Food Service Guidelines: Case Studies from States and Communities

National Center for Chronic Disease Prevention and Health Promotion
Division of Nutrition, Physical Activity, and Obesity

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Introduction

Every day, millions of Americans eat foods provided or sold at their workplaces or in other institutional settings. Food service guidelines like the Health and Sustainability Guidelines for Federal Concessions and Vending Operations can be used to create a food environment that makes healthier food and beverage options available. Implementing these guidelines can increase the availability and prominent display of healthier foods and beverages so that customers can choose these options more easily. Making changes in the types of food and beverages available in these settings can improve the diets of people who eat there.

More and more cities, state and federal agencies, and public and private worksites are adopting food service guidelines. This report highlights five case studies of food and beverage guidelines developed to improve the food environment. They are taken from experiences in different geographic settings in the Unites States, and represent varied environments, types of food and beverage service, and contracts and/or policies. The case studies provide information on the implementation and evaluation of food service guidelines, along with descriptions of site-specific successes and challenges. This report will share some insight about the process of developing and implementing food service guidelines that CDC hopes will help foster efforts of others.

Each case study includes the following information:

- Goals and Objectives
- Development and Use of Food Service Guidelines
- Ongoing Monitoring of Progress and Evaluation
- Lessons Learned

We acknowledge that many state and local agencies not included in this report are also doing innovative and commendable work related to food service guidelines.

Finally, these five case studies of food and beverage guidelines have been used in the development of an additional CDC resource, Smart Food Choices: How to Implement Food Service Guidelines in Public Facilities. This guide includes action steps to help implement food service guidelines in government work sites or other public facility to increase the availability of healthier food and beverage options at food service venues, including cafeterias, concession stands, snack bars, and vending machines.

Healthy Food Procurement Policy: *County of Los Angeles*

Background

Los Angeles (LA) County, California, is the most populous county in the United States and is home to a diverse population of approximately 10 million people.[1] Recent obesity rates in LA County indicate that 23.9% of adults and 23% of children are obese.[2]

The County of Los Angeles feeds thousands of people every day. It serves food and beverages to patrons across different venues and distributes foods to dependent populations. In 2011, the County of Los Angeles ("County") Board of Supervisors adopted the ***Healthy Food Promotion in Los Angeles County Food Service Contracts*** motion to implement a system-change intervention to increase consumption of healthy foods and beverages while decreasing consumption of unhealthy foods and beverages across County departments. The Los Angeles Department of Public Health (DPH) was appointed as the coordinating agency for the healthy food procurement initiative. The ***Healthy Food Promotion in County of Los Angeles Food Service Contracts*** motion is a county wide policy that affects retail food and beverage venues (i.e., cafeterias, vending machines, snack shops) that sell food and programs that offer or distribute food to dependent populations (e.g., jails, probation halls/camps, hospitals) in LA County departments.

1 United States Census Bureau, State and County Quick Facts: Los Angeles County, California. Available online at http://quickfacts.census.gov/qfd/states/06/06037.html

2 CDC, Communities Putting Prevention to Work - Community Profile: Los Angeles County, California. Available online at http://www.cdc.gov/CommunitiesPuttingPreventiontoWork/communities/profiles/both-ca_losangeles-county.htm

Goals and Objectives

The goal of the healthy food procurement policy was to improve the nutritional quality of the foods and beverages offered on County property. As the coordinating agency, the DPH provided recommendations to the Board of Supervisors that guided the redesign in healthy food procurement and set forth the following objectives:

1. Develop an institutional policy that includes evidence-based nutrition standards, as well as strategies for promoting healthy offerings.
2. Coordinate implementation of new nutrition standards and other promotion strategies.
3. Engage and consult with stakeholders whom the motion will impact, such as food service vendors and department leaders in charge of food service contracts.
4. Provide adequate resources to oversee the institutional policy implementation, including on-going technical assistance and evaluation, to the extent feasible.
5. Evaluate and enforce the motion.

Description of Healthy Food Procurement Policy

The *Healthy Food Promotion in Los Angeles County Food Service Contracts* motion mandates that all new and renewing Requests for Proposals (RFPs) include Food Service Requirements. The DPH worked with an advisory committee of food-service, food-procurement, and nutrition experts to guide development of the healthy food procurement policy that included nutrition standards and other recommended practices in food procurement. The DPH reviewed nutrition guidelines from the U.S. Departments of Agriculture and Healthy and Human Services, Food and Drug Administration, and other federal/state/local agencies to develop a list of nutrition standards designed to promote health and prevent disease among consumers. The DPH also suggested other food-standard requirements, such as pricing and product placement strategies. The nutrition standards place limits on fat, saturated fat, sugar, sodium, and calories and promote fruits, vegetables, whole grains, low-fat/non-fat dairy products and lean meats.

Implementation of the Healthy Food Procurement Policy

Assessment

After informing all County departments about the policy, the DPH conducted several activities to implement the healthy food procurement policy. An assessment of the food environment of all county departments found that 12 of the 37 departments were involved in food procurement, either selling food to employees or providing food to clients/patients. Interviews were conducted with key personnel at the 12 County departments affected by the policy to assess their departments' food-service programs and needs. Interviews provided information on the following: types of food venues in the County; contractual information including expiration dates, number of vendors; existing nutrition guidelines pertaining to a department's food services; number of meals served/sold; populations served; staff capacity and barriers to improving the nutritional content of meals. The Information obtained during the interviews allowed the DPH to develop a 5-year implementation work plan, which facilitated the DPH's appraisal of its work load and the anticipated capacity needed to provide case-by-case technical assistance and training to departments.

Potential Reach

The healthy food procurement policy has the potential to improve the nutritional quality of 37 million meals per year. The table below lists the impacted agencies, and the food service venues.

AGENCY	FOOD SERVICE VENUES
Department of Public Works	Cafeteria, vending machines
Chief Executive Office	Cafeteria, snack shops, mobile food trucks, and vending machines
Department of Health Services	Cafeterias, patient meals
Department of Parks and Recreation	Cafes and other concession operations, vending machines, and distributive meal programs
Beaches and Harbors	Cafes and other concession operations, vending machines
Probation Department	Meals served to institutionalized populations*
Sheriff's Department	Meals served to institutionalized populations, cafeterias*
Children and Family Services	Lunches and snacks offered to children awaiting court hearings at Children's Court
Community Development Commission	Vending machines
Community and Senior Services	Meals served to seniors at recreation facilities and at home
Fire Department	Food served in cafeterias and at fire camp locations
*Internal Services Department (ISD)	ISD is a central purchaser for multiple goods and services for the County of Los Angeles. ISD supports County departments with purchasing food and beverages for their program(s).

