

DNPAO State Program Highlights

Limiting Access to Sugar-Sweetened Beverages



State-Based Programs

The Nutrition, Physical Activity, and Obesity Program (NPAO) is a cooperative agreement between the CDC's Division of Nutrition, Physical Activity and Obesity (DNPAO) and 25 state health departments. The program goal is to prevent and control obesity and other chronic diseases through healthful eating and physical activity.

DNPAO Target Areas

The state programs develop strategies to leverage resources and coordinate statewide efforts with multiple partners to address all of the following DNPAO principal target areas:

- Increase physical activity
- Increase the consumption of fruits and vegetables
- **Decrease the consumption of sugar-sweetened beverages**
- Increase breastfeeding initiation, duration, and exclusivity
- Reduce the consumption of high energy dense foods
- Decrease television viewing

Strategies Related to the Decreased Consumption of Sugar-Sweetened Beverages (SSBs)

DNPAO developed six guidance documents to provide assistance and direction regarding each of the principal target areas. The guidance document developed to decrease the consumption of sugar-sweetened beverages includes the following strategies:

- Ensure ready access to potable drinking water
- **Limit access to SSBs**
- Promote access to and consumption of more healthful alternatives to SSBs
- Limit marketing of SSBs and minimize marketing's impact on children
- Decrease the relative cost of more healthful beverage alternatives through differential pricing of SSBs
- Include screening and counseling about SSB consumption as part of routine medical care
- Expand the knowledge and skills of medical care providers to conduct nutrition screening and counseling on SSB consumption

Limiting Access to SSBs

SSBs are readily accessible in homes, schools, worksites, and communities. Limiting the availability and accessibility of SSBs can decrease SSB consumption and increase the consumption of more healthful beverages.

State Activities Limiting Access to SSBs

California

Eliminating SSBs in California Public Schools Through Policy Change

California Senate Bill 965, or the healthy beverage bill, was passed in 2005 and fully enacted in 2009. The bill describes the type of beverages that can be sold in California public schools. More specifically, the bill states that all beverages sold to pupils from one-half hour before the start of the school day until one-half hour after the school day may only include fruit-based and vegetable-based drinks that are at least 50 percent fruit juice without added sweeteners; drinking water without added sweeteners; milk products, including two-percent, one-percent, nonfat, soy, rice, and other similar non-dairy milk; and in middle and high schools, electrolyte replacement beverages that contain no more than 42 grams of added sweetener per 20-ounce serving.

Since full implementation of the legislation in 2009, additional policies and initiatives have been developed to remove electrolyte replacement beverages, or sports drinks, from schools. In February 2010, Governor Arnold Schwarzenegger held a Summit on Nutrition, Health, and Obesity and announced his sponsorship of California Senate Bills 1255 and 1413. Senate Bill 1255 was intended to eliminate the sale of sports drinks in middle and high schools during regular school hours; however, this bill was not passed by the State Legislature. Senate Bill 1413 would require school districts to make free, fresh drinking water available in school food service areas. In addition to the proposed legislation in schools, California Assembly Bill 2084 was recently drafted to establish nutrition guidelines consistent with recommendations from the American Academy of Pediatrics for the beverages served in child care centers.

To further support the reduction of SSB consumption, the California Department of Public Health (CDPH) is working to develop and advance local policies to decrease the availability of SSBs in schools and worksites and increase access to healthier beverages in communities throughout the Central Valley. These efforts include the expansion of two campaigns, the Soda Free Summer Campaign and the Rethink Your Drink Campaign. The Soda Free Summer Campaign is a 10-week campaign to encourage young people and adults to reduce or eliminate their consumption of SSBs during the summer months. The campaign includes an interactive website, a tracking log to record the number of days a participant is soda free, and incentives for using the tracking log, including wristbands and temporary tattoos. The Rethink Your Drink Campaign is an educational initiative intended to empower community members to make healthier drink choices. The campaign includes an interactive website and "Sugar Savvy Lessons," which serve as a community outreach tool to help educators (1) teach the public how to recognize the amount of sugar in common beverages and (2) provide the public with ideas for offering healthy drinks.

The CDPH has been involved in all of these efforts in various capacities, including training local schools on the enacted state beverage policies and providing technical assistance to local health departments involved with these efforts. The CDPH also plans to develop a web-based toolkit to assist schools in improving student access to free, fresh drinking water.

