

A ROADMAP FOR COMPREHENSIVE FOOD SERVICE GUIDELINES

Best Practices and Opportunities to Advance Nutrition Through
Food Service Guideline Policies in Diverse Public Settings

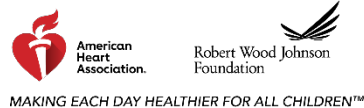


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Written By

Jessi Silverman, MSPH, RD, and Angela Amico, MPH
Center for Science in the Public Interest

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For more information, contact:

Center for Science in the Public Interest
policy@cspinet.org
202-777-8352

A Roadmap for Comprehensive Food Service Guidelines is available
online, free of charge at cspinet.org/Roadmap.

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Introduction

Background

Millions of Americans struggle to eat healthfully, finding themselves inundated by unhealthy food and sugary drinks everywhere. An unhealthy community food environment makes it difficult for families to ensure their kids are eating well. The result is that children grow up at higher risk for diet-related conditions—heart disease, diabetes, high blood pressure, and obesity—that diminish quality of life and life expectancy and drive up health care costs for businesses, families, cities, and states. Every five years, the federal government updates the *Dietary Guidelines for Americans*, which provides the basis for nutrition education and programs throughout the country.¹ Despite relatively consistent nutrition recommendations, people struggle to follow the Dietary Guidelines. The average American diet receives a failing score in its consistency with the Guidelines.

As part of the overall transformation of the food system to support a culture of health, large institutions and state and local governments are increasingly adopting guidelines for the foods and beverages they purchase, serve, and sell on their property and through their programs—from government buildings, parks and recreational facilities to hospitals, prisons, and senior meal programs. Through food and nutrition programs, public agencies and large institutions often serve low-income families and communities of color, who experience disparities in access to healthy food, underscoring the need for such policies.

In addition to making healthier food and beverages available for employees, program participants, and the public, this approach invests in a healthier food system, harnessing the purchasing power of public institutions to improve community food environments and promote equitable access to healthy food. Furthermore, because governments and large institutions are redirecting money that would already be spent on food to healthier options, implementing healthier food guidelines can be done in a no- or low-cost way.

While more than one hundred local and state governments have adopted guidelines for the food available on public property or through public programs, few of those policies comprehensively reach the majority of public settings and venues with strong nutrition standards.² Many address the food and beverages sold through vending machines, leaving the food sold in cafeterias and concessions or served in institutions

without guidelines to support health. To meaningfully and equitably improve the health of communities, we need to do more to transform community spaces into catalysts for good health and wellbeing.

How to Use This Roadmap

This roadmap is a resource for public health advocates, policymakers, and others who seek to advance, adopt, and implement more effective and equitable food service guideline policies. While a comprehensive food system approach would incorporate environmental sustainability, valued workforce, food safety, and animal welfare considerations into food service guidelines, this roadmap focuses on nutrition guidelines. Model nutrition guidelines exist for food service.³ Additionally, the Food Service Guidelines Collaborative—a group of government and non-government partners working to advance these policies—has identified Food Service Guideline Policy Best Practices.⁴ This document serves as a roadmap for the application of those best practices through comprehensive policies that cover diverse settings, venues, and programs.



The first section (page 5) provides background, key considerations, and resources for adopting and implementing comprehensive food service guidelines in general. The next section provides considerations for specific settings (page 17) and programs (page 35), including:

- a landscape of federal, state, and local laws and policies that impact food service operations, including adopted food service guideline policies;
- key considerations for advocates and adopting institutions specific to the setting or program;
- opportunities for stakeholders to accelerate adoption of policies that include the setting or program; and
- a list of key resources, such as case studies, evaluations, and guides that offer insights learned and best practices identified from previous efforts.

The roadmap concludes with recommendations for future research and advocacy (page 44) to foster comprehensive policies that will improve community food environments to support children and the public's health.

Overview of Comprehensive Food Service Guideline Policies

Key Terms and Concepts

Food Service Guidelines (FSG) are standards for food served or sold that may encompass nutrition, food safety, sustainability, valued workforce, animal welfare, and other concerns.⁵ This roadmap focuses on adopting and implementing FSG that support nutritional health. The best practice is to implement nutrition guidelines in each of the following areas:

Food Procurement/Foods Purchased includes ingredients, foods, and beverages in their as-purchased forms, purchased by public agencies or institutions.

Foods Served includes programs where the government or institution is providing food and consumers' choices are limited (e.g. a correctional facility, homeless shelter, or the foods served to patients in hospitals), as well as food provided at meetings and conferences.

Foods Sold includes places where the consumer is selecting and purchasing the food (e.g. an employee cafeteria, concession stand, or vending machine).

Behavioral Design strategies, such as menu design, product placement, and pricing can be included in settings where appropriate to encourage healthier food choices.

Adopting Institution: A FSG policy may be adopted by or on behalf of an agency or agencies of the federal, state, or local government for foods sold or served on its property or through services within its jurisdiction, or purchased using its funds. An FSG policy may also be adopted by a private organization or institution.

Stakeholders are individuals and organizations that have an interest—political, financial, personal, or otherwise—in a given FSG policy or effort, including participants in government feeding programs, patrons of government-operated food venues, government officials, food service operators, food vendors, and health and social justice organizations. Additional examples of stakeholders are provided throughout the roadmap.

Policy Mechanism: An FSG policy may be adopted through:

Legislation: Any written policy (law, statute, ordinance, bill, etc.) that is considered by the legislative body in a given jurisdiction and, if passed, carries the force of law.

Executive Order: A binding decree made by the executive authority (such as governor, mayor, county executive) of a given jurisdiction that directs a government agency to operate in a certain way.

Regulation or agency action: Written policies and procedures set forth by agencies of a jurisdiction's executive branch that carry the force of law.

Institutional policy: An institutional or organizational policy may be adopted by a public agency or a private sector organization and does not carry the force of law. This category refers to formal, written policies and procedures that are considered obligatory by the organization.

Contract/Permit/License: FSG are incorporated into the legal agreement between a vendor (e.g., a food distributor or food service management company) and the institution or government agency. This incorporation may be required by a public or institutional policy or may be the organization's primary mode of FSG policy adoption.

Unofficial/Voluntary: This category includes guidelines adopted by an organization that are not formally enshrined in law or obligatory organizational procedures but may be voluntarily adopted by departments or food service providers as a best practice.

Settings refers to places in which food is sold or served. For example, a hospital, worksite, or park may be settings for food service guideline policies. Most settings have multiple *venues* (definition below) and may operate *programs* (definition below) that serve food. A public policy might apply to multiple settings and programs within that jurisdiction, whereas an institutional policy may apply just to one setting (for example, a private hospital).

Examples of Settings

- Worksites
- Hospitals and Health Systems
- Corrections and Juvenile Justice Facilities

- Parks and Recreation Centers
- Schools
- Colleges and Universities
- Early Childhood Care and Education
- Group Homes and Shelters
- Airports
- Entertainment Venues
- Community-Based Organizations (including faith-based)

Venues refers to the specific points within a setting where food is purchased, sold, or served.

Examples of Venues

- Cafeterias/Cafes
- Concessions (includes concession stands, snack kiosks, or snack bars)
- Vending (includes traditional vending machines and “micro markets,” in which patrons select food items and pay via self-service kiosk)
- Meetings, Conferences, and Events
- Meals Served through Institutions or Public Programs (includes correctional facilities, homeless or women’s shelters, universities, hospital meals for patients, and other food or meals through a given institution)

Programs includes meals, snacks, and beverages offered in correctional facilities, public hospitals, senior feeding programs, and other residential facilities and feeding programs sponsored by federal, state, or local governments. Policies that specify nutrition standards for programs that administer benefits that clients use to purchase foods from *retailers* (e.g., SNAP, WIC) are not considered FSG policies.

Federal Programs are authorized and at least partially funded by the federal government and typically administered by state or local agencies. For example, school districts can participate in the National School Lunch Program by offering meals that meet federally established nutrition criteria and receive reimbursements from the United States Department of Agriculture. Local jurisdictions often can adopt additional standards for food that is served as part of these programs, but must meet minimum federal requirements, which vary by program.

Examples of Federal Programs:

- National School Lunch and Breakfast Programs
- Child and Adult Care Food Program
- Summer Food Service Program
- Congregate and home-delivered meals for older adults

Policy Scope:

Comprehensive: The policy requires that FSG are adopted and implemented in the majority or all of the settings, venues, and programs within the jurisdiction of the adopting institution. Ideally, FSG apply to all food offered, provided, or sold on the adopting institution's property, purchased using its funds, and served through the programs it administers. Strong policies ensure that the greatest feasible proportion of offerings in each venue meets evidence-based criteria for healthful foods and beverages.

Limited: The policy applies FSG to a limited number of settings or venues (e.g., only vending machines) within the jurisdiction of the adopting institution, exempting others, and/or does not make the majority of options available in each setting healthy (<50% healthy options).

Equity Concepts:

Disadvantaged: Use of this term to describe individuals, families, and communities in this roadmap refers broadly to historically marginalized identities such as racial and ethnic minorities, as well as marginalized social circumstances such as low income and low level of education.

Health Equity: An FSG policy promotes health equity if it fosters a "state in which everyone has the opportunity to attain their full health potential and no one is disadvantaged in achieving this potential because of social position or any other socially defined circumstances."⁶ Disadvantaged communities experience disparities in access to healthy food and diet-related illness and should be priority populations for equitable FSG policies.

General Considerations for Comprehensive FSG Advocates and Adopting Institutions

The following is a summary of key considerations for pursuing comprehensive FSG policies in general. The accompanying list of resources explore these items in-depth and provide specific guidance for applying them in the process of policy adoption and implementation.

Mechanism of Policy Adoption: Consider the legal and political environment of a jurisdiction to identify the policy approach (legislation, executive order, etc.) most likely to be successful.⁷ Ideally, the FSG policy should be codified as law or mandatory policy *and* incorporated into contract or permit agreements with vendors (see below) to ensure accountability.^{8,9} Voluntary initiatives or agency-specific policies may help lay the groundwork for a stronger legal strategy in the future.



Engaging Stakeholders: Securing support and soliciting input from decision-makers and those impacted by the policy are essential to adopt, implement, and sustain equitable and effective FSG. Case studies of FSG adoption in diverse settings have demonstrated that support from leadership—that is, the government’s executive office, agency leadership, and

institutional leadership—is a facilitator of successful implementation.^{10,11,12,13} While the primary rationale for the policy may be to promote public health, be prepared to make the business case to those in management positions. Ensure inclusion and representation of disadvantaged populations that are impacted by the policy throughout the policy development, implementation, and evaluation processes.^{14,15} The support of food service workers can ease implementation; involve them in decisions about menu items and other aspects of food service guideline implementation.

Designating a Coordinating Agency: Most governments that have adopted government-wide FSG policies for public facilities have enlisted the public health department to develop nutrition standards, oversee implementation, provide technical assistance, and conduct monitoring and evaluation activities (CDC, 2018).¹⁶ Responsibilities for these tasks should be clearly assigned to specific employees. Because state and local governments span many agencies, types of facilities and programs, and

food service venues, it is crucial to accurately identify the resource needs of the coordinating group to work closely with stakeholders in each agency.^{17,18}

Conducting a Needs Assessment: Before proceeding with implementation, conduct a needs assessment of affected agencies to identify existing food service contracts or purchasing agreements, standards followed, gaps between current practices and proposed guidelines, and characteristics of the population served.^{19,20,21,22,23, 24} CDC developed a Sample Food Service Assessment Tool for this purpose.²⁵ The assessment will provide insight into the resource and technical assistance needs to anticipate for each agency. It will also indicate which settings and programs serve primarily disadvantaged communities and should therefore be prioritized to promote health equity.

Adapting Existing Guidelines: Experts consider it a best practice to choose an existing set of model nutrition standards and adapt it to the jurisdiction's needs.²⁶ Many such standards are referenced throughout this roadmap (see the table on page 13). Model guidelines may categorize standards by foods purchased, meals and snacks served, and packaged foods, or specify distinct standards for different venues. Another best practice is to incorporate into the guidelines behavioral and marketing approaches to promote healthy choices and support implementation.

Contracts with Third-Party Food Service Providers: State and local governments often solicit private sector companies, such as food service management companies, vending machine operators, and food distributors, to procure, prepare, and serve foods in public facilities and through public programs. Experts increasingly consider it a best practice to incorporate FSG into the request for proposals (RFP) and legal agreement (usually a contract or permit) with the food service provider once the government or institution adopts the policy. If a contract does not reflect the policy, it can present a significant barrier to implementation and enforcement. Contracts that are currently in effect can be amended if legislation is passed, but may be more difficult to change if FSG are adopted via informal policies; therefore, one option is to coordinate policy adoption with initiation or renewal of food service and procurement contracts. Different agencies and institutions within a jurisdiction may have different contract timelines. Some governments—e.g., Los Angeles County and Philadelphia—have addressed this by requiring in their policies that new and renewed food service contracts solicited after a specified date incorporate nutrition standards.

