

# Salt and Your State: Technical Assistance Series to Advance Sodium Reduction Through Procurement Strategies

PROJECT SUMMARY • 2011–2015

## Introduction

ASTHO and CDC's Division for Heart Disease and Stroke Prevention provided targeted technical assistance to 11 states in two cohorts aimed at building states' capacity for sodium reduction efforts. These sodium reduction efforts focused specifically on using government food procurement to improve the nutritional quality of food for state employees and state programs' clients. Procurement efforts refer to actions taken by a state or local government (or government agency) that include nutrition standards to create healthy eating and drinking environments at cafeterias, vending machines, snack bars, and other retail food establishments. Additionally, guidelines or standards may promote healthy dietary choices by using strategies that enhance the selection of healthy foods available.



The participating states did not have a centralized healthy food procurement process in place at the state level, but identified sodium reduction as a priority in ongoing procurement efforts because high sodium intake is associated with high rates of hypertension, stroke, and cardiovascular disease. During the project, states adopted various sodium reduction actions based on their priorities, partnerships, and public support. During both two-year technical assistance projects, ASTHO held

**At the beginning of the project, states were asked to identify possible challenges to sodium reduction efforts, potential strategies to address them, and what resources would be helpful:**

## CHALLENGES

- Inadequate staff time and capacity.
- Training state health agency staff and front-line food service staff on procurement.
- Partnering with the state Department for the Blind Business Enterprise Program and understanding unique challenges faced by blind vendors.
- Concerns that people wouldn't like the taste of healthier foods.
- Healthy product limited availability and high cost, particularly for smaller agencies.

## OPPORTUNITIES AND STRATEGIES

- Using the influence of existing initiatives (obesity, hypertension) to gain interest and support.
- Forming task forces/councils that address obesity, wellness, and health promotion.
- Building on successes in improving nutrition in locations such as schools, childcare, hospitals, and parks and recreation.
- Using pilot programs to test feasibility and consumer response.

## RESOURCES NEEDED

- Sample language for worksite wellness programs.
- Sample language for state nutrition standards guidelines.
- Sample healthy vending and healthy meeting guidelines.
- Menu development resources.
- Marketing and behavioral economics materials.

conference calls with the participating states focused on developing, implementing, and evaluating procurement strategies and sharing examples from state and local health agencies. The calls also provided states with a forum to exchange state-to-state technical assistance and resources.

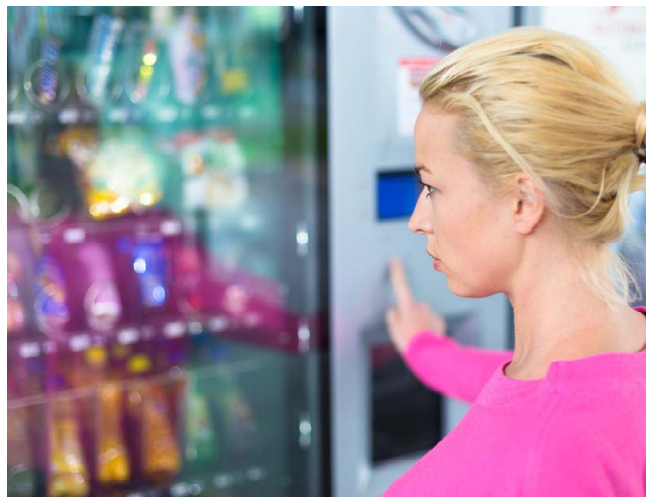
This document provides a background of the technical assistance project, an overview of each state's activities, and a list of resources related to sodium reduction and government procurement.

## Participating States

Arkansas, California, Connecticut, Delaware, Indiana, Iowa, Massachusetts, Missouri, Montana, North Carolina, and Washington.

