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Healthy Food Service on Local Government Property

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Support for this fact sheet was provided by the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the Foundation.

November 2017

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Introduction

This model healthy food service policy provides language for a local policy enacting food service guidelines that set standards for the sale or provision of food and beverages served and sold on local government property. In addition to vending machines, this policy covers other food establishments including concession stands, cafeterias, and food provided at meetings and events.

Feeding programs administered by government-run institutions where people live, such as prisons and nursing homes, generally have specific nutrition guidelines or requirements for food served and sold. Consequently, they are not covered under this model policy.

This policy uses the nutrition standards developed by the U.S. Department of Health and Human Services (HHS) that are part of the *Food Service Guidelines for Federal Facilities*. These standards, which are described as voluntary best practices, were first implemented in 2011 and updated in January 2017. The recommendations include provisions that 100% of products meet sodium and transfat standards; 75% of packaged food products meet calorie, saturated fat, and sugar standards; and 50% of beverage products meet calorie requirements. Additionally, these standards include provisions related to facility efficiency, environmental support, community development, food safety and behavioral design.

Communities may prefer to use different standards. If you use different standards, you will need to change the wording in the model. This symbol “[]” will indicate where you can customize the text throughout the model.

Why establish food service guidelines for a healthy food service policy?

States and localities can promote public health by adopting food service guidelines with nutrition standards for food served and sold on government property. These standards help ensure that consumers, including government employees and members of the public, have healthy options when they are away from home. According to the United States Department of Agriculture Economic Research Service (USDA ERS), Americans are eating more food prepared away from home than ever before. In 1970, 25.9 percent of all food spending was on food away from home; by 2012, it was 43.1 percent.¹ Nutrition standards are one way of improving the quality of food that consumers can access when they are purchasing food prepared away from home.

How can health equity be promoted through a food service policy?

Making healthier foods and beverages available can also help make the food environment more equitable—that is, help make healthier options more accessible and affordable to consumers who may lack access to healthy foods, such as those who live in food deserts.

Vending machines offer a good example of how this type of policy can promote health equity. In many government settings, vending machines may be the only opportunity to purchase food for workers who work off-hour shifts on weekends or evenings such as custodians or security staff. For price-sensitive consumers, vending machines may also provide more affordable options than cafeterias; and vending machines can be a source of healthy and culturally appropriate foods for visitors and workers.

Additionally, there are opportunities to consider how food procurement policies and contracts can positively influence the supply chain. Food service policies and contracts can promote fair labor practices, environmental sustainability, and partnerships with minority and women-owned businesses. Government agencies, including public health departments, can play an important role here. A core function of local and state health departments is addressing the institutional and structural barriers that lead to poor health. One of the most important social determinants of health is employment,² as unemployment and underemployment are closely correlated to poor health outcomes. This is where government contracts can be leveraged to provide an important source of income and employment, especially to priority populations. *The Government Alliance on Race and Equity* (GARE) recommends “that local and regional government dollars used for contracting, consulting, and procurement should benefit the communities [*they*] serve proportionate to the demographics in [*the*] communities.”³

Common terms for this practice are “equitable contracting”, or “inclusive contracting.” Equitable contracting “refers to the process of creating the environment for businesses owned by people of color and/or women to participate in a governmental procurement and contracting process.”⁴ Common terminology for the targets of inclusive contracting includes: Minority and Women Owned Businesses (MWBE), Historically Underutilized Businesses (HUBs), and Small Business Enterprises (SBEs). Many local and state governments and the federal government have policies and programs in place to facilitate equitable contracting.

Once a healthy food service policy has been passed, the public health community can leverage these existing equitable contracting programs and processes to ensure that healthy food procurement contracts promote wellness and equity.

How can a food service policy take a holistic approach to healthy food procurement?

With this type of policy, there are also opportunities to go beyond nutrition and influence other parts of the food system. For example, the 2017 Food Service Guidelines for Federal Facilities include provisions about buying locally-grown products, supporting community development, and promoting sustainability through facility efficiency, energy efficiency,

natural resource management, and environmental impact reduction.

*The Center for Good Food Purchasing*⁵ has created a framework and process for local communities that want to take a holistic approach to the way public institutions purchase food. Their model is built on five core values: local economies, health, a valued workforce, animal welfare and environmental sustainability. ChangeLab Solutions and the Good Food Purchasing Program have partnered to create an [infographic](#) that provides an overview of this holistic model.

What are the policy options for food service and vending standards?

States and local communities have implemented healthy food service and vending standards using state and local legislation, resolutions, executive orders, and agency policies. The choice of policy depends on the jurisdiction in which you are working as well as many other factors. **Regardless of the type of policy you choose, make sure you understand which agencies will be covered by the policy.** If you are not sure, consult your agency's legal department.