Randolph-Sheppard: The Randolph-Sheppard Act significantly impacts food service operation in public facilities.²⁷ The federal law mandates a preference for blind entrepreneurs to operate vending, concessions, and cafeteria facilities on government property. Most states have enacted counterpart laws, known as Mini-Randolph-Sheppard Acts, that apply to state government property. Under the law, each state establishes a business enterprise program (BEP) to support blind entrepreneurs. The federal statute calls for each state to designate a State Licensing Agency (SLA) to oversee the BEP and implements the law's provisions, which includes securing permits for blind vendors to operate concessions on public property. In practice, Randolph-Sheppard positions blind vendors, BEPs, and SLAs as powerful stakeholders in the adoption and implementation of FSG in some settings. It can be helpful to build positive relationships with these stakeholders and get their buy-in to facilitate successful policy implementation. The Healthy Vending Iowa program offers a case study of a productive partnership between an adopting government and the blind entrepreneur community.²⁸

Monitoring and Evaluation: Establishing measurable process and outcome indicators to monitor progress from the outset of policy development facilitates successful implementation and sustainability.²⁹ Staff from the coordinating agency should periodically audit food service operations based on the selected indicators. Prioritize monitoring of settings and programs that serve disadvantaged populations, integrate equity considerations into each step of the audit, and allocate resources for resolving compliance issues. Monitoring responsibilities of food service operators, such as providing menu and purchasing information, should be incorporated into contracts. Use the information collected through monitoring activities to evaluate progress toward implementing the policy and to identify settings, venues, and programs in need of additional technical or supervisory assistance.

Resources

Guides and Toolkits

- [Smart Food Choices: How to Implement Food Service Guidelines in Public Facilities](#), Centers for Disease Control and Prevention
- [Improving the Food Environment Through Nutrition Standards: A Guide for Government Procurement](#), Centers for Disease Control and Prevention
- [Restock Our Future Campaign Toolkit](#), Voices for Healthy Kids

Best Practices for Equitable Public Health Policy

- [A Blueprint for Changemakers: Achieving Health Equity Through Law and Policy](#), ChangeLab Solutions
- [Inclusive Healthy Places. A Guide to Inclusion and Health in Public Space: Learning Globally to Transform Locally](#), Gehl Institute

Case Studies and Evaluations

- County of Los Angeles:
 - [Healthy Nutrition Guidelines for LA County](#), LA County Department of Public Health and the Center for Training and Research Translation
 - Cummings PL, Kuo T, Gase LN, Mugavero K. Integrating Sodium Reduction Strategies in the Procurement Process and Contracting of Food Venues in the County of Los Angeles Government, 2010-2012. *J Public Health Manag Pract.* 2014; 20(101): S16-S22.
 - Robles B, Wood M, Kimmons J, Kuo T. Comparison of Nutrition Standards and Other Recommended Procurement Practices for Improving Institutional Food Offerings in Los Angeles County, 2010-2012. *Adv Nutr.* 2013; 4: 191-202.
- Lederer A, Curtis CJ, Silver LD, Angell SY. Toward a Healthier City: Nutrition Standards for New York City Government. *Am J Prev Med.* 2014; 46(4): 423-428.
- Rice L, Benson C, Podrabsky M, Otten JJ. The Development and Adoption of the First Statewide Comprehensive Policy on Food Service Guidelines (Washington State Executive Order 13-06) for Improving the Health and Productivity of State Employees and Institutionalized Populations. *TBM.* 2019; 9: 48-57.

Randolph-Sheppard Resources

- [Healthy Vending and the Randolph-Sheppard Act](#), Public Health Law Center
- [Mini-Randolph-Sheppard Acts: A 50-State Review](#), Public Health Law Center

Examples of Comprehensive FSG Policies Adopted by State and Local Governments

Jurisdiction	Policy Mechanism and Title (Year Adopted)	Scope	Guidelines Used	Potential Reach	Evaluation Findings
City of New York, NY	Executive Order No. 122: Food Policy Coordinator for the City of New York and City Agency Food Standards (2008)	Requires all foods and beverages purchased, offered, or served by city agencies or in connection with city contracts to meet standards	New York City Food Standards	238 million+ meals and snacks served annually by 11 city agencies, including more than: ³⁰ -15.3 million meals in early childhood education programs -127,736 meals through the Division of Youth and Family Justice -6.4 million congregate meals in senior centers -4.1 million home-delivered meals for seniors -9 million meals through the Department of Correction -171million meals in schools -1.6 million meals through the Division of Mental Hygiene -17.9 million meals through the Department of Homeless Services	As a result of the policy, city agencies have decreased use of added sugars and solid fats, sodium content of foods has decreased, and trans fat has been virtually eliminated from foods purchased and served (Lederer et al., 2014). Agencies have an average compliance rate of 93% with the standards. ³¹

Jurisdiction	Policy Mechanism and Title (Year Adopted)	Scope	Guidelines Used	Potential Reach	Evaluation Findings
				-25,874 meals through the Department of Parks and Recreation -2.3 million meals through the Department of Youth and Community Development -7.6 million meals in hospitals and healthcare facilities -606,177 meals through Human Resources Administration–HIV/AIDS services	
State of Massachusetts	Executive Order No. 509: Establishing Nutrition Standards for Food Purchased and Served by State Agencies (2009)	Requires all foods served to agency client and dependent populations to meet standards	Massachusetts State Agency Food Standards	8 state agencies impacted, including: ³² -9,000–10,000 Developmental Services clients at more than 2,700 sites -2,000–6,700 Youth Services clients at 67 sites -800 clients at 4 public health hospitals -33,000 meals per day across 12 correctional facilities -12,748 Sheriff’s Offices clients in 23 departments	Not available

Jurisdiction	Policy Mechanism and Title (Year Adopted)	Scope	Guidelines Used	Potential Reach	Evaluation Findings
				-16,376 meals annually at a shelter for children and families -50 veterans' shelters and 2 veterans' hospitals	
County of Los Angeles, CA	Board of Supervisors Motion, "Healthy Food Promotion in LA County Food Services Contracts" (2011)	Requires county departments to consult with the Department of Public Health prior to releasing any Request for Proposals for food service contracts to ensure that requirements in the contract promote healthy nutrition	Board of Supervisors Policy Updated nutrition standards forthcoming	37 million meals served annually by 12 county agencies, including: ³³ -1,820 meals per day in worksite cafeterias -2,500 meals per day in mobile trucks -1,000 meals per day in snack shops -80,000 meals per day in jails -11,050 meals per day in juvenile hall/probation camps -3,589 meals per day in hospitals	Early evaluations demonstrated increased availability of healthy items in agencies that implemented the guidelines. ^{34,35,36} In vending machines, the average sodium content of snacks decreased by 30%. ³⁷
County of Santa Clara, CA	Board of Supervisors Motion, "Santa Clara County Nutrition Standards and Guidance for Foods and	Requires all foods and beverages purchased, offered, or served by county agencies to meet standards	Santa Clara County Nutrition Standards	30 county agencies' food service activities reach: ³⁸ -15,000 employees -200 vending machines -12 cafeterias and cafes	Not available

Jurisdiction	Policy Mechanism and Title (Year Adopted)	Scope	Guidelines Used	Potential Reach	Evaluation Findings
	Beverages” (2012)			-9 county-leased properties with food venues -4 million meals per year through the Department of Correction -500,000 meals per year through the Department of Probation -1.2 million meals per year through the Social Services Agency-Senior Nutrition Program -300,000 patient meals and 450,000 cafeteria meals per year at Santa Clara Valley Medical Center	
State of Washington	Executive Order 13-06: Improving the Health and Productivity of State Employees and Access to Healthy Food in State Facilities (2013)	Requires foods served through cafeterias, vending machines, on-site retail establishments, meetings and events, and foods served to agency client and dependent populations (excludes federal nutrition programs) to meet standards	Washington State Healthy Nutrition Guidelines	73,000 individuals reached by 39 state agencies ³⁹	As of 2018, café and vending operators reduced the presence of high-fat, high-sugar, and high-sodium products, and increased offerings of healthful foods and beverages as a result of the policy. ⁴⁰

Jurisdiction	Policy Mechanism and Title (Year Adopted)	Scope	Guidelines Used	Potential Reach	Evaluation Findings
City of Philadelphia, PA	Executive Order No. 4-14: Establishing Nutrition Standards for Foods and Beverages Purchased, Prepared, or Served by City Agencies (2014)	Requires all foods and beverages purchased, offered, or served by city agencies in connection with city contracts to meet nutrition standards	Philadelphia Nutrition Standards	14.5 million+ meals served to more than 208,000 people annually by city agencies and programs including: ⁴¹ -correctional facilities -youth detention centers -city-funded afterschool and summer programming -shelters -health care facilities -vending machines on city-owned or leased property	In vending machines on city property, sales of healthy snacks increased by 323% and beverages by 33%, and sales of less healthy items decreased following implementation of the standards. However, revenue was 11% lower for beverages and 21% lower for snacks. ⁴² In 2017, the city reduced sodium content in the most common foods served in public programs by 14% of the daily recommended limit, and increased the number of sites that regularly serve whole grain bread by 17% to a total of 81% of sites. ⁴³
County of San Diego, CA	Board of Supervisors Motion "Live Well	Required development of guidelines for nutrition	County of San Diego Eat Well Practices	10 million+ meals served annually by county agencies and	Not available

Jurisdiction	Policy Mechanism and Title (Year Adopted)	Scope	Guidelines Used	Potential Reach	Evaluation Findings
	San Diego Food System Initiative and Nutrition Standards" (2016)	and sustainability, which are incorporated into county agencies' food-related RFPs and contracts on an ongoing basis		county programs including through: ⁴⁴ -detention facilities -public hospitals -nutrition programs for seniors, foster youth, and people living with HIV/AIDS	

Overview of Food Service Guideline Policies Applied to Specific Settings

Public Worksites

<p><u>Reach</u></p> <ul style="list-style-type: none"> • 2.8 million people employed by the federal government in 2016⁴⁵ • 19.4 million people employed by state and local governments in 2016 	<p><u>Purchasing Power</u></p> <p>In one jurisdiction, the County of Los Angeles, California, employee cafeterias and snack shops on government property serve 1,820 and 1,000 meals per day, respectively.⁴⁶</p>	<p><u>Venues</u></p> <ul style="list-style-type: none"> • Cafeterias • Concessions • Vending and micromarkets • Meetings and events
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Public employees work in a range of settings within a community, some of which are open to the general public. This section will focus on settings that primarily reach employees, like office buildings. Adopting FSG in public worksites has the potential to increase access to healthier choices among a large and diverse population of workers. In some jurisdictions, the local government is the largest employer. When identifying priority settings within a jurisdiction to address health disparities, keep in mind that the racial and socioeconomic makeup of the workforce likely varies among states, cities, counties, and agencies and jobs within each government. Nationally, the five occupational categories with the lowest mean annual wages in the public sector are healthcare support, food preparation and service, building and grounds cleaning and maintenance, personal care and service, and retail sales.⁴⁷ Identify the worksites and occupations in your jurisdiction that reach workers of color, with disabilities, in low-income households, or other disadvantaged individuals. Ensure they are represented in the policy development process and receive equitable resources for implementation.



Policy Landscape

States, cities, and counties have adopted FSG policies that apply to government worksites in their jurisdiction through a variety of legal approaches including legislation, executive orders, and contracts.⁴⁸ Some FSG policies are framed as worksite wellness initiatives to increase access to healthy food options for public employees, but include settings, like parks, that are visited by the public at large. All of the comprehensive policies summarized in the table on page 13, with the exception of Massachusetts, include venues that reach public employees.

At the federal level, the U.S. Department of Health and Human Services (HHS) Hubert H. Humphrey Building Cafeteria was the first food service



operation in a federal facility to pilot the Health and Sustainability Guidelines for Federal Concessions and Vending Operations. These guidelines were authored by representatives from the Centers for Disease Control and Prevention and other federal agencies. HHS and the U.S. General Services Administration incorporated the guidelines into the RFP and contract with

a new food service operator in 2011.⁴⁹ Since then, many other federal worksites have followed suit, and the guidelines have been updated and renamed the Food Service Guidelines for Federal Facilities.⁵⁰

Key Considerations for Advocates and Adopting Institutions in Public Worksites

Advocacy Strategy: The business case for including this setting may be especially compelling to decision-makers. In the case of Washington State, positioning FSG as part of a broader worksite wellness initiative and emphasizing the benefits to worker productivity contributed to successful enactment of comprehensive FSG for state executive agencies.⁵¹

Educating Employees: Because government employees are likely to be food purchasers in this setting, it is important to educate them about the guidelines and the rationale for the policy and to address any concerns they have early in the process. Evaluations of previous efforts have found that establishing an overall institutional commitment to employee health and wellness facilitates employee support of FSG.^{52,53,54} Conducting employee surveys and taste tests can identify in-demand products, which

can be shared with vendors to establish which healthier food options employees are likely to purchase.

