

RESEARCH BRIEF

# From Procurement to Consumption: A Model to Understand Nutrition Policy Implementation in Permanent Supportive Housing

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## ABSTRACT

**Background:** Food insecurity has become an increasingly complex public health issue across the United States, particularly among various people battling with current or previous homelessness. This project sought to understand the food system in permanent supportive housing sites (PSH) that serve formerly homeless individuals and to explore the use of nutrition standards, specifically the Food Service Guidelines for Federal Facilities (FSGFFs), in this context.

**Methods:** Participants were members of the administrative staff involved in the food procurement process, food preparation, administrative tasks, and daily operations in a small-intensive program managed by a local nonprofit agency that serves 12 adults over the age of 18 who experience chronic homelessness and persistent mental illness, or substance use disorders, and a second PSH site that helps 41 low-income adults with health conditions experiencing homelessness. The PSH Inquiry Tool (PSH-IT) was developed to better understand the business operations at each site, and the PSH Audit (PSH-A) was created to assess the applicability of FSGFF at each site.

**Results:** Findings suggest that funding mechanisms, staff training, staff capacity, and access to nutrition education were critical barriers to the successful development and implementation of nutrition standards in PSH sites. Furthermore, findings suggest that adaptations to FSGFFs are required before implementation at PSH sites.

**Conclusion:** This report advocates for increased involvement of community stakeholders to support nutrition policy development and implementation, a nutrition policy that impacts all levels of the food system from procurement to consumption, and local, state, or federal policy changes to support improved nutrition in PSH.

**Keywords:** Homelessness; Food insecurity; Permanent supportive housing; Nutrition policy; Case study

## INTRODUCTION

According to the United States Department of Agriculture (USDA), in 2020, over 38 million people in the United States were food insecure.<sup>1</sup> Homelessness compounds the issue of food insecurity, especially for the chronically homeless.<sup>2-4</sup> Chronic homelessness is a state of homelessness for at least 1 year or repeated episodes of homelessness in an individual with a mental illness, substance use disorder, or physical disability. Chronic homelessness is associated with several health conditions and premature mortality.<sup>2-5</sup> The Housing First approach is based on several principles, one of those

principles being that safe and affordable housing is the primary solution to homelessness.<sup>6,7</sup> Permanent supportive housing (PSH) is an intervention that incorporates subsidized housing and voluntary support services for people who have experienced chronic homelessness. PSH beds increased by 20% over the past 5 years across jurisdictions, and congress has invested billions in PSH programs.<sup>8</sup>

Despite being a proven solution to chronic homelessness, PSH may not solve the health-related consequences of chronic homelessness.<sup>9</sup> Data have shown that individuals entering PSH may suffer





from a lower baseline level of health than the general population and thus may need additional health care coordination and health services.<sup>3</sup> In addition, studies have demonstrated that individuals in PSH maintain higher rates of food insecurity than the general population and that placement in PSH may not significantly improve health outcomes.<sup>2,4</sup> Moreover, data suggest that existing food procurement and donation networks may be insufficient to meet all of the nutritional needs of those living in PSH.<sup>2</sup> Therefore, understanding the policy, programming, and operational barriers in PSH may improve its impact on health outcomes and its utility as a housing solution. One such barrier to the success of PSH is the current state of nutrition guidelines for sites that serve persons who are food insecure.

Current nutrition guidelines and policies for sites that serve persons experiencing food insecurity are limited in their scope. Research has shown that food pantries, soup kitchens, and food banks play a pivotal role in providing food for those experiencing food insecurity. Therefore, these may be targets for improving access to more nutritious food among persons with food insecurity living in PSH.<sup>10-13</sup> A recent article identified 42 federal policies on food bank donations; nevertheless, no guidelines addressed the nutritional quality standards for donated foods.<sup>2</sup> Yet, procurement of food is only one component of accessing more nutritious foods. As such, additional policies related to food banks may be needed.<sup>10</sup> Two web-based resources offer information for organizations serving food insecure individuals. Still, when preparing this manuscript (July 2021), the sites had outdated links, a lack of guidance on how to implement recommendations, and no opportunities for technical assistance (TA).<sup>14,15</sup> Technical assistance is a strategy used to build an organization's capacity by providing targeted support to an organization with a need or problem. In addition, a limitation of many of the available resources for PSH sites is that they are not endorsed by an existing agency that can provide TA or enforce standards. Furthermore, many resources cover only one aspect of the procurement-to-consumption process (eg, procuring, preparing, ensuring food safety, marketing foods to clients). One central document that guides nutrition policies and best practices is the Food Service Guidelines for Federal Facilities (FSGFFs) tool created by the US Department of Health and Human Services.

