**Assessment of Food Service Environments in County of Los Angeles Departments**

**Background:** On March 22nd, 2011, the County of Los Angeles Board of Supervisors adopted a motion titled, *Healthy Food Promotion in LA County Food Services Contracts,* which requires all County departments to consult with the Department of Public Health (DPH) prior to the release of any Requests for Proposals for County food services contracts for prospective vendors. The motion’s intent is to ensure that dietary requirements within the final food service contracts promote healthy nutrition and comply with previously adopted Board policies.

**Purpose of Departmental Assessment:** The purpose of this interview is to learn more about the food service environments and settings across all County departments or programs that purchase, distribute, and/or sell food/beverages and that are impacted by the *Healthy Food Promotion* Board motion. Findings from these interviews will help DPH collaborate more effectively with your Department and with other County departments in fulfilling the requirements of the Board motion. We will share interview findings with your agency if you would like to use the information for internal purposes.

**All information reported by your representative will be kept confidential. We thank you in advance for your feedback and input on this important process!**

**General Information**

County Department: Date:

Number of programs in Department:

Number of employees in Department:

Address:

Survey Completed by (Name): Title:

E-mail address: Phone number:

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1. Does your Department purchase, distribute, and/or sell food and/or beverages for cafeterias, vending machines, and/or snack shops, concessions services, distributive meal programs, or meals served to institutionalized populations?

[ ]  YES [ ]  NO

***Please STOP if your answer to Question 1 is “no”. Thank you for your willingness to participate! You do not need to complete the rest of this survey.***

1. What type(s) of food service venues/programs does your department manage? (Check ALL that apply)

[ ]  Cafeterias

[ ]  Vending machines

[ ]  Meals served to institutionalized populations (e.g., jails, probation camps/juvenile halls, nursing homes, hospitals)

[ ]  Concessions (e.g., snack bar, carts, stands)

[ ]  Distributive meal program (e.g., senior meals, after-school snacks)

[ ]  On-site restaurants and/or cafes

[ ]  Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. At how many locations do you offer or sell food and beverages? (Check only ONE for each setting).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Setting**  | **1** | **2-5** | **6-10** | **11-20** | **>20** |
| Cafeterias |  |  |  |  |  |
| Meals served to institutionalized populations (e.g., correctional facilities, nursing homes, hospitals) |  |  |  |  |  |
| Concessions (e.g., snack shops, snack bars, stands, carts) |  |  |  |  |  |
| Distributive meal program (e.g., senior meals, after-school snacks) |  |  |  |  |  |
| On-site restaurants, cafes |  |  |  |  |  |
| Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |

3b. Please tell us about the number and locations of the vending machines your department manages.

|  |  |
| --- | --- |
| **Location** | **Number** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

1. What is your department’s/program’s primary sources of funding to purchase, distribute and/or sell food and beverages? (Check all that apply and specify the source of funding)

[ ]  None

[ ]  Federal-please specify funding source(s):

[ ]  State-please specify funding source(s):

[ ]  County-please specify funding source(s):

[ ]  Other-please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How does your department/program prepare and distribute food? (Check ALL that apply)

[ ]  None

[ ]  Conventional: Unprepared or partially prepared food is purchased and is cooked and served onsite within a short period of time.

[ ]  Ready/Prepared: Like conventional foodservice, unprepared or partially prepared food is purchased. The prepared food is then either frozen or chilled and stored until needed for services on-site or off-site. Depending on whether the food is frozen is chilled or frozen, the ready prepared method is classified as Cook/Chill or Cook/Freeze respectively.

[ ]  Commissary: A type of foodservice where foods are bought with little pre-preparation. Large, centralized

production facilities are used in food production and then these foods are transported to remote (often called satellite) locations for final preparation and serving.

[ ]  Assembly/Serve: Food is bought in a highly processed, almost ready-to-serve form. It is then assembled after

 heating and served.

[ ]  We contract out to a food service vendor (such as Aramark, Morrison, Sodexo, etc.) to manage our food service

 operation. (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How many food service vendors does your department/program contract with to manage your food services?

|  |  |  |
| --- | --- | --- |
| **Setting**  | **Number of vendors**  | **Number of contracts** |
| Cafeterias |  |  |
| Vending machines |  |  |
| Meals served to institutionalized populations (e.g., correctional facilities, nursing homes, hospitals) |  |  |
| Concessions (e.g., snack shops, snack bars, stands, carts) |  |  |
| Distributive meal program (e.g., senior meals, after-school snacks) |  |  |
| On-site restaurants, cafes |  |  |
| Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

6a. Do these food settings have subcontractors or grantees?

[ ]  YES (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  NO

1. How many food service contracts are up for renewal in your department/program within…

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Setting**  | **Less than 1 year** | **1-3 years** | **3 or more years** | **N/A** |
| Cafeterias |  |  |  |  |
| Vending machines |  |  |  |  |
| Meals served to institutionalized populations (e.g., correctional facilities, nursing homes, hospitals) |  |  |  |  |
| Concessions (e.g., snack shops, snack bars, stands, carts) |  |  |  |  |
| Distributive meal program (e.g., senior meals, after-school snacks) |  |  |  |  |
| On-site restaurants, cafes |  |  |  |  |
| Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |

1. About how many meals and snacks does your department/program serve each day? (Check only ONE for each setting).

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Setting** | **None** | **100 or less** | **100-500** | **500-1,000** | **1,000-5,000** | **5,000+** | **Don’t know** |
| Cafeterias |  |  |  |  |  |  |  |
| Vending machines |  |  |  |  |  |  |  |
| Meals served to institutionalized populations (e.g., correctional facilities, nursing homes, hospitals) |  |  |  |  |  |  |  |
| Concessions (e.g., snack shops, snack bars, stands, carts) |  |  |  |  |  |  |  |
| Distributive meal program (e.g., senior meals, after-school snacks) |  |  |  |  |  |  |  |
| On-site restaurants, cafes |  |  |  |  |  |  |  |
| Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |  |