Promoting Equity: Best practices include making healthier food and beverage choices affordable and accessible to workers on different shifts; providing alternatives to vending and concessions such as free water and storage for foods brought from home; offering healthful foods that are culturally appropriate; and soliciting employee input about which healthier products they want to buy (ChangeLab Solutions, 2016).⁵⁵

Opportunities to Advance FSG in Public Worksites

Increase Adoption of Comprehensive Policies: Dozens of state and local governments have adopted FSG for public worksites, but the majority of policies are limited to foods and beverages sold in vending machines and do not cover foods sold in cafeterias and concessions or served at meetings and events. There is a need to identify the perceptions and barriers that may be preventing consideration of more comprehensive policies and develop messaging and strategy to inspire adoption of policies that address more than vending. Existing policies and successful past campaigns are potential resources for identifying persuasive language and messages.

Resources

Guides and Toolkits

- [Exceed | The Tool for Using Healthy Food Service Guidelines](#), ChangeLab Solutions
- [Healthy Workplace Food and Beverage Toolkit](#), American Heart Association
- [Healthy Meeting Toolkit](#), National Alliance for Nutrition and Activity

Case Studies and Evaluations of FSG Efforts

- Federal Worksites
 - [Case Study Report: The HHS Hubert Humphrey Building Cafeteria Experience: Incorporation of the Dietary Guidelines for Americans, 2010 into Federal Food Service Guidelines](#), NORC at the University of Chicago
 - Jilcott Pitts SB, Graham J, Mojica A, Stewart L, Walter M, Schille C, McGinty J, Pearsall M, Whitt O, Mihos P, Bradley A, Simon C. Implementing Healthier Foodservice

Guidelines in Hospital and Federal Worksite Cafeterias: Barriers, Facilitators and Keys to Success. *J Hum Nutr Diet.* 2016; 29: 677-686.

- [Healthy Vending Iowa](#), Center for Training and Research Translation
- Cradock AL, Kenney EL, McHugh A, Conley L, Mozaffarian RS, Reiner JF, Gortmaker SL. Evaluating the Impact of the Healthy Beverage Executive Order for the City Agencies in Boston, Massachusetts, 2011-2013. *Prev Chron Dis.* 2015; 12: E147.
- Pharis ML, Colby L, Wagner A, Mallya G. Sales of Healthy Snacks and Beverages Following the Implementation of Healthy Vending Standards in City of Philadelphia Vending Machines. *Public Health Nutr.* 2017; 21(2): 339-345.
- State of Washington
 - Rice L, Benson C, Podrabsky M, Otten JJ. The Development and Adoption of the First Statewide Comprehensive Policy on Food Service Guidelines (Washington State Executive Order 13-06) for Improving the Health and Productivity of State Employees and Institutionalized Populations. *TBM.* 2019; 9: 48-57.
 - [Implementation of Washington State's Healthy Nutrition Guidelines Under Executive Order 13-06, 2018 Evaluation](#), University of Washington Center for Public Health Nutrition

Hospitals and Health Systems

<p><u>Reach</u></p> <ul style="list-style-type: none"> ● 7.6% of Americans have an overnight stay in a hospital each year⁵⁶ ● 5.2 million Americans are hospital employees⁵⁷ 	<p><u>Purchasing Power</u></p> <ul style="list-style-type: none"> ● \$12 billion spent annually on food by health care sector⁵⁸ ● Individual hospitals spend between \$1-7 million on food annually⁵⁹ 	<p><u>Venues</u></p> <ul style="list-style-type: none"> ● Cafeterias ● Concessions and gift shops ● Vending and micromarkets ● Patient meals ● Catered meetings and events
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Hospitals purchase and serve food to millions of patients, employees, and visitors annually. Considering the nature of their work, health care institutions have a unique responsibility to ensure that patients and customers have access to healthy choices in their facilities. Institutions that serve a significant proportion of low-income families, communities of color, and other disadvantaged groups deserve special attention to avoid contributing to disparities in access to healthy food.

Policy Landscape

One-fifth of the 6,210 hospitals in the U.S. are public; the rest are privately operated.⁶⁰ Federal regulations, set by the Centers for Medicare and Medicaid Services (CMS), require hospitals to provide meals that meet patients' nutritional needs in line with national standards such as the Dietary Reference Intakes or through a medically tailored therapeutic diet.⁶¹ Patient meals are also subject to state licensing laws and accreditation standards. For example, The Joint Commission is an independent organization that evaluates and accredits health care institutions in the U.S. based on extensive quality and safety standards.



Guidance for the nutritional quality of food and beverages sold to staff and visitors through cafeterias, concessions, vending, and meetings and events has been adopted through state and local policy, as well as voluntary initiatives. Several state and local governments with comprehensive FSG policies have included public hospitals, including

New York City, Massachusetts, and Los Angeles County.^{62,63,64,65} New York City and Philadelphia have also leveraged their mandatory nutrition standards for public facilities into campaigns to encourage voluntary FSG adoption by private hospitals.^{66,67} Voluntary initiatives led by non-profit organizations—including Health Care Without Harm’s Healthy Food in Health Care, Partnership for a Healthier America’s Hospital Healthier Food Initiative, and North Carolina Prevention Partners’ Healthy NC Hospitals Initiative—have prompted FSG adoption in hundreds of healthcare facilities.^{68,69,70} Finally, individual institutions and health systems have developed their own FSG policies, such as Kaiser Permanente’s Healthy Picks.⁷¹

Key Considerations for Advocates and Adopting Institutions in Hospitals

Engaging Stakeholders: Successful adoption of FSG in the hospital and other healthcare settings, whether driven internally by the institution or externally by a public policy or voluntary campaign, has required strong support from the institution’s leadership and other stakeholders who will



be affected by the policy, particularly hospital staff.^{72,73,74,75,76} Strategies to address profitability or choice concerns include surveying employees and visitors to identify healthier options that would be acceptable and emphasizing that offering healthier options expands choice.^{77,78,79}

Involve the supply management department, which likely oversees contracts with group purchasing

organizations and food service management companies and can facilitate policy adoption by these third parties. Strategic partnerships with external partner organizations and campaigns, such as North Carolina Prevention Partners in the case of the Healthy NC Hospitals Initiative, can provide additional resources and legitimacy to the institution adopting FSG.^{80,81}

Choosing Standards: Governments and adopting institutions should address nutrition standards for all food and beverage venues within the hospital setting. Several organizations have developed model standards for all applicable venues.^{82,83,84,85,86} For patient meals, it is important to understand the applicable federal and state regulations and accreditation standards. Specifications for therapeutic diets will likely supersede any

additional FSG standards, but efforts to adopt guidelines for the “regular” or default patient menu have been successful.^{87,88,89}

Lessons Learned from Voluntary Initiatives: Successful voluntary initiatives, particularly for private hospitals, usually have a formal commitment from applicable sites and receive technical assistance from the coordinating organization. Public tracking and identification of compliance can help each site progress toward meeting the standards.^{90,91,92,93}

Opportunities to Advance FSG in Hospitals and Other Healthcare Settings

Leveraging Existing Policies: Advocates should identify opportunities to leverage the existing health care policy infrastructure to promote FSG adoption. For example, a provision of the Affordable Care Act requires non-profit hospitals to undertake community benefit activities in exchange for federal tax exemptions. This requirement presents an incentive for hospitals to develop policies and programs that benefit public health, such as healthy food service guidelines.⁹⁴ Another strategy to consider is incorporating criteria for a healthy food environment into hospital accreditation or licensing standards such as those of The Joint Commission.⁹⁵

Resources

Guides and Toolkits

- [Creating Healthier Hospital Food, Beverage, and Physical Activity Environments: Forming Teams, Engaging Stakeholders, Conducting Assessments and Evaluations](#), Centers for Disease Control and Prevention
- [Healthy Beverages in Healthcare Toolkit Collection](#), Public Health Law Center

Case Studies and Evaluations of FSG Efforts

- [Encouraging Healthier Choices in Hospitals](#), Center for Science in the Public Interest and Health Care Without Harm, 2014
- [Healthy Food Environments Pricing Incentives](#), Center for Training and Research Translation, 2010
- [Kaiser Permanente Cafeteria Menu Labeling](#), Center for Training and Research Translation, 2012

- Jilcott Pitts SB, Graham J, Mojica A, Stewart L, Walter M, Schille C, McGinty J, Pearsall M, Whitt O, Mihas P, Bradley A, Simon C. Implementing Healthier Foodservice Guidelines in Hospital and Federal Worksite Cafeterias: Barriers, Facilitators and Keys to Success. *J Hum Nutr Diet.* 2016; 29: 677-686.
- Moran A, Krepp EM, Johnson Curtis C, Lederer A. An Intervention to Increase Availability of Healthy Foods and Beverages in New York City Hospitals: The Healthy Hospital Food Initiative, 2010-2014. *Prev Chronic Dis.* 2016;13(E77).
- Moran A, Lederer A, Johnson Curtis C. Use of Nutrition Standards to Improve Nutritional Quality of Hospital Patient Meals: Findings from New York City's Healthy Hospital Food Initiative. *J Acad Nutr Diet.* 2015;115 (11):1847-1854.

Expert Organizations and Ongoing Projects

- [Healthy Food In Health Care](#), Health Care Without Harm and Practice GreenHealth
- [ProCureWorks](#), Health Care Without Harm and School Food Focus

Parks and Recreation Centers

<p><u>Reach</u></p> <ul style="list-style-type: none"> • 330 million,⁹⁶ 807 million,⁹⁷ and 300 million⁹⁸ annual visitors to national, state, and municipal parks, respectively • 421,000 employed by state and local parks and recreation departments⁹⁹ • 20,000+ employed by the National Parks Service¹⁰⁰ • 560 million meals served annually by parks and recreation agencies to children in out-of-school time (OST) programs¹⁰¹ • Racial/ethnic distribution of children participating in OST programs offered by local parks and recreation agencies: 52% non-Hispanic white, 20% black or African-American, 18% Hispanic or Latino, 4% Asian or Pacific Islander, and 4% other race/ethnicity.¹⁰² 	<p><u>Purchasing Power</u></p> <p>Not available</p>	<p><u>Venues</u></p> <ul style="list-style-type: none"> • Concessions • Vending machines • Camp and convenience stores • Out-of-school time program meals and snacks, including afterschool programs and summer camps
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National, state, and local parks reach millions of people annually, with most visits including children.¹⁰³ Increasing safe access to public parks and recreation facilities is itself important for health equity, as they can provide needed opportunities for physical activity in disadvantaged communities. FSG policies can help to ensure that parks and recreation centers serving these communities promote equitable access to healthy food.

Policy Landscape

Public parks and recreation facilities may be under federal, state, or local government jurisdiction, so foods sold in this setting are subject to the laws and rules of the relevant jurisdiction. A number of federal, state, and local FSG policies have included parks and recreation agencies; many are limited to vending machines, but some policies are more comprehensive. Some parks and recreation agencies have initiated their own FSG efforts

or adopted guidelines through contracts with vendors, including the Chicago Parks District and the National Park Service.^{104,105,106}

In addition to sales of food through concessions, vending, and other venues, parks and recreation agencies also administer afterschool and summer programs for children and provide meals and snacks to participants. Some of these out-of-school time (OST) programs also operate federal nutrition programs, such as the Child and Adult Care Food Program or the Summer Food Service Program, which require providers to meet national nutrition standards to receive federal funding. For more information about strengthening these programs, see Child Nutrition Programs (page 35). However, many OST programs do not use federal funds to provide food.¹⁰⁷ These programs may be subject to state licensing or quality rating and improvement system (QRIS) standards for OST programs. Twenty-seven states have adopted one or more healthy eating and physical activity standards for OST programs through these mechanisms as of 2016.¹⁰⁸ Some OST programs may voluntarily implement nutrition standards to achieve accreditation or recognition by non-governmental organizations.^{109,110} Additionally, at least two states have established recognition programs for providers that voluntarily adopt healthy eating and physical activity standards as of 2016.¹¹¹



Key Considerations for Advocates and Adopting Institutions in Parks and Recreation

Engaging Stakeholders: During policy development and implementation, consult with the park operator (usually the Department of Parks and Recreation), local community members, and third-party concessions and vending operators.¹¹² If small businesses hold food service contracts at the site, assisting vendors with business planning can help maintain profitability (and thus, support adherence to the standards) through the transition. Having an FSG champion internal to the park operation is helpful to accelerate progress.¹¹³

Customer Food Preferences: Cultural norms around food sold in parks influence demand for less healthful foods—visitors to state and national

parks may adopt a “special occasion” eating mentality. To balance health promotion goals with vendor profitability, implementation in phases may be warranted.^{114, 115} Other strategies include promotions of healthier options, offering less healthful options in smaller portion sizes, and making default beverages and sides healthy. However, this is not to say that an eventual goal of offering 100% healthy items is not feasible.¹¹⁶ In fact, when the Chicago Parks District adopted nutrition standards for 100% of snacks offered in vending machines, patrons overwhelmingly reported liking the healthier snacks, and monitoring activities identified relatively few instances of vendor noncompliance.¹¹⁷

Facility and Staff Capacity: If longstanding concessions and vending operations have been selling primarily packaged or convenience foods, facilities may lack the space or equipment and staff may lack the training to prepare and serve dishes made from minimally processed ingredients.¹¹⁸ Those involved in policy development should account for these constraints and arrange to invest in the necessary capital and staff training or adjust product offerings accordingly.