The FSGFFs are specific standards for food and nutrition, facility efficiency, environmental support, community development, food safety, and behavioral design in worksites, organizations, or programs.<sup>16</sup> The goal of FSGFFs is to create healthy food environments such as cafeterias, cafes, grills, snack bars, concession stands, and vending machines in areas that serve large populations of people. The standards included in the FSGFFS were determined by the Food Service Guidelines Federal Workgroup, which comprised 60 representatives from 9 federal departments and agencies. The FSGFFs identify 2 levels of implementation: standard and innovative. These levels are supported by the literature to be advantageous to health and the environment. The standard level is considered widely achievable within food service and is expected,

whereas the innovative level is regarded as exceptional performance and is encouraged.

We identified PHS facilities as sites that could benefit from implementing nutrition guidelines. Through discussions with community partners, it was determined that nutrition intervention in areas that serve people who have experienced homelessness is limited. Our goal was to explore the food system, conditions, and capacity in PSH and understand the applicability of FSGFFs in this context. The food system was defined as the policies, procurement, and funding that influence nutrition practices in PSH sites in Cuyahoga County, Ohio.

## METHODS

### Setting

This study investigated 2 permanent supportive housing sites in Cuyahoga County, Ohio. Site 1, a small, intensive program managed by a local nonprofit agency, serves 12 adults age 18 or over who experience chronic homelessness and persistent mental illness, or substance use disorders. Site 2, a PSH program, serves 41 low-income adults with health conditions experiencing homelessness. Neither site serves children, families, or individuals who are pregnant.

### Design

This was a cross-sectional case study of 2 permanent supportive housing sites in Cleveland, Ohio. Sites were sampled based on their connection to existing agencies that serve people experiencing homelessness and identified need by stakeholders.

### Participants (inclusion, exclusion criteria), Recruitment Process

Key participants were members of the staff involved in the food procurement process, food preparation, administration, and daily operations of the sites.

### Measures/Outcomes

The PSH Inquiry Tool (PSH-IT) (Appendix I)<sup>17</sup> informed by Koh et al, was developed to explore business operations, staff perspectives on food access, and site needs at 2 permanent supportive housing sites. The PSH Audit (PSH-A) (Appendix II) was developed based on the details of FSGFFs such as prepared foods, packaged snacks, beverages, food safety, and behavioral design. Both sites completed the PSH-IT; site 2 also completed the PSH-A. Site 1 could not complete the PSH-A due to internal staff capacity constraints. Dietary Guidelines for Americans 2015-2020<sup>18</sup> was used as the gold standard for identifying and considering a specific food item to be "healthy."

### Procedures

The Case Western Reserve University institutional review board granted human participant compliance approval for this research. Data for the PSH-IT were collected in an interview format where participants were asked to type their responses into the electronic questionnaire while the examiner read the questions aloud. The



PSH-A was completed after the PSH-IT on a different day and conducted through discussions with staff and clients, observation of facility spaces, and interviews with staff participants. The researchers selected site 1 and site 2 based on stakeholder interviews and expressed needs by each site.

### Statistical Analysis

The case study methodology was used to summarize the data gathered from the 2 sites to understand the food system in-depth.<sup>19</sup> The case study approach is an empirical method used to assess an event or phenomena within its natural context.<sup>19</sup> Descriptive statistical analysis was used to explore the data.

