agencies in the executive branch to implement food and beverage policies consistent with the Washington State Healthy Nutrition Guidelines, based on the 2010 Dietary Guidelines for Americans. EO 13-06 affects 39 executive branch state agencies and an estimated 67,000 individuals. These guidelines impact food served or sold in cafeterias, vending machines, on-site retail establishments, at meetings or events, and institutional food service.

Implementation of the guidelines began on July 1, 2014 with full implementation to be achieved by December 31, 2016. Compliance with EO 13-06 is the responsibility of a State Employee Health and Wellness Steering Committee, staffed in part by the Washington State Department of Health (WA DOH). In June 2014, WA DOH contracted with the University of Washington Center for Public Health Nutrition (UW CPHN) to assist in developing and implementing an evaluation of EO 13-06. The following evaluation documents the initial implementation phase of EO 13-06.

The purpose of this evaluation, conducted from July through September 2014, is to document the experiences of agencies, stakeholders, and venues affected (and, when possible, unaffected) by EO 13-06 in order to inform future implementation and evaluation efforts. To achieve this, we assessed (1) current compliance rates in cafeteria and vending requirements, and (2) facilitators and barriers to compliance reported by key stakeholders, including agency leaders, worksite wellness coordinators, and cafeteria operators.

Based on preliminary data, we found that current compliance rates in both cafeteria and vending environments were low. However there was some progress towards meeting guidelines and acknowledgement of opportunities for improvement. Interviews with key stakeholders found the top reported barriers to implementation among cafeteria operators were cost concerns and among agency leaders and worksite wellness coordinators was perceived lack of support and communication and lack of resources (e.g. staff time and marketing materials). However, interviews also revealed widespread support among all stakeholders for providing employees/customers with more healthy food options. Interviews with cafeteria operators showed that many believed themselves to be in compliance with or exceeding guidelines, whereas data collected with the modified NEMS indicates only partial movement towards compliance. One food venue site in particular has taken notable steps in improving the food environment.

The implementation of EO 13-06 is in its early phase and this evaluation can inform future activities. Specifically, WA DOH staff can consider strategies that promote the Healthy Nutrition Guidelines by capitalizing on facilitators, addressing barriers, and tailoring support in response to identified needs noted by stakeholders. Cafeterias making greater progress in adaptation of guidelines, such as the...
large food service venue discussed in this evaluation, can serve as a positive example for others. Finally, more rigorous and ongoing evaluations are needed, particularly related to financial impacts.
Healthy Nutrition Guidelines: Report from a Baseline Evaluation of Executive Order 13-06

Introduction

Over 60% of adults are considered overweight or obese in Washington State.¹ Obesity and overweight are associated with a number of chronic diseases including coronary heart disease, diabetes, stroke, and some cancers.² The medical costs associated with obesity are estimated at 147 billion dollars among adults.³ Diet-related approaches that target the individual have proven unsuccessful in curbing the obesity epidemic and the need for large-scale environmental and policy strategies that make healthy options available, accessible, and affordable has been widely reported.⁴,⁵ Specifically, policies that target the food environment and food supply, such as healthy food procurement and healthy food and beverage service guidelines, have been deemed one potential and effective solution to improve healthy eating habits. The Centers for Disease Control and Prevention (CDC) has recommended state and local government agencies adopt food procurement policies and food and beverage service guidelines that align with the Dietary Guidelines for Americans in an effort to improve the food supply.⁶,⁷

In Washington State, Governor Jay Inslee issued statewide EO 13-06, Improving the Health and Productivity of State Employees and Access to Healthy Foods in State Facilities, requiring all state executive agencies to adopt and implement food service guidelines that meet the Washington State Department of Health’s Healthy Nutrition Guidelines that follow the guidance of the 2010 Dietary Guidelines for Americans.⁸,⁹ These guidelines set criteria to ensure healthy options are available in cafeterias, cafes, on-site retail venues, vending machines, meetings and events, and institutional food service. The WA DOH convened a Food Procurement workgroup to develop an implementation guide to support agencies and cafeteria operators in the implementation of the guidelines. This implementation guide serves to support the 39 executive branch state agencies and their programs that employ and serve the estimated 67,000 individuals who are affected by EO 13-06. In addition to developing the implementation guide, WA DOH’s Healthy Eating and Active Living (HEAL) Unit is planning professional trainings, facilitating outreach efforts, and providing ongoing technical assistance to food service operators, agency leaders, worksite wellness coordinators, and food and beverage providers. Figure 1 shows the early logic model for the Food and Beverage Service Guidelines project with EO 13-06, WA DOH staff, partners, venues, and evaluation as inputs. The intended outcomes are environments that support healthy choices, increased organizational capacity, better relationships among food service providers and agencies, and increased affordability and consumption of healthy foods among employees.

Implementation of the guidelines began on July 1, 2014 with full implementation to be achieved by December 31, 2016. Compliance with EO 13-06 is the responsibility of a State Employee Health and
Wellness Steering Committee, staffed in part by WA DOH. Due to the far-reaching impact and unique needs of individual agencies and venues, WA DOH has allocated a significant amount of time to support the rollout of EO 13-06. In addition to EO 13-06, WA DOH was also awarded CDC’s Sodium Reduction in Communities Grant in 2013 which aims to increase access to lower sodium food options, to reduce sodium intake, and to continue to build practice-based evidence around effective population-based strategies to reduce sodium consumption at the community level. The overlap of these two initiatives provided opportunity for collaboration in implementation and evaluation efforts. In order to capture baseline data, WA DOH contracted with the University of Washington Center for Public Health Nutrition (CPHN) to assist in developing and implementing the evaluation of EO 13-06.

**Evaluation Purpose**

The purpose of this evaluation was to address three specific questions about the experience of agencies, stakeholders, and venues affected by EO 13-06 to inform future evaluation efforts:

1) How does EO 13-06 impact the food environments of affected food service venues, such as worksite cafeterias and vending machines?

2) What are the current and anticipated facilitators and barriers of implementing EO 13-06?

3) What impact do the changes at affected food service venues have on the impact of venue purchases and sales?
<table>
<thead>
<tr>
<th>Inputs (what it takes to conduct the program)</th>
<th>Activities (what is done – key intervention elements)</th>
<th>Outputs (to whom, how much, how many, at what duration, etc.)</th>
<th>Outcomes (specific changes in individuals, programs, or systems)</th>
<th>Intended Goals (broad changes to which outcomes contribute)</th>
</tr>
</thead>
</table>
| WA State EO 13-06                           | Technical assistance for agency leaders, worksite wellness coordinators, food service venue operators/managers: including training, troubleshooting, development/provision of an implementation guide on setting up Food and Beverage Service Guidelines (FBSGs), modifying TA to reflect lessons learned and overcome challenges | Technical assistance:  
- Implementation guide  
- Who is trained to provide TA and to what degree  
Outreach and Educational activities:  
- # and type of outreach activities conducted and to whom (employees, cafeteria operators etc...)  
Adoption:  
- Extent to which agencies adopt and incorporate EO policies  
Implementation:  
- # of staff, amount of time spent administering FBSG (including training, tracking, monitoring, enforcing)  
- # HEAL presentations provided  
- # food service vendors/venues complying with agency policies  
- # of modifications to policies or implementation guide needed  
- # of interviews with stakeholders  
Production/costs:  
- Production and/or cost records  
Sales records | Environment supports healthy choices  
- Increased access and availability of healthy foods in executive agency venues and programs  
- Price of healthy foods/beverages equates with or is lower than less healthful options  
- Promotion and placement of healthy foods improved and emphasize healthy options  
Organizational Capacity  
- HEAL learns about food service contracts, procurement infrastructure and structure, and process changes at organizational level  
Food Service Providers/Venues  
- Consistent revenue  
- Better relationships with providers and agencies  
Employees  
- Increased affordability/purchases and thus consumption of healthier foods and decreased consumption of less healthful foods  
- Venues are seen as a worksite resource | More healthful food environments  
Improved understanding of best practices for supporting healthy food and beverage service guidelines  
Food service venues benefit and are valued by the populations they serve  
Food providers increase supply of healthy food options  
Increased demand for healthy options and decreased demand for less healthful options  
Healthy employees (eat more healthy foods, experience better health outcomes)  
Prevent unintended consequences such as negatively impacting food equity |
| WA State Department of Health (WA DOH), Healthy Eating and Active Living unit (HEAL) | Affected Executive Branch Agencies and State Departments (e.g., agency leaders, employees, departments responsible for current food service contracts and infrastructure) | Executive branch cafeterias (n=12), vending machines (22 reported), on-site retail | Food/Beverage service venues (food service venue operators, managers, and employees) | Food/Beverage providers (vending machine distributors, food distributors, cafeterias) |
| Food Procurement Workgroup | Previous related evaluations and evidence-base | Outreach and TA partners (e.g., worksite wellness coordinators, outreach collaboration, dissemination efforts) | Evaluation team | Technical assistance for agency leaders, worksite wellness coordinators, food service venue operators/managers: including training, troubleshooting, development/provision of an implementation guide on setting up Food and Beverage Service Guidelines (FBSGs), modifying TA to reflect lessons learned and overcome challenges | Outreach (publicity/promotion, educational) efforts conducted by HEAL to reach agencies, employees, food service venues Administration of FBSGs (including training, tracking, monitoring, enforcing) | Technical assistance:  
- Implementation guide  
- Who is trained to provide TA and to what degree  
Outreach and Educational activities:  
- # and type of outreach activities conducted and to whom (employees, cafeteria operators etc...)  
Adoption:  
- Extent to which agencies adopt and incorporate EO policies  
Implementation:  
- # of staff, amount of time spent administering FBSG (including training, tracking, monitoring, enforcing)  
- # HEAL presentations provided  
- # food service vendors/venues complying with agency policies  
- # of modifications to policies or implementation guide needed  
- # of interviews with stakeholders  
Production/costs:  
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Sales records | Environment supports healthy choices  
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Organizational Capacity  
- HEAL learns about food service contracts, procurement infrastructure and structure, and process changes at organizational level  
Food Service Providers/Venues  
- Consistent revenue  
- Better relationships with providers and agencies  
Employees  
- Increased affordability/purchases and thus consumption of healthier foods and decreased consumption of less healthful foods  
- Venues are seen as a worksite resource | More healthful food environments  
Improved understanding of best practices for supporting healthy food and beverage service guidelines  
Food service venues benefit and are valued by the populations they serve  
Food providers increase supply of healthy food options  
Increased demand for healthy options and decreased demand for less healthful options  
Healthy employees (eat more healthy foods, experience better health outcomes)  
Prevent unintended consequences such as negatively impacting food equity |

**Figure 1: Logic Model**
Methods
The research team collected primary data assessing the cafeteria food environments and vending machine compliance, and interviewing key informants. The evaluation team also requested cafeteria production records from cafeteria operators, but received few. The data was collected over a three month period (July – September) in 2014. The methods of each data collection process are detailed below.

Table 1: Evaluation Data Sources

<table>
<thead>
<tr>
<th>Data Sources</th>
<th>Evaluation Question Addressed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Modified-NEMS assessment of 9 cafeterias</td>
<td>1</td>
</tr>
<tr>
<td>2) Photographs of vending machine inventory for 22 machines</td>
<td>1</td>
</tr>
<tr>
<td>3) Interviews (5 cafeteria operators, 2 worksite wellness coordinators, 9 agency leaders, 1 Healthy Eating Active Living representative)</td>
<td>2, 3</td>
</tr>
<tr>
<td>4) Production Records (unable to obtain)</td>
<td>3</td>
</tr>
</tbody>
</table>

Cafeteria Assessment
The research team first developed a Modified Nutrition Environment Measures Survey with Behavioral Economics Checklist (Modified-NEMS) to assess the food environments of cafeterias. To do this, the research team combined relevant items from the validated Nutrition Environment Measures Survey – Cafeterias (NEMS-C) with the CDC Healthy Hospital Cafeteria Food & Beverage and Physical Activity Assessment Scan. They then incorporated questions to assess whether cafeterias met the WA DOH basic compliance checklist as contained within the WA DOH Healthy Nutrition Guidelines Implementation Guide for Cafeterias. This checklist provides criteria required for food service venues to be considered in compliance with the Healthy Nutrition Guidelines. Compliance is based on a point system, with each criteria met earning the food service venue a defined number of points. If discrepancies were noted or basic criteria were not addressed, questions were amended or added. Behavioral economics strategies from both the WA DOH Healthy Nutrition Guidelines Implementation Guide for Cafeterias and a previous cafeteria environmental assessment conducted by the UW CPHN were also incorporated into the Modified-NEMS. Behavioral economic strategies are those strategies intended to “nudge” consumers into making healthier choices, such as putting healthy items by the check-out register or at eye level. Next, WA DOH staff provided feedback on the Modified-NEMS and modifications were added as requested, such as adding questions to assess cafeterias for the presence or absence WA DOH Healthy Nutrition Guidelines sodium strategies. Three researchers then pilot tested the Modified-NEMS at two state agency cafeterias in Olympia to assess for basic clarity and comprehension of questions, to evaluate tool protocol and clearness of
the tool’s accompanying instructional guide, and to determine the average duration for tool completion. Questions on the Modified-NEMS included items such as:

- Does the cafeteria have signs or other displays that encourage general healthy eating or healthy food choices? (posters on wall, signs, table tents)
- Are lower sodium options promoted? (snacks ≤360 mg, individual food item ≤480 mg, individual meal ≤900 mg)
- Fruit is well lit (Yes, No, Mixed)

See Appendix 2 for a full set of questions.

WA DOH staff initially identified a list of 17 cafeterias to survey (see Table 2). Of these cafeterias, 9 were surveyed after taking into account cafeteria closures and size. Three cafeterias were excluded due to recent closure and 5 cafeterias were small food service venues for which the Modified-NEMS was not designed. Eight of the nine cafeterias assessed were affected by EO 13-06 while 1 cafeteria that was unaffected and did not serve executive agency employees served as a comparison.

<table>
<thead>
<tr>
<th>Agency</th>
<th>Food Service Venue</th>
<th>Inclusion Status</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Puget Sound Partnership (PSP)</td>
<td>City Picnics</td>
<td>Surveyed</td>
<td>Affected</td>
</tr>
<tr>
<td>Labor and Industries (LNI)</td>
<td>Bienvenue Café</td>
<td>Surveyed</td>
<td>Affected</td>
</tr>
<tr>
<td>Department of Licensing (DOL)</td>
<td>Hot Little Bistro</td>
<td>Surveyed</td>
<td>Affected</td>
</tr>
<tr>
<td>Department of Corrections (DOC)</td>
<td>Courtyard Café</td>
<td>Surveyed</td>
<td>Affected</td>
</tr>
<tr>
<td>Department of Social and Health Services (DSHS)</td>
<td>Oasis Café</td>
<td>Surveyed</td>
<td>Affected</td>
</tr>
<tr>
<td>Department of Enterprise Services (DES)</td>
<td>Megabites Deli</td>
<td>Surveyed</td>
<td>Affected</td>
</tr>
<tr>
<td>Legislative building</td>
<td>Dome Deli</td>
<td>Surveyed</td>
<td>Comparison</td>
</tr>
<tr>
<td>Department of Ecology (ECY)</td>
<td>The Ecology Café!</td>
<td>Surveyed</td>
<td>Affected</td>
</tr>
<tr>
<td>Department of Social and Health Services (DSHS)</td>
<td>Bobby Jayz</td>
<td>Surveyed</td>
<td>Affected</td>
</tr>
<tr>
<td>Department of Enterprise Services (DES)</td>
<td>Barb’s BBQ and Soul Food</td>
<td>Not Surveyed</td>
<td>Closure</td>
</tr>
</tbody>
</table>
Two researchers conducted independent surveys of the first 2 cafeterias in order to assess inter-rater reliability. These initial surveys were used to determine that the Modified-NEMS would produce the same findings regardless of surveyor, thus allowing for just 1 scan of each succeeding cafeteria. All Modified-NEMS surveys were completed in the month of August during typical lunch hours to ensure consistency. A trained coder entered the data that was collected and assessed for data entry errors. This preliminary set of data was analyzed for basic trends in EO 13-06 implementation. Eleven questions on the Modified-NEMS were analyzed to determine whether or not basic compliance was met according to WA DOH Healthy Nutrition Guidelines.