Sample Healthy Food Service and Vending Policy for Local Governments

COMMENT: This policy affects the internal operations of government rather than regulating privately-owned food services operations. For this reason, policymakers in many cities or counties may choose to adopt this policy by executive order or resolution, rather than by enacting an ordinance. (More commonly, cities and counties enact ordinances when regulating private conduct.) If a city or county chooses to enact the standards by ordinance, the provision would probably be added to the local contracting or purchasing law. The sample language below should be tailored for your community. The language written in italics provides different options or explains the type of information that needs to be inserted in the blank spaces to customize the policy.

SECTION I. Findings. The [*name of city or county*] hereby finds and declares as follows:

1. The number of children suffering from unhealthy weight has more than tripled over the past 30 years.⁶ Nearly 18 percent of children, and 21 percent of adolescents, are obese,⁷ and 31.8 percent are above a healthy weight.⁸ Children with unhealthy weights are far more likely to become adults with the same condition.⁹ Children who are low-income and/or African American or Hispanic are much more likely to suffer from unhealthy weights than their white counterparts.¹⁰ In [*insert name of city/county*], [*insert city/county's obese youth population percentage*] of children are overweight or obese.
2. More than 66 percent of all adults suffer from unhealthy weight and more than one-third of adults are considered to be obese.¹¹ In [*insert the year of the most recent information*] in [*insert name of city/county*], [*insert city/county's obese adult population percentage*] of adult residents were overweight or obese.
3. Unhealthy weights cause, or are closely linked to, numerous serious health conditions including heart disease, stroke, diabetes, high blood pressure, unhealthy cholesterol, asthma, sleep apnea, gallstones, kidney stones, infertility, and as many as 11 types of cancers, including leukemia, breast, and colon cancer.¹²
4. Using data covering 2000 to 2011, lifetime risk of diagnosed diabetes from age 20 years is approximately 40%.¹³ Those at highest lifetime risk are Hispanic men and women, and non-Hispanic black women, for whom lifetime risk now exceeds 50%.¹⁴
5. Obesity and associated conditions are linked to higher job absenteeism, costing approximately \$4.3 billion annually,¹⁵ and to lower productivity while at work, costing employers \$506 per obese worker per year.¹⁶

6. There is a positive association between dietary patterns, food choices and body weight.¹⁷
7. Many low-income and minority communities are located in areas without retailers that sell healthy food.¹⁸ Around 9% of Americans live in communities without adequate access to healthy food retailers within a reasonable distance from their home.¹⁹ These communities are more likely to be low income and people of color.²⁰
8. Low income neighborhoods often lack full-service grocery stores and farmers' markets, and low income households are also less likely to have their own vehicle to use for food shopping.²¹
9. There are [*insert number here*] number of people employed by [*insert name of city/county*]. In addition, many more people are served by [*city/county*]. By adopting healthy food service and vending standards, the [*city/county*] can help to improve the health of government employees and community members.

COMMENT: If you decide to add provisions to the policy that go beyond nutrition standards, such as buying local and sustainable products, you can include findings that address these additional issues.

SECTION II.

a. Definitions.

1. “[*City/County*] Property” as used in this section means all real property, or part thereof, used for [*City/County*] purposes and either owned, leased, rented, or otherwise controlled by, and occupied by, any [*City/County*] department.
2. “Food Service” means all foods or beverages (1) sold on [*City/County*] Property, including, but not limited to, in a vending machine, cafeteria, concession stand, or food cart, and (2) foods or beverages purchased by the [*City/County*] to provide to employees or members of the public at events and meetings.

COMMENT: If you decide to create a policy that addresses only vending, you should change the definition of “food service” to a definition of vending machines and change the references to “food service” throughout the model. The law in your state probably already defines vending machine. To be consistent, it would be best to use an existing definition. Here is an example of a definition of vending machine:

“Vending machine” means any mechanical device which dispenses a food or beverage product on the insertion of payment.

3. “Department” means [*specify the entity responsible for enforcement of the city/county’s health-related laws. Typically, this is the Department of Public Health or the Department of Health.*]
4. “Guidelines” means the Food Service Guidelines for Federal Facilities (2017) developed by U.S. Department of Health and Human Services. [*If you are not using the Food Services Guidelines for Federal Facilities as your default guidelines, change this definition to reflect your choice of guidelines.*]

b. Requirements for Food Service.

1. Beginning January 1, 2018, or upon expiration of an existing contract, whichever occurs later, all Food Service on [City/County] Property, shall meet the nutrition standards for food and beverages set forth in the Guidelines.
2. For each item of food sold that does not provide visible nutrition information at the point of purchase and is not otherwise governed by federal or state food labeling laws, a vendor shall provide a sign in close proximity to each food item or the selection button that includes a clear and conspicuous statement disclosing the number of calories contained in the article.
3. The Department shall provide an implementation guide and technical assistance to help local agencies implement these changes. The guidance shall address strategies to encourage consumers to purchase the healthier options, including pricing, placement, and promotion strategies.

COMMENT: Strategies that encourage consumers to purchase healthier options are often called behavioral design strategies. The Food Service Guidelines for Federal Facilities include specific behavioral design recommendations on pricing, placement and promotion.

c. Administration and Enforcement.

