

## Leadership's Role in Supporting Efforts to Reduce Sodium and Added Sugar: Interviews with State Health Agency Senior Deputies

### Background

Heart disease and stroke are the first and fifth leading causes of death in the United States, respectively. High blood pressure contributes to more than half of all heart attacks and strokes. Higher consumption of salt, along with age, obesity, and family history, can lead to higher blood pressure. On average, daily sodium intake across the U.S. population is higher than the recommended levels.<sup>1</sup> Similarly, there is a relationship between consuming added sugars and cardiovascular disease risk in adults.<sup>2</sup> According to the 2015-2020 Dietary Guidelines for Americans, added sugars account for almost 270 calories, or more than 13 percent of calories per day in the U.S. population.<sup>3</sup> Sugar-sweetened beverages are the leading source of added sugars in U.S. diets.<sup>4</sup>

The Association of State and Territorial Health Officials (ASTHO) is working to engage state health officials in developing a national strategy to improve the healthfulness of foods served and sold across states, with a focus on reducing sodium and added sugar. Through a collaborative effort, ASTHO aims to support state health agencies and private sector partners, such as food service management companies, in creating healthier food environments in state-owned and operated facilities, parks, worksites, hospitals, universities, and other settings. Over the past year, ASTHO convened the [Advancing Sodium and Sugar Reduction Through Partnerships](#) virtual learning community, which focuses on increasing the uptake of sodium and sugar reduction strategies among the food service sector, state public health leadership, and state and territorial public health practitioners.

To formulate key recommendations on leadership's role in supporting sodium and added sugar reduction, ASTHO interviewed senior public health leaders from four states participating in the virtual learning community (California, Colorado, Iowa, and Hawaii) in April 2017. The interviewees included state health agency senior deputies and their program staff who provided insight on state-level initiatives to address worksite wellness efforts, healthy food procurement processes, and sodium and sugar reduction policies in state public health agencies.

### Senior Leadership: Key Recommendations

Senior deputy health officials are the principal leadership staff in state public health agencies charged with implementing the policies and procedures identified by state health officials and elected officials. They are crucial in guiding the public health protection, prevention, and assurance activities in their states. Through these interviews, ASTHO identified six key insights for other state public health leaders to consider when supporting their staff in accelerating sodium and sugar reduction efforts.

- **Collaborate with local public health agencies, healthcare systems, food service management companies, vendors, and other state agencies to share information, agreements, and timelines when working towards the common goal of promoting sodium and sugar reduction efforts.**  
Cross-sector collaboration between different stakeholders is a powerful approach to bring everyone to the table and discuss items of common interest. In the same way, when promoting sodium and sugar reduction efforts, leadership and staff representing multiple sectors, including food management, public health, health plans, health systems, and other state agencies such as the department of administrative services, department of education, and department of corrections, are encouraged to join forces and tackle the barriers that might surface.

The California Department of Public Health is part of Healthier U, launched in 2012 as a pilot model to promote workplace wellness. Healthier U is a collaborative initiative involving the department of public health, the department of health care services, the department of human resources, the state treasurer's office, the state controller's office, the California Public Employees' Retirement System, the Service Employees International Union Local 1000, and Kaiser Permanente. Healthier U engages employee and management teams to develop and implement sustainable workplace wellness programs that focus on creating supportive environments for healthy eating, physical activity, and stress management; actively soliciting and incorporating employee feedback; and seeking to understand, document, and address environmental and policy barriers. The initiative encourages teams to develop a comprehensive evaluation plan to assess the effect of the program on health outcomes and preventable chronic diseases.

Another example which illustrates a successful cross-sector partnership is the Colorado Healthy Hospital Compact, a shared agreement to protect and promote the health of hospital patients and their families, visitors, and staff. Compact partner hospitals are leading by example as they implement measures designed to improve the quality of the food served in their facilities. In doing so, hospitals are developing a culture of wellness and contributing to the state's goal of making Colorado the healthiest state.<sup>5</sup> Since its inception in 2014, the compact has recruited 22 partner hospitals throughout the state covering over 40,000 employees and volunteers. Accomplishments to date include removing sugar-sweetened beverages from hospital campuses, removing fryers from the cafeteria, making healthier food less expensive and easier to identify through a stoplight system of green, red, and yellow labels, and adopting formal policies that promote breastfeeding. Colorado recently hosted the Colorado Healthy Hospital Summit and presented awards to 15 hospitals, including three that achieved platinum status. Elizabeth Whitley, division director of prevention services for the Colorado Department of Public Health and Environment, urges state health agency leadership to continue to help their agencies foster partnerships with the food industry to promote sodium and sugar reduction efforts, reduce healthcare costs over the long-term, lead by example, and champion voluntary cooperation from stakeholders.