**Vending**

During initial interview requests, researchers asked the worksite wellness coordinator (WWC) associated with each of the 9 agencies surveyed to obtain an inventory of affected vending machines in agency buildings and to take photographs of these and submit electronically to the UW research team, per a UW CPHN protocol that was provided to them. The protocol indicated photographs of the full machine, product close ups, and marketing signage be collected and consistently labeled. Each WWC was contacted up to 3 times per protocol. In this preliminary attempt to gather data, 1 WWC
responded with vending machine information and 1 WWC declined to participate. The WWC who responded with vending information sent a list of 18 vending machines at 2 agencies. The WWC included photographs for 10 of these 18 machines. Due to delayed communication with the WWC, we were unable to photograph or obtain access to the remaining 8 machines identified.

Researchers then visited 5 agencies not included on the list described above and provided by the WWC. At these agencies, they inquired with front desk personnel and cafeteria operators regarding additional vending machine locations. Twelve additional machines were identified and photographs were collected from each.

In total, researchers compiled photographs for a total 22 out of 30 identified machines. Of the machines surveyed, 8 machines sold snack items and 14 machines sold beverages. To assess machines for compliance with the WA DOH Healthy Vending Implementation Guide, we gathered specific nutrient values for vending machine products from a reliable nutrition database and compared these values to requirements specified in the Healthy Nutrition Guidelines standards to categorize vending items as Healthiest, Healthier, or Limited.

**Interviews**

WA DOH staff provided contact information to UW CPHN staff for all key stakeholders (i.e., agency leaders, cafeteria operators, and WWCs). They also sent initial invitations to these stakeholders to inform them that researchers would invite them to participate in the evaluation, noting that participation was not required. The research team followed up with invitations to these stakeholders explaining the project, providing IRB-approved human subjects information sheets, and asking them to respond if willing to be interviewed. **Table 3** provides a complete list of stakeholders contacted and interviewed by interviewee category. Interviewees were not offered incentives for participating aside from incentives offered to cafeteria operators for providing additional information as described below in the “Production Records” section.

<table>
<thead>
<tr>
<th>Interviewee Category</th>
<th>Number Contacted</th>
<th>Number Interviewed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cafeteria Operators (COs)</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>Worksite Wellness Coordinators (WWCs)</td>
<td>25</td>
<td>2</td>
</tr>
<tr>
<td>Agency Leadership (ALs)</td>
<td>12</td>
<td>9</td>
</tr>
<tr>
<td>DOH Healthy Eating Active Living (HEAL) Representative</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>46</td>
<td>17</td>
</tr>
</tbody>
</table>
Of the 46 individuals contacted, 17 responded including 5 cafeteria operators, 9 representatives from agency leadership, 2 worksite wellness coordinators, and 1 WA DOH Healthy Eating and Active Living (HEAL) representative tasked with overseeing implementation of EO 13-06 and providing technical assistance. One researcher conducted all interviews over the phone or in-person using a prepared protocol. Interviews lasted 20-40 minutes. Questions included:

- Could you describe your position and in what ways you are currently or plan to be involved with the roll out of the Food and Beverage Service Guidelines (FBSG) part of the EO?
- Before the guidelines were adopted did you make any changes to make your menu offerings healthier? What additional things did your site decide to try? What worked? What didn’t work?
- Overall, in terms of planning, implementation, and maintenance, where do you think WA State is right now in terms of taking action on the FBSG part of the EO?

All interview questions were reviewed and approved by the University of Washington Institutional Review Board. See Appendix 3 for a full set of questions.

The interviewer audio recorded all interviews and an outside consultant transcribed them verbatim. An initial codebook was developed based on interview responses. Two researchers separately coded 30% of the interviews. They discussed any discrepancies until they came to consensus on the appropriate codes and any required edits to the codebook so that high inter-rater agreement was reached between coders. The original set of interviews was re-coded and the remaining 70% of interviews were coded independently.

**Cafeteria Operators**

To better understand perceived facilitators, benefits, and barriers at food service venues, researchers conducted interviews with managers and/or operators of cafeterias. Researchers invited these cafeteria operators (COs) to participate in interviews via phone or email and sent follow up communication up to two times, per protocol. Pre-appointment reminders were sent to COs two days prior to scheduled interview. Out of 8 COs contacted, 5 agreed to participate and 3 did not respond. Of the scheduled interviews, 3 interviews were conducted in-person and 2 over the phone.

**Agency Leaders, Worksite Wellness Coordinators, and HEAL Team Representative**

To better understand the perceived facilitators, benefits, and barriers of implementing EO 13-06 at an organizational level, researchers conducted qualitative interviews with agency leaders (ALs), worksite wellness coordinators (WWCs), and a representative from the HEAL team at WA DOH. At study outset, 12 ALs and 25 WWCs were invited via email to participate in interviews and were contacted up to two times, per protocol. Of the ALs contacted, 9 ALs contacted agreed to participate and 2 did not respond. Of the WWCs contacted, 2 agreed to participate, 4 declined, and 19 did not respond.
Worksite wellness policies were requested during interviews with WWCs; 2 provided copies of their agency’s policy. See Appendix 4 for a copy of the policies.

Production Records
To evaluate the impact of changes at affected food service venues on venue purchases and sales, production records were requested from COs. At the completion of interviews, the interviewer offered a $10 gift card for data on any of the following that venues might be willing to share: daily, weekly, or monthly totals for production; inventory records, order forms, and sales; cafeteria food production records including number of customers served and the number of servings; and inventory records on snack bar items such as candy, chips, novelties, and beverages.

Of the 5 COs interviewed, 2 submitted inventory forms; 2 refused; 1 recited order information verbally; and 1 reported not tracking this type of information. The three participating COs received the $10 gift card for providing any type of inventory or production records. Financial information was not submitted by any cafeteria operators.

Results

Cafeteria Assessments
Food service venues affected by EO 13-06 must comply with a list of 9 basic criteria in order to meet the WA DOH Healthy Nutrition Guidelines. These criteria focus on availability of whole grain options, vegetables, fruits, lean protein options, low sodium entrees, low-fat and non-fat milk products, and water. Guidelines also include limitations on deep-fried entrees and trans-fats. Large and medium food service venues must meet additional criteria to demonstrate compliance, such that increases in cafeteria size equate with higher standards. All cafeterias assessed in this report were classified as either medium or large food service venues, with 4 large cafeterias and 5 medium sized cafeterias analyzed.

According to the modified-NEMS, none of the cafeterias analyzed met the basic criteria necessary to demonstrate full compliance with the Healthy Nutrition Guidelines (See Table 4). However, all cafeterias demonstrated partial compliance; there were no observed differences between the affected cafeterias and the comparison cafeteria. All cafeterias offered a lean meat choice or low-fat vegetarian option when protein entrées were offered. Seven out of the 9 cafeterias offered at least 3 whole or sliced fruits, thereby meeting this basic criteria. Eight cafeterias also met the guideline for limiting deep fried foods, offering no more than 1 deep-fried entrée option on the day of the environmental survey. Use of trans-fat or partially hydrogenated oils was not evaluated, as this data could not be collected by an observational scan. Cafeteria compliance regarding beverage criteria was
somewhat mixed. While 7 of the cafeterias offered free water, only 1 of these advertised its availability. Five cafeterias offered low-fat and non-fat milk products.

Availability of low sodium options, whole grain items, and vegetable sides emerged as areas with greatest room for improvement. None of the cafeterias offered any whole grain rich options, defined as foods containing at least 50% of grain ingredients as whole grain, at the time of the cafeteria assessment. Therefore, all failed to meet the guideline of offering 2 whole grain rich options for large food service venues and one whole grain rich option for medium and small food service venues. Additionally, none of the cafeterias promoted lower sodium snacks, individual food items, or individual meals. Lower sodium was defined as 360mg of sodium or less per snack item, 480mg of sodium or less per individual food item, and 900mg of sodium or less per individual meal. Finally, data from the modified-NEMS tool on vegetable options indicates room for improvement. Basic criteria as outlined in the Healthy Nutrition Guidelines requires classification of vegetables as raw, salad-type vegetables or steamed, baked, or grilled without fat or oil. The Modified-NEMS tool utilized did not collect the level of detail needed to determine compliance with basic criteria for vegetables. This was because questions within the Modified-NEMS tool assessed number of total vegetables offered and number of vegetables cooked without fat or oil, but did not capture raw vs. cooked items throughout the entire cafeteria. Three cafeterias offered 1 vegetable with no fat or oil at the grill or hot bar. Healthy vegetable options at the grab and go sections proved more numerous and varied, with 6 cafeterias offering vegetables and an average number of 5 vegetable varieties offered.
<table>
<thead>
<tr>
<th>Area of focus for criteria</th>
<th>Basic criteria (required for all food service venues)</th>
<th># cafeterias meeting criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whole Grain</td>
<td><strong>Large</strong>: Do you offer daily two whole grain rich options at any time during operations hours? <strong>Medium and Small</strong>: Do you offer daily at least one whole grain rich option at all times?</td>
<td>0</td>
</tr>
<tr>
<td>Vegetable</td>
<td><strong>Large</strong>: Do you offer daily at least one raw, salad-type vegetable and at least one steamed, baked or grilled vegetable seasoned without fat or oil? <strong>Medium and Small</strong>: Do you offer daily at least one raw, salad-type vegetable?</td>
<td>N/A&lt;sup&gt;1&lt;/sup&gt;</td>
</tr>
<tr>
<td>Fruit</td>
<td><strong>Large and medium</strong>: Do you offer daily at least three whole or sliced fruits? <strong>Small</strong>: Do you offer daily at least two whole or sliced fruits?</td>
<td>7</td>
</tr>
<tr>
<td>Lean protein</td>
<td><strong>All</strong>: When protein entrees are offered, do you offer a lean meat choice such as poultry, fish or low-fat vegetarian option?</td>
<td>9</td>
</tr>
<tr>
<td>Deep-fried</td>
<td><strong>All</strong>: Do you offer no more than one deep-fried entrée option per day?</td>
<td>8</td>
</tr>
<tr>
<td>Oils (trans-fat, partially hydrogenated)</td>
<td><strong>All</strong>: Are all meal items free of artificial trans-fat or partially hydrogenated oils?</td>
<td>N/A&lt;sup&gt;3&lt;/sup&gt;</td>
</tr>
<tr>
<td>Low- and non-fat milk</td>
<td><strong>All</strong>: Do you offer low-fat and non-fat milk products?</td>
<td>5</td>
</tr>
<tr>
<td>Water</td>
<td><strong>All</strong>: Do you have free water available and do you advertise its availability?</td>
<td>1</td>
</tr>
<tr>
<td>Met all basic criteria</td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

Researchers also collected data regarding pricing, promotion of healthy foods, and observations of the kinds of approaches that are commonly recommended by behavioral economics experts. (See 

<sup>1</sup> Unable to assess with Modified-NEMS tool  
<sup>2</sup> No small food service venues assessed  
<sup>3</sup> Although unable to assess with Modified NEMS tool, this information was captured through Cafeteria Operator interviews. 3 out of 5 Cafeteria Operators indicated compliance with the artificial trans fat criteria.
**Table 5.** One cafeteria displayed nutrition information on a large display or menu board, while 2 cafeterias identified healthier items in the cafeteria and displayed signs encouraging general healthy eating. Grab and go pricing was rarely posted for the majority of cafeterias, requiring researchers to inquire about individual items during the scan. Eight out of 9 cafeterias priced healthier entrees comparably to regular entrees, while 1 cafeteria priced healthier entrees lower than other items. Researchers observed similar findings for pricing of sandwiches, wraps, and burgers. Finally, researchers noted whether fruits and vegetables were well lit, appealing in appearance, or located near the register. All cafeterias offered well lit fruit that was either appealing in appearance or rated as mixed. Seven out of 9 cafeterias offered fruit located near the register. Seven cafeterias offered well lit vegetables, all of which were appealing in appearance.
<table>
<thead>
<tr>
<th>Criteria</th>
<th># Cafeterias meeting criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition information displayed on large display or menu board</td>
<td>1</td>
</tr>
<tr>
<td>Healthier options identified in cafeteria</td>
<td>2</td>
</tr>
<tr>
<td>Does the cafeteria have signs or other displays that encourage general healthy eating or healthy food choices? (posters on wall, signs, table tents)</td>
<td>2</td>
</tr>
<tr>
<td>Price of healthier entrees compared to comparable regular entrees</td>
<td></td>
</tr>
<tr>
<td>- Same</td>
<td>8</td>
</tr>
<tr>
<td>- Less</td>
<td>1</td>
</tr>
<tr>
<td>Price of healthier sandwiches, wraps, and/or burgers compared to comparable regular ones</td>
<td>8</td>
</tr>
<tr>
<td>- Same</td>
<td>8</td>
</tr>
<tr>
<td>- Less</td>
<td>1</td>
</tr>
<tr>
<td>Fruit is well lit (e.g. “Yes” fruit is as well lit as most other foods)</td>
<td>9</td>
</tr>
<tr>
<td>Fruit is appealing in appearance (e.g. looks fresh, not bruised)</td>
<td></td>
</tr>
<tr>
<td>- Yes</td>
<td>5</td>
</tr>
<tr>
<td>- Mixed</td>
<td>4</td>
</tr>
<tr>
<td>Some fruit is located near the register</td>
<td>7</td>
</tr>
<tr>
<td>Vegetables are well lit (e.g. “Yes” vegetables are as well lit as most other foods)</td>
<td>7</td>
</tr>
<tr>
<td>- Yes</td>
<td>7</td>
</tr>
<tr>
<td>- No</td>
<td>1</td>
</tr>
<tr>
<td>- N/A (No vegetables offered)</td>
<td>1</td>
</tr>
<tr>
<td>Vegetables are appealing in appearance (e.g. looks fresh, not bruised)</td>
<td></td>
</tr>
<tr>
<td>- Yes</td>
<td>8</td>
</tr>
<tr>
<td>- N/A</td>
<td>1</td>
</tr>
</tbody>
</table>
Researchers conducting the modified-NEMS noted that 1 cafeteria in particular had made many changes in accordance with the guidelines, viewing them in a positive light. The cafeteria operator provided the research team with two lists of steps taken to meet Healthy Nutrition Guidelines: one broken down by criteria and one providing general steps taken to increase healthy foods served. See Appendix 4 for complete versions of both documents.

