

## Healthy Communities Strategy #5: Food Service Guidelines

Increase the number of community venues/organizations that implement healthy food service guidelines, healthy meeting guidelines and/or policies that require healthy food and beverage options.

### **Expected Outcomes:**

- Increase the number of community venues or organizations that complete food service guidelines assessment, and/or
- Increase the number of new policies adopted by community venues or organizations that require healthy food and beverage options. These include:
  1. healthy food service guidelines,
  2. healthy meeting guidelines, and/or
  3. policies that require healthy food and beverage options.

### **Health Equity Planning Principals:**

Health disparities are often influenced by the different levels of access that people have to healthy foods. Food inequity can occur because certain communities do not have access to high quality foods in their area. Projects should prioritize settings that serve food to individuals with lower incomes and/or access, not only offering a healthy selection, but also making healthy items appealing and affordable to those with the greatest health disparities.

Priority populations should be engaged in the planning, implementation and/or evaluation of the strategy. This includes groups that have an increased susceptibility to adverse health outcomes and may be defined by demographic factors such as race/ethnicity, income level, age, gender, education attainment, marital status, or health care coverage status; and/or geography such as a region of a state or a specific community. For example, people living in rural and isolated communities can experience food inequity due to the cost of transportation increasing the price of fresh fruits and vegetables. Once you identify the priority population for the strategy, you can select the best setting through which to reach the group.

### **Recommended Partners:**

• community groups • community coalitions • community members that represent the population at greatest risk for health disparities related to nutrition • food service vendors • parks and recreation staff • YMCAs • worksites • colleges and/or universities • health organizations (e.g. hospitals) • local businesses • local civic groups • faith communities • local chambers of commerce

### **Intervention Examples:**

- A. As a park system's snack vending contract was set to expire, the park system developed a new contract that required the selected vendor to comply with new, healthier snack vending standards that set limits on sodium, sugar, fat and calories while also allowing for the inclusion of healthy fat sources such as nuts and seeds.
- B. A worksite wellness committee led the way to healthy changes in the vending machines on campus. They partnered with the vending machine operator to determine which changes could be made. As a result, the vending machine is

stocked with options that are lower in sugar, sodium and saturated fat. Marketing materials with simple and modern images were used to promote healthy items.

- C. A faith community adopted a written policy to increase healthy food options at all meetings and church gatherings, which included offering baked foods instead of fried foods and switching from sweetened beverages to unsweetened tea, fruit-infused water and bottled water.

### **Related Programs:**

The Community and Clinical Connections for Prevention and Health Branch (CCCPH) will collaborate with state and local partners to implement food service guidelines in community settings to promote and increase consumption of healthier foods and beverages that address one or more of the following:

1. Increasing healthier options for prepared foods, packaged snacks and beverages
2. Working with appropriate settings to join the NC 10% Campaign which promotes the sale of local foods
3. Improving healthy product placement, labeling, promotion and/or competitive pricing

### **Recommended Tools/Resources:**

- A. Food Service Guidelines for Federal Facilities  
[www.cdc.gov/obesity/downloads/guidelines\\_for\\_federal\\_concessions\\_and\\_vending\\_operations.pdf](http://www.cdc.gov/obesity/downloads/guidelines_for_federal_concessions_and_vending_operations.pdf)
- B. Building and Implementing Healthy Food Services  
[http://thefoodtrust.org/uploads/media\\_items/healthyfoodservices.original.pdf](http://thefoodtrust.org/uploads/media_items/healthyfoodservices.original.pdf)
- C. CDC's Sodium Reduction in Communities Program Resources  
[www.cdc.gov/dhdsp/programs/srcp\\_resources.htm](http://www.cdc.gov/dhdsp/programs/srcp_resources.htm)
- D. Dietary Guidelines for Americans 2015-2020  
<https://health.gov/dietaryguidelines/2015/guidelines>
- E. Smart Food Choices: How to Implement Food Service Guidelines  
[www.cdc.gov/obesity/downloads/strategies/Smart-Food-Choices-508.pdf](http://www.cdc.gov/obesity/downloads/strategies/Smart-Food-Choices-508.pdf)
- F. Roadmap for Comprehensive Food Service Guidelines  
<https://cspinet.org/sites/default/files/attachment/Roadmap-for-Comp-FSG-FINAL.pdf>

### **North Carolina Resources:**

- A. NC Online Food Service Guidelines Assessment Tool and other resources – Food Service tab  
[www.communityclinicalconnections.com/what-we-do/improve-physical-activity-and-nutrition](http://www.communityclinicalconnections.com/what-we-do/improve-physical-activity-and-nutrition)
- B. Healthy Meeting Guide  
[www.eatsmartmovemorenc.com/resource/healthy-meeting-guide/](http://www.eatsmartmovemorenc.com/resource/healthy-meeting-guide/)
- C. WorkWellNC Nutrition Resources  
<https://workwellnc.com/scorecard-nutrition.php>

### **Data Sources**

- A. Social Determinants of Health by Regions  
<http://nc.maps.arcgis.com/apps/MapSeries/index.html?appid=def612b7025b44eaa1e0d7af43f4702b>

- B. County Physical Activity and Nutrition Data Profiles  
[www.communityclinicalconnections.com/data](http://www.communityclinicalconnections.com/data)
- C. NC BRFSS Data  
<https://schs.dph.ncdhhs.gov/data/brfss/2018/>