Choosing Standards: Consider existing model nutrition standards developed for concessions, vending, and out-of-school time venues.^{119,120} The demographics of concessions and vending patrons, which are likely to be mostly families and children, should be a factor in selecting standards and determining the proportion of healthy items for sale. Youth are especially inclined to choose less healthy items but will still eat healthier snacks if that is what is available—i.e., if 100% of products offered are healthy.¹²¹

Opportunities to Advance FSG in Parks and Recreation

Increasing Adoption of Comprehensive Policies: Many state and local governments have primarily addressed vending in their FSG for parks. This approach leaves concessions, out-of-school time programs, and other venues without nutrition guidelines, limiting access to healthy foods and beverages. Additionally, evaluations of vending policies in parks have demonstrated varying levels of compliance.^{122,123,124,125} This underscores the need to strengthen existing policies in terms of venues covered and compliance, and the importance of ongoing technical assistance following adoption of guidelines.

Innovations in OST Programs: There is not a consensus among experts on the best policy approach for state and local jurisdictions to include OST providers that do not participate in federal nutrition programs in

FSG policies.¹²⁶ Local policy that mandates nutrition standards might unintentionally increase nutritional disparities unless low-resource sites have adequate support to implement guidelines. There is a need for agencies that adopt healthy FSG for OST meals and snacks to disseminate lessons learned from process and outcome evaluations.

Resources

Guides/Toolkits

- [From Small Steps to Big Leaps: Promoting Healthy Food and Beverage Choices in Parks and Recreation Facilities](#), Public Health Law Center
- [Creating Healthy Concessions](#), Fairmount Park Conservancy and The Food Trust
- [Eat Smart in Parks Toolkit](#), University of Missouri Extension
- [Food for the Parks: A Roadmap to Success](#), Institute at the Golden Gate
- [Commit to Health](#), National Recreation and Park Association
- [Minnesota Afterschool and Out-of-School Time Toolkit for Healthy Eating and Physical Activity](#), Public Health Law Center
- [Healthy Out-of-School Time Wellness Policy Implementation Guide for Parks and Recreation Agencies](#), Alliance for a Healthier Generation and National Recreation and Park Association

Case Studies and Evaluations

- Chicago Park District
 - Mason M, Gomez-Feliciano L, Becker AB, Bozlak CT, Lammel-Harmon C, Conti V, Cox S, Katta E, O'Boyle M, Zaganjor H. [Healthy Snack Vending: The Chicago Park District Experience & Resource Guide](#). *CES4Health*. 2013.
 - Mason M, Zaganjor H, Bozlak CT, Lammel-Harmon C, Gomez-Feliciano L, Becker AB. Working With Community Partners to Implement and Evaluate the Chicago Park District's 100% Healthier Snack Vending Initiative. *Prev Chronic Dis*. 2014; 11: E135.
- [Food for the Parks: Case Studies of Sustainable Food in America's Most Treasured Places](#), Institute at the Golden Gate
- Narain K, Mata A, Flores J. Nutrition Policy Decreases Sugar-Sweetened Beverages in Municipal Parks: Lessons Learned from Carson, California. *J Public Health Manag Pract*. 2016; 22(4): 392-394.

Correctional and Juvenile Justice Facilities

<u>Reach</u>	<u>Purchasing Power</u>	<u>Venues</u>
<ul style="list-style-type: none"> • 2.1 million adults were incarcerated nationally at the end of 2016¹²⁷ • 43,580 youth were in residential justice facilities on a given day in October 2017¹²⁸ • 415,000 correctional officers employed in May 2018¹²⁹ 	<ul style="list-style-type: none"> • In 2001, public corrections agencies spent approximately \$2.1 billion on food annually—about \$2.62 per inmate per day¹³⁰ • In 2013, prison commissary sales were estimated at \$1.6 billion¹³¹ 	<ul style="list-style-type: none"> • Meal service for inmates • Commissary for inmates • Cafeterias for employees • Vending for employees and visitors

Communities of color are disproportionately affected by incarceration—nearly one third of black men will be imprisoned in their lifetime, and nearly half of black women have a family member imprisoned¹³²—as well as diet-related disease. In spite of this, many state and local FSG policies have excluded corrections and juvenile justice facilities. Furthermore, the impact of the correctional food environment is not limited to the incarcerated. There may be standards regarding what types foods and beverages, if any, employees and visitors can bring into a facility. This means that the facility’s food environment is a key determinant of these stakeholders’ access to healthful options. Adult and youth detention facilities should be considered priority settings for implementing FSG. Equitable policies should not only include these settings but also account for the additional measures and resources needed to ensure compliance relative to other settings.

Policy Landscape

Food service in adult correctional facilities is subject to different laws and policies depending on the jurisdiction. The Federal Bureau of Prisons publishes a Food Service Manual and National Menu for federal facilities.¹³³ State and local authorities, including departments of correction and sheriff’s departments, have adopted a variety of policies regarding the nutritional quality of inmates’ diets. Many jurisdictions adhere to standards set by the American Correctional Association (ACA), an organization that accredits correctional facilities. The ACA’s standards are not publicly available. States and localities may adopt their own standards, but they vary from vague language requiring that meals be “nutritionally adequate,” to specifying nutrient and meal pattern

requirements, or requiring that menus be approved by a qualified nutrition professional such as a registered dietitian.^{134,135,136} Adherence to departmental policies—and therefore the nutritional quality of the meals—is thought to vary widely between facilities. These policies generally do not apply to foods *sold* in these facilities, including inmate commissaries, employee cafeterias, and visitor vending machines.

Juvenile justice facilities can participate in federal child nutrition programs such as the National School Lunch and School Breakfast Programs, but the percent of facilities that participate in the program is unknown.¹³⁷ At the state and local level, educational (rather than justice-



related) agencies typically administer these programs. In order to receive federal reimbursement funds through these programs, meals must meet healthful nutrition standards and meal patterns set by USDA.^{138,139} However, dinner and weekend meals and snacks provided to juvenile detainees are subject to a variety of nutrition standards, similar to adult facilities.

Several state and local governments have included detention facilities in their comprehensive FSG policies, including New York City, Philadelphia, Washington State, and Santa Clara County, CA. Additionally, many of the policies that include public worksites may apply to foods sold to corrections employees and visitors. In juvenile justice facilities, the non-profit Alliance for a Healthier Generation has conducted pilot initiatives to improve the food environment in facilities in Arkansas and California.¹⁴⁰

Key Considerations for Advocates and Adopting Institutions in Corrections and Juvenile Justice Facilities

Legal and Institutional Context: To identify viable policy approaches and key stakeholders, understand which government departments or agencies have jurisdiction in your state, city, or county, and who oversees food procurement and service for the jurisdiction and for individual facilities. For example, the state Department of Corrections may issue menus for both state and local adult facilities, or sheriff's departments may issue food service policies for local jails. It may be a different agency (such as the Department of Youth Services) that oversees the juvenile

justice system, but the Department of Education would oversee administration of the National School Lunch and Breakfast Programs in juvenile facilities.

Engaging Stakeholders: Take time to build relationships with key stakeholders involved in this setting. Carefully consider how to build the case for FSG that will be most pertinent to each constituency; for example, it may be advantageous to emphasize the ethical case to some stakeholders and the business case to others. If stakeholders are concerned about how to justify increased costs to feed incarcerated individuals, investigate low- or no-cost approaches and the cost savings that will result if fewer individuals have diet-related health conditions.

Safety Concerns: Adopting healthy FSG in this setting presents unique safety considerations. Any major changes in types or amounts of food may be thought of as potentially disruptive to the correctional environment if they are not received well by those incarcerated. Any items that can be weaponized may be prohibited. For example, limiting sugary beverage sizes in vending and commissary will be challenging if cans are prohibited. Fresh fruit may be restricted both due to potential for weaponization (e.g. stone fruits) and for alcohol fermentation.^{141,142} In addition to increasing access to nutritious foods, recent food safety outbreaks underscore the importance of establishing strong food safety controls in correctional settings. The correctional environment poses challenges for keeping food safe, including serving food on a line for long periods of time and enforcing proper safety training for food preparation.

Choosing Standards: Aside from safety concerns, the nature of correctional facilities warrant different nutrition standards than other public settings such as worksites or schools. For example, New York City and Philadelphia allow higher calorie allowances for adult and youth detention facilities than in their baseline meal standards, because they primarily serve moderately active youth and younger adults.^{143,144} Washington state and Santa Clara County, CA have developed stand-alone nutrition guidelines for institutionalized populations.^{145,146} New York City also developed standards for commissaries.¹⁴⁷

Opportunities to Advance FSG in Correctional and Juvenile Justice Facilities

Understanding the Correctional Food System: The landscape of policies and practices that influence correctional food service across the U.S. is not well characterized. There is a need for assessments of the food policy

environment of correctional facilities in each state. With respect to juvenile justice facilities, there is little known about nutrition policies for meals provided outside of federal nutrition programs. Fortunately, there are several projects underway to address some of the gaps in knowledge.

Identifying Model Standards: Model nutrition guidelines for dinner meals and snacks provided outside of federal nutrition programs are needed for integration of strong FSG in juvenile justice facilities.

Dissemination of Best Practices: There is a significant need for dissemination of case studies, evaluations, and lessons learned from efforts to implement FSG in this setting. Key questions to address could include:

- What is an effective messaging strategy for including corrections and/or juvenile justice in public FSG policies?
- How should instruments used to assess institutional food environments be adapted for detention facilities?
- What are effective approaches to work with correctional officials and address their safety, operational, and financial concerns?
- What are the most challenging guidelines to implement in this setting? Are there standards that warrant flexibility?
- What are effective tactics to monitor compliance in this setting?

Resources

[Healthy Juvenile Justice Resources](#), Alliance for a Healthier Generation

Additional Settings

There are many other settings where governments and institutions can apply FSG. Those discussed in this section have either been explored at length elsewhere, or too few resources existed to make specific recommendations tailored to the setting.

Schools (K-12)

Thanks to the Healthy, Hunger Free Kids Act of 2010, much of the food environment in schools is subject to national standards, and implementation is progressing well.¹⁴⁸ Most schools participate in the National School Lunch Program (95%) and School Breakfast Programs (90%) (see Child Nutrition Programs, page 35).¹⁴⁹ Outside of school meals, foods sold in schools must comply with USDA [Smart Snack standards](#). [School wellness policies](#) are required to include guidelines for other foods available to students, such as through classroom celebrations and food rewards.

To learn more: [Support Healthier School Food](#), Center for Science in the Public Interest

Early Child Care and Education

Some early childcare centers and day care homes participate in the Child and Adult Care Food Program, for which there are federal nutrition standards (see Child Nutrition Programs, page 35). However, many do not participate. Sites that do not participate in CACFP may be subject to healthy eating provisions through state licensing, accreditation, or quality improvement and rating system (QRIS) standards.¹⁵⁰ Strengthening those standards provides a good approach to increase access to healthy food for young children.

To learn more:

[Building Blocks for a Healthy Life: Early Care and Education Campaign Toolkit](#), Voices for Healthy Kids

[Healthy Eating, Active Play, Screen Time Best Practices](#), Public Health Law Center

[Case Study: ABC Grow Healthy \(South Carolina\)](#), Center for Training and Research Translation, 2014

[Case Study: Policy Regulations for Day Care in New York City \(Article 47\)](#), Center for Training and Research Translation, 2010

Colleges and Universities

The food environment in higher educational settings influences the health of students and staff. Many of the considerations and best practices described for hospitals (page 21) and worksites (page 17) likely apply to this setting, given the common venues—cafeterias, vending and micromarkets, concessions and stores, meetings, and catered events. Additionally, [Partnership for a Healthier America’s Healthier Campus Initiative](#) supports colleges and universities that have committed to meeting a set of guidelines to support a healthy food environments.

