A Practical Look at the Implementation of Healthy Food Service Guidelines in Federal Worksite and Hospital Cafeterias

April 5, 2017

Presentation by: John Graham, Angelo Mojica
Overview

• Introduction & Background
• Project Overviews & Objectives
• Methods (note the respondents)
  • Quantitative Survey
  • Qualitative Interview
  • Analysis
• Results
  • Implementation Facilitators and Barriers
  • Behavioral design strategies
  • Profit implications
• Keys to success and lessons learned
• Project 2 Status Update
Introduction & Background

• Obesity is a major problem in the United States
  • Significant health care costs associated with obesity-related illness among employees.
• To address this problem, worksites have implemented healthier food service guidelines:
  • Partnership for a Healthier America created the Hospital Healthier Food Initiative Commitments.
  • US Department of Health and Human Services (HHS) / General Services Administration (GSA) created the Health and Sustainability Guidelines.
Project Overviews

• Project 1: Improving Healthy Food Sales Settings
  • Analyzing the experiences of food service operators in Federal and Hospital cafeterias as they implement healthy food guidelines and commitments

• Project 2: Financial Sustainability for Healthy Food Programs (in progress)
  • Identifying the policies and practices food service operators in Federal and Hospital cafeterias adopt to sustain their healthy food programs financially
Project Objectives

- Examine implementation barriers and facilitators
- Examine behavioral design strategies used to promote healthier foods and beverages
- Discuss profit implications of implementation of healthier food service guidelines.
- Reflect upon keys to success
- Review financial sustainability project status
Mixed-Methods Data Collection & Analysis

• Quantitative survey:
  • Project 1: Surveyed 9 respondents: 5 from PHA hospitals, and 4 from federal worksites
  • Project 2: Surveyed 8 respondents: 7 from hospitals and 1 from a federal worksite
  • Queried respondents with a standardized set of questions
  • Collected and summarized data using Qualtrics.

• Qualitative interview:
  • Included open ended questions to provide in-depth data based on that collected in the quantitative survey.
  • Audio-recorded and transcribed verbatim using nonotes.com.
  • Coded and analyzed respondent transcripts using Atlas Ti (Project 1) and Dedoose (Project 2)
# Changes Introduced By All Hospital and Federal Worksite Cafeterias

<table>
<thead>
<tr>
<th>Federal Worksites</th>
<th>Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provided free drinking water, preferably chilled tap</td>
<td>Purchased more fresh vegetables</td>
</tr>
<tr>
<td>Provide more vegetarian entrees</td>
<td>Purchased more fresh fruits</td>
</tr>
<tr>
<td>Purchase only foods free of synthetic sources of trans-fat</td>
<td>Purchased more lower sodium products</td>
</tr>
<tr>
<td>Reduce salt by working with spices, herbs, citrus to enhance flavors</td>
<td>Developed product specifications for healthier food items</td>
</tr>
<tr>
<td>Use recipes that have been modified to meet the nutrient / food profiles</td>
<td>Added Adult wellness meals that meet guidelines</td>
</tr>
<tr>
<td>Purchased more low calorie beverages</td>
<td>Removed less healthy food items</td>
</tr>
<tr>
<td>Purchased more nonfat or low-fat dairy products</td>
<td>Added new healthier food items that meet guidelines</td>
</tr>
<tr>
<td>Purchased more lean meats</td>
<td>Reduce salt by working with spices, herbs, citrus to enhance flavors</td>
</tr>
<tr>
<td>Purchased more whole grain products</td>
<td>Serve smaller portions</td>
</tr>
<tr>
<td>Purchased more fresh vegetables</td>
<td>Purchased more nonfat or low-fat dairy products</td>
</tr>
<tr>
<td>Purchased more fresh fruits</td>
<td>Purchased more lean meats</td>
</tr>
<tr>
<td>Purchased more lower sodium products</td>
<td>Purchased more whole grain products</td>
</tr>
<tr>
<td>Decreased the purchase of pre-fried, par-fried, or flash-fried foods</td>
<td></td>
</tr>
<tr>
<td>Developed product specifications for healthier food items</td>
<td></td>
</tr>
</tbody>
</table>
Changes in Food Service Operations made with Least Frequency

• Federal Worksites
  • Purchase only 100% juice
  • At least 50% of cereals have 3 g fiber and < 10g sugar
  • Remove salt from cooking water for pasta, veggies, etc.
  • Remove all fryers and deep fat fried products

• Hospitals
  • Decreased the purchase of pre-fried, par-fried, and flash-fried foods
  • Removed salt from cooking water for pasta, vegetables, etc.
How easy/hard was each guideline to implement?