### RESULTS

The PSH-IT provided information about site operations, staff perspective on food accessibility, and site needs. Data from the PSH-IT showed that neither site was familiar with Federal FSGFFs or Dietary Guidelines for Americans 2015-2020. Moreover, funding varied by location, but client contributions, grants, and private donations were primary sources of support. The local food bank was a primary source of food, followed by local grocery stores, donations of surplus foods from local restaurants, and bulk food suppliers. Both sites moderately agreed that they could request and receive whole grains and low-sugar beverages in the last 6 months, while site 2 strongly agreed that they could ask and receive fresh fruits and vegetables, lean protein, and low-fat dairy products (Table 1). Both sites were moderately satisfied with purchasing healthy food within their budget and accessing healthy donated food from food banks (Table 1). Data showed that both sites considered client dietary restrictions when obtaining food; other considerations included food bank inventory, client desires, and funding limits (Appendix I, Item #22).

Both sites shared that energy-dense and nonperishable food items were more accessible than fresh fruits and vegetables and lean meats and identified a lack of funding as their most significant barrier to accessing healthy foods. Other key barriers to preparing healthy foods were staff training, staff capacity, and staff and cli-

ent food education. Lastly, neither site had nutrition standards, mechanisms for determining the nutritional value of meals served, or policies to ensure donations and procurement of healthier food options for residents.

The PSH-A provided information about the applicability of FSGFFs within the PSH context and the degree to which the operations of site 2 aligned with these guidelines. The PSH-A of site 2 indicated that they were performing below FSGFFs suggested standards regarding the provision of fruits, vegetables, and protein. In addition, it was discovered that one limitation to using FSGFFs was staff knowledge and capacity. Site 2 staff did not have the training or ability to identify and report information such as the number of trans-fats, sodium content, calorie amount, or nutritional value of foods, all of which are requirements in the FSGFFs. Moreover, site 2 was below FSGFFs standards concerning food safety and behavioral design (eg, how the presentation of food influences individual food choices). Site 2 needed assistance with establishing a comprehensive food safety plan, developing and implementing a written employee health policy, and working with worksite wellness programs or other organizations to promote healthier options. Also, sites needed assistance with executing FDA Food Codes.<sup>20</sup> The PSH-A of site 2 also showed room for improvement around behavioral design strategies such as using marketing strategies to highlight more nourishing food and beverage items or using product innovations and the inclusion of more nutritious options as a default choice at decision points to encourage healthier choices. Lastly, packaged snacks and vending sections of FSGFFs were not regulated aspects of food provision at these sites. Though the PSH-A was completed at 1 site, the similar food serving, preparation, and procurement practices at both sites would make it challenging to systematically implement the FSGFFs.

### DISCUSSION

The threat of food insecurity and homelessness for millions of Americans requires focus from multiple sectors to develop best practices and policies that provide agencies with the tools to supply healthier foods. This project identified intersecting factors at

**Table 1. Permanent Supportive Housing Inquiry Tool (PSH- IT) Responses to Food Sourcing**

Item	Site 1 response	Site 2 response
<b>On average, over the last 6 months, my facility has been able to request and receive enough of the following items to serve all clients that visit my shelter through the month.</b>		
Fresh fruits and vegetables	Moderately agree	Strongly agree
Lean protein (eg, chicken, turkey, beans)	Moderately agree	Strongly agree
Low-fat dairy (1% or skim milk, low-fat yogurt)	Moderately agree	Strongly agree
Whole grains	Moderately agree	Moderately agree
Low-sugar beverages	Moderately agree	Moderately agree
<b>How satisfied are you with the following?</b>		
Ability to purchase healthy food within site budget	Moderately agree	Moderately agree
Ability to access healthy donated food from food banks	Moderately agree	Moderately agree
Ability to access donated healthy food from community food drives	Moderately agree	Strongly disagree



permanent supportive housing sites related to procurement, menu and meal preparation, and consumption of foods that ultimately impact the nutrition of individuals living in PSH (Figure 1). We developed a framework for Nutrition Access Intervention in Permanent Supportive Housing (Figure 1) based on the preliminary themes identified by the PSH-IT, PSH-A, and discussion and observations at each site. The findings in Figure 1 enhance many of the conclusions made in previous literature and provide a cohesive model for improving food access for this population. For example, studies have found that meal delivery programs and increasing the income of those living in PSH could solve food insecurity for this population; aspects of nutrition access that fit into the food acquisition umbrella of this project's framework.<sup>2</sup> Moreover, data show that education is negatively associated with food insecurity.<sup>2</sup> In similar ways, this project found that staff and client education was a barrier to nutrition access and could be addressed under meal preparation and consumption. Specifically, consumption refers to the choices individuals make on what foods to consume at any given time. As suggested in Figure 1, educating clients about nutrition could impact their choice to consume healthier foods. The framework provides sites and their collaborators an opportunity to identify specific areas for intervention to improve nutrition services.

