Healthy Hospital FOOd and Beverage Environment Scan





Contents

| Scan Cover Page | 3 |
|--------------------|----|
| Cafeteria* | 4 |
| Vending Machines** | 14 |

For a complete guide on how to use this scan please <u>click here</u>.

Adapted with permission from:

- * Saelens BE, Glanz K, Sallis JF, Frank LD. Nutrition Environment Measures Study in Restaurants (NEMS-R). *Am J Prev Med* 2007; 32(4): 273-81.
 - Glanz K, Sallis JF, Saelens BF, Frank LD. Nutrition environment measures survey in stores (NEMS-S). *Am J Prev Med* 2007;32(4):282-289.

Adapted with permission from:

** Adapted with permission from: Iowa Department of Public Health. Nutrition Environment Measures Survey-Vending. Available at http://www.nems-v.com/index.html.

Scan Cover Page

| Rater ID: Hospital Name: |
|---|
| Hospital ID: (Optional) |
| Code as: State-Location-Type-#Employees-#Beds-Teaching Hospital |
| State: Two letter state |
| Location: 0=Urban; 1=Rural; 2=Suburban |
| Type: 0=Tertiary; 1=General; 2=Specialty, Children's; 3=Specialty, Geriatric; 4=Specialty, Surgical; 5=Psychiatric; 6=Women's health, OB/GYN; 7=Community; 8=Federal; 9=Other |
| (Specify:) |
| #Employees (not including residents): 0= <1000; 1=1000-3000; 2=3000-5000; 3= >5000; Actual #= |
| #Beds: 0=1-100; 2=101-300; 3=301-500; 4=>500; Actual #= |
| ■ Hospital Abbreviation(4 letters) |
| |
| Scan Date: |
| Date: (MM/DD/YY) |
| Overall Start Time: AM PM |
| Overall End Time: AM PM |
| Sites Visited: |
| Cafeteria |
| ☐ Vending Machines |

| Rater ID: Date: (MM/DD/YY) | Hospital Name: |
|----------------------------|----------------|
| Hospital ID: | (Optional) |

| Time of Scan: | |
|--|---------------------|
| Start Time: AM PM End | d Time: AM PM |
| Number of Cash Registers: | |
| Data Sources: | |
| OBSERVATION: | |
| Nutrition information on a large display or menu boards? | Yes No |
| Identification of healthier items in cafeteria? | Yes No |
| Printed brochure in cafeteria? | Yes No |
| Nutrition information in brochure? | Yes No |
| Brochure on intra/internet? | Yes No |
| Comments: | |
| Hours of Operation: | |
| TYPICAL WEEKDAY | TYPICAL WEEKEND DAY |
| Open: AM PM | Open: AM PM |
| Closed: AM PM | Closed: AM PM |
| Comments on Hours of Operation: | |
| | |
| | |

| Hospital ID: | (///) | (Optional) |
|---|--------|-------------------|
| Facilitators and Barriers: | | COMMENTS |
| OBSERVATION: | | COMMENTS |
| Does the cafeteria have signs or other displays that encourage general healthy eating? (posters on wall, signs, table tents) | Yes No | |
| Do signs or displays encourage less healthy food choices or overeating (table tents with rich deserts, supersizing, all you can eat)? | Yes No | |
| Is a "Feature of the Day" or special combination meal promoted? | Yes No | |
| Are there signs, table tents, or other displays encouraging healthy food choices as part of a wellness or benefit program? | Yes No | |
| Is there any other information on promotions or pricing strategies (e.g. farmers markets, discounts on healthy items) presented within the cafeteria? | Yes No | |
| General Comments: Facilitators and Barriers | | |
| | | |
| | | 5 Completed page: |

| tem | Available | Most Common Price per Item | Located Near Po of Purchase | | otal # of arieties* |
|---|---------------|-------------------------------|--------------------------------|--------------------------|------------------------|
| | Yes No | \$. | Yes No | | |
| /egetables ^{††} | Yes No | \$ | Yes No | | |
| omments: | | | | | |
| | | | | | |
| ow-sugar cereal/total cere lealthier cereal proportion of | | 0% | 1–10% 🔲 11–33% | 34-50% | 51%+ |
| lealthier Option <7g sugar/ serving): | Size (oz.) | Available | | ear Point of Purchase | Total # c |
| heerios or if unavailable, alte ow-sugar cereal. Alternate na | | Yes No \$ | | Yes No | |
| | | | N | ear Point of | Total # c |
| - | Size (oz.) | Available | | Purchase | |
| degular Option ≥7g sugar/ serving) Theerios (flavored) or if unava Iternate High-sugar cereal. A ame: | (oz.) | Available Yes No \$ | Price | Purchase Yes No | |