Airports

Although airports are public property, they have generally been exempted from existing state and local FSG policies. The food venues in airports typically consist of restaurants, convenience stores, and vending machines or micro-markets. Advocates interested in improving the airport food environment can consider adapting the [Food Service Guidelines for Federal Facilities](#), which were developed for concessions and vending venues. These guidelines may also be suited to entertainment venues, such as stadiums and concert venues.

Residential Institutions

State and local governments often administer residential or emergency shelter facilities for people with intellectual or developmental disabilities, the elderly, or those who need emergency shelter. Homes offer different levels of care and the licensing requirements for the nutritional quality of meals may vary. There are opportunities to work with providers to prioritize healthier menus through technical assistance or licensing.

Community and Faith-Based Organizations

Community organizations that serve free or low-cost meals to disadvantaged individuals could consider adapting the Child and Adult Care Food Program Standards for the appropriate age group. Learn more about the standards for [Infants](#), [Children and Adults](#), and [Best Practices](#). Organizations also should consider [healthy meeting](#) guidelines for community events.

Overview of Food Service Guideline Policies Applied to Federal Programs

Child Nutrition Programs

Multiple federal programs offer financial assistance and administrative support to organizations that provide meals and snacks to children in schools and other institutional settings. Programs include the National School Lunch Program (NSLP), School Breakfast Program (SBP), Child and Adult Care Food Program (CACFP), Summer Food Service Program (SFSP), Special Milk Program, and the Fresh Fruit and Vegetable Program.¹⁵¹ Federal agencies generally provide reimbursements for providing free or low-cost meals and snacks to children from low-income households (and some also provide smaller reimbursements for children from higher-income households). By reaching a large population of disadvantaged children across the U.S., these programs are an important opportunity to promote health equity by optimizing the nutritional quality of foods served. This roadmap will focus on considerations for strengthening CACFP and SFSP in states and localities. This section also refers to NSLP and SBP as model programs that have strong national nutrition standards that are being implemented successfully.¹⁵² The table below summarizes key characteristics of NSLP, SBP, CACFP, and SFSP.



Child Nutrition Programs at a Glance

Adapted from Table 1 in "School Meal Programs and Other USDA Child Nutrition Programs: A Primer" ¹⁵³

Program	Distinguishing Characteristics	FY2017 Federal Expenditures	FY2017 Average daily participation	Maximum Daily Meals/Snacks
National School Lunch Program	Served in schools and residential facilities (such as juvenile justice)	\$13.6 billion	30.0 million children	One meal and snack per child

Program	Distinguishing Characteristics	FY2017 Federal Expenditures	FY2017 Average daily participation	Maximum Daily Meals/Snacks
	to pre-K-12 students, during the school day and year			
School Breakfast Program	Typically served in schools to pre-K-12 students during the school day and year	\$4.3 billion	14.7 million children	One breakfast per child
Child and Adult Care Food Program (childcare centers, day care homes, adult day care centers)	Meals and snacks in early childhood and adult day care settings. Rules and funding differ based on type of institution	\$3.5 billion (includes at-risk after school spending, described below)	4.4 million children; 132,000 adults	Two meals and one snack, or one meal and two snacks per participant
Child and Adult Care Food Program (At-Risk After-School Snacks and Meals)	Supper and snacks for school-aged children through eligible afterschool programs and emergency shelters	Included in CACFP total above	1.7 million children (included in CACFP children above)	One meal and one snack per child
Summer Food Service Program	Meals and snacks provided during summer months Sites vary and include schools, community centers, camps, parks, and others	\$485 million	2.7 million children	Lunch and breakfast or one lunch and one snack per child

Policy Landscape

The legal and administrative structures of the child nutrition programs are similar. The U.S. Department of Agriculture's Food and Nutrition Service (FNS) administers the programs at the federal level, establishes program requirements, and issues reimbursements to state agencies.¹⁵⁴ In general, federal reimbursements per meal or snack depend on the recipient's free, reduced-price, or paid eligibility status; however, specific eligibility rules and pricing vary by program. FNS also provides technical and supervisory assistance to state agencies. Team Nutrition is one federal initiative that provides resources to state agencies for training and technical assistance to implement program requirements. At the state level, it is often the Department of Education that is the primary administrator of CACFP, SFSP, NSLP, and SBP, although health, social services, and agriculture departments also may have roles. State agencies dispense reimbursements either directly to meal providers (e.g. individual child-care centers) or to sponsor organizations that oversee local providers (e.g. school districts, parks and recreation departments, etc.). While some CACFP sites operate independently from a sponsor, all SFSP sites have sponsors. State agencies are also responsible for technical and supervisory assistance to sponsors and sites, including monitoring to ensure compliance with program guidelines.^{155,156}

In contrast to the settings discussed in the previous sections, local operators of these federal programs must comply with national nutrition requirements established by the federal government to receive reimbursements.¹⁵⁷ FNS has updated meal pattern and nutrition specifications for NSLP, SBP, and CACFP since the passage of the Healthy, Hunger-Free Kids Act of 2010 to better align with the *Dietary Guidelines for Americans*.^{158,159,160} While public health experts broadly support the evidence-based updates to NSLP and SBP, the CACFP and SFSP guidelines leave room for improvement. FNS has issued voluntary best practices for providers that want to take additional measures to promote children's health.^{161,162}

Although federal agencies regulate and fund child nutrition programs, state and local administration can vary to some extent. Childcare and out-of-school time providers are subject to state and local health and safety standards and licensing requirements, which may include nutrition provisions.¹⁶³ Access to funding outside of federal subsidies also varies. Some states supplement school meals with a per-meal reimbursements to providers or have another prescribed financing arrangement.^{164,165}

Charges to families that do not qualify for free meals also help cover program costs.

Opportunities for Advocates and Institutions to Strengthen Child Nutrition Programs

State and local governments that have adopted FSG for public agencies have often excluded federal nutrition programs, likely because of the existing national requirements. As previously mentioned, national standards for NSLP and SBP are strong and are generally being implemented effectively; therefore, it may be considered a best practice to exempt participating schools from state and local FSG policies. One recent exception are the new USDA rules to rollback whole grain and sodium standards for school lunches and breakfasts.¹⁶⁶ State child nutrition agencies and school districts are encouraged to maintain 100%



of grains as whole-grain rich, and to continue to work toward target 3 sodium reduction targets. There are opportunities for state and local governments to improve nutrition for CACFP and SFSP sites. However, consider that those sites may not have the same expertise or equipment as schools, and that small providers may need additional technical assistance or flexibility.

Understanding Local Implementation and Compliance: A recent national evaluation demonstrated that the majority of school meals provided through NSLP and SBP meet all of the federal meal pattern requirements, specified under the Healthy Hunger-Free Kids Act, and that the nutritional quality of meals has improved considerably since implementation of the updated standards.¹⁶⁷ Evaluations of compliance with meal pattern requirements in the other programs are also needed; an understanding of baseline strengths and areas for improvement would inform state and local efforts to build on federal CACFP and SFSP guidelines. Additionally, there is little publicly available information regarding NSLP and SBP participation and compliance in non-school settings, such as juvenile justice and other residential facilities.

Leveraging Nutrition Standards: There have already been state and local efforts to adopt more progressive standards for CACFP and SFSP.^{168,169,170,171} These efforts offer precedent for including these programs in comprehensive FSG policies; however, those involving CACFP pre-

date the updated standards going into effect. Updated best practice recommendations for increasing nutritional quality in CACFP and SFSP can inform future state and local additions to program requirements.^{172,173} Any state or local policy that adopts stronger nutrition standards for CACFP and SFSP should reflect an understanding of current provider compliance with national requirements, sponsors' and sites' capacity to make improvements, and government resources for technical assistance and monitoring. If third-party vendors or food service management companies provide program meals, ensure that the nutrition standards are incorporated into requests for bids and contracts.¹⁷⁴ Governments can use FSG policies to leverage additional resources for technical and supervisory assistance to CACFP and SFSP providers to ensure consistent compliance with national and local requirements.¹⁷⁵

Resources

Best Practice Resources

- U.S. Department of Agriculture Food and Nutrition Service [Child Nutrition Programs](#) Homepage
- Food Research and Action Center
 - [Summer Food Standards of Excellence Resources](#)
 - [A How-To Guide for Summer Food Sponsors on Purchasing High-Quality Summer Meals](#)

Case Studies

- [Leveraging the Child & Adult Care Food Program: Promoting Healthier Eating Standards for Out-of-School Time in New York](#), Public Health Law Center
- [Evaluation of the NRPA Healthy Out-of-School Time Grant Rural Cohort](#), NORC at the University of Chicago

Senior Nutrition Programs

Title III-C of the federal Older Americans Act (OAA) authorizes congregate and home-delivered meals for older adults. The law authorizes financial assistance and administrative support to organizations that operate these nutrition programs at the state and local levels. The senior nutrition programs aim to reduce hunger and food insecurity, promote socialization among participants, and promote health and well-being by facilitating access to nutritious foods and other preventive health services.¹⁷⁶ All persons over the age of 60 may participate, but services are targeted to older adults with the greatest economic or social need, representing an opportunity to promote health equity by optimizing the nutritional quality of foods served.

	Congregate Meals	Home-Delivered Meals
FY 2014 Total Participants ¹⁷⁷	1.6 million	836,000
% Receiving ≥3 meals per week	82%	85%
% Receiving ≥5 meals per week	43%	71%
FY 2019 Appropriations ¹⁷⁸	\$495.3 million	\$251.3 million
Average Meal Cost*	\$10.69	\$11.06
Participant Demographics ¹⁷⁹		
Average Age	77 years	82 years
Race/Ethnicity	66% Non-Hispanic white 14% Non-Hispanic black 13% Hispanic	72% Non-Hispanic white 18% Non-Hispanic black 9% Hispanic
% Participants with incomes below 100% of federal poverty level (FPL)	31%	35%
% Participants with incomes below 200% of FPL	77%	81%

* Figures account for the cost of purchased resources (food, payments to food service contractors, paid labor) and the value of donated resources (volunteer labor, donated nonlabor resources). The average paid cost of a congregate meal is \$9.30 and the average paid cost of a home-delivered meal is \$9.00.¹⁸⁰

Policy Landscape

OAA services are administered through a complex regulatory structure. At the federal level, the Administration on Aging (AoA), which is situated within the Administration for Community Living in the Department of Health and Human Services, allocates federal appropriations for OAA services to State Units on Aging (SUAs) and designated tribal organizations.¹⁸¹ SUAs are



government agencies that are responsible for planning, policy development, and administration of OAA services at the state level. They oversee and award funds to Area Agencies on Aging (AAAs), which operate within a planned service area designated by the SUA. Most (62%) AAAs are public agencies, but many (38%) are non-profit organizations.¹⁸² AAAs oversee delivery of nutrition programs by thousands of local service providers (LSPs), of which 35% are public entities and 61% are private, non-profit organizations.¹⁸³ Meals on Wheels is a well-known network of non-profit LSPs that operates in many locations across the U.S.

Multiple funding sources cover the total costs of providing congregate and home-delivered nutrition services. AoA allocates Title III grants to SUAs primarily based on each state's share of U.S. adults over 60.¹⁸⁴ In 2017, this federal funding accounted for 45% and 34% of national expenditures to provide congregate and home-delivered meals, respectively.¹⁸⁵ The remainder of funding comes from a variety of public and private sources, including state and local governments, foundation grants, fundraising efforts, and program participant contributions. For example, in Santa Clara County, 2015-2016 fiscal year funding for congregate and home-delivered nutrition services was attributed as follows: federal, 17.70%; state, 3.50%; Nutrition Services Incentive Program, 10.46%; participant contributions, 9.07%; county general fund, 55.25%; Meals on Wheels trust fund, 4.03%.¹⁸⁶

Different policies at the federal, state, and local levels influence the nutritional quality of program meals. The federal statute requires that meals:

- adhere to the current *Dietary Guidelines for Americans*;

- provide at least one-third of the Dietary Reference Intakes;
- comply with applicable provisions of state and local food codes; and
- are appealing to participants.¹⁸⁷

In contrast to the child nutrition programs, there is not a national meal pattern or nutrition standards established for the OAA nutrition programs. The statute also mandates that each SUA and AAA employ or consult a registered dietitian or comparably qualified nutrition expert.

SUAs have authority to translate these broad federal requirements into specific guidelines. Specificity and content of state policies varies significantly—some merely reiterate the federal requirements, while others provide meal pattern and nutrient specifications.¹⁸⁸ State policies also vary in the degree of involvement of a registered dietitian in menu planning. The extent to which AAAs or LSPs adopt specific meal patterns or nutrition standards beyond state guidance has not been characterized in any publicly available resources. Further, it is likely that SUAs and AAAs provide different levels of technical and supervisory assistance to LSPs to implement nutrition standards.