Moreover, policy can create far-reaching systemic changes across the food system and have downstream impacts on multiple areas of the above framework. Previous studies have identified a need to understand the policy and program roadblocks that prevent PSH from substantially impacting health outcomes.<sup>4</sup> This study offers foundational insight into PSH facilities' challenges and the relevance of FSGFFs as nutrition standards. Staffing and funding limitations at PSH can result in uneven, inconsistent, and ineffective implementation of nutrition standards and practices. In addition, minor differences in funding sources observed between site 1 and site 2 in our study may account for differences in access to healthy foods and greater reliance on charitable donations and the food bank. Management and technical assistance on behalf of an existing county, state, or national agency could improve site capacity to implement existing nutrition standards while bridging the gaps

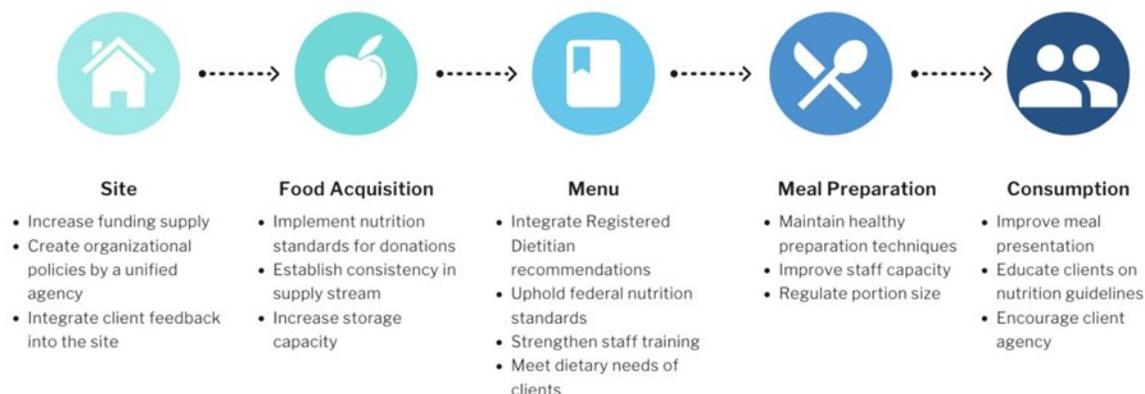
between procurement sites and PSH. Technical assistance may involve helping permanent supportive housing sites to display and market healthier options to clients, training staff on the 2020-2025 Dietary Guidelines for Americans (DGA) or educating staff on ways to understand the nutritional value of food. These strategies would address staffing capacity and staff training opportunities identified in our framework. These results are consistent with findings from other studies that suggested that PSH programs could benefit from standardization and improved staff involvement.<sup>3</sup> Technical assistance, existing agencies, community, and academic partners could support PSH sites in developing, implementing, and evaluating new standards that align with the DGA.

The FSGFFs were not designed to be used for sites with smaller population sizes or populations with specific dietary restrictions, which may contribute to difficulties in adapting them for PSH sites. While site 2 was compliant with city and county food safety standards, the disconnect between local policies and FSGFFs standards created variability in nutrition standards, resulting in site 1 underperforming concerning FSGFFs. Moreover, data demonstrated that FSGFFs do not address important aspects of how these sites procure or prepare foods nor provide direction to these sites on ways to improve procurement and preparation. These findings are consistent with previous studies that suggest that foodbanks would be more effective when combined with solutions that address operational resources, access to nutrient-dense foods, and client needs and preferences, all of which are discussed in Figure 1.<sup>10</sup> Alternative nutrition standards could help procurement sites such as food banks and donation partners prioritize the availability of healthier options while also taking into consideration site-level concerns.