The table below lists a sample of food service venues in LA County and the number of meals it serves per day.

FOOD SERVICE VENUE	NUMBER OF MEALS SERVED PER DAY*
Worksite cafeterias	1,820
Mobile trucks	2,500
Snack shops	1,000
Jails	80,000
Juvenile hall/probation camps	11,050
Hospitals	3,589

* Estimates based on needs assessment findings, 2009.

Proposal and Contract Process

The DPH worked with each County department to include food and nutrition standards in their food service solicitation processes. They worked with key County department staff who oversee food service contracts to provide context and rationale for changes in food procurement practices. Each County department's needs and concerns were addressed within their unique internal administrative and contracting processes. The DPH coordinated these efforts with contract divisions of each County department who were charged with developing all language included in request for proposals (RFP) and final contracts. In some cases, recommendations were also reviewed by program dietitians or food service directors who administer nutrition programs. The language developed for each RFP was tailored to each unique food service setting and aimed to meet and exceed current policies and regulations each County department must comply with. For example, DPH provided recommendations to improve the nutritional quality of meals offered through the federal Summer Food Service and After School Snack programs, which are United States Department of Agriculture (USDA) programs locally sponsored by the LA County Department of Parks and Recreation. These programs must meet existing USDA nutrition standards and DPH provided recommendations that exceeded these standards.

Training and Technical Assistance

DPH staff provided technical assistance to County departments, that included site visits, menu reviews, and technical advice on programmatic monitoring, evaluation, and vendor compliance with food service contracts. Some County departments had dietitians on staff to assist with menu planning and compliance with nutrition standards.

Additional trainings and technical support opportunities that the DPH staff provided included annual food policy forums for sharing best practices in healthy food procurement work and assistance on promotion and placement of healthier food options. The DPH has also developed implementation guides to facilitate successful implementation in the impacted departments.

Marketing and Promotion Strategies

Publications in County department newsletters, consumer promotional materials (including table-tents promoting water and health tips), presentations across the County, and social media initiatives all served to engage relevant stakeholders and promote the healthy food procurement policy. A public relations and communications firm was used to develop public education campaigns (e.g., videos and print materials) on topics such as the importance of reducing sodium consumption to prevent cardiovascular disease.

Point-of-purchase and point-of-decision labeling for healthier food and beverages were used to promote healthier choices in workplace cafeterias and vending machines. The DPH worked with County departments to label healthier menu options, place healthier snacks closer to the cash register and less-healthy snacks farther away from the cash register. Additionally, water is placed at eye-level in beverage cases and vending machines.

The healthy food procurement policy in Los Angeles County also incorporates pricing incentives for retail food venues to encourage healthy food and beverage selections. These incentives include healthy offerings with prices that do not exceed the price of the other options and the price per ounce of bottled water is not to be higher than any other beverage option.

Ongoing Monitoring of Progress and Evaluation

In Los Angeles County, the DPH evaluates the institutional policy implementation and provides feedback and technical assistance to the food vendors for quality improvement purposes. Short (1–3 years), intermediate (3–5 years), and long-term (6+ years) outcomes have been developed that state what will change because of the procurement policy. At this time, only the short-term outcomes have been assessed. One short term outcome is increased access and availability of healthier foods in County department food service venues and programs. DPH staff conducted an initial assessment of the food service settings, venues, nutrition practices, and challenges anticipated by each County department. An adapted version of the validated Nutrition Environment Measures Survey (NEMS) tool was used to collect baseline data on the food and beverage options offered from vending machines and cafeterias at selected facility locations. The evaluation was repeated approximately 6 months after the initial implementation of the food requirements and the findings were used to make program improvements.

The DPH plans to conduct further impact evaluation and to continue providing their technical assistance to the County departments. The DPH evaluation team has published and is working on a number of papers for publication in the scientific literature, documenting the challenges and successes of creating healthier food environments in the County of Los Angeles.

Findings

Preliminary data from 2013 suggest some improvements, such as increased availability of healthier food and beverages and compliance with the 12 oz. limit for sugary drinks. Findings also suggest some implementation of the new pricing, placement, and promotion strategies. Six of 12 County departments have adopted nutrition standards and other healthy food procurement practices. One department was in the process of fully implementing the procurement standards, which include integrating the nutrition standards in their contract, hiring a new food vendor, and measuring an increase in access to healthier food choices in their cafeteria and vending machines.

Lessons Learned

The healthy food procurement initiative in the County of Los Angeles is complex and comprehensive. The amount of variation in food venues and populations served across County departments poses implementation challenges. However, as this institutional policy becomes more common and relations with new food vendors become more established, maintaining the changes should become easier.

The DPH recognized the need to implement the changes slowly, learn from initial successes and challenges, and incorporate lessons learned into the assistance provided. Taking a step-by-step approach has allowed for adoption of the motion by the County departments and improved the understanding of food service needs at each County department, which have helped the DPH address challenges accordingly. The DPH implementation guides have allowed for broad dissemination of resource across the departments.

More information

Healthy Food Procurement in the County of Los Angeles

This link includes the following information for download:

- How to implement
- Resources required
- Evidence summary & potential public health impact
- Program materials

Food and Beverage Vending: *Iowa*

Background

The rates of overweight and obesity in Iowa are just under 65% for adults[3] and almost 28% for adolescents.[4] To address these numbers, the State of Iowa has been working to improve the food environment by offering healthier food and beverage choices across state and county-owned buildings, state parks, rest stops, and private worksites.

The Governor's ***Iowa Healthiest State*** initiative includes procurement guidelines that promote healthier food and beverages in vending machines on state-owned property. The Iowa Department of Public Health (IDPH) Bureau of Nutrition and Health Promotion worked closely with the Iowa State University Extension, the Department for the Blind and the Department of Administrative Services (DAS) to develop and implement food procurement guidelines that include nutritional standards for healthier foods and beverages offered in vending machines.

