PUBLIC HEALTH POLICY CHANGE

IMPACTING THE FOOD ENVIRONMENT THROUGH PROCUREMENT POLICY CHANGE

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Public Health Policy Change Webinar Series

• Providing substantive public health policy knowledge, competencies & research in an interactive format
• Covering public health policy topics surrounding Tobacco, Obesity, School and Worksite Wellness, and more
• Two Wednesdays a month from 12:00 p.m. to 1:30 p.m. Central Time
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Introductions

Carter Headrick,
Director of State and Local Obesity Policy Initiatives, American Heart Association
Introductions

Natasha Frost
Staff Attorney, Public Health Law Center
Introductions

Lara Jaskiewicz
Program Manager Suburban Cook County CPPW, Public Health Institute of Metropolitan Chicago
Introductions

Anne Thorndike
Associate Physician, Massachusetts General Hospital
Introductions

Laurie Whitsel, Ph.D.
Director of Policy Research,
American Heart Association –
National Center
Impacting the Food Environment Through Procurement Policy Change

Webinar Objectives

• Describe the impact of nutrition policy change in promoting healthier eating.
• Recognize potential legal obstacles to improving food and beverage environments in different institutional settings.
• Discuss current national efforts to promote healthy procurement and vending policies.
• Identify available resources to develop healthy food and beverage procurement policies.
The Public Health Law Center

Services include:

- Legal research
- Policy development
- Publications
- Training
Our 2020 Impact Goal

“By 2020, to improve the cardiovascular health of all Americans by 20% while reducing deaths from cardiovascular diseases and stroke by 20%.”
Impact of Nutrition Policy Change in Promoting Healthier Eating
Numerous ways to empower consumers as they choose how and what to eat

Addressing nutrition policy and the food environment

- Nutrition standards in schools
- Access to healthy and affordable foods in the community through Farmers Markets, School/Community Gardens, Farm-to-School Programs, Fresh Fruit and Vegetable Program, etc.
- Food labeling
- Providing limits on the foods and beverages that can be marketed and advertised to children
- Menu labeling in restaurants

> Procurement Standards
Procurement Guidelines

AHA Procurement Recommendations – evidence-based

• Developed with expert science review from the Nutrition Committee of the American Heart Association comprising leading experts in the field of nutrition

• May be found at: http://www.heart.org/idc/groups/heart-public/@wcm/@adv/documents/downloadable/ucm_320781.pdf

Federal Government Guide for Government Procurement

• May be found at: http://www.cdc.gov/salt/pdfs/DHDSP_Procurement_Guide.pdf
Comparing the two sets of recommendations

- With more than 130 million Americans employed across the United States each year, the workplace is a key environment for maintaining the health of the U.S. population.

- The American Heart Association is pleased that the U.S. Department of Health and Human Services, in collaboration with other government agencies, has developed guidance and standards for government food and beverage procurement. These standards will cover thousands of workers across the country and they will be a model for other private and public employers.
Issues for future iterations

- Calorie limits or mention of limiting serving sizes on meals, entrees or snacks served
- Stricter limits on deep-fried foods
- Tighter definition for whole grain that includes fiber
- Allow only 1% or no-fat dairy products
- Consider promoting seafood entrees like vegetarian options to be in line with the Dietary Guidelines for Americans
Next Steps

- Better understanding of implementation realities and barriers that have to be overcome.
- Tighter standards around vending
- Continue to stress additional changes to the worksite environment that would complement these standards and support healthier eating and regular physical activity.
Overcoming Legal Obstacles to Improving Food and Beverage Environments in Public and Private Organizations
Key Legal Topics

- First Amendment
- Randolph-Sheppard Act
- Menu labeling requirements
- Clear and consistent policy and contract requirements
First Amendment

Public/designated public vs. private forums
First Amendment

- Commercial speech protections

Federal Randolph-Sheppard Act

- Gives priority to visually blind entrepreneurs to operate vending facilities on federal property.

- Vending Facility includes:
  - Vending machines, Cafeterias, Snack bars, Cart services, Shelters, Counters, and other auxiliary equipment.