**Vending**

Of the 22 machines assessed, two machines contained 50% or more vending products meeting the healthier or healthiest criteria, placing the machines in compliance with the WA DOH Healthy Nutrition Guidelines. Table 6 displays the percentage of vending products in each category (Healthiest, Healthier, or Limited). The table also indicates the percentage of vending machine products that comply with WA DOH Healthy Nutrition Guidelines. Green cells indicate the machine is in compliance with WA DOH Healthy Nutrition Guidelines, red cells indicate the machine is out of compliance by a large degree, and yellow cells indicate the machine is within 15% of required compliance standards.
<table>
<thead>
<tr>
<th>Agency</th>
<th>% snacks that meet Healthiest criteria</th>
<th>% snacks that meet Healthier criteria</th>
<th>% snacks that meet limited criteria</th>
<th>% snacks in compliance (Healthiest + Healthier)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Snack Vending Machines (n=8)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DES 1</td>
<td>6%</td>
<td>35%</td>
<td>59%</td>
<td>41%</td>
</tr>
<tr>
<td>DES 2</td>
<td>3%</td>
<td>32%</td>
<td>65%</td>
<td>35%</td>
</tr>
<tr>
<td>DES 3</td>
<td>3%</td>
<td>34%</td>
<td>63%</td>
<td>37%</td>
</tr>
<tr>
<td>DSHS 1</td>
<td>6%</td>
<td>35%</td>
<td>59%</td>
<td>41%</td>
</tr>
<tr>
<td>DSHS 2</td>
<td>5%</td>
<td>24%</td>
<td>71%</td>
<td>29%</td>
</tr>
<tr>
<td>Legislative</td>
<td>3%</td>
<td>30%</td>
<td>67%</td>
<td>33%</td>
</tr>
<tr>
<td>NRB</td>
<td>3%</td>
<td>32%</td>
<td>65%</td>
<td>35%</td>
</tr>
<tr>
<td>Ecology</td>
<td>3%</td>
<td>28%</td>
<td>69%</td>
<td>31%</td>
</tr>
<tr>
<td>Total Snacks</td>
<td>4.0%</td>
<td>31.5%</td>
<td>64.5%</td>
<td>35.5%</td>
</tr>
<tr>
<td>Beverage Vending Machines (n=14)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DES 1</td>
<td>22%</td>
<td>22%</td>
<td>56%</td>
<td>44%</td>
</tr>
<tr>
<td>DES 2</td>
<td>0%</td>
<td>25%</td>
<td>75%</td>
<td>25%</td>
</tr>
<tr>
<td>DES 3</td>
<td>0%</td>
<td>33%</td>
<td>67%</td>
<td>33%</td>
</tr>
<tr>
<td>DES 4</td>
<td>0%</td>
<td>25%</td>
<td>75%</td>
<td>25%</td>
</tr>
<tr>
<td>DES 5</td>
<td>0%</td>
<td>20%</td>
<td>80%</td>
<td>20%</td>
</tr>
<tr>
<td>DES 6</td>
<td>0%</td>
<td>29%</td>
<td>71%</td>
<td>29%</td>
</tr>
<tr>
<td>DES 7</td>
<td>0%</td>
<td>13%</td>
<td>87%</td>
<td>13%</td>
</tr>
<tr>
<td>DES 8</td>
<td>11%</td>
<td>33%</td>
<td>56%</td>
<td>44%</td>
</tr>
<tr>
<td>Ecology</td>
<td>0%</td>
<td>17%</td>
<td>83%</td>
<td>17%</td>
</tr>
<tr>
<td>Legislative</td>
<td>9%</td>
<td>36%</td>
<td>55%</td>
<td>45%</td>
</tr>
<tr>
<td>DSHS1</td>
<td>12%</td>
<td>38%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>DSHS2</td>
<td>0%</td>
<td>40%</td>
<td>60%</td>
<td>40%</td>
</tr>
<tr>
<td>NRB1</td>
<td>0%</td>
<td>29%</td>
<td>71%</td>
<td>29%</td>
</tr>
<tr>
<td>NRB 2</td>
<td>12%</td>
<td>38%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Total Beverages</td>
<td>5.5%</td>
<td>29.1%</td>
<td>65.5%</td>
<td>34.5%</td>
</tr>
<tr>
<td>Overall Total</td>
<td>4.4%</td>
<td>30.8%</td>
<td>64.8%</td>
<td>35.2%</td>
</tr>
</tbody>
</table>

Table 5 Key:
**Green:** in compliance  
**Yellow:** Within 15% of compliance standards  
**Red:** Out of compliance by large degree
As this table demonstrates, the majority of both snack and beverage items do not meet the WA DOH Healthy Nutrition Guidelines. However, a considerable number of machines (nine out of 22 machines) come within 15% of the target standards. To be categorized as healthier or healthiest, food items must meet specific calorie, fat, sugar, and sodium criteria. Grain products must also meet additional criteria. Beverage vending products must follow set guidelines regarding calories, sweeteners, fat content (for milk products), and sodium (for vegetable juice). These nutrient categories therefore remain areas for improvement in vending at state agencies based on the machines surveyed.

Interviews

Interviewers asked stakeholders a variety of questions about their involvement with and anticipated facilitators and barriers to the roll out of EO 13-06 and their experience with WA DOH Healthy Nutrition Guidelines. Here, we present the results by most commonly identified facilitators and barriers and by stakeholder type.

Cafeteria Operators

Cafeteria operators (COs) expressed varied levels of support regarding the implementation of the Healthy Nutrition Guidelines. COs frequently perceived they were already compliant with the guidelines. In most cases, the COs had reviewed the guidelines and felt they were already meeting a number of criteria. “They [the agency] have requested certain things, which we are fulfilling….We’re exceeding the standards that have been set,” explained one CO. A few operators went into detail about the number of changes they’ve already made in their cafeterias including offering brown rice in place of white rice; introducing low- or no-sodium salad dressings, soup bases, and canned vegetables; and making fruit widely available. When discussing changes already being made said one CO, “Instead of saying, you know, would you like fries with that? We’re saying, would you like a green salad with that?” Though these perceptions were captured during interviews, this did not necessarily corroborate with our modified-NEMS assessment, as described above.

Facilitators and Perceived or Anticipated Benefits

In general, there was great deal of variation in facilitators reported by COs. Many of the anticipated benefits seemed to be unique to each venue. However, COs generally expressed interest in providing more options for their customers. Several noted their excitement in exploring healthy food options when the Healthy Nutrition Guidelines were first released. Said one CO, “As soon as it [Healthy Nutrition Guidelines] came out, I sent that to them [WA DOH]. I took this apart in pieces and said this is what I’m doing for this piece and this is what I’m doing for this piece.” Said another, “By diversifying the menu and making it different, we’re also able to give them [consumers] healthier things.” This facilitator frame was reported by many operators, underscoring the importance of “adding options” or “diversifying the menu” rather than restricting specific food items. One CO proclaimed “We’re not going to eliminate, we’re going to make [increases in] availability.” In addition
to increasing availability, COs expressed interest in pursuing these goals through incremental changes.

**Cafeteria Operators Strongly Support Increasing Healthier Choices**

*"We give people choices." (Cafeteria Operator)*

*"By diversifying the menu and making it different, we’re also able to give them healthier things” (Cafeteria Operator)*

*“It’s become more important, it’s become a priority that people choose healthier options for their meals” (Cafeteria Operator)*

Another frequently referenced facilitator captured during several interviews was the positive communication with a specific agency representative. This agency was identified as an effective mediator between WA DOH and food service venues. In most cases, operators indicated a high level of one-on-one communication and support. Said one CO, “The only communication we’re getting is through [agency representative]...and to the best of [agency representative]’s abilities, keeping us informed.” Another CO noted this agency representative “communicates well.” This strong relationship seemed to be consistent across most cafeteria operators.

As it directly related to the Sodium Reduction in Communities Project (SRCP), COs reported many changes they had already made in reaching these goals. Said one CO, “I’ve got a low sodium tomato juice.....I got a couple low sodium canned products.” Said another, “We have started to minimize the amount of sodium that we’re using in our cooking.” Another CO reported sodium reduction as a more cafeteria-based approach, stating “As far as reducing the sodium, we’re just trying to reduce it in all of our cooking or offering choices.” It seems that changes in sodium were described in a more concrete manner among COs.

In contrast, COs discussed compliance with artificial trans-fat restrictions in general terms. Almost all COs believed they met the requirement. Said one CO, “I think so. I don’t think we are using any hydrogenated oil at all. No trans fats.” Another CO indicated that meal items served are free of partially hydrogenated oils “ For the most part; I wouldn’t say 100 percent.” Another CO responded, “I haven’t looked at the exact ingredients...I don’t know. I don’t seek it out...I don’t go through every item meticulously and make sure it doesn’t have certain items.” Responses indicate difficulty identifying all potential sources of partially hydrogenated oils, but a general sense of compliance.
Other facilitators, mentioned by fewer operators, included: support for making nutritious items more readily available for the customers, the desire for evaluation efforts to check for compliance, request for technical assistance in meeting these guidelines specifically noting the potential benefits of involving a dietitian, and working with manufacturers to make healthy foods more affordable and accessible.

Barriers

Reported barriers were fairly consistent among cafeteria operators. The most frequently noted barriers were cost concerns; lack of support from agency leadership; and a lack of broader communication among cafeteria operators themselves (e.g., to share best practices) and within agencies. Most operators felt an increased financial burden in providing healthier foods, both for the venue and the customers. “It’s expensive. You don’t make as much. You know, like I said the light mayo and light cream cheese, they cost me a little bit more money...In some cases it seems like it costs a little more money to give them healthier options,” said one operator. The same operator expressed a seasonal challenge and resistance from consumers “That’s a challenge in the winter time is some of your fruits go way up and you get that resistance where it’s like, “Well, I want it, but I don’t wanna pay that much when the fruit goes way up there.” Said another, “I hope it [the guidelines] will be used as an advisory point because at the end of the day food service operators, we're a profit-driven business, but we have to offer what people are willing to pay for, whereas the guidelines don't necessarily reflect what people are willing to pay for, but more what they should have.”

Financial burden also seemed to vary depending on the size of venue. Smaller venues reported greater challenges in balancing supply and demand of healthy products and needing a higher volume for profit; they also indicated they keep unhealthy options around due to their longer shelf-life. One CO shared, “You have to find a way of marrying those two [what people are willing to pay for and what the guidelines reflect] so the food service operator can be financially viable.”

Though many COs reported one-on-one communication as a facilitator, there seemed to be a general lack of communication among cafeteria operators themselves and within agencies. When asked about sharing knowledge among different sites, one operator stated “I really do not communicate much with these guys [other sites]” while another said “I don’t network much with the other operators.” Several operators identified this as an area for improvement to network with committees and within agencies. Two COs noted in their interviews that the first mention of WA DOH’s Healthy Nutrition Guidelines had come from our requests to interview them.
Cafeteria Operators Shared Cost Concerns of Varying Levels

"Changes in revenue itself would be a concern. That’s why it’s going to unfold slower than people want it to..." (Cafeteria Operator)

“if [venues] have low volume businesses it’s difficult to keep that type of fresh product available without it...it’s very difficult to have that and maintain it at a competitive price level where people would feel that it’s reasonable” (Cafeteria Operator)

In addition to cost concerns and lack of communication, there was support for enforcement or feedback on how cafeteria operations were and were not meeting the guidelines expressed by cafeteria operators, contrary to the perceived compliance discussed above.

Many noted issues with the guidelines themselves; COs feel the guidelines are too strict and will eliminate choices for their customers. At the same time, several emphasized the fact that these Healthy Nutrition Guidelines are just that and did not necessarily view them as a requirement for their venue. Said one operator, “The implementation of these guidelines and doing this stuff.. it’s not a major issue from my point of view.” Another shared what they’d heard from others saying, “That it'll [the guidelines will] become a mandate instead of recommendations or guidelines.” Though support of the guidelines varied, overall COs seemed to be more focused on customer demands than customer health.

Other barriers mentioned by fewer operators included lack of healthy product availability; lack of consumer education and shared information between operators; and regulatory barriers that restrict food purchasing options. One operator shared “I cannot go to that local farmer and buy his produce. It’s not inspected...I don’t think people realize that those are the requirements our government has already placed on us. That we have to buy from approved sources.”

These facilitators and barriers provide ample opportunity for exploring avenues for improving the implementation of EO 13-06.

**Agency Leaders, Worksite Wellness Coordinators, and Healthy Eating Active Living Representative**

Overall, this group of stakeholders reported enthusiasm and support for these guidelines. Many reported a high level of involvement early on and thus buy-in with the implementation of the Healthy Nutrition Guidelines. In general, agency leaders, worksite wellness coordinators, and the Healthy Eating Active Living representative expressed similar facilitators and barriers to implementation.
Facilitators and Perceived or Anticipated Benefits

Almost all stated that the guidelines were very important to them, mostly in terms of the health of their employees. Said one AL, “A lot of what we’re doing is laying down and developing foundational pieces for the governor’s initiative, for creating cultures of health in the worksite throughout the state,” and continued, “It’s a wonderful opportunity to put things into place so that people have the opportunity and support and resources to make healthier choices to improve their health.” While a WWC shared, “I just think it’s important for us to try to do whatever we can to make people more conscientious about health.” Many also noted the high rates of obesity and the potential impact of the guidelines. “Well I can only infer that they [the governor and his team] see the importance of people making healthier food choices and having those options and opportunity in their worksite to hopefully play a positive role in the obesity epidemic,” explained one AL.

Agency Leaders and Worksite Wellness Coordinators Shared Enthusiasm about Supporting the Health of Employees

“*It’s a wonderful opportunity to put things into place so that people have the opportunity and support and resources to make healthier choices to improve their health*” *(Agency Leader)*

*By implementing the guidelines, which would be evidence that we care about our employees, helped us meet that goal of [agency] being an employer-of-choice, so we have tried to integrate the governor's executive order in relation to these nutrition guidelines into our internal strategic goal of making [agency] an employer-of-choice.*” *(Worksite Wellness Coordinator)*

An additional reported potential benefit was the lowered health care costs for employees and the organization. When asked about their perception of why the governor and his team chose to work on the guidelines, one AL shared “I think their [the governor and his team] motivation is to have healthier state employees. I think both because it’s important for people’s health and their work/life balance, but I also think because of the return on investment in the amount we spend in healthcare and taking care of our employees.” Said another, “If you look at the data about health outcomes in Washington, the medical interventions that you receive are only a small part of what drives health and what drives health costs, and personal behaviors are a bigger part of that.”

Another widely reported facilitator among this stakeholder group, similar to those reported by COs was personal choice and increasing options. One AL reported “We tried to really emphasize the frame of increasing access to healthy choices without really taking away people’s choices but providing them those options,” while another shared “I think that [the guidelines] will start a broader array of options. And hopefully, as that becomes more of the norm, people will start to make those selections more regularly and it just becomes the new norm.” Similar to the COS, many ALs and WWCs
expressed the importance of framing the message to provide more options, rather than restrict items.

Many ALs and WWCs expressed interest in continued evaluation of the efforts. Said one AL “I’d like to be able to revisit the guidelines and see...what issues there were in certain guidelines.” One WWC reported internal evaluation efforts, “We did a consumer survey with the restaurant owner’s cooperation to find out what the people want [the owner]’s restaurant to serve, so we had a huge, probably close to 70% return rate on our survey.” In general, stakeholders were interested in what facilitators and barriers exist on all levels and future plans for addressing those. One AL was also interested in learning about how these guidelines fit into the broader wellness policies.