3 CDC Behavioral Risk Factor Surveillance System: Prevalence and Trend Data – Overweight and Obesity, U.S. Obesity Trends, Trends by State 2012. Available online at http://www.cdc.gov/brfss/

4 CDC, Division of Adolescent and School Health. The 2011 Youth Risk Behavior Survey. Available online at http://www.cdc.gov/HealthyYouth/yrbs/index.htm

Goals and Objectives

The goals of the Iowa vending initiative were to increase awareness of healthy foods and beverages and improve the access of these healthier options in vending machines on state-owned property. In order to meet this goal they set forth the following objectives:

1. Develop the Nutrition Environment Assessment Survey-Vending (NEMS-V) tool to identify the nutritional content of food and beverages offered in vending machines.
2. Develop targeted messages and promotional materials to increase awareness among consumers about the healthier options.
3. Work with blind entrepreneurs of the Randolph Sheppard Vending Facility Program to pilot test the NEMS-V tool, promotional materials, and procurement practices (e.g., pricing).
4. Develop procurement guidelines for vending machines on state-owned properties to promote healthier options.
5. Promote the procurement guidelines as a model for private worksites across the state.

Description of Food Procurement Guidelines

The Bureau of Nutrition and Health Promotion and Iowa State University Extension staff worked with a working group representing the consumer/employee, employer, and blind entrepreneurs to develop the food procurement guidelines. These guidelines include the NEMS-V nutrition standards based on the Institute of Medicine (IOM) Nutrition Standards for Food in Schools with some modification for Iowa's Healthy Kids Act (2008). Standards were updated to match Health and Sustainability Guidelines for Federal Concessions and Vending.

The food and beverages are divided into color codes based on the Nutrition Environment Assessment Survey-Vending (NEMS-V) nutrition standards.

- Food and beverages in the GREEN category are considered the healthiest, are consistent with the Dietary Guidelines for Americans, 2010 and provide a serving of fruit, vegetable, low-fat dairy or whole grain.
- YELLOW food and beverages are healthy foods that meet the Dietary Guidelines, but do not meet the strictest criteria for sodium and sugar (milk and yogurt).
- RED food and beverages are not as healthy and fall outside the Dietary Guidelines for Americans

Implementation of the Food Procurement Guidelines

Potential Reach

The settings selected for implementing the food procurement guidelines for vending machines were state and county-owned buildings, private worksites, state parks, and rest stops. The table below shows the type of settings, number of sites and vending machines for which the procurement guidelines were implemented.

AGENCY	POTENTIAL REACH	SETTINGS (NUMBER OF SITES/BUILDINGS)	VENDING MACHINES (NUMBER OF MACHINES)
State-owned Buildings	7,000 employees	13 buildings	90–100
Governmental and Non-governmental Worksites	17,000 employees	168 sites (49 Community Transformation Grant (CTG) worksites)	350–400
State Parks	541,274 annual park visitors	CTG: Black Hawk George Wyth State Park.	4
Rest Stops	2,966,000 annual rest area visitors	CTG: three rest areas along I-80; two on I-29	30–35

Proposal and Contract Process

In Iowa, the vending machines on state-owned properties operate in accordance with the Randolph Sheppard Act, a law that gives legally blind entrepreneurs advantages over other vendors who operate food concessions (e.g., vending machines, cafeterias, and snack bars) on state property. The Department of the Blind serves as the State Licensing Agency (SLA), which oversees implementation of the Act, so when Requests for Proposals (RFPs) for food concessions on state-owned property are solicited the SLA or blind entrepreneurs can apply for a permit or submit a bid on a contract to operate the food concession. If an agency, generally the Department of Administrative Services, determines the permit application or bid is within competitive range, then the agency generally must issue the permit or award the concession contract to the SLA or blind entrepreneur. When a vending machine contract is awarded to the blind entrepreneur, they are encouraged to follow the procurement guidelines; however, the guidelines are not in the contract. As of January 15, 2015, a signed Memorandum of Understanding is in effect between the Iowa Department for the Blind, Business Enterprise Program (BEP) and the Iowa Department of Public Health. This agreement states that it is the mutual desire of both to provide healthy selections in the vending and cafeteria when applicable in state owned and operated buildings and to work together to promote healthy products to encourage state employees and visitors to eat more healthy.

Training and Technical Assistance

The Bureau of Nutrition and Health Promotion and Iowa State University Extension have worked closely together through each stage of the development of the Iowa vending projects to develop and validate the NEMS-V tool[5], develop promotional materials for healthier options sold in the vending machines, and develop and implement procurement guidelines.

The Bureau of Nutrition and Health Promotion staff worked with blind entrepreneurs of the Randolph-Sheppard Vending Facility Program to help them identify products that meet "healthy" criteria, track the sales of the healthier options, and to modify the mix of products from least healthy to most healthy in order to maintain an acceptable profit/loss ratio. Thus, training and education included the following:

- Education on "healthy" items, by shopping with blind entrepreneurs to assist with product identification, conducting taste tests of new products, and identifying products from food distributor catalogs that met the guidelines.
- A "healthy choices" calculator, which is available as an Android application for smartphones and tablets and at the Web site www.nems-v.com. The calculator, developed at the request of a blind entrepreneur, classifies food and beverages into categories identified by the colors green, yellow, and red, with green being the "healthiest" and red being the "not as healthy." It also assists them with determining the color codes of new products as they arrive on the market.
- The NEMS-V ***Mix It Up*** campaign materials which included the following:
    - Food vending machine signs
    - Beverage vending machine signs
    - Brochures
    - 8 1/2 X 14" laminated signs to post throughout the building
    - Foam backed toppers for each snack machine
    - Yellow and green 1/2" stickers and product pushers to mark healthy products in all machines
- An online video at http://www.nems-v.com/NEMS-VHowToCommunicate.html that outlines reasons for vendors to convert to "healthy" vending, along with strategies the organization has learned from its blind entrepreneurs and the Business Enterprise Program
- An online video at http://www.nems-v.com/NEMS-VPromotionalIdeas.html that outlines reasons for worksites to offer "healthy" vending to improve access to healthier foods and beverages for their employees

5 Nutrition Environment Measures Survey-Vending: Development, Dissemination, and Reliability. Carol Voss, Susan Klein, Karen Glanz and Margaret Clawson. Health Promot Pract 2012 13: 425. The online version of this article can be found at: DOI: 10.1177/1524839912446321

Marketing and Promotion Strategies

Iowa NEMS-V used social marketing research and techniques to develop promotional materials and target messages for vending procurement policy implementation. Two focus groups, one consisting of white collar workers and another of blue collar workers, were conducted online using software that allowed the respondents to view and give feedback on various messaging and visuals. Once appropriate materials were developed, they were used to educate and motivate the customers to purchase healthy options. The NEMS-V Mix It Up campaign materials include posters on easels; signs for bulletin boards, break rooms, and snack machines; and floor clings (mats) that are placed in front of the vending area to encourage employees to make the healthier choice.