- Entree with vegetarian protein source offered at least 3g of protein?
- Lean meat, poultry, fish, or low-fat vegetarian options
- Only low fat (2% or less) or fat-free yogurt is offered.
- Only low fat (2% or less) or fat-free options when cottage cheese is offered.
- At least 50% of breakfast cereals contain at least 3g of whole grains.
- When cereal grains (e.g. rice, bread, and pasta) are offered...
- Offer a variety of seasonally available fruits.
- All canned or frozen fruit packaged in 100% water or 100% juice.
- Offer a variety of at least 3 whole or sliced fruit options...
- All food items must meet the following sodium limits...
- All food items must contain 0 grams trans fats per serving...
- All items must be listed with total calories as prepared and served...
How easy/hard was each guideline to implement?

- Only yogurt with no added sugar or labeled as reduced or...
- Offer at least one steamed, baked, or grilled vegetable...
- Offer daily, at least one raw, salad-type vegetable.
- When value meal combinations are offered, fruit or a non-...
- Half- or reduced-sized choices available for some meals...
- Eliminate use of partially hydrogenated oil, shortenings or...
- Drinking water, preferably chilled tap, offered at no charge...
- No more than one deep-fried entree option per day and...
- 100% juice with no caloric sweeteners when juice is offered.
- Only 2%, 1%, and fat-free options when milk is offered.

0 1 2 3 4 5

Not Doing  Very easy  Somewhat easy  Somewhat difficult  Very difficult
How easy/hard was each guideline to implement?

Most difficult to implement:
- At least 50% breakfast cereals contain > 3g fiber and < 10 g sugar
- All food items meet the sodium requirements
- All items listed with total calories as prepared
- 100% juice with no caloric sweeteners when juice is offered

Not Doing

Very easy

Somewhat easy

Somewhat difficult

Very difficult
Most difficult to implement:

• “...Kellogg’s has a wellness pack....Cheerios is the only cereal that meets nutrition standards for cereal. And it’s called “the wellness pack.” ...a lot of these items don’t necessarily exists in the packages and the quantities that we need for food service.”

• “In the customer’s point of view it was difficult, they wanted the sodium still. They didn’t want food ...without the salt...”

• “Canned or frozen fruit package and 100% water or unsweetened juice with no added sweeteners...it was somehow difficult because the selection that we had the time ...companies were not kind of ready, for what was coming in...”
How easy/hard was it to implement each guideline?

- Offer healthier entrees and side dishes in the cafeteria that meet the nutrition and food profiles.
- Remove all fryers and deep fat fried products on the cafeteria menu.
- Increase the percentage of healthier beverage dollar purchases for use throughout the hospital to 80% of total beverage dollars.
- Collect baseline data on fruit and vegetable purchases and total food purchases.
- Achieve fruit and vegetable dollar purchases of 10% of total food dollars.
- Label all items available in the cafeteria at point of purchase/service with calorie per serving.
- Display only healthier food options in all advertising/pictorials in cafeteria.
- Offer one Child Wellness Meal in the cafeteria that meets nutrient, food and affordability profiles.
- Offer only healthier food options within 5 feet of all cash register stations within the cafeteria footprint.
- Offer Adult Wellness Meals in the cafeteria that meet nutrient, food and affordability profiles.
- Offer Adult Wellness Meals in the cafeteria that meet nutrient, food and affordability profiles.
- Offer one Child Wellness Meal in the cafeteria that meets nutrient, food and affordability profiles.