- **Evaluate programs, protocols, and procedures to improve outcomes.**

In public health, evaluation examines the operations of a program, including which activities take place, who conducts the activities, and who is reached as a result. It is also an effective tool to demonstrate accountability to stakeholders, policy-makers, partners and funders.<sup>6</sup>

For example, to evaluate employee's interest and enthusiasm regarding the healthier food items offered in the cafeteria, the Colorado Department of Public Health and Environment conducts employee interest surveys on a yearly basis. Those surveys are broadcasted to all department employees, and are anonymous and voluntary. The questions aim to evaluate their interest based on the variety of offerings they have, and solicit input on what additional things to consider offering. They also look at program level outcomes such as initial weight loss, reduction in stress, and frequency of physical activity participation as the initiatives are occurring.

- **Identify champions to drive the implementation of nutrition standards.**

The Iowa Department of Public Health (IDPH) leveraged food service contracts and healthy vending to reduce sodium in state agencies. Former Gov. Terry Branstad announced in 2012 his commitment

to improving Iowans' health, issuing a statement directing state agencies to pursue the adoption of the American Heart Association's [Nutrition Standards for Procurement of Food and Beverages in the Workplace](#). When a legislative proposal (Senate Study Bill 1176) requiring cafeterias in state agencies to adopt nutrition standards did not pass, the governor sent a letter to all state agencies urging them to voluntarily adopt the nutrition standards, including lower sodium targets. IDPH and the American Heart Association were key champions for nutrition standards and led the implementation efforts across state agencies. They convened a workgroup in April 2013, made up of representatives from state facilities and agencies tasked with creating nutritional guideline consensus for food and beverage procurement in state agencies, addressing concerns and opportunities regarding implementation, monitoring of implementation, and identifying training needs for implementation of the required changes. Consequently, IDPH has successfully worked with the department of administrative services to include healthier eating standards in the food service contracts for cafeteria services in state agencies.<sup>7</sup>

- **Open the line of communication between leadership and staff to discuss their struggles and identified barriers.**

Leadership support is crucial to the success of health programs and policies. Sarah Reisetter, deputy director for the Iowa Department of Public Health, urges state health agency leadership to stay committed to their programmatic staff by understanding the efforts they are working on, and offering support to eliminate the barriers to success. Those barriers include the lack of internal policies to support sodium and sugar reduction, absence of nutrition standards in the contracts with food providers, and staff vacancies.

*"Sometimes our staff runs into barriers, and if we don't know that those are there, we can't help them break those down." - Sarah Reisetter, Deputy Director, Iowa Department of Public Health*

Virginia Pressler, director of health for the Hawaii State Department of Health, and Elizabeth Whitley, division director of prevention services for the Colorado Department of Public Health and Environment, demonstrated effective communication by introducing intradepartmental and division-wide policies, respectively, after their teams indicated there was an opportunity for health department meetings and other activities to offer healthier food options and include physical activity breaks in their agendas.

- **Support the implementation of healthy meeting and work environment policies.**

There is a strong relationship between the physical and social environments of the workplace and employees' health behaviors. Many states have healthy meeting policies in place to ensure that the food provided during conferences is healthy, and that physical activity is built into the meetings. Criteria for healthy meetings often include making water the default beverage, holding the meeting in a tobacco-free facility, offering vegetarian options and reducing food waste.

For example, the Colorado Department of Public Health and Environment introduced a new division-wide policy for healthy meetings and events at the Prevention Services Division Annual Meeting in March 2017. The department's Healthy Eating and Active Living team then created an

implementation toolkit to supplement the new policy and has been attending reoccurring team meetings within the division to reinforce the policy, share the toolkit, provide a forum for Q&A, and solicit overall feedback. The policy serves to create a healthier work environment for staff, visitors, and consumers by making sure healthy food and beverage choices at all internal meetings and community events sponsored by the division are available.<sup>8</sup> Since the division-wide policy is a pilot, it will be evaluated after six months by soliciting feedback from division employees about their experiences operationalizing the policy during meetings and events. Findings from the evaluation will be presented to the state health official to consider for implementation across the entire health department.