Opportunities for Advocates and Institutions to Strengthen Senior Nutrition Programs



Existing OAA federal nutrition requirements and corresponding SUA nutrition policies are not sufficient to ensure optimal nutritional quality of program meals across the board. A recent evaluation demonstrated that congregate and home-delivered meals are consistent with many components of the *Dietary Guidelines for Americans*, but fall short by providing too much

sodium, refined grains, and empty calories, and too few seafood and plant proteins, healthy fats, and whole grains.¹⁸⁹ Additionally, a survey of program administrators and meal providers found that less than half of respondents received training on menu planning using national or state nutrition guidelines.¹⁹⁰ These findings represent an opportunity for national, state, and local efforts to improve the nutritional quality of congregate and home-delivered meals for older adults.

Understanding State and Local Program Administration: It is unclear to what degree these nutritional shortfalls are attributable to weaknesses in policies, enforcement, or other factors. A better understanding of how OAA statutory requirements are translated into state and local guidelines and provider menus is needed to inform future advocacy efforts. Interviews with key stakeholders at each level of program oversight would provide insight into changes in policies, technical assistance, and enforcement to improve the nutritional quality of meals. States and localities including senior nutrition programs in a broader FSG policy should research their SUA and AAA policies and procedures.

Including OAA Nutrition Programs in Comprehensive FSG Policies: In the absence of strong national nutrition standards and infrastructure for implementation, state and local governments can include these programs in FSG policies for public agencies. For example, New York City's congregate and home-delivered meal sponsors must comply with the city's comprehensive food standards.¹⁹¹ To our knowledge, no such policies have been the subject of published, in-depth case studies or evaluations; thus, research is needed to identify and disseminate best practices for including nutrition programs for older adults in FSG policy adoption and implementation.

Conclusion and Recommendations to Advance Comprehensive FSG Policies

The governments and institutions highlighted in this roadmap have pioneered the successful adoption and implementation of comprehensive FSG policies that include diverse settings, venues, and programs. These efforts have led to an increased understanding of best practices for adopting institutions, advocates, and other stakeholders.

Nevertheless, much work remains to ensure a healthy food environment is the norm in public places and institutions in states, cities, and counties nationwide. The research and expertise that informed this roadmap brought to light some of the key research and advocacy needs to accelerate adoption of equitable and effective comprehensive FSG policies in communities across the country:



Take an equity approach to policy development, implementation, and evaluation. Despite the potential for FSG to address disparities in access to healthy food, FSG efforts have not consistently and intentionally incorporated best practices to promote equity. An equity approach to FSG policies should be multifaceted, but one key aspect that should be explicit in policies is identification of priority settings and programs within a jurisdiction that serve disadvantaged communities. Another best practice is to prioritize diversity of vendors in a FSG policy; i.e., establish a preference for businesses owned and staffed by women, people of color, people with disabilities, and formerly incarcerated individuals.¹⁹²

Disseminate best practices learned from ongoing and future efforts to the public health community, policymakers, and institutions. This should include evaluation of the processes of adoption and implementation of comprehensive policies. As existing efforts mature, it would be beneficial for adopting institutions to share insights learned about implementation over time. Currently, the need for these resources is significant for some settings that serve primarily disadvantaged individuals, including corrections and juvenile justice, group homes and shelters, senior nutrition programs, the Child and Adult Care Food Program, and the Summer Food Service Program. Future case studies

should address stakeholders, considerations for assessing the food environment, guideline and contract language, and barriers and facilitators to success that are unique to those settings and programs.

Share data and messages to inspire adoption in more communities.

Publish quantitative and qualitative findings demonstrating improvements to the food environment that result from FSG policies. Develop strategies for adoption and implementation and messages that convey a strong rationale and anticipate stakeholder concerns with respect to including diverse settings and venues in FSG policies.



Harness the impact on the food supply chain. FSG policies have the potential to influence the food system even beyond adopting institutions. The purchasing power of governments and institutions is such that their demand for healthier products can lead to positive shifts on the supply side. Identify effective tactics to produce these shifts and to measure them.

One promising effort in this area is the [Good Choice](#) program, a partnership with national food distributors initiated by the NYC Department of Health and Mental Hygiene and now offered in collaboration with the New York State Health Department, Los Angeles County Department of Public Health and San Diego County Health and Human Services Agency. The latter two agencies are currently scaling Good Choice in the Southern California region. Participating health departments review distributors' product inventories twice annually to identify products that meet evidence-based nutrition standards, which participating distributors can then highlight for food purchasing institutions.

Harmonize guidelines for food procurement and foods sold and served.

It is encouraging that many efforts exist to improve institutional food procurement to benefit public and planetary health. However, standards that address only ingredients as-*purchased* by institutions (procurement policies or contracts) do not ensure that meals, snacks, and beverages as-*prepared* are nutritionally sound. Better integration of procurement policies and food service guidelines is needed in existing and future policies to achieve the greatest public health benefit.

Leverage state and local policies to strengthen federal nutrition programs. Adopting stronger state and local nutrition guidelines for federally authorized programs, such as congregate and home-delivered meals for seniors, can build momentum toward the eventual adoption of stronger national standards that uniformly improve nutritional quality throughout the program.

Connect with peers to share best practices and accelerate change. The Food Service Guidelines Collaborative is a growing network of government and non-governmental partners, offering a platform for collaboration and information-sharing. Participating individuals and organizations can find resources and information to support their own efforts, as well as contribute to projects that advance FSG policies across the country.

Endnotes

- ¹ U.S. Department of Health and Human Services, U.S. Department of Agriculture. *2015-2020 Dietary Guidelines for Americans*. December 2015. <http://dietaryguidelines.gov>. Accessed August 15, 2019.
- ² Center for Science in the Public Interest. *Healthier Food on State and Local Property*. n.d. <https://batchgeo.com/map/healthierpublicplaces>. Accessed August 15, 2019.
- ³ Center for Science in the Public Interest. *Nutrition Guidelines for Prepared Foods*. n.d. https://cspinet.org/sites/default/files/attachment/nutrition-guidelines-prepared-foods_0.pdf. Accessed June 25, 2019.
- ⁴ Food Service Guidelines Collaborative. *Food Service Guidelines Policy Best Practices*. n.d. <https://static1.squarespace.com/static/5b9be3cfd274cbe886e55bf7/t/5ce449e236ac2f000148adad/1558464995819/FINAL+Food+Service+Guideline+Policy+Best+Practices.pdf>. Accessed June 25, 2019.
- ⁵ Food Service Guidelines Collaborative, n.d.
- ⁶ National Academies of Science, Engineering, and Medicine. *Communities in Action: Pathways to Health Equity*. 2017. www.nap.edu/catalog/24624/communities-in-action-pathways-to-health-equity. Accessed June 18, 2019.
- ⁷ Rice L, et al. The Development and Adoption of the First Statewide Comprehensive Policy on Food Service Guidelines (Washington State Executive Order 13-06) for Improving the Health and Productivity of State Employees and Institutionalized Populations. *TBM*. 2019;9:48-57.
- ⁸ Centers for Disease Control and Prevention. *Smart Food Choices: How to Implement Food Service Guidelines in Public Facilities*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical Activity, and Obesity Prevention, 2018. <https://www.cdc.gov/obesity/downloads/strategies/Smart-Food-Choices-508.pdf>. Accessed May 22, 2019.
- ⁹ Lederer A, et al. Toward a Healthier City: Nutrition Standards for New York City Government. *Am J Prev Med*. 2014;46(4):423-428.
- ¹⁰ Lederer, 2014.
- ¹¹ Rice, 2019.
- ¹² Centers for Disease Control and Prevention, 2018.
- ¹³ Center for Training and Research Translation. *Intervention: Healthy Food Procurement in the County of Los Angeles*. September 2013. http://centertrt.org/content/docs/Intervention_Documents/Intervention_Templates/LA_County_Template.pdf. Accessed May 20, 2019.
- ¹⁴ ChangeLab Solutions. *A Blueprint for Changemakers: Achieving Health Equity through Law and Policy*. April 2019. <https://www.changelabsolutions.org/product/blueprint-changemakers>. Accessed May 29, 2019.
- ¹⁵ Gehl Institute. *Inclusive Healthy Places, A Guide to Inclusion & Health in Public Space: Learning Globally to Transform Locally*. June 2018. https://gehl.institute.org/wp-content/uploads/2018/07/Inclusive-Healthy-Places_Gehl-Institute.pdf. Accessed May 29, 2019.
- ¹⁶ Centers for Disease Control and Prevention, 2018.
- ¹⁷ Center for Training and Research Translation, 2013.
- ¹⁸ Robles B, et al. Comparison of Nutrition Standards and Other Recommended Procurement Practices for Improving Institutional Food Offerings in Los Angeles County, 2010-2012. *Adv Nutr*. 2013;4:191-202.
- ¹⁹ Cummings PL, et al. Integrating Sodium Reduction Strategies in the Procurement Process and Contracting of Food Venues in the County of Los Angeles Government, 2010-2012. *J Public Health Manag Pract*. 2014;20(101):S16-S22.
- ²⁰ Kimmons J, et al. Developing and Implementing Health and Sustainability Guidelines for Institutional Food Service. *Adv Nutr*. 2012;3:337-342.
- ²¹ Lederer, 2014.
- ²² Center for Training and Research Translation, 2014.
- ²³ Robles, 2013.
- ²⁴ Centers for Disease Control and Prevention, 2018.
- ²⁵ Centers for Disease Control and Prevention, 2018.
- ²⁶ Kimmons, 2012.

-
- ²⁷ Public Health Law Center. *Healthy Vending and the Randolph-Sheppard Act*. September 2014. https://publichealthlawcenter.org/sites/default/files/resources/PHLC%20_fs.healthy_vending_RSAct%20Jan%202015.pdf. Accessed May 22, 2019.
- ²⁸ Center for Training and Research Translation. *Intervention: Healthy Vending Iowa*. June 2014. http://centertrt.org/content/docs/Intervention_Documents/Intervention_Templates/Healthy_Vending_Iowa_Template.pdf. Accessed May 22, 2019.
- ²⁹ Centers for Disease Control and Prevention, 2018.
- ³⁰ New York City Food Policy. *Food Metrics Report*. City of New York, Office of the Mayor, 2018. <https://www1.nyc.gov/assets/foodpolicy/downloads/pdf/2018-Food-Metrics-Report.pdf>. Accessed June 21, 2018.
- ³¹ NYC Food Policy, 2018.
- ³² Centers for Disease Control and Prevention. *Food Service Guidelines: Case Studies from States and Communities*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical Activity, and Obesity Prevention, August 2015. https://www.cdc.gov/obesity/downloads/fsg_casestudies_508.pdf. Accessed May 13, 2019.
- ³³ Centers for Disease Control and Prevention, 2015.
- ³⁴ Center for Training and Research Translation, 2013.
- ³⁵ Robles, 2013.
- ³⁶ Cummings, 2014.
- ³⁷ Centers for Disease Control and Prevention. *Los Angeles County Department of Public Health: Using Contracts to Reduce Sodium in Government Food Environments*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division for Heart Disease and Stroke Prevention, May 2016. <https://www.cdc.gov/salt/pdfs/Success-Story-LACounty.pdf>. Accessed June 14, 2019.
- ³⁸ County of Santa Clara, California. *Nutrition Standards 2012 Implementation Guidance*. January 10, 2012. https://www.sccgov.org/sites/dpd/DocsForms/Documents/HealthElement_NUTRITION_STANDARD_S_2012.pdf. Accessed June 14, 2019.
- ³⁹ Rice, 2019.
- ⁴⁰ Podrabsky M, et al. *Implementation of Washington State's Healthy Nutrition Guidelines Under Executive Order 13-06 2018 Evaluation*. Washington State Department of Health, University of Washington Center for Public Health Nutrition, August 2018. <https://www.doh.wa.gov/Portals/1/Documents/Pubs/140-NonDOH-HealthyNutritionGuidelinesImplementation2018Report.pdf>. Accessed May 20, 2019.
- ⁴¹ Philadelphia Department of Public Health. *The Nutrition of Our City's Meals: What We Accomplished in 2017*. n.d.
- ⁴² Pharis ML, et al. Sales of Healthy Snacks and Beverages Following the Implementation of Healthy Vending Standards in City of Philadelphia Vending Machines. *Public Health Nutr.* 2017;21(2):339-345.
- ⁴³ Philadelphia Department of Public Health, n.d.
- ⁴⁴ Murphy M, San Diego County Health and Human Services Agency, personal communication, 2019.
- ⁴⁵ Bureau of Labor Statistics. *Employment by Major Industry Sector*. October 24, 2017. <https://www.bls.gov/emp/tables/employment-by-major-industry-sector.htm>. Accessed April 30, 2019.
- ⁴⁶ Centers for Disease Control and Prevention, 2015.
- ⁴⁷ Bureau of Labor Statistics. *May 2018 National Industry-Specific Occupational Employment and Wage Estimates: Sector 99-Federal, State, and Local Government, Excluding State and Local Schools and Hospitals and the U.S. Postal Service (OES Designation)*. May 2018. https://www.bls.gov/oes/current/naics2_99.htm#33-0000. Accessed June 4, 2019.
- ⁴⁸ Center for Science in the Public Interest. *Examples of Policies to Increase Access to Healthier Food Choices for Public Places: National, State, and Local Food and Nutrition Guidelines*. n.d. <https://cspinet.org/sites/default/files/Examples-of-National-State-and-Local-Food-Procurement-Policies.pdf>. Accessed June 4, 2019.
- ⁴⁹ Bayne AI, et al. *Case Study Report: The HHS Hubert H. Humphrey Building Cafeteria Experience: Incorporation of the Dietary Guidelines for Americans, 2010 into Federal Food Service Guidelines*. NORC at the University of Chicago, May 2012. https://cspinet.org/sites/default/files/attachment/case_study_humphrey_building_cafeteria_experience_may_2012.pdf. Accessed April 18, 2019.