State “Little” Randolph-Sheppard Acts

- State-owned buildings and property, possibly county-owned buildings and property.
- Preference versus priority
Healthy Vending Backlash: NYC

Blind Vendors Oppose New York Mayor’s Plan To Reduce Soda On City Property

Created: June 13, 2011

New York City Mayor Bloomberg’s plan to limit sales of high-calorie beverages on city property is short-sighted and destructive, say blind vendors who operate stands in city-owned buildings, according to The New York Post.

For the full story click here.

Editor’s Insight: The proposal will require extensive changes that many vending operators can’t afford to make. The proposal needs to be more flexible.
Menu Labeling

Federal law applies to:

- Chain restaurants and “similar retail food establishments” with 20 or more locations nationally
- Vending machine owners or operators with 20 or more vending machines that dispense food or drink
- Any smaller chains or vending machine owners who voluntarily opt in
Menu Labeling

On Menu:

- Calorie content
- Total daily recommended calories

Available upon request:

- Other nutritional information
New federal law requires vending machine owners and operators to disclose calorie content for items sold:

- by making the Nutrition Facts Panel on the item visible to the purchaser, or
- by placing a sign near the food item that states the number of calories in the food item.
Menu Labeling – What the law *doesn’t* do:

- Does not require that products or meals meet specific calorie guidelines

- Does not require disclosure of sodium or trans fat content.
Menu Labeling - Preemption

- Preemption means:
  Higher level of government can restrict or eliminate the power of a lower level of government to regulate something

- Why does it matter?
  The federal menu labeling law preempts non-identical state or local menu labeling requirements for larger chains (20+) and voluntary opt-ins
A vending contract can require a vendor to meet stricter standards than those imposed by law.

Important to include standards in both bid and contract language to ensure consistency and enforceability.
Clear and Consistent Policy and Contractual Requirements

- Enforceability
- Equal Protection
- Due Process
Clear and Consistent Policy and Contractual Requirements

➢ Due Process
Policy Change

Making the healthy choice the easy choice
Recording available at:
https://publichealthlawnetwork.webex.com/publichealthlawnetwork/lsr.php?AT=pb&SP=EC&rID=4316362&rKey=d5aa593f3dcbf47e
TRANSLATING POLICY CHANGE INTO IMPLEMENTATION

Case Studies:

Massachusetts General Hospital
Cook County, Illinois
A 2-Phase Point-of-Purchase Intervention to Promote Healthy Eating:
MGH Choose Well Eat Well Program
Environmental strategies to reduce obesity

- Menu labeling with calories is a new public health strategy for reducing obesity

- Interpreting caloric information requires not only high literacy but also high numeracy skills

- Menu labeling policies are based on assumption that consumers will make rational choices and choose lower calorie options
Behavioral economics strategies

- Behavioral economists have identified decision biases to explain choices leading to poor health outcomes
  - staying with the default ("status quo") option
  - being motivated by actions with immediate benefit
  - having limitations in self-control

- "Choice architecture" refers to the framing or presentation of options for making a choice
Study Aims

We implemented a 2-phase environmental nutrition intervention in the MGH cafeteria to:

1) Determine if labeling all foods and beverages as red, yellow, or green would increase sales of green (healthy) items and decrease sales of red (unhealthy) items.

2) Determine if altering the “choice architecture” of the cafeteria after labeling would further increase sales of green and decrease sales of red items.
Study Design and Timeline

BASELINE DATA COLLECTION
December 1, 2009

PHASE 1:
LABELING (RYG)
March 1, 2010

PHASE 2:
LABELING + CHOICE ARCHITECTURE (CA)
June 1, 2010

September 1, 2010
Setting: Main cafeteria, Massachusetts General Hospital (MGH)

- MGH is the largest non-government employer in Boston with 23,000 employees
- Over 6,000 employees and visitors visit the main cafeteria per day; average weekday sales of $31,400
- Cafeteria is owned by MGH and operated by the MGH Food and Nutrition Services; provided the opportunity for a “real world” experiment
Phase 1: Labeling (RYG)

- All food and beverages in the cafeteria were labeled as red, yellow, or green based on an algorithm we developed from USDA food pyramid guidelines

Green: fresh fruits/vegetables; whole grains; or lean protein

“Consume often”

Yellow: may be high in calories or saturated fat OR offer little nutritional value

“Consume less often”

Red: high in calories and/or saturated fat

“There’s a better choice in green or yellow”
Phase 2: Labeling + Choice Architecture (CA)