## State Initiatives

Building off of an existing comprehensive state employee wellness program, **Arkansas** worked to expand healthy food options policies that benefit employees at agencies across the state. **Montana** and **Indiana** both focused on conducting assessments of vending in state agencies to inform the creation of healthy vending guidelines. Montana's assessment measures were focused on vending and healthy meeting and event guidelines, while Indiana's assessments focused on vending and cafeteria settings. **Iowa** designed and launched a strategic Nutrition Environment Measures Survey Vending (NEMS-V) project that built a relationship with state Department for the Blind vendors. The Iowa Department of Public Health also established a memorandum of understanding (MOU) with the Department for the Blind to support healthy vending on the Iowa Capitol complex. **North Carolina** and **Delaware** launched healthy vending pilot programs at multiple state agency worksites. Additionally, **North Carolina's** Justus-Warren Heart Disease and Stroke Prevention Task Force helped the state senate introduce legislation intended to raise awareness about the benefits of eliminating excessive dietary sodium intake. **Delaware** and **Missouri** strengthened healthy eating initiatives for state park patrons.



Missouri is also tackling sodium reduction through implementation of the national Million Hearts Initiative, and working with communities to provide healthier food in retail settings. After forming an obesity prevention task force led by the governor, **California** developed procurement policies for state agencies focused on both nutrition and sustainability. Although many states focused on worksite wellness, work in **Massachusetts**, **Washington**, and **Connecticut** centered on establishing, implementing, and evaluating executive orders requiring state agencies to adopt healthy nutrition guidelines that include sodium. Massachusetts Executive Order 509, which Connecticut aims to replicate, created standards for all state agencies that purchase and serve food to clients. Washington Executive Order 13-06 requires all executive state agencies to adopt healthy nutrition guidelines, identify a wellness coordinator, and strengthen wellness policies within their agencies.

Within these broader goals and activities, states used a variety of tactics to increase their sodium reduction efforts' effectiveness. Some of these include:

### ■ POLICY AND FINANCING

- Establishing a MOU with the state Department for the Blind to support healthy vending.
- Awarding mini grants to worksites to extend the reach of heart disease and stroke prevention initiatives focusing on sodium.

## ■ PARTNERSHIPS

- Convening a food procurement work group with representatives from a variety of state facilities and agencies.
- Partnering with the American Heart Association to develop marketing materials and propose policy.
- Leveraging implementation of the national Million Hearts Initiative and relationships with Million Hearts partners.

## ■ RECOGNITION

- Creating a recognition program to highlight agencies or worksites that successfully implemented sodium reduction programs.
- Selecting worksites or local agencies as pilot sites for programs.

## ■ SUPPORT

- Developing and implementing nutritional guidelines for healthy meetings.
- Providing technical assistance to state agencies, including training on behavioral economics and low sodium products available to food distributors.
- Using a gradual approach to reduce sodium levels in foods.

ASTHO collected stories from each state throughout the project. More detailed information on individual state initiatives can be found in the full case studies and a list of resources on [ASTHO's Sodium Reduction web page](#).

## Partnerships

During the project, states engaged in multiple partnerships to further their sodium reduction efforts. Partners included local health departments, multiple state government agencies, and nonprofits, including Nemours, which operates children's hospitals in several states, and the American Heart Association.

Most states also began or joined task forces or committees to bring together stakeholders from multiple sectors, including education, business, hospitals, parks and recreation, corrections, and veterans groups. For vending machine initiatives, states also worked to include blind vendors in the planning process. States' Department for the Blind Business Enterprise Programs (BEP) were critical for getting buy-in, implementing nutrition standards, and ensuring compliance with the standards. An often overlooked partner is the property management team for state government buildings. Property managers are ready communication conduits to customers and can help raise awareness and improve acceptability of changes to food service offerings.