(MM/DD/YY)

Hospital Name:

^{*} Varieties: apples, oranges, bananas, peaches, carrots, celery, edamame, mushrooms

^{**} Varieties: cereals such as kix, sugar pops, raisin bran

[†] At least 3 whole or sliced fruits should be available daily (see U.S. General Service's administration guidelines at: http://www.gsa.gov/portal/content/104429).

⁺⁺ GSA states at least 1 raw salad-type vegetable must contain ≤230 mg of sodium as served (see U.S. General Service's administration guidelines at: http://www.gsa.gov/portal/content/104429).

| Rater ID: Date: /(MM/DE |)/YY) | Hospital Na | me: | | |
|---|---------------|-------------|-----------------|---------------------------|---------------------------|
| Hospital ID: | | | | (Optional) | |
| | | | | | |
| Chips | | | | | |
| Baked chips/total chips: Healthier option proportion of shelf space | 2 | 0% | 5 🔲 1–10% 🔲 11- | -33% 3 4-50% | 51%+ |
| Healthier Option (Low-fat chips ≤3g fat/1 oz. serving): | Size (oz.) | Available | Price | Near Point of Purchase | Total # of Varieties** |
| Cheerios or if unavailable, alternate low-sugar cereal. Alternate name: | | Yes No | \$ | Yes No | |
| Regular Option (>3g fat/1 oz. serving): | Size (oz.) | Available | Price | Near Point of Purchase | Total # of Varieties |
| Cheerios (flavored) or if unavailable, alternate higher-sugar cereal. Alternate name: | | Yes No | \$ | Yes No | |
| Comments: | | | | | |

| Milk | | | | | |
|--|-------------------|--------------------------------------|-----------------------|--|---------------------------|
| Skim and/or 1% milk) /All milks: Healthier option proportion of total m | nilk shelf spa | се | 0% 1–10% | 11–33% 34–50% | % |
| ltem | Size (oz.) | Available | Price | Located Above Waist Level | Total # of Varieties** |
| Healthier Item: Skim or 1% milk report lowest-fat milk available) | | Yes No \$ | | Yes No | |
| Regular Option: 2% milk and/or whole milk report lowest-fat milk available) | | Yes No \$ | | Yes No | |
| GSA guidelines state 2%, 1% and fat-free milk should | | | | | |
| | d be offered (see | e U.S. General Service's admir | nistration guidelines | at: http://www.gsa.gov/portal/ | /content/104429). |
| omments: | d be offered (see | e U.S. General Service's admir | istration guidelines | at: http://www.gsa.gov/portal/ | /content/104429). |
| Soda Diet soda/total soda: Proportion of total soda shelf space | d be offered (see | | | at: http://www.gsa.gov/portal/ | |
| Soda Diet soda/total soda: | Size (oz.) | | | | |
| Soda Diet soda/total soda: Proportion of total soda shelf space | Size | Available | 0% 🗖 1–10% | ☐ 11-33% ☐ 34-509 | % |
| Soda Diet soda/total soda: Proportion of total soda shelf space Healthier Item | Size | Available | 0% 1–10% Price | Located Above Waist Level | % |
| Soda Diet soda/total soda: Proportion of total soda shelf space Healthier Item Diet Coke | Size | Available Yes No | 0% 1–10% Price | Located Above Waist Level | % |
| Soda Diet soda/total soda: Proportion of total soda shelf space Healthier Item Diet Coke Alternate choice of diet soda: | Size (oz.) | Available Yes No Yes No Available | 0% 1–10% Price \$ | Located Above Waist Level Yes No Located Above | Total # of Varieties** |
| Soda Diet soda/total soda: Proportion of total soda shelf space Healthier Item Diet Coke Alternate choice of diet soda: Regular Option | Size (oz.) | Available Yes No Yes No Available | Price Price | Located Above Waist Level Yes No Located Above No Located Above Waist Level | Total # of Varieties** |

