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A Qualitative Study on the Development and Adoption of the First State-
Wide Comprehensive Food Service Guidelines for Improving the Health and
Productivity of State Employees

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Abstract

A Qualitative Study on the Development and Adoption of the First State-Wide
Comprehensive Food Service Guidelines for Improving the Health and Productivity of
State Employees

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Introduction: In 2013, Washington State became the first to adopt state-wide comprehensive food service guidelines to increase the availability of healthy food and beverages sold to state employees and served to state institutionalized populations. The food service guidelines are a component of the worksite wellness policy titled Executive Order 13-06: “Improving the Health and Productivity of State Employees and Access to Healthy Foods in State Facilities” and impact an estimated 73,000 individuals in Washington State. The objective of this study is to examine the facilitators and constraints to Executive Order 13-06 development and passage to inform future food service guideline development and passage in other agencies, states, and municipalities.

Methods: Data from 17 semi-structured interviews with key stakeholders involved in the development and/or passage of Executive Order 13-06 were collected and analyzed using

the Advocacy Coalition Framework. Interviewees were from local and state public health departments, Washington State government, public agencies, academia, advocacy coalitions, and national organizations.

Results: Two main coalitions (proponents and opponents) diverged in their support of the passage of Executive Order 13-06. Proponents supported Executive Order 13-06 given its potential to increase access to healthy food and beverage options. Opponents felt that it was not feasible to meet food service guidelines without affecting sales and profit.

Conclusions: Study findings highlight the importance of early engagement with stakeholders most impacted by proposed food service guidelines; using existing guidelines rather than developing new guidelines; and creating a workgroup to discuss the feasibility of food service guideline implementation and compliance.

Introduction

In 2013, Washington State became the first to adopt state-wide comprehensive food service guidelines (FSG) to increase the availability of healthy food and beverages sold to state employees and served to state institutionalized populations. The FSG are a component of the worksite wellness policy titled Executive Order 13-06: “Improving the Health and Productivity of State Employees and Access to Healthy Foods in State Facilities” (EO 13-06) (1) and impact an estimated 73,000 individuals across 39 executive agencies in Washington State (2). The incorporation of FSG into EO 13-06 came after three unsuccessful attempts to pass a stand-alone FSG policy in the Washington State legislature.

FSGs have emerged recently as part of a more comprehensive approach to obesity prevention and control (3). Research provides ample evidence that the increasing prevalence of obesity is a result of biological and behavioral limitations in the face of poor food environments with high calorie availability, and physical environments with limited opportunities to be physically active (3). As such, national health authorities uniformly express an urgent need for large-scale policies and population-based strategies to complement and support individual-based approaches in order to achieve broad and sustained impact (4-7). In particular, the U.S. Centers for Disease Control and Prevention have encouraged state and local government agencies to play a critical role in improving the food supply by increasing the availability of, and demand for, more healthful products via FSG that align with the Dietary Guidelines for Americans (8). Nationwide, public worksites and city, state, and federal agencies are looking to adopt FSG but not without

challenges (9). The purpose of this study is to examine the facilitators and constraints to EO 13-06 development and passage using the Advocacy Coalition Framework (ACF) in order to inform future FSG development and passage in other agencies, states, and municipalities.

Analysis Strategies

Advocacy Coalition Framework

In this study, we used the ACF to understand the facilitators, constraints, and multiple levels of influence that contributed to the policy development and passage of the FSG component of EO 13-06. The overarching concepts of the ACF are that policymaking occurs inside a policy subsystem, and within this system is a network of advocacy coalitions (10). Advocacy coalitions are made up of networks of policy actors who share a common belief system and coordinate activities over time to reach their objectives (11,12). Two coalitions comprised the policy subsystem for EO 13-06: 1) Proponents included the governor and his cabinet, the state health department, state legislators, health advocacy coalitions, national health organizations, and some state employees; 2) Opponents were state vendors and cafeteria operators that sell food in government agencies. Proponents and opponents disagreed on whether meeting healthy nutrition guidelines was feasible without affecting sales and profit. The ACF was also used to identify how factors outside the immediate policy development process interacted to influence coalition members' beliefs and the policy process. Detailed explanations of ACF components are in Table A1.