**Barriers**

Almost all stakeholders reported a lack of communication and support as a barrier in implementing the guidelines. Though they expressed general excitement over the guidelines, they felt there was a lack of communication between agencies, operators, and WWCs; and a lack of support in implementing these guidelines.

On communication, one AL reported, “We need that communication plan, and to feel a bit clearer about it, probably need to engage some level of leadership....to let them know what we’re doing and so they can let their employees know.” Said another, “I think that there’s a real siloed issue within the agency as far as understanding what we are truly doing and what we’re charged with...” Since EO 13-06 was announced and the Healthy Nutrition Guidelines were introduced, several ALs and WWCs reported a gap in shared information. One AL shared, “I think for myself, I was more privileged to see these materials really soon so that I know that they’re out there, but I'm not sure that all agencies are getting the same message early.”

When asked about what changes have been made at vending service sites, ALs and WWCs were unsure but eager to learn more. Said one AL, “I don't know a lot of details about that either, but it would be interesting to hear about it.” Said a WWC, “Another thing I'd like to learn is I'd like to see a sample of a restaurant in a state office that has made changes and how they've done it.” Additionally, the interviewer sensed a lack of confidence in knowledge from several interviews with ALs and WWCs. Several were interested in seeing examples such as a prototype of a compliant vending machine, a schedule of the roll out, sample messaging, and education materials.
Agency Leaders Express Interest in Training Opportunities and Support

“I’d be really interested in some of the training and learning opportunities for staff around nutrition”
(Agency Leader)

“We’re all so seemingly overwhelmed with our workloads that we’re just paying attention to those type priorities, and unfortunately, other things…putting aside things that we know would be very helpful but we just don’t have time for.” (Agency Leader)

In addition to barriers in communication and information, several agency leaders felt there was an expectation of an increased workload for WWCs without an increase in dedicated paid time. Said one AL, “They’re [WWCs] letting go at this time because they’re not in a paid position as a wellness coordinator. It’s additional. It’s an additional task that they’ve either been assigned to or through interest and passion have been volunteered to.” Said another, “We’re all so seemingly overwhelmed with our workloads that we’re just paying attention to those type priorities, and unfortunately, other things…putting aside things that we know would be very helpful but we just don’t have time for.” Though this increased workload was reported by agency leaders, neither of the WWCs interviewed mentioned staff time as a barrier. In addition to increased time commitments, WWCs and agency leaders both expressed uncertainty about their roles in implementing the guidelines.

The voluntary nature and financial burden of these guidelines led to a perception among ALs and WWCs that food service venues would not comply. One AL reported, “I think the biggest [concern] is there’s not a lot of teeth to them in terms of enforceability. It’s an executive order which state executive agencies are supposed to comply with; however, there’s not funding to enforce them or even really incentivize their implementation.” Said another, “There might be some resistance tied to vendors that provide the items, for example, for the vending machines.”

Agency Leaders Share Regulatory and Financial Concerns

“There’s not a lot of teeth to them [guidelines]” (Agency Leader)

“I think a lot of times cost is a prohibitive factor and I think these guidelines are going to push us to reconsider what we think is too expensive” (Agency Leader)

Other barriers, mentioned by fewer ALs and WWCs, included: the process for disseminating information; pushback from employees; the lack of healthy options available in the food supply; and balancing expectations with reality in terms of the timeline.

Facilitators and Perceived or Anticipated Benefits
To gain perspective of those responsible for overseeing the implementation of the Healthy Nutrition Guidelines and providing technical support, we interviewed a member of the Healthy Eating Active Living team at DOH. The most prominent facilitators identified were health and nutrition; involvement and communication; and agency support.

The HEAL representative described the overall goal of EO 13-06 as “increase access to healthy foods...to increase access to healthy food choices among state agency employees.” From the representative’s point of view, “It’s all about choice. It’s all about giving people healthy choices. We’re not really taking anything away, we’re just giving more choices.” Another purported benefit of the Healthy Nutrition Guidelines were that they were more food-oriented, “I do actually think the cafeteria guidelines are great, because they’re food focused rather than nutrient focused.” Beyond nutritional benefits, the HEAL representative shared, “I hope organizations would have a better understanding of their role in the health of their employees, and be able to apply it not only with nutrition, but with other aspects of human behavior.”

Involvement, communication, and support repeatedly surfaced throughout the interview. When asked about the development of the guidelines, the HEAL representative shared “[agency representative] convened the group, looked at what guidelines were already out there...in the end everyone agreed and adopted the Healthy Nutrition Guidelines.” The HEAL representative also noted, “In the end we passed the guidelines through American Beverage Association.” In preparing for the implementation of the guidelines, the HEAL representative reported engaging stakeholders by providing training and technical assistance to cafeteria and vending operators, worksite wellness coordinators, and agency leaders. The HEAL representative also acknowledged the support of various agencies and state leadership in implementing the guidelines.

Like other stakeholders, HEAL is interested in learning more about existing facilitators and barriers in the agencies through evaluation efforts. “We could definitely use that information [barriers] to help us provide technical assistance to them [agencies]. I’d love to know where they would like to see technical assistance or what they need.”

**Healthy Nutrition Guideline Leadership Representative**

**Barriers**

The largest barrier reported by the HEAL representative was financial resources at every level. The HEAL representative shared, “I think the main issue is just dollars,” acknowledging that this may impact agencies differently; “and especially in places...like prison...they don’t have a lot to spend on any food, much less be able to increase what they’re spending.” As an oversight agency, they too, reportedly face financial burdens having only one staff person dedicated to this work. In recommendations for agencies implementing the guidelines, “I think that they need someone who is
spearheading it in their agency, who wants to see it happen...plus having support from leadership in the agency, plus having the knowledge...to make the policy and adopt it and then implement.”

Other barriers include a lack of understanding as it relates to implementation, and also monitoring and evaluation. As the HEAL representative explained, “It’s going to take time for agencies to understand how to do it and what to do.” In terms of monitoring and evaluation, HEAL mentioned it “is going to be a challenge and figuring out who is going to do that and how it’s going to happen.”

Production Records
At this time, cafeteria operators were largely unwilling to provide production records or sales data to researchers. Due to the lack of participation and data available, researchers were unable to draw any conclusions related to production and sales. Operator responses indicate that unless mandated or requested by agency leadership, it is unlikely cafeteria operators will comply with requests of this nature.

Limitations and Strengths
Sample size for all methods was limited due to funding, time restrictions, and response rate. Collection of production record data presented particular challenges in that cafeteria operators were generally unwilling to share them. It appears that a higher level intervention is necessary to obtain this information. The busy schedule of cafeteria operators limited available interview time, impacting both sample size and interview quality. Lack of response from WWCS to interview requests also imposed limitations on research results, limiting interview response rate. Lack of support and knowledge regarding the Healthy Nutrition Guidelines may also have limited response rates.

Although the Modified-NEMS tool was adapted from a rigorous source to meet criteria for the Healthy Nutrition Guidelines and pilot tested, inherent limitations exist. The tool was unable to capture data related to some Healthy Nutrition Guidelines basic criteria. The level of detail outlined in these criteria could not always be provided through a strictly observational scan. Observations were limited to one day, and collection of data according to survey questions may have failed to capture important details and nuances not available in this study per standard protocol.

Despite the limitations discussed above, this baseline evaluation can inform future implementation, monitoring, and evaluation efforts. Having documentation of both quantitative and qualitative measures provides context and further explanation of quantitative data. The interviews in particular can provide descriptions of processes and individual perspectives, and descriptions over a broader period of time than the cafeteria/vending scans could alone. In addition, the data collected will allow for comparisons if similar data is collected at future points in the implementation process. And,
engaging stakeholders at initiation of project implementation will provide a base of information on facilitators, barriers, assets, and needs in order to inform ongoing strategies.

**Discussion**

With this evaluation, we set out to determine baseline and initial impacts of EO 13-06 on the food environments of affected food service venues, assess impact (or document baseline/initial time point) on food service venue purchases and sales, and identify perceived facilitators, benefits, and barriers of implementation.

We found that both cafeteria and vending environments are far from full compliance. However, partial compliance indicates progress towards meeting guidelines and opportunity for improvement. In cafeterias, availability of low sodium options, whole grain items, and vegetable sides emerged as areas with greatest room for improvement.

A lack of communication, knowledge, and understanding throughout the system appear to create barriers towards implementation. Interviews indicated communication and resource barriers to implementation at all levels. Consistent communication, allocated resources in the form of dedicated staff time and materials, and regular updates were frequently mentioned as areas for improvement. Discrepancies in perceived roles and expectations also appeared to affect the initial roll-out of EO 13-06. While agency leaders and WWCs emphasized health issues as motivators, cafeteria operators expressed potential profits (or profit losses) as drivers for their level of participation in implementing the guidelines. Cafeteria operators believed themselves to already be in compliance or exceeding guidelines, whereas the modified-NEMS data indicates only partial movement towards compliance. Such discrepancies point to the importance of clear communication on both the individual and inter-agency level while framing guidelines in an appropriately tailored manner.

The research team was unable to obtain an adequate sample of production records, limiting ability to document a baseline or assess impact on cafeteria purchases and sales. In future evaluations, such information could be used to assess changes in food service venue offerings and purchasing power. Additionally, production records could be used to triangulate findings from the interviews such as cafeteria operator identified facilitators and barriers, including vendor cooperation and product availability.

Implementation of EO 13-06 is in its early phase, and we expect that this evaluation will help inform its continued roll-out by WA DOH. Report findings point to opportunities to increase compliance by addressing barriers and building upon facilitators. In addition, food environment compliance data may help in tailoring support. Moreover, cafeterias making greater progress in adaptation of
guidelines, such as the large food service venue discussed in this evaluation, can serve as a positive example for others. Capitalizing on high interest levels while increasing frequency of communication tailored to address identified concerns could help facilitate implementation.
References


Appendix 1: Literature Review

Introduction and Purpose of Literature Review

With a 68 percent obesity and overweight rate among adults in the United States\(^1\), effective and large-scale solutions are needed more than ever to address the epidemic. Policies that target food purchasing have been deemed one potential and effective solution due to the fact that they focus on environmental and structural changes to food being offered and address individual eating behaviors.\(^2\) Food procurement policies in worksites have the ability to influence the types of food being sold and offered across the country and the eating trends of the 63.2 million Americans who are employed.\(^3\) In order to understand how food procurement policies can influence healthy eating trends, there needs to be further examination and research on what the characteristics of food procurement policies are and how they can change eating habits.

The purpose of this literature review is to explore the importance of procurement policies in promoting healthy eating, to give an overview of procurement policies and guidelines, to examine definitions of procurement, to describe the processes of food procurement, to list existing food procurement policies, and to examine the influences of different actors in implementing healthy food procurement policies. The sources used to write this literature review were found from articles in peer-reviewed academic journals, reports from federal and state governmental websites, and reports and literature from websites of non-governmental organizations. Databases such as the EBSCO, Web of Science, PubMed.gov, Journal of Public Health, and Google Scholar were searched for terms such as “food procurement policy” “healthy eating food procurement” “procurement at government worksites.” The majority of the sources cited were written in the years 2010-2014 which shows the newness and urgency of research around healthy eating food procurement policies. Ultimately, this literature review intends to show the importance and potential of healthy eating food procurement policies in worksites to promote healthy eating and to curb the obesity epidemic.

Definitions of Procurement

Procurement, or policies that serve as guidelines for purchasing, is the key way that large entities such as governments, schools, and workplaces acquire their food. Procurement policies generally deal with purchasing and setting guidelines for those food purchases. A comprehensive definition of procurement is “the acquisition of goods or services; includes the purchase or acquisition of foods and beverages for consumption within the workplace or at conferences, meetings, or other events.”\(^4\)

Specifically, food procurement can be also be defined as the “process of procuring, distributing, selling, and/or serving food.”\(^5\)

Food procurement policies are generally designed to implement changes in a site’s food environment, which can be defined as the “food and beverages included in the surroundings in the work environment (e.g., in vending machines, cafeterias, offered at meetings/special occasions, kitchens) that impact an employee’s ability to choose healthy options.”\(^6\)

The main stakeholders and actors who write procurement policies tend to be government, health departments, policy task forces, and other decision-making bodies of a given entity.\(^2\)

The process of procurement

It is important to understand the process of creating a government procurement policy in order to see how influential food procurement policies may be. Many governments decide to contract a
private vendor for their food, so they initiate an invitation for bids (IFB) or request for proposals (RFP) to potential vendors in which they include their procurement standards into the IFBs and RFPs for the potential vendors to incorporate that in their proposals and bids. Those procurement standards they ask the potential vendors to oblige to in their bids and proposals can include clauses to abide by national nutritional standards, to cook specific types of healthy food, and to cook their food in particular ways that may promote healthy eating such as baking instead of frying among other requests. Then, the private vendors submit their bids and proposals as fitting into the government’s standards and usually the government’s food policy or nutritional council will choose the winning vendor. The winning vendor and the government agency will enter a contract that clearly states all the requirements and expectations of the food to be procured, and may also include penalty information if the vendors do not comply with the procurement standards. Ultimately, this shows that food procurement contracts can be a powerful binding piece of policy that influences healthy food access in worksites.

There are also specific processes for implementing the procurement policy. In the case of the Los Angeles County procurement policy, the county followed a five step plan to fully develop and implement the procurement policy. First, the county conducted a baseline assessment to better understand the foods being offered and to explore the reasons behind unhealthful eating in the county. The baseline assessment consisted of collecting existing obesity and overweight data in Los Angeles County as well as collecting examples from the literature on best practices for implementing an effective healthy food procurement policy. Second, the county started an educational component where key stakeholders such as food vendors, customers, and institutional leaders at various agencies were informed of the efforts through presentations and strategic marketing plans. Third, the Los Angeles Department of Public Health proceeded with adoption of the procurement policy by helping institutions draft language in their request for proposals and preparing agencies to deal with staff and consumer concerns about the new policy. The county noted that a key strength of their technical assistance was having enough staff who were educated in public policy and law which proved instrumental in preparing for adoption. Fourth, the county began the implementation of the procurement policy by working with agencies to convert the written drafts of the policy into tangible activities and linking DPH staff with agency staff to directly assist in the implementation. Last, the county conducted program evaluation on how the policy was going and offered suggestions for improvement when needed in certain areas at the affected sites. Ultimately, this five step process is an example of the complexities, staff, technical assistance, and planning required during the process of implementing a healthier eating food procurement policy.

Before the procurement process begins, those settings must make sure that they have the legal authority to set procurement policy for vendors. Procurement policies can be mandatory or recommended, so only settings with required procurement policies have policies that must be enforced. If the procurement policy is not mandatory but the language of the procurement policy is presented as enforceable in the request for proposals to vendors, the setting may face legal challenges and implications from vendors who may not be willing or able to be compliant.

Existing procurement policies
There are various existing government food procurement policies targeting government worksites and programs across the United States in multiple state and city governments. National governmental entities with their own procurement policies include the United States Army and the U.S. Department of Health and Human Services. The focus of this review is food procurement policies that promote healthy eating, however, it is important to note other important food procurement policies such as the Randolph-Sheppard Act which gives legally blind cafeteria operators priority in the bidding process in federal buildings. A general understanding of existing food procurement policies can assist in better understanding the implementation process and challenges of healthy food procurement policies.