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Iowa

Monitoring and Assessing Access with the Nutrition Environment Measures Survey: Vending

In 2009, the Iowa Department of Public Health, the Iowa State University Extension, and Iowans Fit for Life worked collaboratively to develop the Nutrition Environment Measurement Survey-Vending (NEMS-V) to evaluate the worksite vending machine environment. The survey builds upon the nationally recognized Nutrition Environment Measurement Survey (NEMS) developed at Emory University, which assesses the availability of healthier food and beverage options in grocery stores, convenience stores, and restaurants.

The NEMS-V assessment is intended to provide a visual depiction of an individual vending machine showing green-, yellow-, or red-coded beverages; these demarcations are based on the Institute of Medicine's Nutrition Standards for Food in Schools, with modifications from Iowa's Healthy Kids Act. The beverage standards are divided into color codes based on their nutrition profiles:

- Red beverages are not as healthy and fall outside the 2005 Dietary Guidelines for Americans.
- Yellow beverages meet the Dietary Guidelines but do not provide a serving of fruit, vegetable, or low-fat dairy.
- Green beverages are considered the healthiest, since they are consistent with the Dietary Guidelines and provide a serving of fruit, vegetable, or low-fat dairy.

In addition, certain beverages are considered red for children but are acceptable as yellow for customers over 18 years old. This includes artificially sweetened, non-caffeinated, caffeinated, or non-fortified (vitamin or mineral) beverages with less than 5 calories per portion as packaged; unsweetened tea or artificially sweetened tea; and two-percent flavored or plain milk.

The assessment provides an award certificate for each machine and for the location as a whole to facilitate a decreased availability of red beverages and an increased availability of green beverages. A bronze award is given if 30% of the food and beverages in the machine are yellow or green, a silver award if at least 40% are yellow or green, and a gold award if at least 50% are yellow or green and without unhealthy advertising. The assessment also generates a report card for each machine and location as a whole, which indicates how many food and beverage items need to be changed to green or yellow choices to earn a bronze, silver, or gold award, as well as a checklist of actions for making healthier choices available in vending machines. A website was also developed to showcase

NEMS-V tools, directions, supplemental materials, and a healthy choice calculator for determining color coding for beverages.

The development of the NEMS-V has resulted in additional activities. In April 2010, the Iowa Department of Public Health conducted 5 NEMS trainings for 55 participants on all NEMS tools, including grocery stores, convenience stores, restaurants, and vending machines. In 2010, a total of 23 mini grants have been distributed to 18 Iowa counties to encourage the immediate use of the NEMS and NEMS-V tools.

Future plans for these efforts include a pilot intervention to conduct the NEMS-V assessment in two buildings on the State Capitol complex, the addition of sample vending machine policies to the NEMS-V website, the development of an online training webinar, and technical assistance to vendors on meeting new calorie labeling requirements as part of the Affordable Care Act.

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Massachusetts

Food and Beverage Standards for State Agencies

In 2009, Massachusetts Governor Deval Patrick signed Executive Order 509, which requires state agencies to follow specific nutrition standards when contracting for the purchase of foods and beverages. The purpose of the Executive Order is to ensure that persons served by state agencies are offered a broad choice of healthy and balanced meals, snacks, and beverages.

More specifically, the standards apply to the 53 state agencies falling under the Executive Branch that provide food and beverages, whether directly or through contract, as part of the basic services provided to agency clients or patients. The Executive Order exempts vending machines or independent concession stands that sell food through leases, licenses, or contracts at state programs. The standards are based on the 2005 Dietary Guidelines for Americans which encourage the consumption of healthier food and beverage options such as increasing whole grains, increasing fruits and vegetables, use of lean cuts of meat and poultry, use of alternative protein sources (such as legumes), and use of non-fat dairy.

As a result of the statewide policy, a Healthy Food Procurement Workgroup has been convened to guide the implementation and evaluation of the Executive Order. The workgroup represents impacted agencies, including the Massachusetts Department of Public Health (MDPH), the Department of Corrections, the Executive Office of Elder Affairs, the Department of Children and Families, the Department of Developmental Services, the Department of Youth Services, the Sheriff Department, the Department of Mental Health, and the Department of Veterans' Services. Key activities of the workgroup include approving the nutrition standards, developing a statewide implementation plan, identifying in-kind and other resources to support the Executive Order, and advising agencies on how to train food personnel.