Methods

Participants and procedures

A list of 25 potential participants involved in EO 13-06 development and passage was identified in discussion with a state policy advocate and state public agency employee involved in EO 13-06 work. From June through August 2015, participants were approached via e-mail, up to three times. Interested participants responded to the principal investigator (JO) to schedule an in-person or phone interview. Inclusion criteria was that they had been involved in the policy processes of FSG for state agencies. Of the initial 25 participants approached, four declined because they stated they were not involved in policy processes of FSG for state agencies, two did not respond, one declined because a current job prohibited participation, and two were not locatable. After the initial set of 15 interviews was completed, an additional eight participants were identified for recruitment using the snowball sample method. Of these, the first five were contacted in the same manner as the initial set and three were not contacted because responses had reached theme saturation. Of the five contacted, two completed interviews, two did not respond, and one declined stating privacy reasons. Interviews were conducted by phone (n=16) and in-person (n=1) and audio-recorded. Interviews lasted approximately 45-60 minutes and were conducted by one trained researcher to ensure consistency (JO). In total, 17 participants were interviewed until theme saturation had been reached (13). Interviewees were from local and state public health departments (n=7), Washington State government (n=1), public agencies (n=4), academia (n=1), advocacy coalitions (n=1), and national organizations (n=3).

Semi-structured interviews

The ACF informed the design of the semi-structured interview guide. A semi-structured interview format allowed for uniformity but also flexibility to incorporate new topics and follow-up questions as they emerged (14). A series of open-ended questions was designed to ask about beliefs regarding FSG, roles in EO 13-06 development and passage, past and current policy efforts to support FSG, and contextual factors. The initial interview guide was reviewed by collaborators from a public health coalition and the Washington State Department of Health (WADOH) for clarity and relevance. The final interview guide consisted of 20 open-ended questions that were covered in each interview.

Description of data analysis

All interviews were professionally transcribed verbatim. Qualitative data analysis software (Dedoose version 7.5.9) was used to support coding and analysis. Using a sample of two interviews and a thematic analysis approach, the research team (JO, CB, LR) developed deductive codes based on the ACF. Major variations within categories were identified inductively as they emerged. This process continued until a preliminary codebook was developed. Two researchers (CB, LR) independently double-coded six interviews to reconcile codes and revise the code list. Discrepancies were discussed until consensus was reached and the codebook was modified to final. The final codebook was used to double-code (CB, LR, JO) two interviews to ensure reliability. The remaining interviews were coded by one researcher (CB) in conjunction with regular discussion meetings with team members (JO) trained in qualitative research. We used the ACF to describe EO 13-06 policy development (Figure 1). Illustrative quotes are in Table A2.