States that have their own statewide procurement policies affecting various government agencies include: Alabama, California, Delaware, Florida, Illinois, Kentucky, Maryland, Massachusetts, Mississippi, New York, Oregon, Pennsylvania, Tennessee, Texas, Vermont, Virginia, and Washington. Statewide procurement policies address food procurement in various government settings including hospitals, recreational parks, concessions, cafeterias, vending, and other city facilities. For example, California, Delaware, Kentucky, Maryland, Massachusetts, New York, Tennessee, Virginia, and Washington are examples of states that have a healthy procurement policy towards vending machine.

There have also been several healthy food procurement policies in city governments as well. For example, the government of New York City created a healthy eating food procurement policy forcing its agencies to purchase meals and snacks that met the guidelines set by the United States Department of Agriculture and to purchase beverages that did not have “more than 25 calories per eight-ounce serving.” Additionally, Los Angeles County is also well known for the food procurement policies passed in 2010 that influenced procurement in the school district and county government agencies. The initiative was led by the county with collaboration from the Department of Health and CDC to enforce the procurement policy.

Existing procurement guidelines
There are several organizations who offer suggested guidelines that government and other entities who are interested in implementing healthy food procurement policies can use to structure their own procurement policies. For example, the American Heart Association (AHA) provides recommendations for specific nutrient (i.e. low sodium, saturated fat, calories, fiber) and food (i.e. fruits, vegetables, whole grains, lean protein sources, dairy, etc.) The AHA suggests recommendations that follow the nutritional standards mandated within their handbooks of the *Dietary Guidelines for Americans* and *Diet and Lifestyle Recommendations*. Additionally, Los Angeles County is also well known for the food procurement policies passed in 2010 that influenced procurement in the school district and county government agencies. The initiative was led by the county with collaboration from the Department of Health and CDC to enforce the procurement policy.

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These guidelines provided standards for increasing vegetables and fruits, limiting sodium content in food and beverage items, and increasing sustainably and locally sourced foods. The Humphrey Hospital at the HHS in Washington D.C. was the first site of these guidelines, and the guidelines were considered to be effective in increasing healthful food consumption as 67 percent of the items in the hospital fit within these standards by the end of the evaluation period.  

**Influential actors in implementing healthy eating food procurement policies**

Governments are influential in setting procurement policy and particularly promoting healthy eating through those policies for a number of reasons. First, they can determine the policies for food purchasing at their agencies’ programs and worksite cafeterias, cafes, vending machines, and other avenues that government workers buy food in their respective agencies. This allows for their procurement policies to reach and impact the eating of diverse and large scale populations as well as impacting the nutritional quality of large amounts of food; New York City alone spent 142 million dollars on food procurement for government agencies alone. Second, procurement policies are considered to be an effective way for governments to encourage healthy eating policies because it allows for them to influence private vendors in a positive way (as opposed to setting forward restrictions on products) by allowing private vendors to choose the products that they will sell which meet the standards. Third, considering these private vendors may also provide food to non-governmental entities, if they procure items for their inventories that may be more healthful, they are more likely to have these items in stock and potentially provide more healthful items to their other sites and customers. Additionally, people impacted by government agencies’ procurement most likely eat outside of government worksites as well so being exposed to more healthful items in the government worksite could support the notion that procurement policies that explicitly promote healthful eating may stimulate general market demand for healthful food items outside the procurement venues.

One of the key drivers in government agencies adopting healthier food procurement guidelines has been executive orders. Executive orders are written and initiated by the governor of the state in which s/he orders all government agencies to enact the content of the executive order. Massachusetts and Washington are the only two states in the U.S. which have executive orders for their government agencies to follow particular nutritional guidelines for food procurement. For example, in the executive order initiated by Governor Deval Patrick of the state of Massachusetts, *Establishing Nutrition Standards for Food Purchased and Served by State Agencies*, it is stated that executive agencies that provide food to their agencies must abide by the 2005 Dietary Guidelines for Americans. Similarly, the Governor of Washington, Jay Inslee, passed a procurement policy affecting government worksites named “Improving the Health and Productivity of State Employees and Access to Healthy Foods in State Facilities” in which food procured for worksites must fit into the 2010 Dietary Guidelines for Americans as well as be “closely aligned” with Health and Sustainability Guidelines for Federal Concessions. This shows that national dietary guidelines provide great influence on the procurement standards of executive orders. Additionally, the Massachusetts Executive Order states that it is a part of a greater statewide campaign called “Mass in Motion” which is a public health initiative encouraged healthier lifestyles to Massachusetts residents. Similarly, the WA state executive order mentions several actors being involved in the implementation of the procurement guidelines for worksites including the Washington Wellness Worksite Designation Program, Diabetes Prevention Program, and the Department of Health. This shows that
procurement policies that support healthier eating options are collaborative initiatives among multiple actors and that the agendas of initiatives and offices within the state clearly influence healthier procurement guidelines.

**Goals of healthy eating procurement policies**

Although the procurement policies to improve healthy food access have the same general goal of increasing options of healthier food, many of them have different specific goals in terms of how they would like to improve healthy food access. For example, most procurement policies target cafeterias, vending machines, foods sold exclusively at events, food stands and/or a variety of these places. For instance, in the Los Angeles county, the procurement policy targeted at the public school district was meant to improve healthy food options in only hot meals and entrees, snacks, and beverages, whereas for government worksites, the policy also targeted food options in vending machines, and for municipality workplaces, the policy only targeted select beverages and snack options and main entrees. Additionally, some procurement policies focus on increasing specific healthy foods while some procurement policies focus on decreasing certain nutrients deemed detrimental to healthy eating. For example, some procurement policies aim to reduce the amounts of saturated fats, trans-fat, and sodium in foods whereas some aim to increase amounts of food deemed healthful such as fruits, vegetables, and whole grains.

**Importance of worksites in improving healthy food access**

Worksites are considered to be instrumental places for establishing healthy food procurement policies. First, they are important considering 66 percent of American adults can be found in worksites which makes worksites an ideal place to influence adult dietary habits. Worksites are a key food environment for most adults which makes it an environment where their eating habits and lifestyle behaviors are influenced and formed. Hence, if healthy food procurement policies are intended to curb adult obesity, worksites are ideal places to implement healthy eating strategies in adults on a wide scale. Additionally, because worksite procurement policies can impact a large amount of people, these worksite procurement policies have the ability to influence people’s healthy eating habits outside of the workplace as well. Worksites are also considered effective places because they allow healthy food procurement policies the flexibility to target site level and individual level healthy eating habits. Worksites generally promote the health of their employees in order to increase productivity and decrease company costs on health care and sick days. Consequently, worksites may have a heavier incentive than other types of settings to implement healthier food procurement policies in the form of insurance payments. For example, many worksites already implement programs to reduce risky health behavior such as smoking restrictions, stress management services, and physical activity promotion. Hence, procurement policies that address healthy eating may already align with an existing wellness program or value at a worksite. Procurement policies primarily deal with site food environmental changes for workplaces which can consist of changing the food options offered and/or potentially increasing prices of unhealthy food and decreasing prices from unhealthy food as well as sending worksite wide messaging and communication about nutrition. In particular, government worksites are seen as valuable environments for implementing healthy food procurement policy because of their purchasing power which tends to be large as they purchase large quantities of food serving all their sites and employees on a daily basis. Consequently, this makes government worksites good places to increase both supply and demand of healthy foods.
Challenges to implementing healthy eating procurement policies

There are various challenges to implementing procurement policies. One challenge of implementing procurement policies is that with non-mandatory policies, those policies are not enforceable which makes the affected worksite, and oftentimes worksite wellness coordinators, solely responsible to implement the measures. Secondly, technical assistance for vendors and cafeteria operators is necessary to fully implement the guidelines, and not all agencies and governments have the capacity or the funding to provide those services. Thirdly, there is limited evaluation research on determining if these procurement policies are effective in promoting healthy eating which must be readily available in convincing agencies and vendors to adopt these policies. Fourthly, there may be some negative or less supportive attitudes about the procurement policies by vendors in fear that healthier options may not be accessible or affordable to them, or sell as well as less healthier options, and from consumers who have developed tastes and preferences that may be incompatible to healthier food items.\textsuperscript{17}

Conclusion

Overall, there is ample evidence that healthy eating procurement policies can impact the healthy eating habits of millions of adults who are in the midst of an obesity crisis. Particularly, governments and worksites continue to be key actors in the facilitation and implementation of these policies. Healthy eating procurement policies have the potential to provide healthful options and influence healthy eating in a large scale manner to many through healthy eating procurement interventions, yet there are challenges such as enforceability, funding, and attitudes that must be addressed in considering adoption. It is important to note that as most of the literature reviewed states and through the lack of academic articles which evaluate the impact of healthy eating food procurement policies, more research needs to be done to explore the potential impact of these policies on healthy eating trends and to examine the adoption and implementation of government food procurement policies.

Works Cited


HEALTHY CAFETERIA

FOOD AND BEVERAGE ENVIRONMENT SCAN

*Adapted with permission from:


** Adapted with permission from


*** Adapted with permission from

Centers for Disease Control and Prevention, Healthy Hospital Food and Beverage Environment Scan, July 2014 version.
Rater ID: □□ Worksite/Agency:______________________________________________

Building Name:__________________________________________________________

Cafeteria Name:__________________________________________________________

Scan Date:
Date: □□/□□/□□ (MM/DD/YY)

Cafeteria Size:

☐ Medium food service venue   ☐ Large food service venue
# Food and Beverage Environments: Cafeteria

**Cafeteria Time of Scan:**

<table>
<thead>
<tr>
<th>Start Time:</th>
<th>AM/PM</th>
<th>End Time:</th>
<th>AM/PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>□□:□□</td>
<td></td>
<td>□□:□□</td>
<td></td>
</tr>
</tbody>
</table>

**Number of Cash Registers:** □□

**Data Sources:**

<table>
<thead>
<tr>
<th>Observation</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition information on a large display or menu boards?</td>
<td>○ yes</td>
<td>○ no</td>
</tr>
<tr>
<td>Identification of healthier items in cafeteria?</td>
<td>○ yes</td>
<td>○ no</td>
</tr>
<tr>
<td>Printed brochure in cafeteria?</td>
<td>○ yes</td>
<td>○ no</td>
</tr>
<tr>
<td>Nutrition information in brochure?</td>
<td>○ yes</td>
<td>○ no</td>
</tr>
<tr>
<td>Brochure on intra/internet?</td>
<td>○ yes</td>
<td>○ no</td>
</tr>
</tbody>
</table>

**Comments on Data Sources:**

________________________________________________________________________

**Hours of Operation:**

<table>
<thead>
<tr>
<th>Typical Weekday</th>
<th>Typical Weekend Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Closed all day?</td>
<td>○</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Open:</th>
<th>AM</th>
<th>PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>□□:□□</td>
<td>○</td>
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<table>
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<th>PM</th>
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<tr>
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<th>AM</th>
<th>PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>□□:□□</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

**Comments on Hours of Operation:**

**CAFETERIA: Facilitators and Barriers**

<table>
<thead>
<tr>
<th>Select One</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ yes</td>
<td>○ no</td>
</tr>
</tbody>
</table>

|1. Does the cafeteria have signs or other displays that encourage general healthy eating or healthy food choices? (posters on wall, signs, table tents)|                                      |
|----------------------------------------------------------------------------------------------------------------------------------|
|2. Do signs or displays encourage less healthy food choices?                                                              |
|3. Do signs or displays encourage overeating (supersizing, all you can eat)                                                   |
eat, feast descriptors on menus or signage)?

4. Are lower sodium options promoted?
   - Snacks: ≤360 mg
   - Individual food item: ≤480mg
   - Individual meal: ≤900mg
   ○ yes  ○ no

5. Is a “Feature of the Day” or special combination meal promoted?
   ○ yes  ○ no

6. Is there any other information on promotions or pricing strategies (e.g. farmers markets, discounts on healthy items) presented within the cafeteria?
   a. If yes, please explain in general comments box below

**General Comments: Facilitators and Barriers**

---

**CAFETERIA: Grab and Go Food Items** (Excludes salad bar, sandwich bar, hot bar items)

**Fruits and Vegetables**

<table>
<thead>
<tr>
<th>Item</th>
<th>Available</th>
<th>Most common Price per item</th>
<th>Located near point-of purchase</th>
<th>Total # of varieties*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Fruit</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>2. Vegetables</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

Comments:

* Varieties such as: apples, oranges, bananas, peaches, carrots, celery, edamame, mushrooms
CAFETERIA: Grab and Go Food Items (Continued)

### Cereal

1. **Low-sugar cereal/total cereal**
   Healthier cereal proportion of total shelf space:
   - ○ 0%
   - ○ 1-10%
   - ○ 11-33%
   - ○ 34-50%
   - ○ 51+

<table>
<thead>
<tr>
<th>Item</th>
<th>Size (oz)</th>
<th>Available Yes</th>
<th>Price</th>
<th>Near point-of-purchase Yes</th>
<th>Total # varieties</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Healthier Option** (≤6g sugar/ serving and ≥3g fiber):
2. Cheerios or if unavailable, alternate low-sugar cereal

<table>
<thead>
<tr>
<th>Size (oz)</th>
<th>Available Yes</th>
<th>Price</th>
<th>Near point-of-purchase Yes</th>
<th>Total # varieties</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>o</td>
<td>$</td>
<td>o</td>
<td></td>
</tr>
</tbody>
</table>

Alternate Name: ____________________________

**Regular Option** (>6g sugar/ serving and/or <3g fiber):
3. Cheerios (flavored) or if unavailable, alternate high-sugar cereal

<table>
<thead>
<tr>
<th>Size (oz)</th>
<th>Available Yes</th>
<th>Price</th>
<th>Near point-of-purchase Yes</th>
<th>Total # varieties</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>o</td>
<td>$</td>
<td>o</td>
<td></td>
</tr>
</tbody>
</table>

Alternate Name: ____________________________

Comments: ____________________________

### Chips

1. **Baked chips/total chips**
   Healthier option proportion of total shelf space:
   - ○ 0%
   - ○ 1-10%
   - ○ 11-33%
   - ○ 34-50%
   - ○ 51+

<table>
<thead>
<tr>
<th>Item</th>
<th>Size (oz)</th>
<th>Available Yes</th>
<th>Price</th>
<th>Near point-of-purchase Yes</th>
<th>Total # varieties</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>No</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Healthier Option** (Low-fat chips ≤3g fat/1 oz. serving):
2. Baked Lays Potato Chips or if unavailable,

<table>
<thead>
<tr>
<th>Size (oz)</th>
<th>Available Yes</th>
<th>Price</th>
<th>Near point-of-purchase Yes</th>
<th>Total # varieties</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>o</td>
<td>$</td>
<td>o</td>
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</tr>
</tbody>
</table>
## CAFETERIA: Grab and Go Food Items (Continued)

### Yogurt

**1. Low or Reduced Fat/full fat yogurt**

Healthier option proportion of total shelf space:

- ○ 0%
- ○ 1-10%
- ○ 11-33%
- ○ 34-50%
- ○ 51+

<table>
<thead>
<tr>
<th>Item</th>
<th>Size (oz)</th>
<th>Available</th>
<th>Price</th>
<th>Near point-of-purchase</th>
<th>Total # varieties</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>No</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Healthier Option (no added caloric sweeteners or labeled as reduced/less sugar):

2. Plain non-fat yogurt or if unavailable, alternate non-fat or reduced fat yogurt with no added caloric sweeteners or labeled as reduced/less sugar (report lowest-fat available)