1. Five years after enactment of this [*policy*] and every five years thereafter, the Department shall review the nutritional standards *and* if necessary, recommend amendments to the *nutrition standards* to reflect advancements in nutrition science, dietary data, and new product availability.

2. The Department shall prepare a [*biennial*] report on the status of implementation. The report shall include: an assessment of compliance with the nutritional standards; a list of successes, challenges, and barriers experienced in implementation; and recommendations for improvement of the nutritional standards and compliance.

COMMENT: The policy sets standards and requires the city or county's employees to implement the standards. The city or county will implement the standards by ensuring that its contracts with food service providers contain the requirements. The city and county then has contractual remedies, within existing state and local law and in provisions within the contracts, to ensure that the vendors comply with the requirements. For that reason, detailed compliance provisions are not necessary in this policy.

If there is an appropriate governmental body to which a report could be submitted such as a [food policy council](#) or a worksite wellness taskforce, the language above could be amended to state that the Department will submit the report to the appropriate oversight body.

Additionally, provisions related to equitable contracting and supplier diversity should be included in the request for proposals and the awarded contract. Health department staff should familiarize themselves with these provisions.

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- ¹ Food-Away-from-Home. United States Department of Agriculture: Economic Research Service website. www.ers.usda.gov/topics/food-choices-health/food-consumption-demand/food-away-from-home.aspx. Updated December 30, 2016. Accessed June 9, 2017.
- ² *How Does Employment, or Unemployment, Affect Health*. Issue Brief. Robert Wood Johnson Foundation; March 2013. www.rwjf.org/en/library/research/2012/12/how-does-employment--or-unemployment--affect-health-.html.
- ³ Lohrentz T. *Contracting for Equity: Best Local Government Practices that Advance Racial Equity in Government Contracting and Procurement*. Issue Brief. Insight Center for Community Economic Development; 2015. http://racialequityalliance.org/wp-content/uploads/2015/12/GARE-Contract_For_Equity.pdf.
- ⁴ *Id.* at 4.
- ⁵ See The Good Food Purchasing Program. Center for Good Food Purchasing website. <http://goodfoodpurchasing.org/>. Accessed June 12, 2017.
- ⁶ Guideline 2: Establish school environments that support healthy eating and physical activity. Centers for Disease Control and Prevention website. www.cdc.gov/healthyyouth/npao/schoolenvironment.htm. Updated September 6, 2016. Accessed June 9, 2017; Obesity Prevention Source: Child Obesity. Harvard T.H. Chan School of Public Health website. www.hsph.harvard.edu/obesity-prevention-source/obesity-trends/global-obesity-trends-in-children/. Accessed June 9, 2017.
- ⁷ National Center for Health Statistics: Obesity and Overweight. Centers for Disease Control and Prevention website. www.cdc.gov/nchs/fastats/obesity-overweight.htm. Accessed June 9, 2017.
- ⁸ Overweight & Obesity Statistics. National Institute of Diabetes and Digestive and Kidney Diseases website. www.niddk.nih.gov/health-information/health-statistics/overweight-obesity. Accessed June 9, 2017.
- ⁹ Krebs NF, Jacobson MS. Prevention of pediatric overweight and obesity. *Pediatrics*. 2003; 112(2): 424-430. Available at: www.ncbi.nlm.nih.gov/pubmed/12897303; Guo SS, Chumlea WC. Tracking of body mass index in children in relation to overweight in adulthood. *Am. J. Clin. Nutr.* 1999; 70(1): 145s-148s. Available at <http://ajcn.nutrition.org/content/70/1/145s.full.pdf+html>.
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- ¹¹ Overweight & Obesity Statistics. National Institute of Diabetes and Digestive and Kidney Diseases website. www.niddk.nih.gov/health-information/health-statistics/overweight-obesity. Accessed June 9, 2017.
- ¹² Obesity Prevention Source: Obesity Consequences. Harvard T.H. Chan School of Public Health website/ www.hsph.harvard.edu/obesity-prevention-source/obesity-consequences/. Accessed June 9, 2017; The Health Effects of Overweight and Obesity. Centers for Disease Control and Prevention website. www.cdc.gov/healthyweight/effects/index.html. Accessed June 9, 2017.

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- ¹⁴ *Id.*
- ¹⁵ Cawley J, Rizzo JA, Haas K. Occupation-Specific Absenteeism Costs Associated with Obesity and Morbid Obesity. *Journal of Occupational and Environmental Medicine*. 2007; 49(12): 1317-1324. doi: 10.1097/JOM.0b013e31815b56a0.
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- ²¹ Why Low-Income and Food-Insecure People are Vulnerable to Poor Nutrition and Obesity. Food Research & Action Center website. <http://frac.org/obesity-health/low-income-food-insecure-people-vulnerable-poor-nutrition-obesity>. Accessed June 9, 2017.