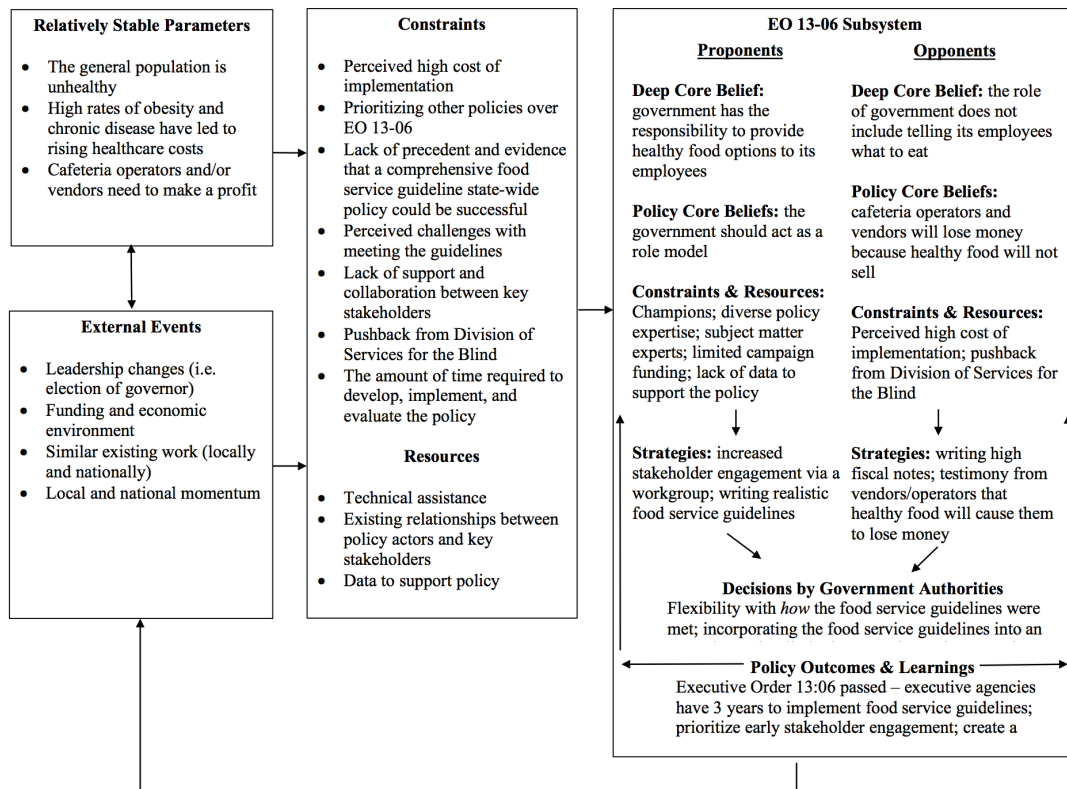


Figure 1: A modified Advocacy Coalition Framework for the passage of Washington State Executive Order 13-06: Improving the Health and Productivity of State Employees, and Access to Healthy Foods in State Facilities. Adapted with permission from Breton et al.¹

¹ Breton E, Richard L, Gagnon F, Jacques M, Bergeron P. Fighting a tobacco-tax rollback: A political analysis of the 1994 cigarette contraband crisis in Canada. J Public Health Pol. 2006;27: 77–99.

Ethical issues

The University of Washington Institutional Review Board approved the study.

Participants received written and verbal information about the study prior to obtaining verbal informed consent.

Results

Evolution of EO 13-06

The idea to develop a policy introducing FSG in Washington State government facilities originated in 2010 through collaboration between two proponent coalition members. Variations of the policy were introduced into the legislative arena three times (2011-2013) before being integrated into a worksite wellness executive order issued by Governor Inslee in 2013. Despite multiple failed attempts in the legislature, most interviewees agreed that introducing the policy in the legislature first was beneficial because it allowed proponents to identify opponents of the policy, and to address the reasons behind their lack of support. Interviewees also agreed that positioning the policy as part of a larger executive order on worksite wellness, and framing the policy as a platform to improve worker productivity, was key to its passage.

Important key players

Collaboration between proponents and opponents was crucial to understanding and overcoming challenges perceived by opponents. Interviewees underscored the roles of two key players: Washington State Department of Services for the Blind (WADSB) and WADOH. WADSB oversees the state's Randolph-Sheppard Business Enterprise Program, a vending business program that gives legally blind adults the opportunity to run and manage vending facilities on specific public properties across the United States. Many of the cafeterias, delis, and espresso stands in Washington State facilities are operated by WADSB vendors (15). WADOH assisted with writing EO 13-06, convened

the workgroup that developed the FSG, and was responsible for the roll-out and implementation of the FSG in agencies.