0 Very Easy 1 Somewhat Easy 2 Somewhat Difficult 3 Very Difficult
How easy/hard was it to implement each guideline?

Most difficult to implement:
• Offer Adult Wellness Meals that meet nutrient, food, and affordability profiles
• Label all items with calories per serving
• Collect baseline data on fruit and vegetable and total purchases
• Offer healthier entrees and side dishes that meet nutrient profiles
• Remove all fryers and deep fat fried products
• Offer one Child Wellness Meal that meets nutrient, food, and affordability profiles
Most difficult to implement:

• “I always say the most difficult thing was the wellness meals and that we have to design those meals... we've spent 6 months basically in product development for those meals but they were highly successful when we implemented them.”

• “So you don’t have the staffing to do it takes a lot of time; that’s the difficult part. And then we... in labeling all the items ...that was kind of hard to do too.”

• “... we are currently awaiting for new equipment to come in so as the deep fryer goes out, we need another piece of equipment to replace it...because if we are not going to serve French fries as a side item we need to replace them with different items.”
Most difficult to implement:

• “I always say the most difficult thing was the wellness meals and that we have to design those meals... we've spent 6 months basically in product development for those meals but they were highly successful when we implemented them.”

Implementation Barriers –Major Themes
• Time and resources needed for product development
• New equipment needed – from kitchen equipment to labeling software
• New way of thinking about the entire cafeteria, including examining food profiles not just nutrients
• Compiling meals that are appealing to kids
• “… we are currently awaiting for new equipment to come in so as the deep fryer goes out, we need another piece of equipment to replace it...because if we are not going to serve French fries as a side item we need to replace them with different items.”
Federal worksites—Behavioral design strategies used:

• “So from the nutrition standpoint, there is a ... dietitian is on site at least one day per week, doing everything from cooking demonstrations, nutrition education, to working back in the kitchen with staff.”

• “...we do a lot of your typical things, social media, Facebook, newsletter, point of purchase displays, flyers, events...”

• “Sampling is something that works well...on the drinks and the beverages but also on the hot food.”
Federal worksites—Behavioral design strategies *least* likely to be used:

- Place less healthy items where they require a food service worker to hand them to customers
- Use lighting to draw attention to healthier items
- Not have sales/specials on less healthy options
- Have sales/pricing specials on healthier options
- Temporary price reductions
- Price leveraging
Hospitals—Behavioral design strategies used:

• “...so we have posters and signs with the system that we have called “check plus.” And then my kitchen staff had to learn which food put the labels on, how to put them on different shelves...that takes a lot of food service time.”

• “My staff can only put things that meet that criteria on that row.... So for instance, if I have a microwave popcorn that doesn’t meet the criteria, it’s on the bottom row without the check plus check.”

• “Another item that was pretty easy was just healthy check out because it really was just reorganizing couple of items.”
Hospitals-Behavioral design strategies least likely to be used:

- Use tongs and smaller serving spoons
- Use smaller plates/bowls
- Not have sales/specials on less healthy options
- Have sales/pricing specials on healthier options
- Temporary price reductions
- Taste testing
- Visual / color-coded labeling systems
- Healthy buying programs
What challenges does your agency face regarding the implementation of the...

- Concerns about cost implications
- Lack of funding support
- Negative effect on profits earned
- Lack of worksite wellness programs
- Lack of dedicated leadership staff involved in operational...
- Lack of consumer demand for healthier food products
- Customer dissatisfaction with changes
- Contract/permits/obligations that are difficult to change
- Lack of kitchen equipment conducive to healthier food...
- Lack of food and nutrition expertise
- Financial difficulties
- Lack of trained staff
- Lack of dedicated food service staff involved in operational...
What challenges does your agency face regarding the implementation of the...

Concerns about cost implications
Lack of funding support
Negative effect on profits earned
Lack of worksite wellness programs
Concerns about cost
Customer dissatisfaction
Contract/permits/obligations that are difficult to change
Lack of kitchen equipment conducive to healthier food...
Lack of food and nutrition expertise
Financial difficulties
Lack of trained staff
Lack of dedicated leadership staff involved in operational...
Challenges:

• **Customer dissatisfaction and concerns about cost:**
  “If they want French fries or something like that, they would have to go to another cafe. This cafe downstairs has no French fries, you couldn't find a French fry here. We kind of removed it where we could and replace it with other things, but again, unfortunately, some of the less healthy foods are excellent sellers.”