| Rater ID: Date: / | (MM/DD/YY) | Hospital Na | ame: | | |
|--|------------------|-------------|--------------|------------------------------|---------------------------|
| Hospital ID: | | | | (Optional) | |
| | | | | | |
| Juices | | | | | |
| 100% Juice/Juice Drink: Healthier option proportion of tota | juice shelf spac | ce | 0% 🔲 1–10% 🔲 | 11–33% 34–509 | 6 51%+ |
| ltem | Size (oz.) | Available | Price | Located Above Waist Level | Total # of Varieties** |
| Healthier Item: 100% Fruit \Vegetable Juice | | Yes No | \$ | Yes No | |
| Regular Option: Juice Drink | | Yes No | \$ | Yes No | |
| Comments: | | | | | |
| | | | | | |
| Other Drinks | | | | | |
| Item | Size (oz.) | Available | Price | Located Above Waist Level | Total # of Varieties** |
| Unsweetened Tea | | Yes No | \$. | Yes No | |
| Sweetened Tea | | Yes No | \$ | Yes No | |
| Flavored Water (< 40 calories/serving) | | Yes No | ζ | Yes No | |
| Sports Drinks | | Yes No | Ţ | | |
| Comments: | | res ino | \$ | Yes No | |
| LOTTITIETILS. | | | | | |
| | | | | | |
| | | | | | |

| Fountain Drinks | | | |
|---|---|-------------------------------------|-------------------|
| Regarding the FOUNTAIN DRINI following: (examples of healthy op | K STATIONS: Please indicate the notions are provided below) | umber of more healthy and | total options for |
| tem | # More Healthy Options | Total # Options | N/A |
| oda (e.g. diet soda) | | | N/A |
| luice (e.g. 100% fruit juice) | | | N/A |
| | | | |
| ea (e.g. unsweetened tea) | | | ☐ N/A |
| ther:re FREE refills promoted for for there access to FREE drinking | untain sugar drinks or sweetened t water within the cafeteria? Ye rinking water? | | □ N/A |
| Other: Are FREE refills promoted for for sthere access to FREE drinking f yes, what options exist for free d Served as part of founta Independent water disp Water fountains | water within the cafeteria? Ye rinking water? yin drink station wenser (e.g. water cooler, water jug) | s No N/A | |
| s there access to FREE drinking f yes, what options exist for free d Served as part of founta Independent water disp Water fountains | untain sugar drinks or sweetened t water within the cafeteria? Ye rinking water? in drink station | s No N/A | |
| Other: Are FREE refills promoted for for sthere access to FREE drinking f yes, what options exist for free d Served as part of founta Independent water disp Water fountains Other: | water within the cafeteria? Ye rinking water? ye water within the cafeteria? Ye rinking water? ye water cooler, water jug) ASSES to use at drinking water so | s No N/A | □ N/A |
| Are FREE refills promoted for for sthere access to FREE drinking fyes, what options exist for free days are fountable. Independent water disputation. Water fountains Other: Sthere a CHARGE FOR CUPS/GIF fyes, what options exist for free days. | water within the cafeteria? Ye rinking water? ye water within the cafeteria? Ye rinking water? ye water cooler, water jug) ASSES to use at drinking water so | s No N/A No N/A wrce(s)? Yes No N | N/A |

| Rater ID: Date: | (MM/DD/YY) | Hospital Name: | |
|-----------------|------------|----------------|------------|
| Hos | spital ID: | | (Optional) |

| Menu Review (Includes grill, I | Available | # of Choices | Cor | nments |
|---------------------------------------|-----------|--------------|--------------|----------|
| Main Dishes/Entrees | | | | |
| Total # main dishes/entrees | Yes No | | | |
| Healthier options | Yes No | | | |
| Undetermined | Yes No | | | |
| Burgers | | | | |
| Total # burgers | Yes No | | | |
| Total # healthier options? | Yes No | | | |
| Undetermined | Yes No | | | |
| Item: | | Available | # of Choices | Comments |
| Vegetable with no fat or oil (w/o add | ed sauce) | Yes No | | |
| Whole grain starch side (w/o added s | auce)* | Yes No | | |
| Total # starch | | Yes No | | |
| Total # healthier options? | | Yes No | | |
| Undetermined | | Yes No | | |
| Non-cream based soup | | Yes No | | |
| Total # soup | | Yes No | | |
| Total # healthier options? | | Yes No | | |
| | | | | |