Parameters and External Events

Coalition members' behaviors are influenced by stable and dynamic factors outside of the policy subsystem. Interviewees agreed on the *relatively stable parameters* that influenced the development and passage of EO 13-06 (11), which included improving the health of the general population; that high rates of obesity and diet-related chronic disease have led to rising healthcare costs; and that cafeteria operators and/or vendors need to make a profit.

External events mentioned by interviewees that contributed to the passage and development of EO 13-06 included: growing local and national momentum to improve population health by focusing on prevention; Governor Inslee's election into office; and support from Inslee's staff and members of the legislature for a policy that increased access to healthier food and beverages.

Interviewees mentioned that the economic recession in Washington State, and tight agency budgets, created a challenging environment to pass a new policy. Proponents argued that increasing healthier food and beverage choices would reduce long-term healthcare costs, and opponents argued that agencies did not have the financial resources to comply with FSG. Between 2011-2013, WADOH received a CDC grant, which funded WADOH staff to support a stakeholder working group that explored how to develop a policy initiative that met the goals of proponents, and overcame the challenges of opponents.

Core Policy Beliefs

The ACF suggests that policy actors' core policy beliefs are translated into policy-level actions; specifically, policy core beliefs are the foundation for forming coalitions, developing alliances, and coordinating collaboration between policy subsystem members (11). Most proponents of EO 13-06 interviewed agreed that government should act as a role model to its employees by providing healthy food options at worksites, that it is important to give people the opportunity to make a healthy choice at work, and that employee demand for healthier options exists. Other beliefs mentioned included that productivity increases if employees are healthy, and providing healthier options will lower healthcare costs. The majority of interviewees also provided their perspectives on opponents' beliefs, including: the role of government does not include telling people what to eat; EO 13-06 would reduce cafeteria operators' profits; EO 13-06 would restrict people's choice; and, that employee support was mixed.

Coalition Resources

Several resources mentioned by interviewees that contributed to the development of EO 13-06 included: precedent set by local and state agencies doing less widespread, but similar and successful FSG work (e.g. Massachusetts), a full-time WADOH staff member dedicated to mobilizing stakeholder support by engaging them in the early stages of the passage and implementation of EO 13-06, and a strong team of diverse experts among proponents (i.e., lobbyists, topic matter experts, and staff with coalition experience) who influenced key stakeholders by presenting them with research and evidence to support policy passage.

Repeating the legislative process three times allowed various stakeholders to develop relationships with key players, including the governor's staff, that helped streamline future communication efforts.

Coalition Constraints

Constraints mentioned by some interviewees included: prioritizing other policies in the legislative sessions, perceived high cost of implementation, lack of precedent and evidence that a comprehensive FSG state-wide policy could be successful, perceived difficulties with compliance, initial lack of support and collaboration between stakeholders, pushback from WADSB, and the amount of time required to develop, implement, and evaluate the policy.

Coalition Strategies

A workgroup of stakeholders that would be affected by the policy, as well as nutrition professionals and agency leaders, was created to increase collaboration and garner opposition buy-in. The workgroup researched existing voluntary FSG as a basis for developing the Washington State FSG. Workgroup members provided feedback on the feasibility of adhering to the guidelines, and subsequent compromises were made. These compromises included flexibility on: how to meet the guidelines (i.e. cafeteria managers were able to choose which guidelines to follow as long as they earned enough points to reach compliance), when guidelines should be food-based versus nutrient-based, and making the implementation timeline feasible. Discussion within the workgroup also allowed insights into where implementation challenges might arise, and thus where additional technical assistance might be needed.

Discussion

The ACF helped identify the key players, essential collaboration efforts, resources, and strategies that facilitated the development and passage of EO 13-06 (Fig. 1). Future policy development and passage efforts may benefit from the following recommendations across four categories: initial policy development, writing the FSG policy, policy passage strategies, and long-term sustainability of the policy (see Table A3).