<table>
<thead>
<tr>
<th>oz</th>
<th>○</th>
<th>○</th>
<th>$□ .□</th>
<th>○</th>
<th>○</th>
<th>□□</th>
</tr>
</thead>
</table>

Alternate Name: ___________________________________________

### Regular Option (>3g fat/1 oz. serving):

3. Lays Potato Chips

Classic or if n/a, alternate high-fat chips

<table>
<thead>
<tr>
<th>oz</th>
<th>○</th>
<th>○</th>
<th>$□ .□</th>
<th>○</th>
<th>○</th>
<th>□□</th>
</tr>
</thead>
</table>

Alternate Name: ___________________________________________

Comments: ________________________________________________

Alternate Name: ___________________________________________

4. Alternate Name: ___________________________________________

4. Alternate Name: ___________________________________________
yogurt
Alternate Name:___________________________________________
Comments:___________________________________________________

CAFETERIA: Grab and Go Food Items (Continued)

**Milk**
1. (Skim and/or 1% milk)/all milks
Healthier option proportion of total shelf space:
- ○ 0%
- ○ 1-10%
- ○ 11-33%
- ○ 34-50%
- ○ 51+

<table>
<thead>
<tr>
<th>Item</th>
<th>Size (oz)</th>
<th>Available</th>
<th>Price</th>
<th>Located above adult waist level</th>
<th>Total # varieties</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes No</td>
<td></td>
<td>Yes No</td>
<td></td>
</tr>
</tbody>
</table>

**Healthier Item:**
2. Skim or 1% milk (report lowest fat milk available)
   Alternate Name:___________________________________________

**Regular Option:**
3. 2% milk and/or whole milk (report lowest fat milk available)
   Alternate Name:___________________________________________

**Soda**
1. Diet soda/total soda
Healthier option proportion of total shelf space:
- ○ 0%
- ○ 1-10%
- ○ 11-33%
- ○ 34-50%
- ○ 51+

**Healthier Option:**
2. Most dominant diet soda brand
   Alternate variety of diet soda:______________________________

**Regular Option:**
3. Most dominant sugared soda brand
   _______________________________
** Alternate variety of sugared soda: ____________________________________

### CAFETERIA: Grab and Go Food Items (Continued)

#### Juices

**1. 100% Juice/Juice Drink**  
Healthier option proportion of total shelf space:
- ○ 0%  ○ 1-10%  ○ 11-33%  ○ 34-50%  ○ 51+

<table>
<thead>
<tr>
<th>Item</th>
<th>Size (oz)</th>
<th>Available</th>
<th>Price</th>
<th>Located above adult waist level</th>
<th>Total # varieties</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes  No</td>
<td></td>
<td>Yes  No</td>
<td></td>
</tr>
</tbody>
</table>

**Healthier Option:**  
2. 100% Fruit/Vegetable Juice with ≤230mg sodium/serving, no added sugars

**Regular Option:**  
3. Juice Drink

Comments: ___________________________________________________

#### Other Drinks

**Unsweetened Tea**

- ○ N/A

**Sweetened Tea**

- ○ N/A

**Flavored Water (<40 calories/serving)**

- ○ N/A

**Sports Drink**

- ○ N/A

Comments: ___________________________________________________
**Fountain Drinks**

1. Regarding the fountain drink stations, please indicate the number of more healthy and total options for the following: (examples of healthy options are provided below)

<table>
<thead>
<tr>
<th>Option</th>
<th># More Healthy Options</th>
<th>Total # Options</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soda (e.g. diet soda)</td>
<td>□□</td>
<td>□□</td>
<td>○</td>
</tr>
<tr>
<td>Juice (e.g. 100% fruit juice)</td>
<td>□□</td>
<td>□□</td>
<td>○</td>
</tr>
<tr>
<td>Tea (e.g. unsweetened tea)</td>
<td>□□</td>
<td>□□</td>
<td>○</td>
</tr>
<tr>
<td>Other:________________</td>
<td>□□</td>
<td>□□</td>
<td>○</td>
</tr>
</tbody>
</table>

Comments:

2. Are free refills promoted for fountain sugar drinks or sweetened tea? ○ yes ○ no _________________

3. Is there access to free drinking water within the cafeteria? ○ yes ○ no _________________
   a. If yes, what options exist for free drinking water?
      ○ Served as part of fountain drink station
      ○ Independent water dispenser (e.g. water cooler, water jug)
      ○ Water fountains
      ○ Other:________________
   b. Is the availability of free drinking water advertised? ○ yes ○ no ○ N/A

4. Is there a charge for cups/glasses to obtain water from drinking water source(s)? ○ yes ○ no ○ N/A
   a. comment on price if applicable _________________
   b. comment on charge for water if customer brings his/her own container/bottle _________________

5. Are the sources of free drinking water operational at time of scan? ○ yes ○ no ○ N/A

Comment:____________________________________________________

---

**CAFETERIA: Menu Review** (Includes grill, hot bar, salad bar)
<table>
<thead>
<tr>
<th>Item</th>
<th>Indicate if available</th>
<th>Indicate # of Choices</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. Main Dishes/Entrees: General</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Total # main dishes/entrees</td>
<td>○yes ○no</td>
<td>□□</td>
<td></td>
</tr>
<tr>
<td>b. Healthier options</td>
<td>○yes ○no</td>
<td>□□</td>
<td></td>
</tr>
<tr>
<td>c. Total # deep fried options</td>
<td>○yes ○no</td>
<td>□□</td>
<td></td>
</tr>
<tr>
<td>d. No Nutritional Information</td>
<td>○yes ○no</td>
<td>□□</td>
<td></td>
</tr>
<tr>
<td>1B. Main Dishes/Entrees: Burgers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Total # burgers</td>
<td>○yes ○no</td>
<td>□□</td>
<td></td>
</tr>
<tr>
<td>b. Total # healthier options</td>
<td>○yes ○no</td>
<td>□□</td>
<td></td>
</tr>
<tr>
<td>c. No Nutritional Information</td>
<td>○yes ○no</td>
<td>□□</td>
<td></td>
</tr>
<tr>
<td>1C. Main Dishes/Entrees: Protein Entrees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Total # protein entrees</td>
<td>○yes ○no</td>
<td>□□</td>
<td></td>
</tr>
<tr>
<td>b. Total # offering healthy protein sources? (meat, poultry, fish, or low-fat vegetarian)</td>
<td>○yes ○no</td>
<td>□□</td>
<td></td>
</tr>
<tr>
<td>c. No Nutritional Information</td>
<td>○yes ○no</td>
<td>□□</td>
<td></td>
</tr>
<tr>
<td>2. Vegetable with no fat or oil (w/o added sauce)</td>
<td>○yes ○no</td>
<td>□□</td>
<td></td>
</tr>
<tr>
<td>3. Whole grain starch side (w/o added sauce)</td>
<td>○yes ○no</td>
<td>□□</td>
<td></td>
</tr>
<tr>
<td>4. Are chips automatically included as a meal side?</td>
<td>○yes ○no</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Are fries automatically included as a meal side?  o yes  o no

Can salad or fresh vegetables be substituted for fries or chips at no additional cost?  o yes  o no

5. Non-cream based soup  o yes  o no  o

6. Salad bar available? (if no, skip to next page)  o yes  o no

   a. Low-fat or fat free salad dressings  o yes  o no  o

   b. Are healthier options indicated? (e.g., “Go, Slow, Whoa”, icons, or other system)  o yes  o no

   c. # of healthier options (see Appendix B criteria)  o

*Whole grain starch side could include brown rice, whole wheat pasta, quinoa, millet, tabouli, faro, couscous.

CAFETERIA: Menu Pricing

<table>
<thead>
<tr>
<th>Item</th>
<th>Select One</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Please rate the price of healthier entrees to comparable regular entrees.</td>
<td>o more  o less  o same  o N/A</td>
<td>o</td>
</tr>
<tr>
<td>8. Please rate the price of healthier sandwiches, wraps, and/or burgers to comparable regular ones.</td>
<td>o more  o less  o same  o N/A</td>
<td>o</td>
</tr>
</tbody>
</table>
**CAFETERIA: Point of Decision and Point of Purchase**

1. Does the cafeteria identify items on the menu or in stalls as "healthy" or "light"?
   - ○ yes
   - ○ no

   a. If yes, what nutritional standards do they list for these items? *(Open Response)*
      - ○ No standards are provided

2. Is nutrition information posted on the menu boards, brochures or in other display areas?
   - ○ yes, for all items
   - ○ yes, for only healthier items
   - ○ yes, for some items (healthier and/or unhealthy)
   - ○ no

3. Are there options near the point-of-purchase that do not meet healthier nutrition criteria?
   - ○ yes
   - ○ no

   a. If yes, count the number of slots of these options (e.g. non-baked chips, candy, cookies, ice-cream, non-diet sodas, energy/sports drinks). You can also count the number of shelves. Enter method for counting in comments.
      - ○ 0-5
      - ○ 6-10
      - ○ 11-20
      - ○ More than 20
      - ○ N/A

   b. Comments:

4. Are lower sodium options placed near the point-of-purchase?
   - ○ yes
   - ○ no
**CAFETERIA: Fruit**

Number of fruit locations (fruit includes fresh fruit and canned fruit in water): □□

<table>
<thead>
<tr>
<th></th>
<th>Select One</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Fruit is well lit (e.g., “Yes” fruit is as well lit as most other foods)</td>
<td>○yes</td>
<td>________________</td>
</tr>
<tr>
<td></td>
<td>○no</td>
<td></td>
</tr>
<tr>
<td></td>
<td>○mixed</td>
<td></td>
</tr>
<tr>
<td>2. Fruit is appealing in appearance (e.g., looks fresh, not bruised)</td>
<td>○yes</td>
<td>________________</td>
</tr>
<tr>
<td></td>
<td>○no</td>
<td></td>
</tr>
<tr>
<td></td>
<td>○mixed</td>
<td></td>
</tr>
<tr>
<td>3. Some fruit is located near the register:</td>
<td>○yes</td>
<td>________________</td>
</tr>
<tr>
<td></td>
<td>○no</td>
<td></td>
</tr>
<tr>
<td></td>
<td>○mixed</td>
<td></td>
</tr>
</tbody>
</table>

4. Additional notes on fruit placement and display:

**CAFETERIA: Vegetables**

Number of vegetable options (includes potatoes regardless of preparation method): □□

<table>
<thead>
<tr>
<th></th>
<th>Select One</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Vegetables are well lit (e.g., “Yes” vegetables are as well lit as most other foods)</td>
<td>○yes</td>
<td>________________</td>
</tr>
<tr>
<td></td>
<td>○no</td>
<td></td>
</tr>
<tr>
<td></td>
<td>○mixed</td>
<td></td>
</tr>
<tr>
<td>2. Vegetables are appealing in appearance (e.g., looks fresh, not bruised)</td>
<td>○yes</td>
<td>________________</td>
</tr>
<tr>
<td></td>
<td>○no</td>
<td></td>
</tr>
<tr>
<td></td>
<td>○mixed</td>
<td></td>
</tr>
</tbody>
</table>

3. Additional notes on vegetable placement and display:
<table>
<thead>
<tr>
<th></th>
<th>Select One</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are any Washington-grown products available?</td>
<td>![circle] yes</td>
<td>![circle] no</td>
</tr>
<tr>
<td>2. Were any Washington-grown products promoted or marketed?</td>
<td>![circle] yes</td>
<td>![circle] no</td>
</tr>
<tr>
<td>a. If yes, in what way? (e.g. ingredients listed on menu board, featured fruit or vegetable)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 3: Interview Questions

Interview Question Set 1: Cafeteria Operator Questions

Introductory Script:
As discussed when we invited you to be interviewed and when we explained the study to obtain your consent, this interview is intended to learn about your experiences and perceptions in adopting and implementing the Food and Beverage Service Guidelines (FBSG) portion of Washington State Executive Order 13-06 (EO).

We are from the University of Washington Center for Public Health Nutrition. We are conducting this evaluation for the Washington State Department’s Healthy Eating and Active Living unit.

May I have your permission to record this interview? [If yes, begin recording. If no, proceed without recording.]

Interview Questions:
I’d like to start by asking some questions to get a better understanding of the ways people are involved in the roll out of the FBSG part of the EO.

1. To begin with, could you describe your position and in what ways you are currently or plan to be involved with the roll out of the Food and Beverage Service Guidelines (FBSG) part of the EO? [Probe about ways they are involved in adoption or implementation phases. How long they have been in their position?]
   a. Who else have you been working with and in what ways have they been involved (e.g., within department, external, vendors)?
   b. Who do you look to for guidance: For leadership on the issue? When you need to take action? To address challenges?

Next I’d like to get a sense for how people are responding to the idea of having FBSG in state government workplaces (perceptions & evaluation by potential adopters, values, goals, motivations, balance of supporters and opponents in the system).

2. Why do you think the Governor and his team chose to work on FBSG? What do you think are the main reasons the FBSGs were adopted? [e.g., motivations, concerns, values, goals, feasibility]?

3. How about you? Probes:
   a. How would you describe the overall goal of the FBSGs?
   b. How do you personally hope the guidelines will be used?
   c. What do you think might change if the guidelines are in place? [Probe about how they perceive the size of the change for their site(s). Do they perceive these to be small, modest, or big changes?]
   d. From your point of view, what concerns do you have about the implementation of FBSG?
   e. To what degree do you believe they are important? Why or why not?
4. What are you hearing from other people (i.e., executive agencies, leadership, implementers, employees, vendors) about the FBSGs? Probes:
   a. What are the concerns?
   b. What are the hopes?
   c. In general are there specific groups of people who are more or less supportive than others? What do you think is the reason for this support or lack of support?

   Now I’d like to ask for your thoughts about the implementation process for FBSG so far (system readiness, planning, resources, management, degree the system has to adapt to accommodate the innovation).

5. Overall, in terms of planning, implementation, and maintenance, where do you think WA state is right now in terms of taking action on the FBSG part of the EO?

6. What has been happening at their food or vending service sites in terms of planning, management, and resources? If you know of some sites that are farther ahead in implementation, can you think of some things that have seemed to make it easier for these sites [Probe: capacity, attitudes, fiscal context, amount of control, concurrent issues, prior experiences, leadership]?

7. In terms of compliance, and specifically the compliance checklist (probe: first compliance, second behavioral economics), what was your site already doing? What additional things did your site decide to try? What worked? What didn’t work? And, did you try anything that wasn’t on the list (if so, please describe)?

8. What other challenges have come up at the site level [Probe: lack of equipment such as refrigeration or cooking equipment, concern about changes in revenue/sales, other negative reactions]? How are challenges being addressed?

9. What do you think would be needed to optimally support your site in adopting and implementing the guidelines? [Probe on: duration, intensity, topics, form, tools, funding.]

Next, I’d like to ask you about communication around FBSG (communication, diffusion, dissemination).

10. Can you briefly describe what messages and communication methods have been used thus far to inform you about the FBSG part of the EO? Which ones do you think have been successful so far? Has anything been tried that didn’t seem to work? [e.g., trainings, one-on-one technical assistance, assessments, fostering peer-to-peer sharing/networking].

11. How are affected sites sharing information about the EO/FBSG/coming changes with each other? To the employees who will be affected? To what extent is this being supported at the state level? What seems to help? Has anything been tried that didn’t seem to work?
12. In thinking about the coming months and FBSG implementation, what information still needs to be shared to support your efforts at the site level? What should the frequency, intensity, and duration of that effort look like?