• **Concerns about cost:**
  “We look at the cost in what we can charge and what the market is going to bear...We have to also look at the labor involved in a lot of these items...You need some more culinary experience, a little more training, a little more hand work like cutting up all the vegetables and things like that. It does increase the cost of these items.”
What challenges does your *hospital* face regarding the development of or compliance with the PHA Hospital Healthier Food Initiative?

- Concerns about cost implications
- Lack of funding support
- Negative effect on profits earned
- Lack of worksite wellness programs
- Lack of dedicated leadership staff involved in operational...
- Lack of consumer demand for healthier food products
- Customer dissatisfaction with changes
- Contract/permits/obligations that are difficult to change
- Lack of kitchen equipment conducive to healthier food...
- Lack of food and nutrition expertise
- Financial difficulties
- Lack of trained staff
- Lack of dedicated food service staff involved in...
What challenges does your hospital face regarding the development of or compliance with the PHA Hospital Healthier Food Initiative?

Concerns about cost
Negative effects on profits earned
Customer dissatisfaction
Lack of dedicated food service staff

- Lack of dedicated leadership involved in operational aspects
- Lack of consumer demand for healthier food products
- Lack of worksite wellness programs
- Contract/permits/obligations that are difficult to change
- Negative effect on profits earned
- Lack of funding support
- Concerns about cost implications
- Concerns about cost

Customer dissatisfaction with changes
Lack of kitchen equipment conducive to healthier food
Lack of food and nutrition expertise
Financial difficulties
Lack of trained staff
Lack of dedicated food service staff involved in...
Challenges:

• Customer dissatisfaction: “you get comments like, “You can’t make me eat that!” or “I have a right to pick and choose whatever I want to eat,” ... “you don’t have a regular soda here! What’s wrong with you?” Oh... you explain. A lot of explaining.”

• Customer dissatisfaction: “our customers are going to revolt ... The two items with most resistance are sodas ... and the deep fried items. The deep fried items especially are comfort items.”

• Lack of food service staff: “a lot of people have executive chefs that they can do a lot really nice stuff, different packaging, different style and presentation and everything. We’re not that lucky to have that executive chef ...”
Profit Implications

• “Instead of coming into the cafeteria and saying, oh look at this healthy food I don’t want to eat this...they came in I want this, Ok I want this, I want this, I want this... you know, and then our sales went up and so that was a good thing.”

• “We are not profitable, we never have been. We are subsidized like most hospital cafeterias. Our subsidy has increased from the hospitals since implementing PHA, but I don't think it's the reflection just from PHA, I think it is that we have an increase in pricing.”
Profit Implications

• “one of the first things that we did was to actually put a menu price increase ...across the board... we figured out if we are going to introduce these new items, we’re going to be distributing a lot of these products in the cafeterias and the food costs associated with it...”

• “We actually increased sales in our operations ...so the fact that we were able to increase sales during a time when patient admissions were over the years either flat or perhaps a little bit lower...that speaks volumes to the fact that we have not only taken our menus, made them healthier and made them taste better, [but] we have [also] been able to keep our business and increase it.”
Keys to Success & Lessons Learned

• Communication (with customers): “you just have to advertise a lot ahead of time, you know that you’re going to do, a particular project like this.”

• Communication (with food service staff): “…having fun coming up with some new recipes and the biggest positive for me is the bond that was forged between the food service directors at all of the hospitals …”

• Leadership support: “the most important thing is the senior leaders have to be on-board with it …and make sure that everybody knows that this is the organization and they’re not just blaming it on food service.”
Keys to Success & Lessons Learned

• **Vendor cooperation & response:** “In the last 3 years the food industry in general has responded to our needs a lot better. There's more availability of product that we need now than it was 3 years ago.”

• **Vendor cooperation & response:** “One of the things that’s really worked well is the relationship that we have with our vendor...When we needed a particular product...because of the relationship that we have we were able to get them.”

• **In mission statement:** “…add some of this language about your goals into your policy...It was in the strategic mission...our hospitals were to be a leader of health and wellness ...you need to put some policies in place just so you have something to stand on when someone tries to knock you down.”
Project 2: Financial Sustainability

Overview

• Literature Review
• Quantitative surveys
• Qualitative Interviews
• Analysis
• Dissemination