Initial policy development

Engage stakeholders early

During the first legislative attempt, opposing coalition members stated that compliance with the FSG would impact their profits. This initial resistance stemmed from a misunderstanding regarding the goals of the FSG. Engagement with opponents shifted their attitudes from opposed to neutral during the third legislative session. Early collaboration efforts during initial policy development is recommended to proactively address opponents' concerns.

Convene a workgroup

The WADOH created a workgroup comprised of diverse stakeholders from clinical and public health nutrition, state institutions, local health jurisdictions, and parties affected by the policy (WADSB, and cafeteria and vending operators). The workgroup gave opponents the opportunity to voice their concerns, and the guidelines were modified accordingly. The workgroup meetings also allowed stakeholders to understand how

existing vendor contracts might interfere with FSG compliance. Workgroup collaboration efforts were essential to securing opponent buy-in.

Assemble champions

Engaging leadership within agencies, coalitions, and the community to familiarize them the policy goals allowed proponents to rally partner organizations and broaden the coalition. Interviewees also mentioned that a single individual's opinion is not always representative of an entire agency or organization; consider engaging others in the agency or organization to find champions.

Writing the food service guidelines/policy

Model after other successful policies and guidelines

Providing examples of successful existing efforts made the proposed policy more palatable and eased opposition anxiety. Interviewees recommended using existing FSG as a basis, and collaborating with stakeholders to identify the strengths and weaknesses.

Provide opportunities for feedback

In EO 13-06 workgroup meetings, stakeholders reviewed existing FSG and used sticky notes on blank posters to provide anonymous feedback. This strategy was accepted as soliciting honest feedback and allowed for diverse perspectives.

Grant agency exemptions

Exempting agencies where existing legislation—such as the National School Lunch Program—conflicted with the guidelines, prevented pushback.

Consider food-based nutrition guidelines

A nutrition consultant developed food-based guidelines, rather than nutrient-based guidelines, under the premise that they would be easier to implement. Developing a set of guidelines that all stakeholders can readily understand and apply will increase the likelihood of compliance and achieving the goal of greater access to healthy food options.

Consider passing the policy as an executive order vs. another form of legislation

One limitation of a governor-issued executive order is that he/she only has jurisdiction over public agencies under the executive branch. Some interviewees felt that the EO 13-06 lacked ‘teeth’ because it would be difficult to enforce; however, others felt that an executive order aligned well with policy goals and accelerated the policy process.

Policy passage strategies

Consider the political landscape and timing

In Washington State, the governor, Secretary of Health, and leadership in the Senate and House of Representatives, collectively shared a strong interest in employee health and wellness. Support from these actors, especially the governor, was essential for EO 13-06 passage. When the opportunity arose to pass the policy as an executive order, most interviewees mentioned that the timing was right because much of the legwork was completed.

Focus on a worksite wellness frame

EO 13-06 did not build traction until it was framed as a comprehensive worksite wellness policy. It was more appealing to expand the frame beyond improving individual health, and to focus on increasing worker productivity, because the latter has a potential return on investment.

Share success stories

There were several contrasting beliefs between proponents and opponents regarding: the role of government in providing healthy food and beverage options; if healthy food will cause vendors and cafeteria operators to lose money; and if implementing FSG is feasible given monetary and staffing constraints. Providing examples of success stories from the private sector reassured vendors and cafeteria operators that selling healthy food could be profitable.

Plan for strategic messaging

Employee support was also mixed. Emphasis was placed on communicating the message that implementing FSG would increase the amount of healthy food options offered without taking away existing options.

Long-term sustainability of the policy

Develop an evaluation plan

Consider the policy evaluation plan concurrently with the implementation goals to better align necessary resources and tools, including securing additional funding to support staff evaluation efforts. Evaluation is key to identifying if there is a need for technical assistance and to monitor challenges in adhering to the guidelines.