| Rater ID: Date: /(MM/ | /DD/YY) | Hospital Name: | | |
|---|----------------|----------------|--------|-----------|
| Hospital ID: | | | (0 | Optional) |
| | | | | |
| Salad bar available? (if no, skip to ne) | ct page) | Yes No | | |
| Low-fat or fat free salad dressings | | Yes No | | |
| Are healthier options indicated? (e.g., "Go, Slow, Whoa", icons, or other | er system) | Yes No | | |
| Item: | Select One | | Commen | ts |
| Menu Pricing | | | | |
| Please rate the price of healthier entrees to comparable regular entrées. | ☐ More | | | |
| | Same | | | |
| | N/A | | | |
| Please rate the price of healthier sandwiches, wraps, | More | | | |
| and/or burgers to comparable regular ones. | Less | | | |
| regular ones. | Same | | | |
| | N/A | | | |
| General Comments: Menu Review and Pri | cing Sections: | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| ater ID: | Date: | (MM/DD/YY) | Hospital Name: |
|------------------------|--------------------|---------------------------|--|
| | Hospital IC |): | (Optional) |
| | | | |
| | | | |
| Point of I | Decision a | nd Point of Pu | rchase |
| oes the cafet | teria identify ite | ems on the menu or i | n stalls as "healthy" or "light"? 🔲 Yes 🔲 No |
| f yes , what nu | utritional standar | ds do they list for these | e items? (Open Response) |
| | | | |
| | | | |
| | | | No standards are provided |
| s nutrition in | nformation post | ed on the menu boa | rds, brochures or in other display areas? |
| | | | Yes, for all times |
| | | | Yes, only for healthier items |
| | | | Yes, for some items |
| | | | (healthier and/or unhealthy) |
| | | | No |
| Are there opt | tions near the p | oint-of-purchase tha | t do not meet healthier nutrition criteria? |
| | | | Yes No |
| | | | g. non-baked chips, candy, cookies, ice-cream, ount the number of shelves. Enter method for counting in |
| | | | 0–5 |
| | | | 6–10 |
| | | | 11–20 |
| | | | More than 20 |
| | | | □ N/A |
| Comments: | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Rater ID: | | Date: | | _/ | (MM/D | D/YY) | / | | Hospi | tal N | lame | 2: | | | <u>.</u> |
|-----------|--|-------|-----------|----|-------|-------|---|--|-------|-------|------|----|------|------------|----------|
| | | Hos | pital ID: | | | | | | | | | | | (Optional) | |

| Vending Machines Not Applicable |
|--|
| Location of Vending Machines: |
| (Please choose vending machine cluster on a main hospital floor with most traffic.) |
| Lobby/Waiting area Outside/Near Cafeteria Employee break room Patient floor Other: |
| Time of Scan: |
| Start Time: AM PM End Time: AM PM |
| Data Sources: |
| OBSERVATION: |
| Identification of healthier items in machine? Yes, both food & beverage machine Yes, only food machines Yes, only beverage machines |
| Comments: |
| |
| |
| |
| |
| |
| |

| Food Vending Machine(s) | | | | |
|--|-----------------------------|-----------------------|-------------------------|-------|
| Number of Food machines in cluster: | (Tabulate food item | ns in all machines in | cluster scanned) | |
| Facilitators and Barriers: | | Comments | | |
| Are specific healthier items in the vending machine identified using signs o displays (e.g. icons)? | Yes No Cannot Determine | | | |
| Does the vending machine have signs, displays or images that encourage unhealthy food choices (e.g., bag of regular chips, or candy)? | Yes No Cannot Determine | | | |
| Does the exterior of the vending machine depict an image of a healthier food item (e.g. fruit, baked chips, vegetables)? | | | | |
| Are there signs or other displays encouraging healthier food choices as pa of a wellness or benefit program? | Yes No Cannot Determine | | | |
| Access Please indicate the total slot space dedica (See nutrition criteria reference) | ted to each of the followin | g items in all food n | nachines of cluster: | |
| # slots in food machine(s): | GREEN YELLOW (Slow) | RED (Whoa) | Other/non- nutritive | Empty |