## Costs of Sodium Reduction

Several states identified the higher cost of healthier foods as a barrier to sodium reduction efforts. States discussed how to make the case that the return on investment (ROI) for nutrition standards would reduce healthcare costs. The participating states and ASTHO shared ROI studies from [Maryland](#) and [Los Angeles County](#) showing that sodium reduction was associated with reduced hypertension-related costs. Notably, an evaluation of the [Chicago Park District's 100% Healthier Snack Vending Initiative](#) found

<sup>1</sup> Including blind vendors as partners in sodium reduction planning at the state level is important because of the [Randolph-Sheppard Act](#), which gives individuals who are legally blind the priority to operate vending facilities for profit on federal property.

that average sales increased during the evaluation period, and staff and patrons reacted positively to the initiative. States said that having analyses or data to support the positive economic impact of reduced sodium procurement helped gain support from leadership for their efforts. They also noted, however, that there is currently a lack of high-quality research on the ROI of healthy food procurement. States also noted that smaller agencies often have less budgeting flexibility than bigger agencies. Other suggestions for cost savings included using a bidding process to get vendor costs as low as possible, group purchasing, and favoring locally-grown food.

## Creating Nutrition Standards

Many projects required developing new or updated nutritional standards that included sodium. Instead of developing new standards, states found that it was preferable to use or modify portions from some of the existing science-based standards and guidelines that are in line with the *Dietary Guidelines for Americans*, including [Health and Sustainability Guidelines for Federal Concessions and Vending Operations](#) and New York City's [Food Standards for Meals/Snacks Purchased and Served](#).

## Lessons Learned

States shared insights that emerged from the process. Some of these lessons can guide other states considering procurement strategies and other sodium reduction measures.

### ■ BEST AND PROMISING PRACTICES

- Conduct a food environment assessment to identify and prioritize your state or agency's needs, as well as identify opportunities for change and available resources (e.g., space, staff, food storage, etc.).
- Use existing sodium reduction strategies and nutrition guidelines rather than developing standards from scratch.

- Include sodium reduction under a larger umbrella of comprehensive nutrition efforts to increase buy-in or expand the program's reach and ensure that all efforts are working to improve the overall nutrition quality of food purchased, served, and sold.
- Invest in a point-of-sale system that is compatible with BEP vendors to identify baseline total sale data, track healthy food and beverage purchasing patterns over time, and establish pricing consistency.

### STATE EXAMPLE:

The Cardiovascular Health Program within the Montana Department of Public Health and Human Services **administered** a sodium/trans fat survey to the department's 16 divisions and institutions to assess existing nutrition guidelines or voluntary standards for meetings, events, and vending. The results highlighted the need for department-wide nutrition guidelines.

### ■ COMMUNICATION

- Highlight the magnitude of the burden of hypertension, cardiovascular disease, and stroke in your state to garner support.
- Frame healthy procurement around expanding the selection of healthier, reduced sodium foods rather than restricting choice.

### STATE EXAMPLE:

In October 2013, Washington's governor issued **Executive Order 13-06**, which requires all executive state agencies to adopt **healthy nutrition guidelines**. Implementation of the executive order began July 1, 2014, and the standards are set to be fully implemented by December 2016. The Washington State Department of Health developed an implementation guide for state agencies, and provided technical assistance to state agencies to prepare for policy adoption.



## ■ LEADERSHIP

- Leverage your agency and state health official's leadership and capacity.
- Implement food standards in your own agency to serve as a role model for other agencies and worksites.
- Plan for adequate time to assess and implement standards.
- Dedicate sufficient staff resources for these initiatives to ensure successful implementation.

## ■ PARTNERSHIPS

- Identify key stakeholders early in the process to determine their priorities and the barriers they may face in implementing healthy nutrition strategies.
- Engage other partners and stakeholders by forming a task force or coalition with leadership in other sectors, in nonprofits, and with other collaborators.
- Establish trust between the state health agency and BEP to facilitate active, mutually beneficial partnerships for vending efforts.
- Network with neighboring states to find solutions to challenges that are consistent with the Randolph-Sheppard Act and BEP.