Ongoing Monitoring of Progress and Evaluation

Evaluation was conducted to determine the impact of a social marketing message on vending purchases and to determine the availability of healthier food and beverages based on the food procurement guidelines.

Findings

Social Marketing Message Testing and Sales: During the fall of 2011, initial data were collected on vending purchases during a 6-week pilot project in conjunction with social marketing message testing. The social marketing pilot project gathered information on current vending machine habits, beliefs, motivations, and attitudes among the target audiences of white collar workers, blue collar workers, and the individuals at public rest areas. Interviews were conducted at worksites and rest areas to determine materials for supporting healthy choices. Focus groups were also conducted online using software allowing respondents to view messages and provide feedback. The last phase of the project was an in-market test of messaging to evaluate its influence on purchasing behavior. The same messaging was used in all three environments tested (white collar worksites, blue collar worksites, and rest areas). In white collar worksites there was a 10% increase in the sales of healthier product choices by customers when messaging was used with the labeled products. The healthy choices accounted for 31% of the product sales while occupying 30% of space in the machines, as compared with 21% of product sales in the control group while occupying the same 30% of the vending space. Blue collar worksites product sales accounted for 28% and rest areas for 22% of sales volume, compared with the controls of 23% and 21%, respectively, while occupying 30% of the vending space.

Evaluation: Process and outcome evaluations were conducted among 13 public and private worksites. The process evaluation included an electronic survey, meeting minutes, action plans and other materials that documented the implementation of the vending initiative. All worksites were required to help vendors identify healthy options, do product testing with employees, market healthier options, and provide incentives to motivate employees to make healthier choices. The outcome evaluation included an

assessment of the increased availability of the healthier food and beverages based on results from pre- and post- NEMS-V tool and documentation of policy development. All 13 worksites increased the availability of healthier options in at least one snack or beverage machine. One hospital worksite increased the availability of healthy options (yellow and green options) from 10% to 46% at post assessment. All worksites worked to develop vendor or worksite policies requiring a minimum of 30% healthy food or beverage options in vending machines. One Iowa county set a precedent by signing a resolution that all county buildings would offer 30% healthy options.

Lessons Learned

Changing the vending environment in the work place involves multiple levels of commitment. The IDPH was able to take advantage of the Governor of Iowa's support for procurement guidelines. Using this momentum, they were able to develop a vending project that encouraged healthier vending standards on state property. Gaining support from management was essential to begin the transition to healthier vending. The blind entrepreneurs and volunteers from the Worksite Wellness Committees were the champions who promoted the vending program. The State Licensing Agency and entrepreneurs were very supportive of voluntary implementation.

Grantees appreciated having even a small amount of funds dedicated to providing taste tests of healthy products and small incentives to encourage purchasing healthy options. But even with management and employee support, if the vendor is not interested in the healthy vending effort, the process is difficult and could be short-lived. The project provided an opportunity to work through issues while transitioning to healthier options.

The IDPH worked with vendors to develop a vending policy based on the business model of maintaining an appropriate profit/loss ratio. Data collected on vending purchases in conjunction with the NEMS-V ***Mix It Up*** campaign materials were used to develop the policy that at least 30% of vending offerings meet the guidelines. This policy has proved to be reasonable and an acceptable change for all parties. Several issues concerning implementation among vendors, especially among smaller vendors, may have made higher standards much more difficult to gain acceptance. The current standards allowed the IDPH to improve the vending environment without sacrificing positive working relationships with vendors. The process also provided an opportunity to learn what issues were pertinent to vendors and to make changes as needed.

More Information

Healthy Iowa Vending

This link includes the following information for download:

- How to implement
- Resources required
- Evidence summary & potential public health impact
- Program materials

State Agency Food Standards: *Massachusetts*

Background

The rates of overweight and obesity in Massachusetts are almost 60% for adults [6] and almost 25% for adolescents.[7] The state of Massachusetts is working to implement state agency food standards for food purchased and served by state agencies to address the problem of obesity by increasing access to healthier foods and beverages.

In 2009, the governor issued Executive Order 509 (EO 509), establishing *MA State Agency Food Standards*. It stipulates that any new Requests for Response (RFRs) for food procurement generated on or after July 1, 2009, must adhere to nutrition standards established by the Massachusetts Department of Public Health (DPH) when purchasing and providing food and beverages, whether directly or through contract, to agency dependent clients/patients. Dependent clients refers to individuals residing in institutions such as hospitals, prisons, and/or probation camps/juvenile halls. Exempted from EO 509 are vending machines or independent concessions that provide food for sale to employees or the public through leases, licenses, or contracts at state programs. Although these food service venues are not part of the EO 509, agencies that have a food service for employees or who have any meals and snacks provided for employees catered are strongly encouraged to follow the Massachusetts *Healthy Meeting and Event Guide* to ensure that healthy food options are available to employees.

EO 509 is aligned with Mass in Motion, a state-wide wellness initiative to promote healthy weight, reduce obesity rates, and generally improve the health of Massachusetts residents.

6 CDC Behavioral Risk Factor Surveillance System: Prevalence and Trend Data – Overweight and Obesity, U.S. Obesity Trends, Trends by State 2012. Available online at http://www.cdc.gov/brfss/

7 CDC, Division of Adolescent and School Health. The 2011 Youth Risk Behavior Survey. Available online at http://www.cdc.gov/HealthyYouth/yrbs/index.htm

Goals and Objectives

The goals of EO 509 were for state executive agencies to adopt statewide nutrition standards to improve the availability of healthy food and beverages and promote healthy lifestyles among their dependent clients and/or patients. To meet these goals they identified the following objectives:

1. Convene the E0 509 Advisory Committee to guide the implementation and evaluation of the executive order.
2. Develop and approve nutrition standards.
3. Conduct a survey to assess the current food-service environment of each agency that meets the inclusion criteria.
4. Develop a statewide implementation plan.
5. Provide on-line resources and training for food-service personnel to develop knowledge and skills in planning, procuring, and preparing nutritious foods and beverages.