-
- ⁵⁰ Food Service Guidelines Federal Workgroup. *Food Service Guidelines for Federal Facilities*. U.S. Department of Health and Human Services, 2017. https://www.cdc.gov/obesity/downloads/guidelines_for_federal_concessions_and_vending_operations.pdf. Accessed June 4, 2019.
- ⁵¹ Rice, 2019.
- ⁵² Bayne, 2012.
- ⁵³ Jilcott Pitts SB, et al. Implementing Healthier Foodservice Guidelines in Hospital and Federal Worksite Cafeterias: Barriers, Facilitators and Keys to Success. *J Hum Nutr Diet*. 2016;29:677-686.
- ⁵⁴ Rice, 2019.
- ⁵⁵ ChangeLab Solutions. *Exceed | The Tool for Using Healthy Food Service Guidelines*. 2016. www.exceedtool.com. Accessed May 20, 2019.
- ⁵⁶ National Center for Health Statistics. *Hospital Utilization (In Non-Federal Short-Stay Hospitals)*. Centers for Disease Control and Prevention, 2017. <https://www.cdc.gov/nchs/fastats/hospital.htm>. Accessed June 14, 2019.
- ⁵⁷ Bureau of Labor Statistics. *Hospitals: NAICS 622*. June 14, 2019. <https://www.bls.gov/iag/tgs/iag622.htm>. Accessed May 13, 2019.
- ⁵⁸ Health Care Without Harm. *Environmental Nutrition: Redefining Healthy Food in the Health Care Sector*. 2014. https://noharm-uscanada.org/sites/default/files/documents-files/2819/Environmental_Nutrition_HCWH_September_2014.pdf. Accessed May 6, 2019.
- ⁵⁹ Health Care Without Harm, 2014.
- ⁶⁰ American Hospital Association. *Fast Facts on U.S. Hospitals, 2019*. <https://www.aha.org/statistics/fast-facts-us-hospitals>. Accessed May 13, 2019.
- ⁶¹ Centers for Medicare & Medicaid Services. Survey Protocol, Regulations and Interpretive Guidelines for Hospitals. *State Operations Manual*. October 12, 2018. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_a_hospitals.pdf. Accessed May 17, 2019.
- ⁶² Moran A, Lederer A, Johnson Curtis C. Use of Nutrition Standards to Improve Nutritional Quality of Hospital Patient Meals: Findings from New York City's Healthy Hospital Food Initiative. *J Acad Nutr Diet*. 2015;115(11):1847-1854.
- ⁶³ Moran A, et al. An Intervention to Increase Availability of Healthy Foods and Beverages in New York City Hospitals: The Healthy Hospital Food Initiative, 2010-2014. *Prev Chronic Dis*. 2016;13(E77).
- ⁶⁴ Centers for Disease Control and Prevention, 2015.
- ⁶⁵ Los Angeles County Department of Public Health. *Healthier Food in Healthcare: How Los Angeles County Is Improving Nutrition in Hospitals*. n.d. https://snapedtoolkit.org/app/uploads/Hospital-Issue-Brief_healthcare_FINAL-1-1.pdf. Accessed May 22, 2019.
- ⁶⁶ Moran, 2016.
- ⁶⁷ Philadelphia Department of Public Health. *Good Food, Healthy Hospitals Initiative*. 2019. <http://foodfitphilly.org/good-food-healthy-hospitals/>. Accessed May 13, 2019.
- ⁶⁸ Health Care Without Harm. *Healthy Food in Health Care*. 2019. <https://noharm-uscanada.org/healthyfoodinhealthcare>. Accessed June 4, 2019.
- ⁶⁹ Partnership for a Healthier America. *Hospital Healthier Food Initiative*. n.d. <https://www.ahealthieramerica.org/articles/hospital-healthier-food-initiative-4>. Accessed June 4, 2019.
- ⁷⁰ Center for Training and Research Translation. *Intervention: Healthy Food Environments Pricing Incentives*. February 2010. http://centertrt.org/content/docs/Intervention_Documents/Intervention_Templates/HFE_Pricing_Incentives_Template.pdf. Accessed May 14, 2019.
- ⁷¹ Center for Training and Research Translation. *Intervention: Kaiser Permanente Cafeteria Menu Labeling*. August 2012. http://www.centertrt.org/content/docs/Intervention_Documents/Intervention_Templates/Kaiser_Permanente_Menu_Labeling_Template.pdf. Accessed April 22, 2019.
- ⁷² Centers for Disease Control and Prevention. *Creating Healthier Hospital Food, Beverage, and Physical Activity Environments: Forming Teams, Engaging Stakeholders, Conducting Assessments and Evaluations*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical Activity, and Obesity Prevention, August 2014. <https://www.cdc.gov/obesity/hospital-toolkit/pdf/creating-healthier-hospital-food-beverage-pa.pdf>. Accessed April 11, 2019.

-
- ⁷³ Center for Science in the Public Interest, Health Care Without Harm. *Encouraging Healthier Choices in Hospitals*. April 2014. <https://cspinet.org/sites/default/files/attachment/hospitalreport.pdf>. Accessed April 11, 2019.
- ⁷⁴ Okun MF, Thornhill A, Molloy M. Hospital, Health Thyself: North Carolina Hospitals Make Prevention a Priority to Support Health of Their Workforce, Patients, and Communities. *NC Med J*. 2010;71(1):96-100.
- ⁷⁵ Center for Training and Research Translation, 2010.
- ⁷⁶ Center for Training and Research Translation, 2012.
- ⁷⁷ Jilcott Pitts, 2016.
- ⁷⁸ Center for Training and Research Translation, 2010.
- ⁷⁹ Center for Science in the Public Interest, 2014.
- ⁸⁰ Okun, 2010.
- ⁸¹ Centers for Disease Control and Prevention, 2014.
- ⁸² Health Care Without Harm, Practice Greenhealth. *Creating Healthy Retail Food Environments in Health Care Facilities*. n.d. <https://noharm-uscanada.org/sites/default/files/documents-files/2964/Retail%20Food%20Environment%20November%202014.pdf>. Accessed April 16, 2019.
- ⁸³ Philadelphia Department of Public Health, 2019
- ⁸⁴ Kaiser Permanente. *Healthy Picks Program*. 2018. <http://supplier.kp.org/healthypicks/index.html>. Accessed May 14, 2019.
- ⁸⁵ Center for Training and Research Translation, 2010.
- ⁸⁶ Partnership for a Healthier America, n.d.
- ⁸⁷ Moran, 2015.
- ⁸⁸ Philadelphia Department of Public Health, 2019.
- ⁸⁹ Kaiser Permanente, 2018.
- ⁹⁰ Moran, 2016.
- ⁹¹ Philadelphia Department of Public Health, 2019.
- ⁹² Center for Training and Research Translation, 2010.
- ⁹³ Okun, 2010.
- ⁹⁴ Union of Concerned Scientists, Johns Hopkins Center for a Livable Future. *Hospitals and Healthy Food: How Health Care Institutions Can Help Promote Healthy Diets*. July 2014. <https://www.ucsusa.org/our-work/food-agriculture/solutions/expand-healthy-food-access/hospitals-and-healthy-food.html>. Accessed May 6, 2019.
- ⁹⁵ Gardner CD, et al. Food-and-Beverage Environment and Procurement Policies for Healthier Work Environments. *Nutr Rev*. 2014;72(6):390-410.
- ⁹⁶ National Park Service. *About Us*. May 28, 2019. <https://www.nps.gov/aboutus/index.htm>. Accessed June 14, 2019.
- ⁹⁷ National Association of State Park Directors. *State Park Facts*. 2018. <https://www.stateparks.org/about-us/state-park-facts/>. Accessed June 14, 2019.
- ⁹⁸ Blanck HM, et al. Let's Go to the Park Today: The Role of Parks in Obesity Prevention and Improving the Public's Health. *Child Obes*. 2012;8(5):423-428.
- ⁹⁹ U.S. Census Bureau. State & Local Government Employment and Payroll Data. *2017 Government Employment and Payroll Tables*. September 27, 2018. <https://www.census.gov/data/tables/2017/econ/apes/annual-apes.html>. Accessed June 14, 2019.
- ¹⁰⁰ National Park Service, 2019.
- ¹⁰¹ Blanck, 2012.
- ¹⁰² National Recreation and Park Association. *2018 Out-of-School Time Report*. 2018. <https://www.nrpa.org/contentassets/c76ea3d5bcee4595a17aac298a5f2b7a/out-of-school-time-survey-results-report-2018.pdf>. Accessed May 30, 2019.
- ¹⁰³ Blanck, 2012.
- ¹⁰⁴ Mason M, et al. *Healthy Snack Vending: The Chicago Park District Experience & Resource Guide*. November 2012. <https://www.healthycommunitieshealthyfuture.org/wp-content/uploads/2013/04/Healthier-Snack-Vending-The-Chicago-Park-District-Experience-Resource-.pdf>. Accessed June 18, 2019.
- ¹⁰⁵ Mason M, et al. Working with Community Partners to Implement and Evaluate the Chicago Park District's 100% Healthier Snack Vending Initiative. *Prev Chronic Dis*. 2014;11:E135.
- ¹⁰⁶ National Park Service. *National Park Service Healthy Food Choice Standards and Sustainable Food Choice Guidelines for Front Country Operations*. 2017. https://www.nps.gov/subjects/concessions/upload/Frontcountry_Healthy_Foods.pdf.
- ¹⁰⁷ Wiecha JL, et al. Development of Healthy Eating and Physical Activity Standards for Out-of-School Time Programs. *Child Obes*. 2012;8(6):572-576.