1. What is your average cost per meal/snack? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How much revenue is generated annually from your department’s food service? (Check only ONE for each setting).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Setting**  | **Less than $100,000**  | **$100,000-$249,000** | **$250-499,999** | **$500,000-$999,999** | **$1-$5 million** | **> $5 million** |
| Cafeterias |  |  |  |  |  |  |
| Vending machines |  |  |  |  |  |  |
| Meals served to institutionalized populations (e.g., correctional facilities, nursing homes, hospitals) |  |  |  |  |  |  |
| Concessions (e.g., snack shops, snack bars, stands, carts) |  |  |  |  |  |  |
| Distributive meal program (e.g., senior meals, after-school snacks) |  |  |  |  |  |  |
| On-site restaurants, cafes |  |  |  |  |  |  |
| Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |

1. What is/are the age group(s) that your department/program serves? (Check ALL that apply)

[ ]  Preschool [ ]  Elementary School [ ]  Middle School [ ]  High School [ ]  Adults [ ]  Seniors (60+)

1. Which of the following meals or foods does your department or program serve on a daily basis? (Check ALL that apply)

[ ]  Breakfast [ ]  Lunch [ ]  Dinner [ ]  Snacks [ ]  Beverages [ ]  Catering

[ ] Other: (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does your department/program currently follow any food and nutrition-related standards or guidelines?

[ ]  YES [ ]  NO [ ]  Don’t know

1. Does your department purchase food that is locally grown[[1]](#endnote-1)?

[ ]  YES [ ]  NO [ ]  Don’t know [ ]  Not applicable

 14b. Which of the following foods purchased are locally grown?

[ ]  Fruits

[ ]  Vegetables

[ ]  Bread, rice, pasta, noodles, tortillas

[ ]  Dairy products (milk, yogurt, cheese)

[ ]  Beans and lentils

[ ]  Eggs

[ ]  Poultry, Fish, and Meat

1. Do you have a Registered Dietitian that works in your department?

[ ]  YES [ ]  NO

1. Which nutrition standards does your department/program currently follow? (Check ALL that apply)

[ ]  None

[ ]  United States Department of Agriculture (USDA) National School Lunch Program (NSLP)

[ ]  The 2010 Dietary Guidelines for Americans (DGA)

[ ]  The Joint Commission on the Accreditation of Healthcare Organizations (JACHO)

[ ]  Institute of Medicine (IOM) Nutrition Recommendations for Foods in Schools

[ ]  Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. For which of the following does your department/program currently have a set standard or limit? (Check ALL that apply)

[ ]  None

[ ]  Calories [ ]  Total fat [ ]  Saturated fat [ ]  Trans fat [ ]  Sodium [ ]  Sugar

[ ]  Cholesterol [ ]  Vitamins (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Minerals (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does your department/program offer foods that seek to accommodate special dietary needs?

[ ]  YES [ ]  NO [ ]  I don’t know

**If your program does not offer foods to accommodate special dietary needs, please proceed to question #20.**

1. Which of the following dietary accommodations does your department/program offer?

*Food allergies*

[ ]  None

[ ]  Milk

[ ]  Eggs

[ ]  Peanuts

[ ]  Tree nuts (such as cashews and walnuts)

[ ]  Fish

[ ]  Shellfish

[ ]  Soy

[ ]  Wheat

*Other special diets*

[ ]  None

[ ] PKU diet

[ ]  Gluten free

[ ]  Kosher

[ ]  Low-fat

[ ]  Low-sodium

[ ]  Vegetarian

[ ]  Vegan

[ ]  Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does your program currently offer nutrition information through labeling (e.g., menu labeling, labeling on food packages, etc.) or other signage?

[ ]  YES [ ]  NO [ ]  I don’t know

1. Does your program currently use product placement to encourage customers to choose healthier food options?

[ ]  YES [ ]  NO [ ]  I don’t know

1. What challenges do you anticipate in expanding your efforts to purchase and/or prepare healthy foods? (Check ALL that apply):

[ ]  No challenges

[ ]  Lack of trained staff

[ ]  Financial difficulties/lack of funding support

[ ]  Lack of nutrition knowledge (no access to a dietitian or nutritionist)

[ ]  Lack of kitchen equipment to prepare healthier foods

[ ]  Existing contract provisions or obligations that are difficult to change

[ ]  Customer dissatisfaction with changes

[ ]  No consumer demand for healthier food products

[ ]  Difficult to source local foods

[ ]  Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What type of information would be most helpful for assisting your department/program with implementing new healthier food standards or recommendations?

[ ]  None

[ ]  Fact sheets

[ ]  Presentations/Trainings (e.g., departmental training for food service staff)

[ ]  Information/Resources on the web

[ ]  Technical Assistance from the Department of Public Health

[ ]  Marketing

[ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does your department/program currently have a monitoring and enforcement system in place to track compliance with current or new healthy food standards recommended by DPH?

[ ]  Our department/program does not currently have a plan in place

[ ]  Our department/program is working towards developing a plan

[ ]  Our department/program has developed a plan to monitor and evaluate compliance with the new standards

1. Locally grown is defined by the Los Angeles Food Policy Council as within a 200 mile radius of Los Angeles.

*Disclaimer: This survey tool was partially adapted from a baseline survey tool developed by the Massachusetts Department of Public Health.* [↑](#endnote-ref-1)