Description of the State Agency Food Standards

The EO 509 Advisory Committee convened to develop the food standards included a designee from each of the 8 impacted agencies. Together the committee developed and finalized the food standards. The standards are based on the New York City food standards and adapted for Massachusetts. They were originally based on the ***2005 Dietary Guidelines for Americans***, which encourage the use of healthy food options such as: whole grains; fruits and vegetables; lean cuts of meat and poultry; alternative protein sources such as legumes; and skim/non-fat dairy products. The standards have since been updated based on the ***2010 Dietary Guidelines for Americans***. As the agencies impacted by the EO were predominately for adult clients, the Advisory Group made the decision to develop nutrition standards for the adult population, and refer those agencies which provided food to youth (Department of Youth Services and Department of Children and Families) to follow the food standards from the United States Department of Agriculture (USDA) school meal standards and Nutrition Standards For Competitive Foods And Beverages In Public Schools. These standards provide a baseline, and agencies are encouraged to support emerging practices that can further enhance the health of their client/ patient population. The EO 509 Advisory Committee guided the development and the implementation of the following standards:

1. Standards for Purchased Food—food items purchased by agencies and their contractors that meet specific standards by food category.
2. Standards for Meals and Snacks Served—the overall nutrient requirements that should be met based on the number of meals and snacks served. It also describes standards for snacks and food for special occasions.

To view the nutrition standards for Massachusetts, visit the Department of Public Health Web site at http://www.mass.gov/eohhs/gov/departments/dph/programs/community-health/nutrition-standards-for-state-agencies.html

Implementation of the State Agency Food Standards

Assessment

Executive Order 509 applies to all state agencies in the Executive Department that meet the criteria for inclusion. As used in this executive order, "state agencies" (or "agencies") shall include all executive offices, boards, commissions, agencies, departments, divisions, councils, bureaus, and offices, now existing and hereafter established (effective July 1, 2009). The Massachusetts Department of Public Health (DPH) internal advisory group administered a baseline survey to over 77 state agencies/commissions and boards to identify which groups within the Executive Branch met the criteria for EO 509, as well as to identify existing food and nutrition standards and determine whether there were any barriers to implementing new standards.

Potential Reach

Eight agencies of the 77 state agencies in the Executive Department met the definition of an impacted agency, which is an agency that provides or contracts for food as part of its basic services to clients/patients. These agencies represent approximately 6,000 community programs, which together with the larger agencies serve an estimated 141 million meals and snacks each year. The table below lists the eight impacted agencies, the settings, and the estimated number of clients or meals they serve.

AGENCY	SETTINGS	CLIENTS/MEALS
Department of Developmental Services	2,700-3,000 community sites	~9000-10,000 clients
Department of Youth Services	67 sites	~30-100 clients/sites; ~2,000-6,700 clients
Public Health Hospitals	4 sites	~800 clients
Department of Mental Health	3 hospitals; community sites	~3,887clients
Department of Corrections	12 sites	~33,000 meals/day
Sheriffs' Offices	23 departments	~ 12,748 clients
Department of Children and Families	1 shelter	~46 meals/day or ~16,376 meals/year
Department of Veterans' Services	50 shelters; 2 hospitals	

Training and Technical Assistance

The Massachusetts Department of Public Health (DPH) provided a registered dietitian to serve as the project coordinator, working with an internal DPH group and an interagency advisory workgroup to implement EO 509. This position was funded from CDC's Nutrition, Physical Activity and Obesity (NPAO) Program (2008-2013). The internal DPH ad hoc committee included members of the Commissioners office and staff from the Legal, Policy and Purchase of Service and Evaluation units to develop and implement the legal and administrative parameters of the EO 509. An interagency advisory group, the EO 509 Advisory Committee, was convened and continues to meet and guide the implementation of EO 509. This interagency advisory workgroup represents the highest level of management responsible for food services of impacted agencies. The formation of both the internal and interagency advisory groups was critical to implementing EO 509. Additional collaboration with the MA Division of Operational Services, the state agency that has oversight for state procurement, was essential. The internal DPH partners worked with the EO 509 Advisory Committee to provide guidance on the development of baseline assessments, and on the implementation, monitoring, and evaluation of the food standards.

Web-based resources are available to assist staff who purchase and prepare food, with the intent of increasing their knowledge and skill concerning healthy food preparation. Web-based tools include fact sheets on the five areas identified as challenges during the baseline survey. These areas include healthy beverages, healthy snacks, sodium reduction, increased fiber, and healthy food preparation tips. Another resource offered to agency staff is an online course that was developed in partnership with the academic partner, Framingham State University. The course contains five modules, which focus on the five areas agencies the baseline survey identified as being challenging.

Proposal and Contract Process

The NPAO registered dietitian worked with the Purchase of Service Office and the Division of Operational Services (the state's contracting agency) to develop Request for Response language designed to embed EO 509 language into all new contracts. Massachusetts has centralized purchasing contracts that purchase foods for most executive branch agencies. New contracts for bakery, dairy, and prime grocer have included the ***MA State Agency Food Standards***. An additional spin off from the original EO that can positively impact state employees and their visitors is the addition to the statewide vending contract (which is used to purchase food for special events for employees) that requires vendors to follow the Healthy Meeting and Event Guidelines.

Marketing and Promotion Strategies

The ***Mass in Motion*** initiative and Web site provided a forum to promote the EO 509. Additionally, the MA Department of Public Health's Web site provides the general public access to resources such as fact sheets and success stories related to EO 509. These resources were also used to help staff at impacted agencies transition into

applying the standards of EO 509 by providing information on several topics including healthy eating and food purchasing and preparation.

Ongoing Monitoring of Progress and Evaluation

In 2009, the DPH developed a survey tool to assess the current food purchasing and preparation practices of impacted agencies. The survey was re-administered in 2013 to evaluate changes in food-service practices and the nutritional quality of the food purchased and served by state agencies. Informant interviews were conducted in 2010 and 2011 to assess the status of implementation including success and challenges. In addition, in 2012 the baseline survey was modified to include additional questions focused on healthy food policies which had been implemented in many Mass in Motion (MiM) communities. MiM is the Massachusetts statewide obesity prevention and control initiative. Small community programs/residential facilities impacted by the EO in selected MiM communities were surveyed in the winter 2013. Initial findings indicated a positive trend in implementing the nutrition standards.

Findings

The Web-based resources are widely used; over 3,000 employees have completed the online training course, which indicates employees' interest in purchasing and preparing healthier foods for their clients. The DPH plans to conduct further evaluations and document the ongoing challenges and successes of creating healthier food environments in state agencies and to share its progress with interested agencies and individuals.