MDPH has been involved in these efforts in various capacities. MDPH has provided administrative support to the workgroup by developing monthly agendas and minutes and drafting the nutrition standards. MDPH has also developed several tools to assist state agencies during this transition. In particular, MDPH is collaborating with an academic partner to develop an online course for agency staff addressing increased consumption of healthy beverages and snacks, decreased sodium intake, and increased consumption of fruits and vegetables. Future plans include monitoring and evaluating the implementation of the Executive Order. MDPH has developed a survey tool to assess the current food service environment of each state agency. It is anticipated the survey will be administered annually to evaluate changes in food service practices and the nutritional quality of the foods and beverages purchased and served by state agencies.

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Rhode Island

Rhode Island Policies on Healthier Beverages and Snacks in Schools

In 2006, the Rhode Island General Assembly passed House Bill 6968 and Senate Bill 2696 requiring that elementary, middle, and junior high schools sell or distribute only healthier beverages and snacks, as defined by the legislation. Healthier beverages were defined as (a) water, including carbonated water and flavored or sweetened with one hundred percent fruit juice and no added sweetener; (b) one-percent fat milk, nonfat milk, and dairy alternatives (such as fortified soy beverages, plain or flavored, with a sugar content of not more than four grams per

ounce, which includes added sugar and natural milk sugar); (c) one hundred percent fruit juice or fruit-based drinks that are composed of no less than fifty percent fruit juice and have no added sweetener; and (d) vegetable-based drinks that are composed of no less than fifty percent vegetable juice and have no added sweetener. In 2007, the legislation was amended to add high schools.

The Healthy Schools Coalition, a collaboration of more than 100 Rhode Island organizations, schools, districts, and the Rhode Island Department of Health, was integral in advancing these policies. As a result of the statewide legislation, the Rhode Island Department of Health collaborated with the Department of Education, the Department of Agriculture, and Kids First (a nonprofit organization that guides communities to improve the nutritional and physical well-being of children) to assist schools in policy adoption. This help includes technical assistance and training workshops to school staff, food service directors, and parents on the approved product list for sale in vending machines and a la carte.

Future plans include applying the approved product list and nutrient guidelines included in the legislation to other settings, such as worksites and hospitals.

government. The order requires the establishment of minimum nutritional standards, standards for labeling and placement of food and beverages, and pricing and other incentives to encourage the purchase of items that meet the nutritional standards. The Department of Finance and Administration, the Department of Health, and blind vendor representatives were charged with developing and publishing the nutritional guidelines. The Department of Health is also required to amend written agreements with property management officials and existing vendors to incorporate the new guidelines and standards by January 2011.

The Tennessee Department of Health was influential in the enactment of both policies through involvement with the Tennessee Healthy Weight Network, a coalition formed to address the childhood obesity epidemic within the state. The network is a public and private partnership composed of 27 organizations and agencies.

More specifically, the network advocated for the passage of House Bill 2783, and nutritionists from the Tennessee Department of Health served as consultants when language for the House Bill was developed.

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Tennessee

Vending Machine Legislation in Tennessee

In 2004, Tennessee House Bill 2783 (Chapter Number 708) passed and required the state board of education, in consultation and cooperation with the Department of Education and the Department of Health, to promulgate rules to establish minimum nutritional standards for individual food and beverage items sold or offered for sale to pupils in grades K–8 through vending machines or other sources, including school nutrition programs. Schools were permitted to sell food and beverage items that did not comply with the nutrition standards as part of a school fundraising event only if students sold the items off school premises and at least one-half hour after the end of the school day.

In August 2010, Governor Phil Bredesen signed Executive Order Number 69 to promote healthier food and beverage options sold through vending facilities on properties within the Executive Branch of state

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Need more information?

Visit the CDC DNPAO website to learn more information about our funded state programs:

<http://www.cdc.gov/obesity/stateprograms/index.html>

West Virginia

West Virginia's Dry County Initiative

In 2008, the Office of Healthy Lifestyles in the West Virginia Department of Health and Human Resources and the Department of Education recognized how the consumption of sugar-sweetened beverages influenced childhood overweight and obesity and developed the West Virginia Dry County Initiative. This initiative encouraged county school systems to voluntarily suspend the sale of soft drinks during the instructional school day. The Office of Healthy Lifestyles and the West Virginia Department of Education have provided technical assistance and training to counties during their transition. As a result of these efforts, 53 of the 55 local school systems have voluntarily removed soft drinks.

Following this initiative, mandatory nutrition standards were implemented by the West Virginia Department of education to remove caffeinated beverages and establish recommended portion sizes for all public schools in West Virginia.