Regardless of the policy structure, careful consideration is needed when working in these settings due to various internal and external factors. Using our proposed framework as a guide can allow for more comprehensive approaches to nutrition access in PSH.

### PUBLIC HEALTH IMPLICATIONS

First, nutrition policy is essential because it can create far-reaching systemic changes in all food system levels. The FSGFFs



**Figure 1. Interventions for Nutrition Access at Sites for the Food Insecure**



and alternative nutrition standards have a role in improving policies at food banks and donation partners while also addressing site staffing capacity, staff training, and funding limitations. Secondly, the current system places the onus for changing on individual sites, which is challenging to navigate understaffing and funding constraints. Policy intervention on behalf of an existing county, state, or national agency could improve site capacity to create and implement nutrition standards by regulating nutrition standards for various procurement sites, donation partners, and permanent supportive housing sites while also providing technical assistance and coordinating staff training. Lastly, federal food service guidelines are not designed for permanent supportive housing units that operate on limited budgets and staffing capacity and have unique ways of procuring and preparing foods. The limitations of food service guidelines could be counteracted by making the current city, county, and state policies more aligned with FSGFFs standards. In addition, FSGFFs could be improved by considering funding limitations, staff capacity, and staff training, which could be mediated through the provision of technical assistance.

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APPENDIX I. PSH Inquiry Tool

Basic Information

\* Required

1. Site Type: \*

Mark only one oval.

- Food Pantry
- Mobile Pantry
- Hot Meal Provider *Skip to question 16*
- Group Home-Meal Provider *Skip to question 16*

2. Name of the Facility

\_\_\_\_\_

3. Address

\_\_\_\_\_

4. Hours of Operation

\_\_\_\_\_

5. Contact Name:

\_\_\_\_\_

6. Contact Phone or Email: \*

\_\_\_\_\_

7. Contact Role:

\_\_\_\_\_

8. How long has this facility been in existence?/working with the food insecure?

\_\_\_\_\_

9. Are you familiar with Food Service Guidelines for federal facilities?

Check all that apply.

- Yes
- No

10. Are you familiar with "Dietary Guidelines for Americans 2015-2020"?

Check all that apply.

- Yes
- No

Food Budget

11. Where does the overall funding for your food program come from?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Please describe the main suppliers of food for your facility (Purchases, Government Donations, Community Donations, Corporate Donations, Other)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. What percent of each contributes to the food supply of your facility (total should add up to 100)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Does your facility have a monthly food budget and if so, how much?

Mark only one oval.

- \$0-200
- \$200-400
- \$400-600
- \$600-800
- \$800-1000

15. In the last year, how many people did your facility on average serve per month?

Mark only one oval.

- <100 people
- 101-500 people
- 1001-1500 people
- More than 1500 people

Skip to question 20

Hot-Meal Provider

16. How many meals does your facility serve per day?

\_\_\_\_\_

17. How many days per week is your food served?

\_\_\_\_\_

18. Which meal(s) do you serve?

Check all that apply.

- Breakfast
- Lunch
- Dinner
- Snacks
- Other



19. What is your method of distributing food? Is it restaurant style or cafeteria style?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Skip to question 11

Food Sourcing

20. On average, over the last 6 months, my facility has been able to request and receive enough of the following items to serve all clients that visit my shelter through the month. \*

Check all that apply.

	Strongly Disagree	Moderately Disagree	Moderately Agree	Strongly Agree
Fresh Fruits and Vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lean Protein (e.g. Chicken, Turkey, Beans)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low-fat dairy (1% or skim milk, low-fat yogurt)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole grains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low-sugar beverages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. How satisfied are you with the following? \*

Check all that apply.

