

San Diego and Imperial Regional Nutrition Network Healthy Vending Machine Environmental Assessment

This brief assessment tool was created to examine the nutrition environment, specially the presence of vending machine in your community organization and/or facilities. Completing this evaluation will help you determine how the environment at your site supports healthy eating.

Instructions

- 1. Take a few moments to read over the survey tool before beginning.
- 2. With a pencil and a clipboard, begin a tour of your facility. Follow along with each section of the survey and make notes as directed.
- 3. Be observant! Open your eyes to things that you may not have noticed before.
- 4. Contact any staff members who may know additional information that will help you complete the survey.
- 5. When your survey is finished, read through your results. Is anything surprising to you? What areas would you like to improve?
- 6. The instrument is divided into 4 sections each section contains questions that assess different aspects of nutrition environment in city and community facilities, with an emphasis on the vending machines access to the members of the community.
- 7. Each section contains instructions on how to complete the assessment.
- 8. There are certain definitions that you should have clear before starting the assessment. There are:
 - Healthy food refers to fresh fruits and vegetables and foods with whole grains.
 - Unhealthy food refers to food items with high concentrations of added fat and/or added sugar.

Date:	<u> </u>	Time:
	#: Completed by:	-
	Section A: Facilitates Characteristics	
	section assesses the general characteristics of the facility. Complete to the besinger or staff member of the facility about the questions you have answered.	t of your knowledge. Ask th
1.	Name of the facility:	
2.	Address of the facility:	
3.	Name of the manger or supervisor:	
	What kind of facilities is this? \square_1 Park \square_2 Youth center \square_3 Library \square_4 Senior center	sCity government building
5.	Number of employees in the facility:	
6.	Hours that the facility is open during the week:	
7.	Are the open during the weekend? \square_1 Yes \square_0 No. If Yes, what are of operations	ion:
8.	What population does the facility serve? (mark all that apply)	
]₁Children (preschoolers and elementary school)	schoolers)

Section B: Physical Environment in the Facility			
This section assesses the general physical characteristics of the facility. Physical characteris	tics are	all buil	t and
permanent structures in the environment of the facility that may facilitate or inhibit healthy eatir	าg		
1. Does the facility offer food on site?			
\square_1 Yes \square_2 No			
1.1. If yes, how is food provided: [mark all that apply]			
\square_1 cafeteria \square_2 snack bar \square_3 food service employees			
\square_4 after-school programs \square_5 vending machines			
other			
Observe or ask to a manager or staff member in the facility about the following questions.			
Consider everyday a 5 days week. Mark YES if any of the following scenarios happened at least 3 d	lays of a	5 days v	week.
2. Does the cafeteria, snack bar, or food service provide "healthy food alternatives everyday?	Yes ₁	No ₀	
3. Does the cafeteria, snack bar, or food service provide fresh fruits and vegetables everyday?	Yes ₁	No ₀	
4. Does the cafeteria, snack bar, or food service provide dried fruit everyday?	Yes ₁	No ₀	
5. Does the cafeteria, snack bar, or food service provide "healthy" beverage alternatives	Yes ₁	No ₀	
everyday?			
6. Does the cafeteria, snack bar, or food service provide labels (e.g., 'low fat', 'light', 'heart	Yes ₁	No ₀	
healthy') for foods?			
	1		

 No_0

Yes₁

7. Does the cafeteria, snack bar, or food service label foods on the basis of nutritional value

(e.g., calories, fat grams, percent of calories from fat)

Section C: Vending Machine Characteristics
This section assesses the access and use of vending machines in the facility.
1. Does the facility provide vending machine(s) for employees/community members to buy snacks or beverages?
\square_1 Yes \square_0 No
Note: if the facility does not provide vending for the staff or consumer, stop here and continue in the next section. Make a
note on the observation section.
 Does the facility provide vending machine(s) for employees/community members to buy beverages? ☐₁ Yes ☐₀ No
3. How many vending machines the facility has?
4. How many sodas machines the facility has?

5. Placement of Vending Machine: Record on the table below each of the vending machine (VM) you find in the facility. Ask a staff member if there are VMs in a restricted or limited access area. In each of the columns please be very descriptive. Use the codes above the table to maintain consistency on the description. See sample:

Vending Machine #	Location of the vending machine	Type of vending machine
Vending machine 1	(E). located on the first floor, directly front of the main entrance door	` '

Complete the following table:

Location of vending machine: E= everybody can see the VM H= half of the people can see the VM L= less than half of the people can see VM

Type of vending machine: S= Snack B= Beverage/Drinks

Location of the vending machine	Type of vending machine
	Location of the vending machine

5 .	Marketing	
	There are logos, posters, or other visuals around in the factor \square_1 YES \square_0 NO	cility featuring any brand names sold in the vending machines
	6.1 If yes, what product or brand name is visible? (mark	all that apply) And please describe
	Logos	Posters
	Other visuals	Other
7.	There are logos, posters, or other visuals around in the factor of the logos of the	

Continue by using the additional forms to inventory each vending machine in the facility.

Complete for each vending machine find in the facility. Identify the vending machine with the same number you use on table 9

Position of food in the vending machine: Eye level: E Bottom: B Upper: U

Product Size: One size available for each item: O More than one size available for some items: MO

Snacks are all single serving portions: SS Both single serving and multiple serving portions: BS

Vending Machine #				
Beverage content	Number of items		Product Size	
regular sodas (12oz cans)				
regular sodas (20 oz bottles)				
diet sodas (12oz cans)				
diet sodas (20 oz bottles)				
fruit drinks (less than 50%				
fruit juice)				
fruit drinks (at least 50%				
fruit juice)				
water				
iced tea (sweetened)				
iced tea (unsweetened)				
regular sodas (20 oz				
bottles)				
Other drinks:				

Snacks Content	Number of items	Position in VM	Product Size
Candy			
Chips			
Crackers			
Cookies			
Microwavable goods			
Sandwiches			
Fresh Fruit			
Baked Goods			
Cup-O-Noodles™			
Granola Bars			
Trail Mix			
Other snack			
Other snack			

Section D: Environment around the facility

1. Are there snack shops in the neighborhood where people go to purchase candy, chips, soda, and other snacks? (By snack shops we mean those convenience stores, corner stores, and liquor stores that sell mostly snacks and sodas.)

Proximity to school codes: N= on an nearby block P= along the Path to or from facility F= relatively Far (more that 4blocks)

<u>Type of market codes:</u> L= Liquor store C= Convenience store G= Gas station store M= Mobile catering cart = Ice cream truck

Market/Store Name	Address or cross streets	Market	snack or adve	r beverage rtising: Outside store?	Proximity to facility
		Туре	Inside store?	Outside store?	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

Observations:	

Developed by the San Diego and Imperial Regional Nutrition Network. Funded by the USDA Food Stamp Program, an equal opportunity employer and provider, through the California Nutrition Network. For information about the California Food Stamp Program, please call 1-800-952-5253