Maintain stakeholder engagement

Have a plan for sustainability, including budgeting for staff time and resources to help with technical assistance when needed. Continue to engage with partners and stakeholders throughout implementation to maintain support and buy-in.

Provide technical assistance to help with promotion and adherence to the guidelines

Develop marketing materials (i.e. posters, table tents) which creatively promote meal and snack options and that adhere to the guidelines. Provide technical assistance to cafeteria operators to help them develop creative, fresh meals that are appealing to consumers, and work with vendors to learn what snack options are available and feasible to stock.

Limitations

Results may not be generalizable to other states due to the political environment that favored the passage of EO 13-06 in Washington State. While a diverse group of proponents were interviewed, interview data from opponents was limited. In some cases, proponents' perception of opponents' beliefs was reported.

Qualitative data analysis is subject to personal bias. Researchers are challenged with presenting findings that preserve the original intent of interviewees, while also allowing for analysis and interpretation. The research team included people who were familiar and unfamiliar with EO 13-06. This dynamic increased awareness of potential biases and improved attentiveness during the data analysis process. In addition, the majority of data were double-coded to ensure that themes were accurately represented.

Future research to inform policy efforts should include analyzing the differences between the passage and implementation of FSG as part of an executive order versus another form of legislation, and comparing the effects on health of states or localities with similar and different FSG policies.

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Appendix A

Table A1. Key Components of the Advocacy Coalition Framework. Adapted with permission from and Steinman et al¹.

Key Component	Definition
Relatively Stable Parameters	<i>Factors external to the policy subsystem that are stable over long periods of time (e.g. societal values)</i>
External Events	<i>Dynamic external factors that influence the policy subsystem and advocacy coalitions to affect policy change (e.g. a change in government)</i>
Policy Subsystem	<i>A network of advocacy coalitions that focus on a specific policy arena (e.g. increasing access to healthy foods and beverages)</i>
Advocacy Coalitions	<i>Advocacy coalitions are made up of members brought together by shared values and beliefs. Advocacy coalitions work together to advocate for similar policy outcomes</i>
Constraints and resources	<i>A combination of relatively stable parameters and external events that either help or hinder advocacy coalitions and/or the policy subsystem</i>
Beliefs	<i>The overarching driver for coalition members, divided into three categories:</i>
	<i>1. Deep core beliefs: essentially unchangeable deeply held personal beliefs about human nature, freedom, the role of distinctive justice, and similar ideas</i>
	<i>2. Near core beliefs: fundamental policy positions concerning the articulated policy goals of an advocacy coalition</i>
	<i>3. Secondary policy beliefs: concerned with issues related to the administration and implementation of policy</i>
Strategies	<i>Tactics, messages, and actions taken by advocacy coalitions to further their policy objectives</i>

Policy outputs and impacts	<i>The result of the policy process, usually passed legislations, that impacts the identified problem</i>
Policy-oriented learning	<i>Occurs within the subsystem as a result of direct challenges to an advocacy coalition, accumulated experience, confrontation, and compromise</i>

¹ Steinman LE, Bradford V, Quinn E, Otten, JJ, McNamara J, Fisher K, et al. Examining the Washington State breastfeeding-friendly policy development process using the advocacy coalition framework. *Matern Child Health J.* 2016.

Table A2. Selected illustrative quotes that describe the parameters, events, beliefs, strategies, resources, constraints, and recommendations that influenced the passage of Executive Order 1306: *Improving the Health and Productivity of State Employees, and Access to Healthy Foods in State Facilities*, Key Players Involved in the Development and Passage of Executive Order 13:06, Washington State 2016.