*“Our healthy meeting policies make sure that a healthy option is offered, such as fruit if there are desserts, as well as restricting sugar-sweetened beverages.” - Joan Brucha, Healthy Eating Active Living Manager, Colorado Department of Public Health and Environment*

Similarly, in Hawaii, approximately 3,000 people are employed by state health department, and over 10 percent of the state’s residents are state government employees. Hawaii’s director of health, Virginia Pressler, signed an intradepartmental directive in April 2015 aimed at increasing access to healthy foods and beverages and reducing unwanted exposure to unhealthy options as a necessary step in promoting a healthy work environment. This policy applies to all health department employees and all contractors, caterers, or other organizations that provide food and beverage services on behalf of the department for meetings, trainings, workshops, conferences, or other events. Specifically, food and beverages purchased with state or federal funds for sponsored events are required to follow nutrition criteria based on the 2015-2020 Dietary Guidelines for Americans and federal food service guidelines. The policy is intended to be a developmental effort towards supporting a healthier workforce and public.

Hawaii also promotes healthy work environments by encouraging employees to use the stairs instead of the elevators, and taking advantage of walking meetings. Deputy director Keith Yamamoto urges state health commissioners to support systems change within their agencies by building physical activity into the meeting agendas.

*“In our building, for many years now, we have our stairwell accessible and have a gallery of photos submitted by our employees. We’ve had artwork by the children of those employees to make it attractive, and we use point-of-decision prompts to encourage people to take the stairs.” - Keith Yamamoto, Deputy Director, Hawaii Department of Health*

- **Support comprehensive worksite wellness programs.**

A comprehensive worksite wellness program includes activities such as smoking cessation, weight loss, and stress management; policies such as tobacco-free campuses, wellness, and breastfeeding; and resources such as bike racks, onsite gyms, showers, and lactation rooms.

"The Department of Human Resources issued policies and procedures on worksite wellness, encouraging state agencies to create and maintain worksite wellness initiatives for their employees. The initiatives can address the primary components of a healthy lifestyle including healthy eating, physical activity, tobacco and nicotine cessation, and stress management." - *Lola Irvin, Administrator, Chronic Disease Prevention and Health Promotion Division, Hawaii Department of Health*

Some benefits of implementing worksite wellness programs include improved employee morale, reduced absenteeism, improved disease management and prevention, and a healthier workforce in general, both of which contribute to lower health care costs.<sup>9</sup> A meta-evaluation of 22 peer-reviewed studies demonstrated that medical costs fall by about \$3.27 for every dollar spent on wellness programs, while absenteeism costs fall by about \$2.73 for every dollar spent.<sup>10</sup> Other meta-analyses with more lenient criteria have reported an even higher total ROI of \$5.56, along with a 25 percent reduction in sick leave/absenteeism and 32 percent reduction in workers' compensation costs and disability management claims costs.<sup>11</sup>

Employees typically enjoy the benefit of having a comprehensive worksite wellness program in place. In March 2012, the Colorado Department of Public Health and Environment administered a 32-question survey to measure the impact of its worksite wellness initiatives. The [results](#) revealed that employees were interested in wellness programming, health behaviors, and future health programs. Overall, 60 percent of the 662 employees surveyed participated in wellness activities. Specifically, 55 percent of respondents reported they felt increased job satisfaction and 75 percent reported improved opinions of CDPHE as a positive place to work. Eighty-five percent of the employees surveyed felt they were in good to excellent health.

As physical activity is another integral component of worksite wellness, the Iowa Department of Public Health partnered with the department of administrative services to support walking at the Capitol Complex, which houses over 3,500 state employees. This initiative includes signage and mapped routes for walking trails with various distances, which provides convenient options during breaks, and before or after work.

- **Work with blind vendors to promote their businesses.**

The [Randolph-Sheppard Act](#) is a law that provides qualified blind persons with the opportunity to operate businesses on federal property by granting a first right of refusal to operate a concession on such property.<sup>12</sup> Many states and municipalities have adopted similar laws. Similar to other small business operators, blind vendors are concerned that replacing some staple items with their healthier counterparts, might result in a decrease in sales. Therefore, it is crucial that state health agencies work with blind vendors to promote healthier options so that customers become familiar with and receptive to them.