**The final set of questions is about next steps.**

13. Finally, CPHN is planning to reach out to you again after initial implementation, to focus more on implementation experiences and feedback related to FBSG implementation.
   a. What kinds of things would you be interested in learning from that effort?
   b. What would you say are the most important groups or organizations that we should reach out to (e.g., prior/healthy vendors, product manufacturers, opponents or supporters)?

14. We may be interested in talking with you a few more times as the FBSG implementation phase progresses. Would you be willing to participate in more interviews?

15. Those are all the questions that I have for now. Can you think of anything that would be important to share that we have not covered?

Thank you for your time!

**Interview Question Set 2: Worksite Wellness Coordinators and Agency Leader Representatives Questions**

**Introductory Script:**
As discussed when we invited you to be interviewed and when we explained the study to obtain your consent, this interview is intended to learn about your experiences and perceptions in developing, adopting, and implementing the Food and Beverage Service Guidelines (FBSG) portion of Washington State Executive Order 13-06 (EO). These questions are intended to help us learn about efforts to develop and advance policies related to healthy food access and nutrition.

We are from the University of Washington Center for Public Health Nutrition. We are conducting this evaluation for the Washington State Department’s Healthy Eating and Active Living unit.

May I have your permission to record this interview? [If yes, begin recording. If no, proceed without recording.]

**Interview Questions:**
I’d like to start by asking some questions to get a better understanding of the ways people are involved in the roll out of the FBSG part of the EO.

2. To begin with, could you describe your position at your organization and in what ways you are currently or plan to be involved with the roll out of the Food and Beverage Service Guidelines (FBSG) part of the EO? [Probe about ways they are involved in development, adoption, or implementation phases. Probe to what extent this participation is voluntary, new [or length of time they have been working on it], and/or written into their job description. Probe to determine if member of working group that developed the FBSG.]
a. Who else have you been working with and in what ways have they been involved (e.g., within department, external, vendors)?
b. Who do you look to for guidance: For leadership on the issue? When you need to take action? To address challenges?
c. at the governor’s office: what’s the highest ranking position of a person who cares about and is working on this issue?
d. at the state workgroup: what’s the highest ranking position of a person who cares about and is working on this issue?
e. at each of the executive agencies: what’s the highest ranking position of a person who cares about and is working on this issue?
f. representatives of food service vendors and contractors: what’s the highest ranking position of a person who cares about and is working on this issue?

Next I’d like to get a sense for how people are responding to the idea of having FBSG in state government workplaces (perceptions & evaluation by potential adopters, values, goals, motivations, balance of supporters and opponents in the system).

2. Why do you think the Governor and his team chose to work on FBSG? What do you think are the main reasons the FBSGs were adopted? [e.g., motivations, concerns, values, goals, feasibility]?

3. How about you? Probes:
   f. How would you describe the overall goal of the FBSGs?
   g. How do you personally hope the guidelines will be used?
   h. What do think might change if the guidelines are in place? [Probe about how they perceive the size of the change for the agency/affected sites. Do they perceive these to be small, modest, or big changes?]
   i. From your point of view, what concerns do you have about the implementation of FBSG?
   j. To what degree do you believe they are important? Why or why not?

4. What are you hearing from other people (i.e., executive agencies, leadership, implementers, employees, vendors) about the FBSGs? Probes:
   d. What are the concerns?
   e. What are the hopes?
   f. In general are there specific groups of people who are more or less supportive than others? What do you think is the reason for this support or lack of support?

Now I’d like to ask for your thoughts about the implementation process for FBSG so far (system readiness, planning, resources, management, degree the system has to adapt to accommodate the innovation).

16. Overall, in terms of planning, implementation, and maintenance, where do you think WA state is right now in terms of taking action on the FBSG part of the EO?
17. In your experience, what has been happening at the 39 executive agencies in terms of planning, management, and resources for adoption or implementation of FBSG by the agency? If you know of some agencies that are farther ahead in implementation, can you think of some things that have seemed to make it easier for these agencies [Probe: capacity, attitudes, fiscal context, amount of control, concurrent issues, prior experiences, leadership]?

18. What has been happening at actual food or vending service sites in terms of planning, management, and resources? If you know of some sites that are farther ahead in implementation, can you think of some things that have seemed to make it easier for these agencies [Probe: capacity, attitudes, fiscal context, amount of control, concurrent issues, prior experiences, leadership]?

19. What challenges have come up at the agency or site levels [Probe: lack of equipment such as refrigeration or cooking equipment, concern about changes in revenue/sales, other negative reactions]? How are challenges being addressed?

20. What do you think would be needed to optimally support agencies in adopting and implementing the guidelines? [Probe on: duration, intensity, topics, form, tools.]

Next, I’d like to ask you about communication around FBSG (communication, diffusion, dissemination).

21. At the state level, can you briefly describe what messages and communication methods have been used thus far to inform executive agencies and their employees about the FBSG part of the EO? Which ones do you think have been successful so far? Has anything been tried that didn’t seem to work? [e.g., trainings, one-on-one technical assistance, assessments, fostering peer-to-peer sharing/networking].

22. How are individual agencies and affected sites sharing information about the EO/FBSG/coming changes with each other? To the employees who will be affected? To what extent is this being supported at the state level? What seems to help? Has anything been tried that didn’t seem to work?

23. In thinking about the coming months and FBSG implementation, what information still needs to be shared? What should the frequency, intensity, and duration of that effort look like?

The final set of questions is about next steps.

24. Finally, CPHN is planning to reach out to you again after initial implementation, to focus more on implementation experiences and feedback related to FBSG implementation.
   c. What kinds of things would you be interested in learning from that effort?
   d. What would you say are the most important groups or organizations that we should reach out to (e.g., prior/healthy vendors, product manufacturers, opponents or supporters)?
25. We may be interested in talking with you a few more times as the FBSG implementation phase progresses. Would you be willing to participate in more interviews?

26. Those are all the questions that I have for now. Can you think of anything that would be important to share that we have not covered?

Thank you for your time!
Interview Question Set 3: Healthy Eating Active Living Representative Additional Questions

1. How did the working group go about developing the guidelines?
   a. What expertise and resources were used (e.g., US Dietary Guidelines, similar products, experts)?
   b. In what ways did the working group rely on existing knowledge or skills? Have to build capacity?
   c. With whom did the working group work to develop these guidelines (e.g., technical reviewers, vending companies, pilot agencies, other jurisdictions)?
   d. What were some of the key issues or sticking points (challenges) that needed to be addressed in developing the guidelines? And, how did you address each?
   e. Who would you say have been the key policy supporters and champions or others? What role did they play?
   f. Have there been any opponents or opposing reasons against adoption of these guidelines? How were these addressed?
   g. What messages seemed to resonate most when presenting and discussing the guidelines?
   h. What elements of the FBSGs, if any do you think might be the most helpful? Least helpful?

2. Are you involved in providing technical assistance or other help to any of the executive agencies as they adopt and implement their FBSG? If so, what are you doing and what do you plan to do (probe: intensity, format, duration, frequency)? Can you please tell me why you chose this approach?

3. Are you involved in providing technical assistance or other help to any of the food service providers or vending contractors as they are asked to comply with the FBSG? If so, what are you doing and what do you plan to do (probe: intensity, format, duration, frequency)? Can you please tell me why you chose this approach?

4. What will be done (or has been done) to disseminate to and support agencies’ efforts to consider or adopt these guidelines?
   a. How and to whom have the guidelines been disseminated (e.g., state leaders, media)?
   b. What, if anything, has been done to support agencies’ consideration or adoption of the guidelines? [PROBE: training, one-on-one technical assistance, assessments, fostering peer-to-peer sharing/mentoring]
   c. What messages and methods have been successful in working with agencies so far? Less successful?
   d. What do you think is necessary to support agencies in considering or adopting the guidelines?

5. Think for a moment about those agencies that have been made aware of the guidelines to date.
a. In general, what kinds of responses have you received or heard from these agencies about the guidelines?

b. Are some types of agencies more receptive than others? What types? Why do you think that is?

c. How, if at all, have you had to adjust your plans, expectations of or support for the FBSG?

d. What are some of the perceived challenges that may arise (or have arisen) for agencies considering the guidelines? [PROBE: negative reaction to proposed or actual changes]
   
   i. What are some of the reasons for these struggles? [Probe: capacity, attitudes, amount of control, concurrent issues, prior experiences, leadership]
   
   ii. What type of support will be given to agencies addressing these challenges? [Probe for facilitators.]

6. Of those agencies that are planning to use the guidelines or variations of the guidelines, how are they working to develop, build support for, and advance the guidelines?
   
   a. Who is/was most involved in using the guidelines?
   
   b. In general, how is the work being framed, focused or described for others?

7. Think for a moment about those food service sites that have been made aware of the guidelines to date.
   
   a. In general, what kinds of responses have you received or heard from these sites about the guidelines?
   
   b. Are some types of sites more receptive than others? What types? Why do you think that is?
   
   c. How, if at all, have you had to adjust your plans, expectations of or support for the FBSG?
   
   d. What are some of the perceived challenges that may arise (or have arisen) for sites considering the guidelines? [PROBE: lack of refrigerated machines, concern about changes revenue/unit sales, negative reaction to proposed or actual changes]
      
      i. What are some of the reasons for these struggles? [Probe: capacity, attitudes, fiscal context, amount of control, concurrent issues, prior experiences, leadership]
      
      ii. What type of support will be given to sites addressing these challenges? [Probe for facilitators.]

8. Of those food service sites that are planning to use the guidelines or variations of the guidelines, how are they working to develop, build support for, and advance the guidelines?
   
   a. Who is/was most involved in using the guidelines?
   
   b. In general, how is the work being framed, focused or described for others?

9. Can you share any examples of agencies that appear to be making progress on adopting the guidelines to date?
   
   a. What kind of progress is being made?
   
   b. If the guidelines have been adopted in some form, how did they use them?
i. What parts or elements of the guidelines did they adopt?
ii. What results are they seeing (e.g., reaction, popularity, sales)?
c. What has helped these agencies be successful? [Probe: capacity, attitudes, fiscal context, amount of control, concurrent issues, prior experiences, leadership]
d. Have their been changes to contracting processes? [e.g., specific departments, organization or DOH-wide, pilot?]
Appendix 4: Example Cafeteria Nutrition Guidelines

Basic Criteria for all food service venues:

All food service venues are required to implement the following criteria 25 points.

Offer daily two whole grain rich options at any time during operational hours.

We offer nine grain, whole wheat, whole wheat gluten free bread and a whole wheat gluten free hamburger bun.

Offer daily at least one raw salad type vegetable and at least on steamed baked or grilled vegetable seasoned without fat or oil.

We offer a salad bar with an assortment of fresh raw vegetables. We recently made a side of steamed vegetable or a small salad a no charge substitute for fries. In addition to this we offer grilled chicken with a side of steamed vegetables as an alternate lunch entrée. We tried offering brown rice with this entrée but it did not sell well. We will try the chicken brown rice and vegetable combo entrée again in the spring.

Offer a variety of fresh whole or sliced fruits daily.

We offer whole fruits daily and have the basket placed prominently above the case with the cookies and muffins in it. Our cold case always has 8oz. plastic containers with fresh cut fruit in them.

When protein entrees are offered offer lean meat poultry fish or a low fat vegetarian entree choices.

Pho is offered as a vegetarian option with tofu and the beef version uses a lean eye of round cut of beef. Our guests know that we keep tofu and Greek yogurt in our pantry and they know to ask for it if they want it.

Offer one low sodium entrée or meal and promote it.

Wednesdays are going to be our health smart meal day. This week we will be having roasted pork loin with brown rice and steamed vegetables. An apricot glace with no butter or trans fat will be served on
the side. I will be posting nutritional values when we do this. Wednesday will be highlighted on our website as well as our printed daily special menu.

Limit deep fried items to no more than one choice per day.

Beginning February 16, 2014 we will be offering chicken strips as our fried entrée Monday thru Thursday. On Fridays we will have fish and chips as the fried entrée of the day. We bread our own chicken strips to eliminate all the additives and sodium that the pre-breaded ones contain.

All meal items are free of artificial trans-fat or partially hydrogenated oils.

We eliminated these quite some time ago. We use canola oil for frying and olive oil canola blend for grilling. Margarine is used for baking and pastries only. We switched to low fat mayonnaise. Guests have not even noticed. We know ranch dressing is not that good for you, but we changed recipe to ½ low fat mayo and ½ Greek yogurt. Effectively reducing calories from fat by over fifty percent and giving the dressing a good helping of protein as well.

Offer low fat and no fat milks and milk products.

We eliminated whole milk and offer only low fat and non fat milk products. We switched to reduced fat cream cheese and customers did not even notice.

Have free water available and advertise its availability.

We have been verbally telling people that our soda machine has a water filtration system and tastes much better than the tap water on the other floors. Many customers stop by and fill their water bottles every day. I did however post a sign to this effect. The sign is posted right next to the soda fountain.

25 points

Additional criteria for large and medium size food service venues.

Beverages:

3 points Offer only low fat and fat free milk products.

We offer fat free milk 2% and 2% chocolate milk. We quit purchasing whole milk quite some time ago.
2 points  Do not offer free refills of sugar sweetened beverages.

We do not offer free refills. The exception is water.

1 point

Make lowfat of non fat milk the default milk option

1 point  Low fat and non fat milk are the default milk option

For coffee service serve whole milk, 2% or nonfat as the default option rather than cream or half and half.

1 point  2% is put in the pitchers by coffee station as the default option. Half and half is available in the little paper p.c.s only.

If sugar sweetened beverages are offered an equal number of zero and low calorie beverages must also be offered.

1 point  We are currently about fifty fifty on sugar sweetened beverages versus no sugar added or zero calorie beverages. This can change a little bit when we change or add to our offerings.

Offer vegetable juices that contain less than 230 mg or less of sodium per serving.

1 point  Purchased low sodium v8 and placed a sign above product. Listing its sodium content 4% and comparing it with regular v8 38% sodium content.

10 points

Food Components

3 points

Have at least one  Washington grown food product available at all times.

All of our milk and cheese are locally produced. Mushrooms potatoes and onions are also locally farmed. We will be working on getting more as spring approaches.

Offer half portions of at least fifty percent of entrée items and promote that the option is available.

We have been offering half portions of the luncheon special with great success for some time now. Half portions are also made available on any of our regular menu items that that are within reason and do not create extra waste. I promote this option verbally when I serve on the line.
Serve whole grain rich options as the default with 50% of the meals when grains are offered.

If guests do not specify what kind of bread they want we default to whole wheat or nine grain.

Offer a salad bar.

We offer a salad bar. We rotate products to include Greek yogurt, fat free cottage cheese and fresh cut fruits as well as fresh vegetables. Balsamic vinegar and low fat spritzer dressings are offered as an alternative to ranch and other high fat content dressings.

12 points

2 points

Allow substitution of non fried vegetable side dish for no extra charge and promote that the option is available.

As of 2/1/2014 We have been offering substitution of steamed vegetables or a small salad with any entrée that would normally come with fries. There is a memo posted right in front of the cash register and I am coaching staff to verbally promote this option.

Offer Olive oil or hummus with bread in place of butter.

Very seldom do we serve bread with an entrée as a side. We do keep olive oil, hummus reduced fat mayo and reduced fat cream cheese in the sandwich station. The reduced fat mayo and cream cheese are the default product when mayo and cream cheese are used we keep hummus as an alternate for people who cannot have dairy or simply do not want high caloric sandwich spreads.