-
- ¹⁰⁸ Wiecha J, Capogrossi K. *Using State Laws & Regulations to Promote Healthy Eating and Physical Activity in Afterschool Programs*. RTI International, November 2016. <https://www.rti.org/sites/default/files/resources/rti.wiecha.her.statehepapolicy.pdf>. Accessed June 18, 2019.
- ¹⁰⁹ Public Health Law Center. *Accreditation Standards and Quality Assessments*. January 2014. https://publichealthlawcenter.org/sites/default/files/resources/Accreditation_Quality%20Assessment.pdf. Accessed May 27, 2019.
- ¹¹⁰ National Recreation and Park Association. *Commit to Health*. n.d. <https://www.nrpa.org/our-work/partnerships/initiatives/commit-to-health/>. Accessed May 27, 2019.
- ¹¹¹ Wiecha, 2016.
- ¹¹² Fairmount Park Conservancy, The Food Trust. *Creating Healthy Concessions: A Resource Guide*. 2012. <https://cspinet.org/sites/default/files/attachment/Fairmount-Concessions-Guide.pdf>. Accessed April 18, 2019.
- ¹¹³ Mason, 2012.
- ¹¹⁴ Centers for Disease Control and Prevention, 2015
- ¹¹⁵ Fairmount Park Conservancy, 2012
- ¹¹⁶ Glanz K, et al. *Evaluating Healthy Vending Policies for Youth in Four Cities*. University of Pennsylvania Prevention Research Center, June 2018. <https://www.upennprc.org/healthy-vending-policy/#.XOxYg4hKJD4>. Accessed May 27, 2019.
- ¹¹⁷ Mason, 2014.
- ¹¹⁸ Mills S. *Food for the Parks: Case Studies of Sustainable Food in America's Most Treasured Places*. The Institute at the Golden Gate, 2011. <https://instituteatgoldengate.org/resources/food-parks-case-studies>.
- ¹¹⁹ Food Service Guidelines Federal Workgroup, 2017.
- ¹²⁰ National Recreation and Park Association, n.d.
- ¹²¹ Glanz, 2018.
- ¹²² Glanz, 2018.
- ¹²³ Mason, 2014.
- ¹²⁴ Narain K, Mata A, Flores J. Nutrition Policy Decreases Sugar-Sweetened Beverages in Municipal Parks: Lessons Learned from Carson, California. *J Public Health Manag Pract*. 2016;22(4):392-394.
- ¹²⁵ Centers for Disease Control and Prevention, 2015.
- ¹²⁶ Wiecha, 2016.
- ¹²⁷ Kaeble D, Cowhig M. *Correctional Populations in the United States, 2016*. Bureau of Justice Statistics, April 26, 2018. <https://www.bjs.gov/index.cfm?ty=pbdetail&iid=6226>. Accessed May 24, 2019.
- ¹²⁸ Office of Juvenile Justice and Delinquency Prevention. *Juveniles in Corrections. OJJDP Statistical Briefing Book*. April 23, 2019. <https://www.ojjdp.gov/ojstatbb/corrections/qa08201.asp?qaDate=2017>. Accessed June 14, 2019.
- ¹²⁹ Bureau of Labor Statistics. *Correctional Officers and Jailers*. May 2018. [https://www.bls.gov/oes/CURRENT/oes333012.htm#\(3\)](https://www.bls.gov/oes/CURRENT/oes333012.htm#(3)). Accessed May 24, 2019.
- ¹³⁰ Wagner P, Rabuy B. *Following the Money of Mass Incarceration*. Prison Policy Initiative, January 25, 2017. <https://www.prisonpolicy.org/reports/money.html>. Accessed May 29, 2019.
- ¹³¹ Raheer S. *Paging Anti-Trust Lawyers: Prison Commissary Giants Prepare to Merge*. Prison Policy Initiative, July 5, 2016. <https://www.prisonpolicy.org/blog/2016/07/05/commissary-merger/>. Accessed May 29, 2019.
- ¹³² Wildeman C, Wang EA. Mass Incarceration, Public Health, and Widening Inequality in the USA. *Lancet*. 2017;389:1464-1474.
- ¹³³ U.S. Department of Justice, Federal Bureau of Prisons. *Food Service Manual*. September 13, 2011. https://www.bop.gov/policy/progstat/4700_006.pdf. Accessed May 29, 2019.
- ¹³⁴ Collins SA, Thompson SH. What Are We Feeding Our Inmates? *J Correct Health Care*. 2012;18(3):210-218.
- ¹³⁵ Cook EA, et al. The Diet of Inmates: An Analysis of a 28-Day Cycle Menu Used in a Large County Jail in the State of Georgia. *J Correct Health Care*. 2015;21(4):390-399.
- ¹³⁶ Hardy K. Nutrition Services in Correctional Facilities. *Today's Dietitian*. June 2016;18(6):32. <https://www.todaysdietitian.com/newarchives/0616p32.shtml>. Accessed April 12, 2019.
- ¹³⁷ Billings KC, Aussenberg RA. *School Meals Programs and Other USDA Child Nutrition Programs: A Primer*. Congressional Research Service, February 11, 2019. <https://fas.org/sgp/crs/misc/R43783.pdf>. Accessed May 30, 2019.
- ¹³⁸ U.S. Department of Agriculture. *The National School Lunch Program*. November 2017. <https://fns-prod.azureedge.net/sites/default/files/resource-files/NSLPFactSheet.pdf>. Accessed May 24, 2019.

-
- ¹³⁹ U.S. Department of Agriculture. *SBP Fact Sheet*. March 31, 2019. <https://www.fns.usda.gov/sbp/fact-sheet>. Accessed May 24, 2019.
- ¹⁴⁰ Alliance for a Healthier Generation. *Juvenile Justice*. n.d. <https://www.healthiergeneration.org/our-work/juvenile-justice>. Accessed April 12, 2019.
- ¹⁴¹ Hardy, 2016.
- ¹⁴² Collins, 2012.
- ¹⁴³ NYC Health. *New York City Food Standards: Meals/Snacks Purchased and Served*. New York City Department of Health and Mental Hygiene, 2017. <https://www1.nyc.gov/assets/doh/downloads/pdf/cardio/cardio-meals-snacks-standards.pdf>. Accessed June 26, 2019.
- ¹⁴⁴ Philadelphia Department of Public Health, 2016
- ¹⁴⁵ Washington State Department of Health. *Healthy Nutrition Guidelines Implementation Guide for Institutions*. February 2014. <https://www.doh.wa.gov/Portals/1/Documents/Pubs/340-224-InstitutionsImplementationGuide.pdf>. Accessed June 26, 2019.
- ¹⁴⁶ County of Santa Clara, 2012.
- ¹⁴⁷ New York City, Office of the Mayor. *New York City Agency Standards for Commissaries*. March 2013. <https://www1.nyc.gov/assets/doh/downloads/pdf/cardio/nyc-commissaries-standards.pdf>. Accessed June 26, 2019.
- ¹⁴⁸ Fox MK, Gearan E. *School Nutrition and Meal Cost Study Summary of Findings*. U.S. Department of Agriculture, Food and Nutrition Service, April 2019. https://fns-prod.azureedge.net/sites/default/files/resource-files/SNMCS_Summary-Findings.pdf. Accessed May 31, 2019.
- ¹⁴⁹ Schwartz C, Wootan MG. How a Public Health Goal Became a National Law: The Healthy, Hunger-Free Kids Act of 2010. *Nutr Today*. 2019;54(2):67-77.
- ¹⁵⁰ Public Health Law Center. *Healthy Eating, Active Play, Screen Time Best Practices*. n.d. <https://www.publichealthlawcenter.org/heal/ChildCareMaps.html>. Accessed June 14, 2019.
- ¹⁵¹ Billings, 2019.
- ¹⁵² Fox, 2019.
- ¹⁵³ Billings, 2019.
- ¹⁵⁴ Billings, 2019.
- ¹⁵⁵ U.S. Department of Agriculture, Food and Nutrition Service. *Monitoring Handbook for State Agencies: A Child and Adult Care Food Program Handbook*. May 2014. https://fns-prod.azureedge.net/sites/default/files/cacfp/2014Monitoring_%20Handbook_SA.pdf. Accessed May 30, 2019.
- ¹⁵⁶ U.S. Department of Agriculture, Food and Nutrition Service. *Summer Food Service Program State Agency Monitor Guide*. February 2017. <https://fns-prod.azureedge.net/sites/default/files/sfsp/SFSP-State%20Agency%20Guide%202017-RELEASE.pdf>. Accessed May 30, 2019.
- ¹⁵⁷ Billings, 2019.
- ¹⁵⁸ Billings, 2019.
- ¹⁵⁹ U.S. Department of Agriculture. *Updated Child and Adult Care Food Program Meal Patterns: Child and Adult Meals*. n.d. https://fns-prod.azureedge.net/sites/default/files/cacfp/CACFP_MealBP.pdf. Accessed May 31, 2019.
- ¹⁶⁰ U.S. Department of Agriculture. *Updated Child and Adult Care Food Program Meal Patterns: Infant Meals*. n.d. https://fns-prod.azureedge.net/sites/default/files/cacfp/CACFP_InfantMealPattern_FactSheet_V2.pdf. Accessed May 31, 2019.
- ¹⁶¹ U.S. Department of Agriculture. *Child and Adult Care Food Program: Best Practices*. n.d.(a). https://fns-prod.azureedge.net/sites/default/files/cacfp/CACFP_factBP.pdf. Accessed May 31, 2019.
- ¹⁶² U.S. Department of Agriculture. *Summer Food Service Program Nutrition Guide*. 2018. https://fns-prod.azureedge.net/sites/default/files/sfsp/USDA_SFSP_NutritionGuide.pdf. Accessed June 26, 2019.
- ¹⁶³ Public Health Law Center. *Child and Adult Care Food Program*. January 2014a. <https://www.publichealthlawcenter.org/sites/default/files/resources/CACFP.pdf>. Accessed May 17, 2019.
- ¹⁶⁴ Billings, 2019.
- ¹⁶⁵ Public Health Law Center. *Leveraging the Child & Adult Care Food Program: Promoting Healthier Eating Standards for Out-of-School Time in New York*. October 2015. <https://www.publichealthlawcenter.org/sites/default/files/resources/Leveraging-CACFP-in-OST-NY-Oct2015.pdf>. Accessed May 31, 2019.

-
- ¹⁶⁶ U.S. Department of Agriculture, Food and Nutrition Service. Child Nutrition Programs: Flexibilities for Milk, Whole Grains, and Sodium Requirements. *Federal Register*. December 12, 2018;83(238):63775-63794. <https://www.govinfo.gov/content/pkg/FR-2018-12-12/pdf/2018-26762.pdf>. Accessed June 14, 2019.
- ¹⁶⁷ Fox, 2019.
- ¹⁶⁸ Public Health Law Center, 2014a.
- ¹⁶⁹ Public Health Law Center. *Healthy Eating in Summer Programs*. January 2014. https://www.publichealthlawcenter.org/sites/default/files/resources/Summer%20Programs_Healthy%20Eating.pdf. Accessed May 17, 2019.
- ¹⁷⁰ Public Health Law Center, 2015.
- ¹⁷¹ Food Research & Action Center. *Improving Nutrition and Promoting Wellness in Child Care with CACFP*. n.d. http://frac.org/wp-content/uploads/cacfp_improving_nutrition_report.pdf. Accessed May 31, 2019.
- ¹⁷² U.S. Department of Agriculture, n.d. (a).
- ¹⁷³ U.S. Department of Agriculture, 2018.
- ¹⁷⁴ Food Research & Action Center. *A How-To Guide for Summer Food Sponsors on Purchasing High-Quality Summer Meals*. 2015. http://frac.org/wp-content/uploads/summer_meals_vendor_guide.pdf. Accessed May 31, 2019.
- ¹⁷⁵ Public Health Law Center, 2015.
- ¹⁷⁶ Lloyd JL, Wellman NS. Older Americans Act Nutrition Programs: A Community-Based Nutrition Program Helping Older Adults Remain at Home. *J Nutr Gerontol Geriatr*. 2015;34(2):90-109.
- ¹⁷⁷ Mabli J, et al. *Evaluation of the Effect of the Older Americans Act Title III-C Nutrition Services Program on Participants' Food Security, Socialization, and Diet Quality*. Mathematica Policy Research, April 21, 2017. https://acl.gov/sites/default/files/programs/2017-07/AoA_outcomesevaluation_final.pdf. Accessed June 18, 2019.
- ¹⁷⁸ Colello KJ, Napili A. *Older Americans Act: Overview and Funding*. Congressional Research Service, November 14, 2018. <https://fas.org/sgp/crs/misc/R43414.pdf>. Accessed June 4, 2019.
- ¹⁷⁹ Mabli, 2017.
- ¹⁸⁰ Ziegler J, et al. *Older Americans Act Nutrition Programs Evaluation: Meal Cost Analysis*. Mathematica Policy Research. September 25, 2015. <https://acl.gov/sites/default/files/programs/2017-02/NSP-Meal-Cost-Analysis.pdf>. Accessed June 18, 2019.
- ¹⁸¹ Colello, 2018.
- ¹⁸² Mabli J, et al. *Process Evaluation of Older Americans Act Title III-C Nutrition Services Program*. Mathematica Policy Research, September 30, 2015. <https://acl.gov/sites/default/files/programs/2017-02/NSP-Process-Evaluation-Report.pdf>. Accessed June 18, 2019.
- ¹⁸³ Mabli, 2015.
- ¹⁸⁴ Ziegler, 2015.
- ¹⁸⁵ Administration for Community Living. 2017 State Program Reports. *Aging Integrated Database (AGID)*. n.d. <https://agid.acl.gov/DataGlance/SPR/>. Accessed June 6, 2019.
- ¹⁸⁶ Santa Clara County Social Services Agency, Department of Aging and Adult Services. *Santa Clara County Senior Nutrition Program 2015-2016 Annual Report*. n.d.
- ¹⁸⁷ Lloyd, 2015.
- ¹⁸⁸ Meals on Wheels America. *Dispelling Myths: Supporting Public Policy for Greater Impact and Sustainability*. 2019. <https://www.mealsonwheelsamerica.org/learn-more/research/policy-myths>. Accessed May 31, 2019.
- ¹⁸⁹ Niland K, Fox MK, Gearan E. *Nutritional Quality of Congregate and Home-Delivered Meals Offered in the Title III-C Nutrition Services Program: An Examination Utilizing the Healthy Eating Index Tool*. U.S. Department of Health and Human Services, Administration for Community Living, Administration on Aging, October 2017. https://acl.gov/sites/default/files/programs/2017-11/IB_NutritionServicesProgramEvaluation.pdf. Accessed June 18, 2019.
- ¹⁹⁰ Meals on Wheels America, 2019.
- ¹⁹¹ NYC Food Policy, 2018.
- ¹⁹² Food Service Guidelines Collaborative, n.d.