	Strongly Disagree	Moderately Disagree	Moderately Agree	Strongly Agree
Ability to purchase healthy food within your budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to access healthy donated food from food banks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to access donated healthy food from community food drives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. What factors are considered when obtaining food for your facility?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

23. Do you find that certain categories or types of food are more easily accessed than others?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

24. What do you see as the biggest barriers to accessing healthy foods sufficiently?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Customer Satisfaction & Services

25. What are the most popular foods among the guests?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

26. Are there healthy foods that have been more popular with the guests than others?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

27. Is food education provided in any form to your guests? e.g. Are guests educated about healthy food options? If yes, please expand in more depth.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

28. How have the guests responded to healthy foods (e.g. whole grains, fresh fruits and vegetables, lean protein, low-fat dairy, low-sugar beverages)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

29. What do you see as the biggest barriers to serving healthy foods?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Nutrition Standard Environment



30. Does your facility have a way in which the nutritional value of the food served is considered or evaluated? If yes, please explain in more depth.

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31. Does your facility have any policies that require workers to seek out donations of healthy food or purchase healthy food? If so, please describe.

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32. Are there any nutrition standards that must be met for the food supply? If yes, please expand in more depth.

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33. Is food education provided in any form to the chefs or kitchen volunteers? If yes, please expand in more depth.

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34. Is there any attention paid to how healthy food is displayed? If yes, please expand in more depth.

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35. What services would allow you to provide more nutritious foods to individuals who visit your facility?

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APPENDIX II. PSH Audit

Food Service Guideline Assessment  
Food Service Guidelines for Federal Facilities

Prevention Research Center for Healthy Neighborhoods at  
Case Western Reserve University

Site Name:	Site Type:
Site Address:	
Site Contact Name:	Site Contact #:
Hours of Operation:	Meal Times:
Date of Initial Assessment:	Date of Post-Assessment:
Assessment Completed By:	

Assessment Sections:

Prepared Foods ..... 2  
 Packaged Snacks ..... 4  
 Beverages ..... 5  
 Food Safety ..... 6  
 Behavioral Design ..... 7

Assessment Key:

- N/A= Does Not Apply
- 0= Does Not Exist
- 1= Below Standard
- 2= Standard
- 3= Innovative

Offer seafood at least two times a week	2			
<b>Desserts</b>				
When desserts are available, offer 25% of desserts containing less than or equal to 200 calories as served	2			
<b>Sodium</b>				
All meals offered contain less than or equal to 800mg Sodium	2			
All entrees offered contain less than or equal to 600mg sodium	2			
All side items contain less than or equal to 230 mg sodium	2			
<b>Trans Fats</b>				
All foods do not include partially hydrogenated oils	2			
<b>Calories and Nutrition Labeling</b>				
Provide calories and nutrition information of standard menu items	2			
<b>Other Considerations</b>				
Limit deep-fried entree options to no more than one choice per day	2			

Assessment Key: N/A= Does Not Apply, 0= Does Not Exist, 1= Below Standard, 2= Standard, 3= Innovative

Prepared Foods

Standard	Federal Suggestion	Initial Level	Post Level	Notes
<b>Fruits and Vegetables</b>				
Offer a variety of at least 3 fruit options daily, with no added sugars. Fruits can be fresh, canned, frozen or dried.	2			
Offer a variety of at least 3 non-fried vegetable options daily. Vegetables can be fresh, frozen, or canned, and served cooked or raw.	2			
Offer seasonal fruit and vegetables.	2			
<b>Grains</b>				
Offer half of total grains as "whole grain-rich" products, daily	2			
Offer a "whole grain-rich" product as the first (i.e., default) choice	3			
<b>Dairy</b>				
Offer a variety of low-fat dairy products (or dairy alternatives) daily, such as milk, yogurt, cheese, and fortified soy beverages.	2			
When yogurt is available, offer at least one low-fat plain yogurt	3			
<b>Protein</b>				
Offer a variety of non-fried protein foods, such as seafood, lean meats and poultry, eggs, legumes (beans and peas), but, seeds, and soy products, daily.	2			
Offer protein foods from plants, such as legumes (bean and peas), butts, seeds and soy products, at least three times per week	2			
Offer protein foods from plants such as legumes (beans and peas), nuts, seeds, and soy products, daily	3			

Assessment Key: N/A= Does Not Apply, 0= Does Not Exist, 1= Below Standard, 2= Standard, 3= Innovative