If desserts are offered offer small portions 2oz of cookies bars etc.

Our cookies and muffins are a smaller size 2oz. Cookies and muffins weigh between 1.5 and two ounces. No giant muffins or cookies here.

For cheese yogurt and milk products offer low-fat and non fat products as the default options.

We quit carrying the yogurt fruit mix cups over a year ago. We buy low fat Greek yogurt, low fat cottage cheese, reduced fat cream cheese and nonfat and 2% low fat milk. Half and half with coffee service is by request only.

For breakfast baked goods offer small portions 3-31/2 oz quick breads and bagels.

Our muffins weigh 2 ounces our bagels are 3 ounces.

Offer condiments sauces and dressings on the side.

We verbally offer condiments dressings and sauces on the side and we try to tell people that quite often most of the sugar, calories and fats are present in the sauces that accompany them.
12 points

Offer only yogurt with no added caloric sweeteners or labeled as reduced/less sugar.

*We only purchase Greek yogurt. We cut our own fruit to combine with yogurt to give our guest a healthier no sugar added dish.*

Locate fruit in close proximity to dessert items.

*We keep whole fruit in a basket above our cookie and pastry case.*

Offer at least one oil and vinegar based salad dressing that is also low in sodium.

*Balsamic and olive oil cruets are in salad bar area at all times as well as non fat spritzer salad dressings.*

Purchase lower sodium products such as soup base, deli meats, canned tomatoes fresh or frozen vegetables or bread products.

*We purchase canned items with low sodium whenever possible. We use fresh produce and vegetables rather than buying frozen or pre prepared product whenever possible.*

8 points

*Make it easier for Customers to chose healthier options.*

3 points

Do not market or promote deep fried options as the special of the day.

*We will no longer offer deep fried items as the special of the day.*

2 points

Total.

69 points
We are working on the items that we are not getting points on. Hope to get it over 80 within 30 days.
Food and Nutrition:

Steps Taken:

A majority of daily specials are made from scratch. Reducing additives and preservatives in food. At least 2 of the daily specials focus on fresh vegetables. Meats have little if any added salt preservatives or sugar.

Some of our daily specials are prepared to order on the cafeteria line. We serve Pho everyday. Tofu Grilled chicken and a vegetarian broth are available. We cook these items in individual steam pots. The vegetables are served crispy and colorful with very little loss of nutritional value. We also prepare a vietnamese sandwich (bahn mi) which is prepared with very little meat and consist of fresh vegetables with no dairy product or heavy mayonnaise based sauces. These are just a few examples. I am always looking for new healthier dishes to serve our guests and I believe part of our great success has been because of this.

Quit purchasing partially hydrogenated grill oil for hash browns burger buns etc. Margarine is used for baking only.

We are using canola olive oil blend and aerosol vegetable spray for grilling and sauté items.

One hundred percent canola oil is used for deep frying. Deep fried items are seldom if ever offered as a daily special. We bake or grill whenever possible.

If we run a menu item with gravy or sauce we verbally give the customers the option of having the sauce on the side. We communicate that most of the
sodium, sugar and fats in these dishes are present in the sauces that accompany them.

We are breading our own chicken strips. The prepackaged ones had many added flavorings, sugar and sodium.

The majority of our chips and cracker selections are baked, only a few varieties of fried chips are offered.

Our salad bar focuses on fresh vegetables. Very seldom do we use processed foods. Our guest comment on this very often.

Started making ranch dressing with greek yogurt and reduced fat mayonnaise. cutting calories and sodium by over fifty percent. No negative customer comments.

Balsamic vinegar is offered in a spray bottle so guests can have a dressing with no fat or added sugar.

Replaced regular mayo with reduced fat mayo on sandwiches. No negative customer response.

Replaced cream cheese with reduced fat cream cheese with sandwiches and bagels. No negative customer comments.

We offer half orders of most menu items for guests who do not want a large portion.

Stopped purchasing whole milk.

Stopped purchasing yogurt with added sugar and fruit.

Tofu and Greek yogurt are always kept on hand so we can offer a healthy protein.

Nonfat cottage cheese is offered instead of regular variety.

Soy milk is always on hand as an alternate to milk products.

Egg beaters are offered as alternate egg product at no extra cost.
Three different fat free spritzer salad dressings are available.

We have a garden veggie patty that is offered for no as a substitute for hamburgers or chicken sandwiches.

Brown rice is offered as an alternate product whenever rice is served.

Steamed fresh vegetables or raw fresh vegetables are offered as a side dish.

Calorie counts and nutritional information have been posted in salad bar. Includes dressings.

We offer whole wheat and gluten free bread products every day.

Fresh seasonal fruits are purchased whenever they are available. Fruit baskets have been placed above area where cookies are stored to increase visibility.

All canned and frozen fruits are packed in natural juice or are individually quick frozen with no added sugar.

One hundred percent juice and a no sugar added fruit drinks are offered in our beverage section

Packaging:

We serve our food on china whenever possible. Our to go packaging is about 75% biodegradable paper even though costs are significantly higher than syrofoam or plastic.

Our paper napkins are 100% recycled paper product.

In Process:

Calorie counts and nutritional information for all daily specials. Recipes will be
posted on cafeteria line.

Calorie counts and nutritional information for all menu items. We will make books available to our guests.
Appendix 5: Organizational Policies

Organizational Policy 1: L & I

Coffee and Light Refreshments

General Topic: Travel, Food and other Employee Expenses

Subject: Reimbursement for Coffee and Light Refreshments

Policy #: 6.07

Issued: August 31, 2009 (no previous policy)

Updated April 2014

See also: RCW 41.04.362; RCW 43.03.050(4)

OFM SAAM Manual 70.10 Employee Policy 6.03, Procedures; Washington State Department of Labor & Industries Meals with Meeting/Light Refreshments, Executive Order: 13-06

Improving the Health and Productivity of State Employees and Access to Healthy Foods in State Facilities;

Department of Health Healthy Nutrition Guidelines

Contact: Accounts Payable Manager, Financial Services, Wellness Program.

Purpose and Description

This policy provides guidance for when L&I funds (state or federal) are used to purchase coffee and light refreshments. L&I is ensuring access to healthy food choices in all agency vending machines, on-site retail venues, cafeterias, meetings and events. Any food and beverages served must meet Healthy Nutrition Guidelines defined by the Department of Health and in accordance with Executive Order 13-06. The guidelines apply to foods purchased for meetings and agency sponsored events and by on-site retail, cafeterias and vending contractors. The guidelines do not apply to foods employees bring in for celebrations, pot-lucks, or fund raising events. However, L&I encourages staff to include healthy options when sharing foods in the workplace.

Washington State Department of Services for the Blind is responsible for implementing the Healthy Nutrition Guidelines in onsite cafeterias and vending machines. The guidelines will be fully implemented by December 31, 2016.

The purchase of coffee and light refreshments served at meetings will follow the policies stated in RCW 43.03.050(4) and the OFM SAAM Manual 70.10.

L&I cares about its employees and is taking a common sense approach to increasing food choices. Desserts will continue to be an option, along with additional choices.

Definitions

1. Light refreshments are defined as an item that may be served between meals such as:
   - Fruit, vegetables, cheese, crackers, yogurt and small desserts.
2. Pizza, appetizers or sandwiches are not considered light refreshment.
3. *Coffee* means any non-alcoholic beverage, such as tea, soft drinks, juice or milk.
4. *Special situations or occasions* are events such as, but not limited to, awards and recognition for an individual or team, and the official agency sponsored wellness campaign as administered by the L&I Communications Office per [RCW 41.04.362](https://lewiscountywa.gov/).

**Policy**

A. L&I funds may be used to purchase coffee and light refreshments under specific circumstances.

1. L&I funds may be used to purchase coffee and light refreshments for employees and official guests at a meeting where:
   - the purpose of the meeting is to conduct state business or to provide formal training that benefits the state;
   - the coffee or light refreshments are an integral part of the meeting or training session (see *Washington State Department of Labor & Industries Meals with Meeting/Light Refreshments* to document that it is an integral part of the meeting);
   - documentation demonstrates how it is an integral part of the meeting. Examples include, but are not limited to, an all-day meeting or training in a location where food service is not readily available, or when L&I hosts a lengthy meeting where attendees are volunteer advisory committee or board members;
   - a receipt for the actual cost of the coffee and/or light refreshments is obtained.
2. The meeting or training session must take place away from the employees' regular workplace.
   - For this purpose meeting and conference rooms are not considered the regular workplace.
   - For purposes of an employee recognition event, the event may take place at the official workplace (see Employee Policy 6.03 Recognition Events and Awards).
3. The employee responsible for the meeting must receive prior written approval from the Regional Administrator or Division Executive to use L&I funds to purchase coffee and light refreshments for meetings, training sessions and special situations or occasions (see Employee Policy 6.03 Recognition Events and Awards).
4. The cost for coffee and/or light refreshments must be reasonable.
5. Documentation of prior approval is required.
6. The light refreshments purchased must meet the Department of Health Healthy Nutrition Guidelines.

B. All L&I authorized and recognized boards and commissions may provide coffee and light refreshments at their official public meetings, including executive sessions.

C. This authority is not intended for use with the normal daily business, but rather special situations or occasions, as determined by the Regional Administrator or Division Executive.

D. Expenditures for coffee and/or light refreshments are prohibited in the following situations:
   - anniversaries of the agency, program, or unit; receptions for new, existing, or retiring
employees, etc.;
- hosting, entertaining or social activities (other than formal recognition events); and
- regular meetings of the work unit or project team in the employee's workplace.
Healthy Food and Beverage Policy

Applies To: Department of Enterprise Services employees
Authorizing Sources: Governor’s Executive Order -13-06 Improving the Health and Productivity of State Employees and Access to Healthy Foods in State Facilities
Information Contact: Office of Human Resources
Effective Date: July 1, 2014
Last Update: N/A
Sunset Review Date: December 31, 2016

Framework
This policy makes sure that food and beverages the Department of Enterprise Services (DES) offers or serves meets the Department of Health Healthy Nutrition Guidelines (Guidelines). The guidelines apply to foods offered and served by and in vending machines, meetings and events, cafeteria/restaurant, cafes and on-site retail venues located in DES offices or facilities. The guidelines do not apply to foods employees bring in for celebrations or pot-lucks. DES encourages staff to include healthy options when sharing foods in the workplace.

The DES Wellness Coordinator is responsible for implementing and monitoring the adoption of the guidelines. The DES Wellness Coordinator is supported by a DES lead to oversee implementation and monitoring of the guidelines.

Policy
The Department of Enterprise Services supports efforts to create a healthy workplace for employees and guests. Food and beverage served in the department’s meetings and events, vending machines, and on-site retail venues and cafeterias must include healthy choice options. These food and beverages options must meet the Department of Health Nutrition Guidelines in accordance with Governor’s Executive Order 13-06. These Guidelines must be fully implemented by December 31, 2016.

For represented employees the collective bargaining agreements (CBA) supersede specific provisions of agency policies with which conflict with the CBA.

Changes to this Policy
The DES Wellness Coordinator is responsible to coordinate any updates or rescission of this policy or any associated procedure(s) with the Labor Relations Manager in the Office of Human Resources.

Other Related Agency Requirements
DES Administrative Policy – FO.01.06 Food and Beverages at Meetings

History
Amended: There are no amendments to this policy.
Supersedes: This policy does not supersede any other agency policies.
Appendix 6: Evaluation Plan

Tasks from the DOH Statement of Work:
Assist DOH in developing and implementing the evaluation of Executive Order 13-06
- Lead development of logic model/s detailing key activities and outcomes related to EO 13-06
- Identify, select, and/or modify appropriate data collection tools and protocol for indicators such as sales, data, behavioral economics, environmental changes and other indicators as identified in the logic models.
- Develop interview guide for semi-structured interviews of key stakeholders
- Conduct and synthesize interviews with key stakeholders
- Assist DOH staff in collecting and analyzing data as possible with available funds within the time period.

Deliverables (Task 9): Submit report for task 9 to the Healthy Eating Active Living manager, Amy Ellings, or designee. Report should include logic model/s, list of data collection tools identified, summary report of data collected and/or analyzed, and other pertinent information.

Start date: June 30, 2014; Due Date: Sept 29, 2014

<table>
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<tr>
<th>EVALUATION QUESTION</th>
<th>METHOD/TOOL OPTIONS</th>
<th>DETAILS / CONSIDERATIONS</th>
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<td><strong>HIGHEST PRIORITY</strong></td>
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| What impact do the DOH FBSGs have on the food environments of food service venues (cafeterias, vending)? | (A) **Modified Nutrition Environment Measures Survey with Behavioral Economics checklist**, assessing:  
- Healthy food availability  
- Healthy food pricing, promotion, placement  
- Select BE measures  
- Attempt “control” sites | No IRB review needed.  
- Need to take existing tools and created modified tool.  
- Take into account DOH sodium reduction strategies and how this will affect our assessment and in which venues (work closely with Daniel Amos on this).  
- How many times can/should we collect data? (budget vs. need)  
- Colleen will send us the list of cafeterias and locations. Jamie has access although most have public access but for places like DOT we will have to go through security (call beforehand).  
- We will contact worksite wellness coordinators to complete list of vending machines and ask to take photographs of vending machines per protocol. |
| (B) **Vending compliance**, asking:  
- To what extent machine complies with FBSGs  
- Pricing  
- Placement  
- Promotion  
- Check “control” machines? | IRB approval already obtained.  
- Colleen has developed excel sheet identifying interviewees and has sent out initial invitations to all but worksite wellness coordinators and cafeteria operators We will |
| What are the perceived/anticipated benefits and challenges of implementing the EO? | (C) **Interviews** with:  
- Worksite Wellness coordinators  
- Agency leadership  
- DOH HEAL individuals |  

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At an organizational level
- On food service vendors and food providers
- On employees

<table>
<thead>
<tr>
<th>tasked with implementation and TA</th>
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<tr>
<td>Cafeteria and vending operators</td>
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contact all and follow-up on the rest that have not responded.
- So far Colleen says folks are moving forward but vending is way too complicated and they expect they will need to re-evaluate and simplify the guidance here.

What impact do the changes at affected food service venues impact venue purchases and sales?
- Do costs get more/less constrained or stay the same?
- Are healthy options more expensive?
- Do sales change?

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<tr>
<th>(D) Production records or cost records or sales data</th>
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- No IRB needed.
- We need to make the “ask”.
- Colleen hasn’t had the opportunity to ask them for this information. Lesley is working with DOT and L&I but DOT doesn’t even know # of transactions/day. L&I can give sales and has more sophisticated system. DSB is helping provide TA possibly. So, we need to work through this. Colleen is sending an e-mail to Lesley to coordinate on this.

NOT ABLE TO DO

What impact do the DOH FBSG have on health and behavioral outcomes:
- Individual level purchases and consumption (how, when, what)
- How do these outcomes vary for specific subgroups (by demographic characteristic etc...)

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<tr>
<th>Intercept, field survey and follow-up phone surveys, asking:</th>
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<tr>
<td>- Purchases at venues and understand changes in these purchases over time</td>
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<tr>
<td>- Go more or less frequently to affected venues over time</td>
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<tr>
<td>- Perceived value of food service venue changes and their effect on purchases</td>
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- IRB review would be needed.
- Need baseline to best track change over time