### STATE EXAMPLE:

The California Health in All Policies Task Force **identified** healthy food procurement as one of its priority recommendations to improve health among state residents. The task force was established by **Executive Order S-04-10** and is composed of representatives from 19 diverse state agencies. The task force led to collaboration with the California Department of Public Health and the Department of Health Care Services to pilot nutrition standards.

## ■ SUSTAINABILITY AND SPREAD

- Incorporate procurement strategies into a formal policy because turnover in key staff or leadership positions can slow progress if strategies are not formalized in a policy.
- Enhance reach and impact by leveraging existing human and financial resources to achieve a common goal. Partnership and collaborative efforts are vital when resources are limited.
- Embed healthy food procurement or sodium reduction strategies in funding opportunities for local communities to increase the reach of the intervention.

## Conclusion

At the end of the technical assistance project, states were in various stages of continuing sodium reduction efforts through procurement. Depending on where each state started, they had different definitions of success for their efforts, ranging from statewide policy adoption and implementation to establishing MOUs to new partnership development. A common goal was to use state health agency efforts to influence implementation in other state agencies or inform the adoption of healthy food procurement policies in the private sector. Reflecting back on their programs' beginnings, states found that healthy procurement and sodium reduction had public support. Additionally, they noted that state leadership was compelled to be more engaged in these efforts by successes such as signed MOUs, demonstrated support from initiatives and councils such as Million Hearts or chronic disease councils, evidence of positive economic impact, and confirmation that the issue of sodium reduction holds weight with stakeholders. This supportive climate and leadership engagement may increase potential for making additional progress within their states, and sets a precedent for other states interested in healthy procurement. Finally, these projects help lay important groundwork for future initiatives and policies at the state level.

## Resources Shared

Along with state-specific materials, ASTHO facilitated resource-sharing among states, including some of the following tools and research about healthy procurement and sodium reduction:

### Publications

- [Commentary on Making Sense of the Science of Sodium](#) [Nutrition Today]
- [Working with Community Partners to Implement and Evaluate the Chicago Park District's 100% Healthier Snack Vending Initiative](#)
- [Reducing Sodium in Your Diet to Help Control Your Blood Pressure](#) [CDC]
- [Understanding Health Procurement: Using Government's Purchasing Power to Increase Access to Healthy Food](#) [ChangeLab Solutions]

### Sample Policies and Tools

- [Healthier Food Choices For Public Places](#) [Center for Science in the Public Interest]
- [Making Change: A Guide to Healthier Vending for Municipalities](#) [ChangeLab Solutions]
- [Healthy Food Service Guidelines](#) [CDC]
- [Online Procurement Resources](#) [CDC]

### State and Local Resources

- [Healthy Food Procurement in the County of Los Angeles](#) [Center for Training and Research Translation]
- [New York City Agency Food Standards](#) [New York City Department of Health and Mental Hygiene]
- [Nutritional Environment Measures Survey – Vending](#) [Center for Training and Research Translation]

## Expert Assistance

Presentations from the following individuals guided participating states and provided opportunities to learn about successful strategies and ask targeted questions:

- **Reza Alavi**, Maryland Department of Health and Mental Hygiene
- **John Auerbach**, Massachusetts Department of Public Health
- **Cheryl Bartlett**, Massachusetts Department of Public Health
- **Katherine Bishop**, Center for Science in the Public Interest
- **Patricia Cummings**, Los Angeles County Department of Public Health
- **Quang Dang**, Public Health Law and Policy
- **Ashley Lederer**, New York City Department of Health and Mental Hygiene
- **Jessica Levings**, CDC Division for Heart Disease and Stroke Prevention
- **Miranda Manning**, Oklahoma State Department of Health
- **Judy Monroe**, CDC Office for State, Tribal, Local and Territorial Support
- **Jewel Mullen**, Connecticut Department of Public Health
- **Melissa Walker**, General Services Administration
- **Michelle Wood**, Los Angeles County Department of Public Health
- **Lauren Yemane**, Oklahoma State Department of Health