Support the Prevention Agenda by

**Promoting Nutrition Standards**
**For Healthy Food and Beverage Procurements**

You can support the Prevention Agenda goal of **Reducing Obesity in Children and Adults** by encouraging public and private employers and service providers in your county to adopt standards for healthy food and beverage procurements.

**AIM:**
Increase the number of institutions with nutrition standards for healthy food and beverage procurement.

**Why address nutrition standards for healthy food and beverage procurement in your county?**

- Americans today are consuming significantly more calories, salt, fat, and sugar in their food than they did 30 years ago. At the same time, the rate of diet-related chronic diseases, such as obesity, cardiovascular disease, and diabetes, has increased.

- Diet-related chronic diseases are responsible for $7.6 billion of health care costs in New York State each year.

- Implementing nutrition standards at institutions can prevent costly diseases and increase employee productivity. If local governments and other organizations buying large quantities of food used nutrition standards for their food and beverage procurements, over 1 million employees in New York State could be affected.

- Using the purchasing power of municipal agencies and other organizations may also have the added benefit of increasing the demand for and availability of healthy foods. It also models a healthier food environment to other employers and the general population.

- Institutional nutrition standards can relieve health disparities— institutions often serve vulnerable populations, such as low income New Yorkers, older adults, and individuals with disabilities.
ACTION:
Help key institutions adopt nutrition standards.

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| **Prioritize which populations to reach through procurement standards** | Vulnerable populations with high obesity rates and/or poor access to healthy food choices may include:  
- Low-income children and adults  
- People of color  
- Immigrants  
- Older adults  
- People with disabilities |
| **Identify local institutions that can reach the target population** | Where can you reach the target population?  
- Child care centers  
- Community-based organizations  
- Group homes, residential and day rehabilitation programs  
- Municipal agencies  
- Recreational centers (city or non-profit)  
- Senior centers  
- Soup kitchens and food pantries  
- Worksites  
**Working with institutions:**  
- Target institutions located in communities and that serve or employ vulnerable populations  
- Note interest levels, barriers, and implementation rates among different types of institutions to help select target institutions. Are area employers talking about wellness? Have area food pantries already taken some steps? |
| **Help your target institutions engage the right stakeholders** | Possible stakeholders to involve include:  
- Area farmers and farmers markets  
- Existing food and beverage contractors  
- Food service directors and staff  
- Institution leadership and employees  
- Insurers  
- Local chapter of the American Heart Association and other health coalitions  
- Local health department, hospitals, dietitians, and other health professionals  
- Residents, visitors, or customers  
- Disability service and advocacy organizations  
- Elected officials  
*Many of these stakeholders can be your partners in advocating for implementation of nutrition standards.* |
**ACTION:**
Help key institutions adopt nutrition standards.

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| Identify the current procurement practices and opportunities for improvement | **Assessing food and beverage procurement policies:**  
  • Identify current policies and compare against model policies  
  • Determine with stakeholders if the institution is ready for small changes (e.g., modifying beverages and/or on-site vending) or large changes (e.g., revising all menus)  
  
  *Institutions with lowest bidder requirements can still adopt nutrition standards. The lowest bidder to meet the nutrition and other procurement guidelines of the institution will be selected.* |
| Assist with overcoming barriers to implementation of new policies | **Common concerns:**  
  • Taste preferences  
  • Higher cost of healthier food  
  • Difficulty in modifying existing contracts  
  • Staff training and equipment needed |
| Monitor implementation and spread of policies | **Useful resources to consider:**  
  • Purchase and sale reports  
  • Food service satisfaction with standards  
  • Consumer satisfaction with food being served  
  • Contractor compliance with standards  
  
  **Provide support in multiple ways:**  
  • Share educational resources  
  • Provide model policies  
  • Publicly recognize institutions taking steps towards implementation |
Overarching Objective 1.0.1: 
By December 31, 2017, reduce the percentage of children who are obese:

• By 5% from 17.6% (2010-12) to 16.7% among public school children statewide reported to the Student Weight Status Category Reporting System
• By 5% from 20.7% (2010-11) to 19.7% among public school children in New York City represented in the NYC Fitnessgram

Overarching Objective 1.0.2: 
By December 31, 2017, reduce the percentage of adults age 18 years and older who are obese:

• By 5% from 24.5% (2011) to 23.2% among all adults
• By 5% from 26.8% (2011) to 25.4% among adults with annual household incomes of < $25,000
• By 10% from 34.9% (2011) to 31.4% among adults with disabilities

Overarching Objective 1.1.1: 
By December 31, 2017, decrease the percentage of adults ages 18 years and older who consume one or more sugary drink per day:

• By 5% from 20.5% (2009) to 19.5% among all adults
• By 10% from 42.9% (2009) to 38.6% among adults with annual household incomes of < $25,000

Local Health Departments can include these objectives in the Community Health Assessment.

Tracking performance and process measures can be important for reporting progress to stakeholders and for fundraising. Here are measures that you should use to track progress:

Short-Term Performance Measures
• Number of municipalities, community-based organizations, worksites, and hospitals that develop and adopt policies to implement nutrition standards (cafeterias, snack bars, vending)
• Number of individuals and their demographic data (if available) potentially accessing settings that have adopted policies to implement nutrition standards for healthy food and beverage procurement

Long-Term Performance Measures
• Percentage of youth who are overweight or obese
• Percentage of adults who are overweight or obese
**RESOURCES:**
Ready to get started? These resources can help:

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| **NYSDOH Food and Beverage Standards Toolkits**  
Online toolkits for establishing healthy food standards in workplaces and hospitals. Each toolkit includes materials adapted from New York City’s Healthy Food Initiatives, new *Healthy Eating Research (HER) Recommendations for Healthier Beverages, and Under Pressure - Strategies for Sodium Reduction.*  
• **Healthy Workplace Food Toolkit**  
The venues addressed are cafeterias, beverage vending machines, food vending machines, and meetings and events.  
• **Healthy Hospital Food Toolkit**  
The venues addressed are cafeterias, beverage vending machines, food vending machines, and patient meals.  
| NYS Association of County Health Officials-Cut Your Sugar website  
This website offers information on healthy vending, including case studies and model policy language.  
| **Center for Science in the Public Interest**  
Examples of national, state, and county-level policies that introduce nutritional standards into vending, concessions, and cafeterias.  
[www.cspinet.org/nutritionpolicy/Examples-Food-Procurement-Policies.pdf](http://www.cspinet.org/nutritionpolicy/Examples-Food-Procurement-Policies.pdf)  
| **Resources on healthy food procurement from Center for Science in the Public Interest**  
Useful information and ideas on how to address challenges of common concerns.  
[www.cspinet.org/nutritionpolicy/foodstandards.html](http://www.cspinet.org/nutritionpolicy/foodstandards.html)  
| **Healthy Eating Research Healthy Beverage Recommendations**  
Guidelines for healthy beverages for different age groups.  
[www.healthyeatingresearch.org/images/stories/comissioned_papers/her_beverage_recommendations.pdf](http://www.healthyeatingresearch.org/images/stories/comissioned_papers/her_beverage_recommendations.pdf)  
| **Resources for Assessment**  
**Improving The Food Environment through nutrition standards: A guide for government procurement**  
[www.cdc.gov/salt/pdfs/dhdspProcurementGuide.pdf](http://www.cdc.gov/salt/pdfs/dhdspProcurementGuide.pdf)  
**CDC Worksite Health Score Card: Provides information for evaluating nutrition in the workplace (pg. 20)**  
**CDC Workplace Health Promotion Nutrition Evaluation Measures**  
Provides examples of possible measures that evaluate compliance and effectiveness of nutritional standards.  
[www.cdc.gov/workplacehealthpromotion/evaluation/topics/nutrition.html](http://www.cdc.gov/workplacehealthpromotion/evaluation/topics/nutrition.html)  
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