Lessons Learned

Massachusetts is the first state to successfully launch a state-wide food procurement policy, but the effort has had challenges. Meeting the standards in some areas such as increasing fiber and reducing sodium, costs of healthier options, and gaps in food preparation skills all challenged full implementation. The agencies implementing the MA Nutrition Standards for State Agencies learned that implementation is an ongoing process and more time was needed to implement the changes slowly.

Fortunately, highly visible champions, such as the Governor of Massachusetts and the Massachusetts Public Health Commissioner, along with agency commissioners and managerial and local program staff helped quicken implementation of EO 509. In addition, the formation of the interagency advisory workgroup representing impacted agencies was critical to implementation. The advisory work group helped address barriers to implementation early on and worked to meet the needs of impacted agencies. The work group was able to learn from its successes and challenges and, as a result, to continue to improve the implementation of EO 509.

Healthier Snack Vending: *Chicago Park District*

Background

More than half of Chicago adults (61%) and over one-third (36%) of youth are overweight or obese, and at increased risk for chronic diseases such as heart disease and diabetes.[8]

The Chicago Park District (CPD) is the largest municipal park system in the nation. While the CPD's parks offer thousands of sports and physical activity programs to youth, adults, and seniors, up until 2011 the snacks it offered were limited in nutritional quality. Food and beverage items available in vending machines were often calorie dense, high-fat foods and sugary beverages. Frequent consumption of such items may contribute to weight gain.[9] Providing snack vending standards in Chicago parks through a contract is one way the city has improved access to healthier foods.

Goals and Objectives

The CPD saw an expiring snack vending contract as an opportunity to develop a new contract that would improve access to healthier foods on park district property. Park management sought to establish a 100% healthier snack vending contract. To meet this goal they set forth the following objectives:

1. Develop healthier food standards specific to snack vending.
2. Issue a new Request for Proposals (RFP) for snack vending services that sets forth nutritional standards to limit serving sizes, calories, sugar, fat, and sodium for all items vended through snack vending machines on park district property.
3. Select a vendor that would comply with the newly described healthier snack vending standards.

8 CDC, Communities Putting Prevention to Work - Community Profile: Chicago, Illinois. Available online at http://www.cdc.gov/CommunitiesPuttingPreventiontoWork/communities/profiles/both-il_chicago.htm

9 NIH, National Blood, Lung and Heart Institute. Limit Fat and Sugar. Available online at http://www.nhlbi.nih.gov/health/public/heart/obesity/wecan/eat-right/limit-fat-sugar.htm

Description of the Healthy Snack Vending Standards

Once the previous contract period ended, CPD staff from the wellness unit and management took action to include healthier vending standards in a new snack vendor contract. The vending standards were developed based on work done with school vending and a combination of vending standards provided by Fit Pick, the Alliance for a Healthier Generation, and the American Heart Association. **These standards set limits on sodium, sugar, fat, and calories while also allowing for the inclusion of healthy fat sources such as nuts and seeds.** The new contract states that 100% of snacks vended on CPD property will meet the following nutrition standards:

STANDARDS FOR ALL VENDING SNACKS
• No more than 250 calories per serving • No more than 42 grams of added sweetener/20 ounces of serving • No more than 35% of calories from fat (with the exception of seeds and nuts) • No more than 10% of calories from saturated fat • No trans fats • No more than 35% total weight from sugar and caloric sweeteners (natural fruit juice allowed) • No more than 400 milligrams of sodium per serving • At least 5 items must contain less than 250 mg of sodium per serving • No more than 2 servings per package.

Implementation of the Healthier Snack Vending Standards

Potential Reach

The CPD encompasses more than 570 parks, 31 beaches, 50 nature areas, and two conservatories. The CPD offers patrons access to foods from vending machines and a variety of concessions. Vending machines in Chicago parks are under a district-wide contract with one vendor; this contract included 98 snack vending machines located in indoor field houses.

Proposal and Contract Process

Once standards were established, the development of the RFP language proved challenging. The CPD's Department of Revenue and Purchasing and the Department of Legal and Finance were not comfortable taking ownership of developing the RFP language in the area of nutrition. Additionally, members of the initiative's team were unable to assist with the development of RFP language because agency restrictions did not allow them to fulfill this function. However, the team was able to connect CPD management with ChangeLab Solutions, which provided consultation on model RFP language. The process of drafting the RFP language took approximately 6 months.

An RFP was released in August 2010, and a bidder's conference was held later that month. In April of 2011 a contract was signed. The contract covers a 5-year period (2010-2014); however only the first 3 years (2010-2012) are guaranteed. The other 2 years are included as 1-year extensions based on performance. The contract was designed with the 100% healthier requirement based on research and CPD's past experience with a previous vendor. In May of 2011, the first four vending machines were installed in CPD park field houses, and machine deployment was completed in September 2012.

Training and Technical Assistance

Training on the snack vending standards was not originally incorporated. Over time the CPD learned that drivers responsible for stocking the vending machines were filling the machines with noncompliant items and that training would be necessary if this practice was to be changed. The vending company identified drivers' misunderstanding of the guidelines as the main reason they stocked noncompliant items. As a result, in an effort to improve compliance, the vendor provided three training sessions for drivers on the new the snack vending standards.

Marketing and Promotion Strategies

The CPD's Wellness Team issued several press releases and provided taste tests of new snacks early in the deployment period to help raise awareness of the healthier snacks available in Chicago parks. The CPD continues to hold taste tests of new snacks among park patrons as a useful marketing strategy. All snacks are priced uniformly, a strategy that has proven to be successful.

Ongoing Monitoring of Progress and Evaluation

Monitoring progress and evaluation was a priority of the Chicago Park District Healthier Snack Vending Initiative because feedback was necessary to monitor compliance and ensure that the new snacks met consumers' needs. The evaluation focused on understanding park patron and staff attitudes toward healthier snack vending, purchasing behaviors, vending sales, and vendor-contractor compliance issues. Data were collected at a sample of 10 parks that are representative of the socio-demographic characteristics

of Chicago, the variation in park amenities throughout the district, and the geographic regions of the district. Using a mixed methods approach, the evaluation consisted of observations, a survey questionnaire, semi-structured interviews, and sales data.