Theme/Subtheme	Illustrative Quote
Businesses need to make a profit	<i>“They were scared because they so rely on customer choice for making a profit in their businesses.”</i>
High rates of obesity and chronic disease have led to rising healthcare costs	<i>“I think that just seeing the obesity epidemic and the rising costs to take care of people, folks started getting on the bandwagon of the healthy choice, making the healthy choice the easy choice.”</i>
Election of Governor Inslee	<i>“I think just the Governor's interest in employee health and wellness. So it starts from there because if he wasn't interested this wouldn't happen.”</i>
Increased local, state, and national health momentum to support health and wellness initiatives	<i>“I think it helped to show that there was a push towards this going across the country. I think to show that nationally HHS was funding this, CDC was doing it, and then obviously it was happening within the HHS cafeterias...”</i>
Prevention efforts should focus on shaping the environment	<i>“...and so much of that is really shaping the environment where people live. If people don't have the opportunity to make a healthy choice, then they can't and won't. And that can have an impact on their health”</i>
The government should act as a role model	<i>“This idea that government spends a lot of time telling people what to do. And this is sort of a walk the talk. Like government tells us to eat healthier, so</i>

	<i>they should serve healthier food. Like it's sort of a walking around practicing what they say."</i>
It is important to give people the opportunity to make the healthy choice at work	<i>"...I do think that there is a benefit to trying to shape the environment by offering healthier choices. And I do think that businesses, management, companies, vendors, whomever, can play a role in that."</i>
The role of government does not involve telling people what to eat	<i>"...there continues to be a real concern about any kind of policy change that tastes, smells or looks like what people call a nanny state."</i>
Cafeteria operators/vendors felt that they would lose revenue and profit	<i>"I think their main concern was that they needed to keep their businesses viable."</i>
Balance between healthy and unhealthy options	<i>"We spend a lot of our time here at work and I think that there's those people will say that they have their right to a Snickers bar; that's something we hear. Other people also have a right to healthy options. So at least for the healthy nutrition guidelines we are really striving for that balance of the two."</i>
Gradual implementation of the food service guidelines	<i>"...and I think the gradual implementation of these standards...reassured that they were probably able to meet the majority of them...it was set up so it wasn't like we flip a switch and everybody's expected to do that."</i>
Flexibility in how the food service guidelines could be achieved	<i>"We created cafeteria guidelines that really gave the cafeteria workers some choice so that it wasn't like they had to do everything on the list. They could choose what worked best for them."</i>
Creating a workgroup	<i>"I think it was valuing input from the folks who were most concerned of the impact...it was really including them in the process...and making space for them to share their concerns...Sometimes it was just listening but then not changing the criteria. And then trying to think about, okay, so how can we address that when we get to implementation? So not necessarily just always modifying based on their concerns, but really thinking through, okay, here's how we can do this when we do get to implementation. Here's where we can make some changes and make that more practical for operators."</i>
Framing the policy	<i>"In the wellness arena, you can't just say, we have healthier employees, isn't that great? No. We have healthier employees that can now be more productive workers, right? There's the bottom line piece to it."</i>

Champions who support the policy	<i>“What a state really has to do is find key leaders, whether it's in an agency like Services for the Blind or whether it's sort of in the health advocacy group...find people who have this vision and have them start the conversation everywhere.”</i>
One full-time dedicated staff member	<i>“I think that having the resource of a full FTE really helped working with the other stakeholders to get them involved in the process, engaged in the process ... which eventually led them to being somewhat supportive of it. I would never say everyone was 100 percent supportive, but it got people onboard and they weren't as scared of it.”</i>
Dedicated team with diverse expertise	<i>“Really dedicated staff that kept bringing research and evidence to key stakeholders was instrumental. I think they had a really strong team and strong consultants working on this issue who were really well-versed in policy and decision making, people who were familiar with how to frame things and messaging...”</i>
Introducing the policy into the legislature first	<i>“The legislative arena is a way to air out the issue and see who's with you, who's not and what the issues are. So even if you want to do an executive order, there's not this due diligence notion that a legislative approach can provide, because that's going to be some of the questions you're going to hear from the governor's staff which is, all right, this sounds like a good idea. Who have you talked to? Who likes it? Who doesn't like it and why? And so writing it out legislatively allows you to answer that question.”</i>
Existing relationships between proponents of the policy	<i>“All of the years of stakeholdering that had happened prior to that, I think a lot of compromise had already been reached and a lot of legwork already done to bring people together.”</i>
Resources used from other states doing similar work	<i>“So we did utilize the current work products from a number of different places, like New York City and Santa Clara County and Los Angeles, as well as Seattle, King County. There was some of the bigger city health departments who were grabbing this, not necessarily all aspects of food service, but, certainly, vending was there and then we started to see concession and cafeteria standards.”</i>
Share success stories	<i>“I think a lot of fear was that it wouldn't be</i>