| |) | | |
|--|--------|--|-----------------------|
| Hospital ID: | | (Opti | ional) |
| | | | |
| | | | |
| i. Are baked chips available? 🔲 Yes 🔲 N | lo N/A | | |
| If yes, what is the size and price in compa (Circle if ounce or gram and round to near | | | |
| tem | Size | Price | N/A |
| Baked Chips (<3 gm fat/serving) | oz./g | \$ | □ N/A |
| Regular Chips | oz./g | \$. | □ N/A |
| | 02., 9 | Y | |
| | | Vac tar cama itams (haslthia | |
| | | Yes, for some items (healthie No N/A | r una/or unificultry/ |
| If yes, what information is provided? | | No | r una, or unincutary) |
| If yes, what information is provided? | | No | r una, or unincutary, |
| If yes, what information is provided? | | No N/A | r una, or unincutary) |
| If yes, what information is provided? | | No N/A Calories/article | |
| If yes, what information is provided? | | No N/A Calories/article Trans fat/serving | |
| If yes, what information is provided? | | No N/A Calories/article Trans fat/serving Fiber/serving | |
| If yes, what information is provided? | | No N/A Calories/article Trans fat/serving Fiber/serving Total fat/serving | |
| If yes, what information is provided? | | No N/A Calories/article Trans fat/serving Fiber/serving Total fat/serving Sodium/serving* | |
| If yes, what information is provided? | | No N/A Calories/article Trans fat/serving Fiber/serving Total fat/serving* Sodium/serving* Saturated fat/serving | |

| Rater ID: Date: | MM/DD/YY) | Hospital Name: | |
|---|-----------------|---|---|
| Hospital ID: | | | (Optional) |
| | | | |
| Beverage Vending Mad | :hine(s) | | |
| beverage venamy mad | | | |
| Number of Beverage machines in c | luster: (Tak | oulate food items in all n | nachines in cluster scanned) |
| Facilitators and Barriers: | | | Comments |
| Are specific healthier items in the identified using signs or displays (e.g. icons)? | vending machine | Yes No | |
| Does the vending machine have sig displays or images that encourage I choices? | | yes No | |
| Does the exterior of the vending madepict an image of a healthy item (water, diet soda)? | | Yes No | |
| Are there signs or other displays end beverage choices as part of a wellne benefit program? | | Yes No | |
| Access Count the number of buttons/slots d buttons/slots, and the number of em | | | da, low-calorie drink), the number of total |
| | , | oty or "Sold Tota " of Healthy Optio | 1 / |
| # slots in food machine(s): | | | |
| | | | |

| Rater ID: Date: //////////////////////////////////// | Hospital Name: |
|--|----------------|
| Hospital ID: | (Optional) |

Provide the number of buttons/slots, size and price for the following items:

| Item: | # Slots/Buttons | Size* | Price | Not Applicable |
|----------------------------|-----------------|-----------|-------|----------------|
| Water (plain) | | OZ. | \$ | N/A |
| Diet soda | | OZ. | \$ | N/A |
| Regular soda | | OZ. | \$ | N/A |
| 100% fruit/vegetable juice | | OZ. | \$ | □ N/A |
| Juice drink | | OZ. | \$ | □ N/A |
| Sports Drink | | OZ. | \$ | □ N/A |
| Energy Drink | | OZ. | \$ | □ N/A |
| Unsweetened Tea | | OZ. | \$ | □ N/A |
| Sweetened Tea | | OZ. | \$ | N/A |
| Skim, 1% or 2% | | OZ. | \$ | N/A |
| Whole Milk | | OZ. | \$ | □ N/A |
| Other | | OZ. | \$ | □ N/A |
| Total # slots/buttons | | Comments: | | |

| Rater ID: Date: (MM/DD/YY) | Hospital Name: |
|--|--|
| Hospital ID: | (Optional) |
| | |
| Is nutrition information posted on or near the ve (This should include calories/article) | nding machines for drink items? |
| | Yes, for all items |
| | Yes, for only healthier items |
| | Yes, for some items (healthier and/or unhealthy) |
| | No |
| If yes, what information is provided? | |
| | Calories/article |
| | Trans fat/serving |
| | Fiber/serving |
| | ☐ Total fat/serving |
| | Sodium/serving* |
| | Saturated fat/serving |
| | None of these |
| | Nutrition info available elsewhere |
| | Location: |
| General Comments—Vending Sections: | |
| | |
| | |
| | |
| | |
| | |

For more information please contact

Centers for Disease Control and Prevention 1600 Clifton Road NE, Atlanta, GA 30333 Telephone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348

> E-mail: cdcinfo@cdc.gov Web: www.atsdr.cdc.gov Publication date: August 2014