Hawaii recognizes the importance of maintaining good relationships with blind vendors to help them introduce healthier food items in their vending facilities. Health department staff worked closely with evaluators to assess blind vendors' sales data. Although they couldn't make definitive conclusions about sales, the relationships formed were foundational to the process. Vendors who

volunteered to participate were excited to be early adopters of healthier vending in Hawaii and voluntarily put effort into making healthier food items available to their customers.

Senior deputies suggested setting up taste tests as a business opportunity for blind vendors to encourage patrons to try the new, healthier options offered. The interest from customers helped blind vendors understand there was a demand for healthier menu items.

Hawaii continues to test ways to reduce the consumption of sugar-sweetened beverages among youth. In the past, they launched a “Soda-Free Summer” program called in Honolulu County. It focused on reconfiguring the beverage options available in vending machines to help customers, many of whom were kids, choose healthier beverages such as water and unsweetened teas.

### **Conclusion**

Collaboration, evaluation, communication, and supporting partners, programs, and policies, were identified as the key strategies on which senior leadership should focus when promoting sodium and sugar reduction efforts in their states. As a result of the interviews with senior deputies and their staff, ASTHO will share those key insights with other states and explain how, with the support of their staff, senior public health leaders in California, Colorado, Hawaii, and Iowa are accelerating sodium and sugar reduction efforts in their states.

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<sup>1</sup> U.S. Department of Agriculture and U.S. Department of Health and Human Services. Dietary Guidelines for Americans 2015-2020. December 2015. Available at <https://health.gov/dietaryguidelines/2015/guidelines/chapter-2/a-closer-look-at-current-intakes-and-recommended-shifts/#other-components>. Accessed on 05-30-17.

<sup>2</sup> Yang Q, Zhang Z, Gregg E, Flanders W, Merritt R, Hu F. “Added Sugar Intake and Cardiovascular Diseases Mortality Among US Adults.” *Journal of the American Medical Association Internal Medicine*. 2014; 174(4):516-524. Available at [http://jamanetwork.com/journals/jamainternalmedicine/fullarticle/1819573?mbid=synd\\_msnhealth](http://jamanetwork.com/journals/jamainternalmedicine/fullarticle/1819573?mbid=synd_msnhealth). Accessed on 05-30-17.

<sup>3</sup> U.S. Department of Agriculture and U.S. Department of Health and Human Services. Dietary Guidelines for Americans 2015-2020. December 2015. Available at: <https://health.gov/dietaryguidelines/2015/guidelines/chapter-2/a-closer-look-at-current-intakes-and-recommended-shifts/#other-components>. Accessed on 05-30-17.

<sup>4</sup> Johnson R, Appel L, Wylie-Rosett J, et al. “Dietary Sugars Intake and Cardiovascular Health A Scientific Statement from the American Heart Association.” *Circulation*. 2009; 120(11):1011-1020. Available at <http://circ.ahajournals.org/content/120/11/1011.short>. Accessed on 05-30-17.

<sup>5</sup> Colorado Department of Public Health and Environment. “Colorado Healthy Hospital Compact.” Available at <https://www.colorado.gov/pacific/cdphe/healthy-hospital-compact>. Accessed on 6-30-17

<sup>6</sup> Centers for Disease Control and Prevention. “Introduction to Program Evaluation for Public Health Programs.” Available at <https://www.cdc.gov/eval/guide/cdcevalmanual.pdf>. Accessed on 5-29-17.

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<sup>7</sup> Association of State and Territorial Health Officials. "Iowa Sodium Reduction and Healthy Procurement Efforts". Available at <http://www.astho.org/Programs/Prevention/Obesity-and-Wellness/Sodium-Reduction/State-Stories/Iowa/>. Accessed on 6-29-17.

<sup>8</sup> Colorado Department of Public Health and Environment. "Prevention Services Division Healthy Meetings and Events Policy."

<sup>9</sup> Wellness Council of America. "Why is worksite wellness important?". Available at <http://capitalregionchamber.com/business-resources/business-u/business-library/workplace-wellness-important/>. Accessed on 5-25-17.

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<sup>12</sup> Virginia Department for the Blind and Visually Impaired. "Business Enterprise Program". Available at <https://www.vdbvi.org/rsvp.htm>. Accessed on 5-25-17.