Observations of snack vending purchases in sampled parks were collected in the spring and summer of 2012. Observations were varied by day of week and time of day to capture variation in purchasing behaviors. Item(s) purchased and characteristics of the purchaser were noted. Observations of machine condition and item compliance and stocking were made during each park visit from fall 2011 through summer 2012. Additionally, park district management-level staff also observed conditions, compliance, and stocking during park visits.

A 16-question patron survey questionnaire administered at the 10 sampled parks evaluated perceptions of the new snack vending items and areas that needed improvement. Additionally, the questionnaire assessed support for a healthful beverage initiative. Questionnaires were administered in English to persons 18 years of age and older. No incentives were provided for questionnaire completion. Questionnaires were collected in the summers of 2011 and 2012.

Semi-structured interviews with one park employee from each of the sampled CPD parks assessed attitudes toward healthier snack vending, snack vending purchasing behaviors, observations of snack vending machine issues, and interactions with park patrons around snack choices. Interviews were conducted in the summer of 2012.

Monthly sales data from June 2011 through August 2012 for 98 snack vending machines parks supplemented the data. Although CPD did not have available baseline data for comparison, the available sales by machine, item, and park location provided a picture of patron purchasing behavior.

Findings

The evaluation of the Chicago Park District Healthier Snack Vending Initiative showed that staff and patrons had positive attitudes toward healthier snack vending. Vending sales increased over time, and sales volume exceeded the expectations of both district staff and vendors. Issues with the vendor may have contributed to lower sales early in the contract period. These vendor-related issues generally fell into three categories: noncompliant items stocked (stocking machines with snacks that do not meet the CPD snack vending standards), failure to restock machines on a timely basis, and malfunction of machines. Spot checks resulted in $1,735 in fines for the vendor based on the contract order that delineated fines of $25 per day per noncompliant item. Drivers' misunderstanding of the standards was the primary reason given for stocking noncompliant items. This fact prompted the vendor to provide three training sessions for drivers on the snack vending standards.

In light of the vendor's efforts to address these issues, the CPD waived the fines accrued for violations that occurred from January to September 2012. However, stocking machines with snacks that did not meet the CPD snack vending standards continued. When sales reports showed that several of the noncompliant items had again been stocked,

an additional $1,075 in fines was levied. A "pre-kit" approach was initiated. The "pre-kit" contains only snacks that meet the healthier standards. This approach took the power of item selection from the driver and improved compliance.

Lessons Learned

The CPD overcame challenges to develop a successful healthier snack vending initiative. Although the contract was strict, 100% healthier snacks in CPD snack vending machines proved to be effective and profitable. A lenient contract would have made vendor compliance more difficult to track because of limitations in interpreting exactly how many snacks would meet the proposed standards. Further, while the CPD would have preferred to combine a healthier snack and beverage contract, the snack-only standards allowed them to learn how to address issues accordingly and anticipate what conversations to have with park staff, community members, and the vendor. Lessons learned from the development of the healthier standards and contract for 100% healthier snacks were used to issue a request for proposals for healthful beverage vending in 2013.

The CPD was able to take advantage of current obesity-prevention efforts and work with partners to push for such efforts in parks. Building on existing resources and addressing the issues of noncompliance that led to dissatisfaction with the previous vendor allowed the CPD to develop a contract that met its needs, but also satisfied park staff and patrons. This contract coupled with the evaluation of the Chicago Park District Healthier Snack Vending Initiative paved the way for the CPD to move toward initiating a healthful beverage vending contract.

Vending and Concessions Procurement Guidelines: *Delaware State Parks*

Background

The rates of overweight and obesity in Delaware are 66% for adults[10]and 29% for adolescents.[11] Delaware state parks offer residents and visitors places to connect with nature and increase physical activity, but healthy food environments had been missing to complement these activities. As part of the state's efforts to combat overweight and obesity, the Division of Parks and Recreation implemented the ***Munch Better at Delaware State Parks,*** a 2-year intervention designed to increase the availability of healthy foods and beverages in state parks.

Goals and Objectives

The goal of the ***Munch Better at Delaware State Parks*** intervention was to increase healthy food choices by developing and implementing procurement and purchasing practices for healthy food and beverage choices at camp stores, concessions, and vending machines in various state parks throughout Delaware. The intervention was designed to have products sold in the parks meet specific food and nutrition standards included in the ***Nemours Healthy Vending and Concession Guidelines***. In order to achieve this goal, park management aimed to accomplish the following objectives:

1. Implement procedures to improve procurement and purchasing practices to ensure availability of healthy food and beverage choices and limit unhealthy choices.
2. Provide food and beverage offerings that meet the recommended food and nutrition guidelines.
3. Implement a marketing and promotional campaign to inform and educate park visitors about healthy lifestyles and healthy eating choices.

10 CDC Behavioral Risk Factor Surveillance System: Prevalence and Trend Data – Overweight and Obesity, U.S. Obesity Trends, Trends by State 2012. Available online at http://www.cdc.gov/brfss/

11 CDC, Division of Adolescent and School Health. The 2011 Youth Risk Behavior Survey. Available online at http://www.cdc.gov/HealthyYouth/yrbs/index.htm

Description of the Vending and Concessions Procurement Guidelines

The Division of Parks and Recreation, Office of Business Services has the direct purchasing and contracting authority for food sold in state parks. The Chef of Business Services worked with The Nemours Prevention and Health Services to develop vending and concessions procurement guidelines that are based on the following GO, SLOW, and WHOA categories included in the *Nemours Healthy Vending and Concession Guidelines*.

GO foods are the healthiest options for the amount of calories they contain. Eat these foods most often, almost any time.	Examples of GO foods are turkey burger, water, fruit bowl.
SLOW foods have added sugar or fat that makes them higher in calories. They may be foods that should be eaten, at most, several times a week.	Examples of SLOW foods are baked chips, diet drinks, and trail mix bars.
WHOA foods are the highest in sugar and fat and the least healthy. They should only be once-in-awhile foods.	Examples of WHOA foods are french fries, sugary soda, and candy

The park guidelines established targets for the food categories that included at least 40% GO, 35% or more SLOW, and less than 25% WHOA**.** Major emphasis has been placed on reducing WHOA food and beverage availability and increasing GO and SLOW availability. These targets are different from those in the Nemours guidelines, which suggest that 60%-100% of food and beverage offerings be designated as GO, 30% or less of offerings be designated as SLOW, and 10% or less be designated as WHOA. The Division of Parks and Recreation decided to take an incremental approach to increasing healthier food items based on the availability of healthier options and their effect on overall sales since retail sales from camp stores, vending machines, and concessions are used to generate revenue for operating the state parks.