Packaged Snacks

Standard	Federal Suggestion	Initial Level	Post Level	Notes
<b>Food and Nutrient Profile</b>				
All packaged snacks contain less than or equal to 200 mg sodium per package	2			
All packaged snacks have 0 grams of trans fat	2			
At least 75% of packaged snacks meet the following food and nutrient standards: <ul style="list-style-type: none"> <li>- First ingredient is a fruit, vegetable, dairy product, protein</li> <li>- Whole grain-rich grain product</li> <li>- Contains at least ¼ cup of fruit and/or vegetable</li> <li>- Contain less than or equal to 200 calories</li> <li>- Saturated fat limit less than 10% of calories</li> <li>- Sugar limit less than or equal to 35% of weight from total sugars</li> </ul>	2			
<b>Calorie Labeling</b>				
All snack foods sold in vending machines are consistent with FDA policies on vending	2			

Assessment Key: N/A= Does Not Apply, 0= Does Not Exist, 1= Below Standard, 2= Standard, 3= Innovative



**Beverages**

Standard	Federal Suggestion	Initial Level	Post Level	Notes
<b>Beverages</b>				
Provide free access to chilled, potable water	2			
When milk and fortified soy beverages are available, offer low-fat beverages with no added sugars	2			
When juice is available, offer 100% juice with no added sugars	2			
At least 50% of available beverage choices contain less than or equal to 40 calories per 8 fluid ounces (excluding 100% juice and unsweetened fat-free or low-fat (1%) milk	2			
At least 75% of available beverage choices contain less than or equal to 40 calories per 8 fluid ounces (excluding 100% juice and unsweetened fat-free or low-fat (1%) milk	3			

Assessment Key: **N/A=** Does Not Apply, **0=** Does Not Exist, **1=** Below Standard, **2=** Standard, **3=** Innovative

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**Behavioral Design**

Standard	Federal Suggestion	Initial Level	Post Level	Notes
<b>Placement and Layout</b>				
Strategically place foods and beverages and design the layout of food service venues to foster selection of healthier foods and beverages.	3			
<b>Product Innovations and Defaults</b>				
Use product innovations and the inclusion of healthier options as default choices at decision points to encourage healthier choices.	3			
<b>Pricing and Promotion</b>				
Use price incentives and marketing strategies to highlight healthier food and beverage items.	3			
<b>Tableware</b>				
Promote healthy portion sizes by optimizing the size of plates, bowls, glasses other dishware, and serving ware.	3			
<b>Information</b>				
Use information, displays, decorations, and signage to highlight healthier choices.	3			
<b>Organizational Policy</b>				
Work with worksite wellness programs or other employee organizations to promote healthier options.	3			

Assessment Key: **N/A=** Does Not Apply, **0=** Does Not Exist, **1=** Below Standard, **2=** Standard, **3=** Innovative

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**Food Safety**

Standard	Federal Suggestion	Initial Level	Post Level	Notes
<b>Food Code</b>				
Follow the guidance and standards in the most recently published <i>Food Code</i> (and all Supplement) relating to food safety procedures and practices	2			
<b>Food Safety Management System/Active Managerial Control</b>				
Establish a comprehensive written food safety plan that seeks to achieve active managerial control of foodborne illness risk factors	3			
<b>Undercooked Meat, Poultry, and Egg Products</b>				
Do not serve raw or undercooked meat, poultry, or egg products, even upon request of the customer	3			
<b>Practices to Control <i>Listeria monocytogenes</i> in ready-to-eat products.</b>				
Develop and implement written sanitation and temperature control programs that target the control of <i>Listeria monocytogenes</i> in ready-to-eat products.	3			
<b>Sick Employees</b>				
Develop and implement a written employee health policy.	3			
<b>Certified Food Protection</b>				
Have a least one management/supervisory employee (not necessarily the Person in Charge) who is a Certified Food Protection Manager present during all hours of operation	2			
<b>Food Handler Training</b>				
Develop and implement a written policy that addresses employee food safety training	3			

Assessment Key: **N/A=** Does Not Apply, **0=** Does Not Exist, **1=** Below Standard, **2=** Standard, **3=** Innovative

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