- Implemented after Phase 1

- “Choice architecture” intervention based on concepts from behavioral economics
  - Make healthy foods (green) more convenient/visible
  - Make unhealthy foods (red) less convenient/visible

- Changes were made over a weekend and not advertised to cafeteria patrons
BEFORE CHOICE ARCHITECTURE

Eye Level
AFTER CHOICE ARCHITECTURE
WATER BOTTLES EVERYWHERE
Sales of all cafeteria items during baseline, Phase 1, and Phase 2

% of total cafeteria sales

Red items
Yellow items
Green items

Baseline
Phase 1 (RYG)
Phase 2 (CA)
Sales of cold beverages during baseline, Phase 1, and Phase 2

% of total beverage sales

- Red beverages
- Yellow beverages
- Green beverages

Baseline
Phase 1 (RYG)
Phase 2 (CA)
Sales of bottled water and soda during baseline, Phase 1, and Phase 2
Beverage purchases by race
(N=4,642 employees)

B = Baseline           L = Labeling (Phase 1)          C = Choice architecture (Phase 2)

B = Baseline, L = Labeling, C = Choice Architecture
Beverage purchases by job type (N=4,642 employees)

B = Baseline
L = Labeling (Phase 1)
C = Choice architecture (Phase 2)
## Intervention effect on amount spent per beverage

<table>
<thead>
<tr>
<th></th>
<th>Average price per beverage, baseline</th>
<th>Change in price per beverage, baseline to Phase 2</th>
<th>P-value</th>
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<tr>
<td><strong>Overall</strong></td>
<td>$1.34</td>
<td>$0.00</td>
<td>----</td>
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<tr>
<td><strong>Race</strong></td>
<td></td>
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</tr>
<tr>
<td>White</td>
<td>$1.30</td>
<td>$0.02</td>
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<td>Asian</td>
<td>$1.35</td>
<td>-$0.02</td>
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<tr>
<td>Latino</td>
<td>$1.42</td>
<td>-$0.04</td>
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<tr>
<td>Black</td>
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<td>-$0.04</td>
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<tr>
<td><strong>Job type</strong></td>
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<tr>
<td>Mgmt/Clinician</td>
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<td>Professionals</td>
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<td>Technicians</td>
<td>$1.35</td>
<td>-$0.05</td>
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<tr>
<td>Support staff</td>
<td>$1.33</td>
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<tr>
<td>Service workers</td>
<td>$1.41</td>
<td>-$0.06</td>
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</table>

All values adjusted for demographics and race or job type
Conclusions

- A color-coded labeling and choice architecture intervention improved healthy choices in a large hospital cafeteria and were particularly effective for beverages.
- Despite baseline differences in healthy purchases, employees from all racial/ethnic and job type groups had similar improvements with the intervention.
- Switching to lower calorie beverages did not increase the amount of money employees spent per beverage, suggesting that cost does not appear to be a barrier to healthier beverage choices.
- These simple interventions could potentially improve the effectiveness of food labeling policies in helping to reverse the obesity epidemic among diverse populations.
Suburban Cook County

Cook County
- 5.2 million residents
- Chicago and 132 suburbs
- Governance—Board of Commissioners and President

CCDPH Jurisdiction
- 2.2 million residents in 735 square miles
- 125 suburbs
- >150 square miles unincorporated
Cook Co. Vending Machine Nutrition Standards

- County Commissioner champion
- Cook County Vending Machine Contracts
  - Main administrative, juvenile detention and jail
  - Hospitals
  - Suburban courthouses
  - Blind vendors
- Nutrition Standards
  - Based on Los Angeles County and New York City
Moving towards healthy vending

- Need to broaden support to include:
  - Purchasing Agent/Department
  - President’s Office

- Approach
  - Education, explaining issue and financial impact
  - Rolling vending into broader worksite wellness initiative

- “Small Wins”
  - Incorporation of standards into bid request
  - Interest expressed by President’s Office to undertake Worksite Wellness initiative
Next Steps

➢ Maintain support for blind vendors
  ✓ Phase in period
  ✓ Policy challenges

➢ Revisit model policy
  ✓ Reflect revisions allowed in contract

➢ Identify opportunities for positive press
Next webinar in the series

Developing a Tobacco-free Policy for Campuses

December 21, 2011, 12:00 -1:30 p.m. Central

More information at www.publichealthlawcenter.org