Implementation of the Vending and Concessions Procurement Guidelines

Potential Reach

The Division of Parks and Recreation operates 16 state parks that serve approximately 5.2 million patrons who visit the parks annually. Food and beverages are offered to visitors at four camp stores, nine concession stands, and 21 beverage vending machines throughout the park system. The *Munch Better at Delaware State Parks* intervention was implemented among a sample of Delaware state parks with different food and beverage venues. The food service venues included in the intervention were a park-managed concession stand located at a water park swimming area at Killens Pond State Park, all four camp stores, and

16 vending machines from four parks (each park had four machines) all served by the same beverage vendor.

Proposal and Contract Process

The GO, SLOW, WHOA food and beverage guidelines were used for negotiating multiple vending contracts for each of the parks and developing a list of approved products for sale in parks as well as a new menu for the Killens Pond concession stand.

In camp stores, the park retail buyer purchased food and beverages from the approved products list for all of the retail stores included in the intervention. This helped ensure that products were comparable for all the intervention sites. Campground stores adopted the guidelines for both stocking healthy food items and for making unit prices for WHOA items higher than those for GO and SLOW items. All beverages were either diet drinks or water.

Vending machines proved to be the most difficult venue to change because they are stocked by the vending companies, not by the park personnel. Under the new guidelines, only water was a GO beverage, while SLOW items were to be limited and only one WHOA item was allowed. Only one of the two vendors agreed to the guidelines; that vendor participated during both intervention years.

Training and Technical Assistance

The Nemours Prevention and Health Services staff provided training on the ***Nemours Healthy Vending and Concession Guidelines*** and assisted park and concession staff in making healthier food and beverages available and in marketing these healthier options to park visitors. In the 2010 park season, the team from Nemours, the food service manager, park staff, and the sales representative from the food distributor identified products that met the GO, SLOW, WHOA food and beverage guidelines and conducted taste tests of new products and new menu items. For the 2011 park season, a new food service team was hired, and a new menu was offered. The team included a food service manager with culinary skills and front line staff who were trained in preparing food and committed to serving healthier foods. The new menu offered fresh meats to reduce sodium, and high-calorie items were removed from the menu.

Changes in entrees included

- Pricing healthier items equal to or less than unhealthy items.
- Replacing precooked meats (chicken and hamburger) with fresh meats.
- Reducing the size of hamburgers to 2 or 3 ounces.
- Using alternate methods such as grilling chicken tenders versus breading and frying.
- Providing whole wheat bread and buns.
- Limiting the serving size of french fries to 4 ounces.
- Switching to baked chips.
- Adding a low-fat grilled-cheese sandwich.

- Replacing french fries with a fruit or vegetable and soda beverages with milk or juice in children's meals.
- Expanding the menu to include healthier items (shrimp on a stick and chicken and shrimp tacos).

Marketing and Promotion Strategies

As the initiative was under way, it was necessary to promote and educate park patrons on the intervention. The Division of Parks and Recreation used their own graphics design resources to create the "***Munch Better at Delaware State Parks***" logo and kickoff materials (banners, press packets, and incentives for 300 families). The Public Information Officer worked with the Division of Public Health Communications to set up a press event for the kickoff at Killens Pond. Point-of-purchase displays were placed in stores, and panels displaying the logo were put on all the vending machines. Flyers placed around the park educated patrons about the ***Munch Better*** initiative and the availability of healthier food and beverages. At the concession stand, new pricing, sizing, and calorie posting strategies were incorporated to help increase purchases of healthy foods and limit purchases of unhealthy foods. Pricing WHOA items higher than GO and SLOW items at all intervention venues was encouraged.

Ongoing Monitoring of Progress and Evaluation

Process evaluation was conducted to examine what components of the intervention were implemented and staff and customer perceptions of the intervention. Outcome evaluation was used to determine the intervention's impact on the availability of healthier food and beverages and related changes in sales. The availability of healthier foods and beverages was assessed using inventory logs from camp stores, the beverage vending machines, and the Killens Pond concession stand. The data collected included the number of food and beverages available for each GO, SLOW, WHOA classification, the quantity sold (per month), and price in order to assess the impact of the procurement guidelines.

Findings

The evaluation findings from the first year were used as the basis for designing the evaluation of the second year of implementation. The initial evaluation indicated that the procurement guidelines had been implemented effectively and had produced positive change in the offerings of healthier foods. The proportion of healthier foods (40% GO, 35% SLOW, and less than 25% WHOA) were met in the SLOW and WHOA categories, but not the GO category. Although the increase of GO food items could have been higher, the dramatic reduction of WHOA items and a large increase in SLOW items was positive. This slower progression towards healthier foods may be preferred, as many park customers tend to splurge when they visit. While there was a positive change in offerings of healthier foods, the sales data for the first year were inconclusive as a result of the concurrent

economic recession, lower park attendance, increase in one of the park's entrance fees, and incompleteness of vending sales data.

A follow-up evaluation in year 2 was conducted to further determine the impact of the procurement guidelines. The most substantial changes were the reduction in WHOA offerings across all venues, the increase in SLOW offerings in camp stores and vending machines, and the increase in GO meals at the concession stand. SLOW and WHOA guidelines were met in most cases, but more GO items need to be added to the menus and camp store selection. The concession stand saw the greatest improvements and appears to be the area of greatest promise for increasing healthy food and beverage purchases while also maintaining and/or possibly increasing total sales revenue. Vending sales increased during the second year of the intervention despite lower attendance rates because during this time many of the machines were relocated to higher traffic areas, the machines saw less down time associated with vandalism and power outages than in previous years, and suppliers kept the machines stocked more reliably than had been the case earlier.

Lessons Learned

The changes the Division of Parks and Recreation made to the food and beverage environment of state parks was a good step towards increasing access to healthier food and beverages. Park management used what they learned from one year to the next to improve the availability of healthier options and to work through challenges. For example, concession staff did not follow the guidelines for portion sizes and served larger portions than recommended that resulted in a loss of revenue. For the following season, the park management trained the food service staff on appropriate portions sizes for food and beverage items.

Additionally, the slower progression towards healthier foods and the emphasis on SLOW food and beverage items was better suited for their park venues. Consumer demand for unhealthier offerings was common; thus, a large increase from WHOA to GO items may have posed additional threats to revenue.

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