	<i>affordable, or there wouldn't be enough healthy options to like fill the machines, or to fill a concession stand. And so the more kind of examples we could point to of where this was happening, the easier it got to kind of make the case for, no, this is available and there are people doing it; we can too."</i>
Understand the landscape	<i>"I would say that people would want to be very clear...that they really educate themselves on all these different logistical elements around the food policy...what's involved in the contracting mechanism of how you would change the requirements."</i>
Shorter phase-in period	<i>"I would encourage others to negotiate the phase-in period as strongly as they can. I think some phase-in is good, but two to three years for difference pieces is really super generous, so that could probably be shortened up."</i>
An EO may be a quicker way to get the policy passed	<i>"I do think the EO is well suited for this issue area. So a legislative approach is another menu choice, another avenue to take. But if you can get the buy-in of governor and governor staff, you can accelerate this work quite a bit, because it's just a lot less people to twist arms about."</i>
Early opposition engagement	<i>"I think there are some states where the vendors have made this work very, very difficult. Engaging them early I think can be incredibly helpful, both from kind of neutralizing that opposition, but also, from a campaign's perspective, really doing their learning and understanding of how this works and what the vendors have available to them, how it typically works in a vending machine setting, how a cafeteria setting might work."</i>

Table A3. Recommendations to Inform Food Service Guidelines Development and Passage in Agencies, States, And Municipalities, Results from Qualitative Interviews with Key Players Involved in the Development and Passage of Executive Order 13:06: Improving the Health and Productivity of State Employees, and Access to Healthy Foods in State Facilities, Washington State 2016.

Thematic Category	Recommendations
	<i>Early stakeholder engagement, particularly with those most impacted by the policy, (vendors, cafeteria operators, agency leaders) and developing partnerships with coalitions</i>

Initial policy development	<i>Convene a workgroup of diverse stakeholders to develop the guidelines, and to discuss implementation challenges and strategies</i>
	<i>Assemble agency, coalition, and legislative champions</i>
Writing the food service guidelines/policy	<i>Grant agency exemptions where existing legislation conflicts with the guidelines</i>
	<i>Consider the feasibility of, and barriers to, using food-based vs. nutrient-based guidelines</i>
	<i>Model the food service guidelines after existing successful policies and guidelines</i>
	<i>Strategize the best policy vehicle (i.e. an executive order vs. another form of legislation)</i>
Policy passage strategies	<i>Make sure the political environment and timing is conducive to passing the policy, and be prepared to jump when an opportunity presents itself</i>
	<i>Expand the frame beyond improving individual health</i>
	<i>Include both the public health and business perspective (i.e. businesses still need to make a profit)</i>
	<i>Use an analysis of coalitions and policy beliefs to strategically market and frame the policy (i.e. it's not about taking away choices, but offering healthier choices; it's an opportunity for the state to be a leader)</i>
Long-term sustainability of the policy	<i>Develop a plan for evaluation, monitoring, recognition of successes, and long-term sustainability</i>
	<i>Continue to engage stakeholders and provide technical assistance if agencies need assistance strategizing how to follow the guidelines</i>
	<i>Provide educational resources to employees to help them understand the policy changes, and to agency leaders so they can help promote implementation</i>