

Health in All Policies Task Force Implementation Plan
***Leveraging Government Spending to Support Healthy
Procurement***

Endorsed by the SGC on August 3, 2011

The content of this plan was taken from a grant proposal that HiAP staff submitted to Kaiser Permanente, Community Benefits in March 2011 for two years of funding to implement this project. Staff expect a funding decision from Kaiser in July.

I. The Health in All Policies Task Force

The Health in All Policies (HiAP) Task Force is a multi-agency effort to improve state policy and decision-making by encouraging collaborative work towards health and sustainability goals and by incorporating health considerations into non-health policy areas. After an in-depth process that included input from health and policy experts, the public, and extensive Task Force discussions, the Strategic Growth Council (SGC) approved eleven priority recommendations and charged the Task Force with developing implementation plans.

The HiAP Task Force is comprised of the following agencies, departments, and offices: Air Resources Board; Business, Transportation, and Housing Agency; Department of Community Services and Development; Department of Education; Department of Finance; Department of Food and Agriculture; Department of Forestry and Fire Protection; Department of Housing and Community Development; Department of Justice; Department of Parks and Recreation; Department of Social Services; Department of Transportation; Environmental Protection Agency; Governor's Office of Planning and Research; Health and Human Services Agency; Labor and Workforce Development Agency; Office of Gang and Youth Violence Policy; Office of Traffic Safety. In addition, the Task Force is staffed and facilitated by the California Department of Public Health.

II. Goals and Objectives

Goals

Aspirational Goal: Every California resident has access to healthy, affordable foods at school, at work, and in their neighborhoods.

The aspirational goal above provided the structure for the development of recommendations to promote healthy food access and make progress toward the state's health, sustainability, and climate change goals. Achievement of this goal will require efforts across California, both within and outside government, at the state, regional, and local levels, and over many years. This implementation plan represents a

first step by the HiAP Task Force towards this goal and outlines an initial set of activities to advance Recommendation I.E4, “Leverage government spending to support healthy eating and sustainable local food systems.” This recommendation was one of four recommendations that were made by the Task Force to advance this aspirational goal. In addition, although this implementation plan identifies activities over a 2-year period, the Task Force anticipates continuing its efforts to make progress towards the identified aspirational goal and its corresponding recommendations beyond the next 2 years. For more information on additional HiAP Task Force recommendations related to promoting healthy food, please refer to the HiAP Task Force Report to the SGC.¹

Objectives

Two objectives will be pursued in order make progress on leveraging government spending to support access to healthy and local food.

1. Prepare guidelines outlining healthy and location-efficient food procurement standards and model policy language
2. Pilot test a model healthy and location-efficient food procurement policy

III. Rationale

Poor diet is one of the leading causes of death in the United States and in California.² Diets high in processed, high calorie, low-nutrient food and low in fruits, vegetables, and whole grains contribute to obesity and overweight, heart disease, high blood pressure, cancer, and musculoskeletal disorders.^{3,4} Healthy and location-efficient food procurement policies are a powerful way for the State to leverage its immense buying-power as a tool for supporting healthy food and a local agricultural economy, while serving as a model for local agencies and organizations. By leveraging state food spending to purchase healthy and local foods, whenever possible, the State can both influence what people consume and support a robust local food system, which helps reduce greenhouse gas emissions and preserve agricultural lands.⁵ With the state as a model, local agencies may be more inclined to follow suit and establish healthier food procurement policies, multiplying the influence of these efforts while building support for California’s agricultural economy and lands. Provision of healthy foods in state institutions, such as prisons, may result in long-term reductions in state health care

¹ Health in All Policies Task Force Report to the Strategic Growth Council, December 3, 2010. Available at http://www.sgc.ca.gov/hiap/docs/publications/HiAP_Task_Force_Report.pdf.

² Ali H. Mokdad, James S. Marks JS, Donna F. Stroup and Julie L. Gerberding. “Actual Causes of Death in the United States, 2000,” *Journal of the American Medical Association* 291, no.10 (2004): 1238-1245.

³ Centers for Disease Control and Prevention. *State-Specific Trends in Fruit and Vegetable Consumption Among Adults — United States, 2000–2009*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report 59 (2010): 1125-1130.

⁴ U.S. Department of Agriculture and U.S. Department of Health and Human Services. *Dietary Guidelines for Americans, 2010*. 7th Edition, Washington, DC: U.S. Government Printing Office, December 2010. Available at <http://www.mypyramid.gov/guidelines/PolicyDoc.pdf>.

⁵ E. Thompson. *Paving Paradise: A New Perspective on California Farmland Conservation*. Washington, DC: American Farmland Trust, November 2007.

expenditures. One of the recommendations preliminarily identified by HiAP Task Force members and staff for prioritization is to “adopt a healthy food procurement policy, pursuant to Public Contract Code Section 12400-12404, to ensure that foods purchased for consumption or sale on State property (e.g., vending machines, institutions, cafeterias, concessioner contracts) meet minimum nutrition standards.”⁶

Existing efforts provide a foundation for the activities outlined in this implementation plan to build upon. The Department of Parks and Recreation (Parks) encourages healthy food and beverage procurement in concession contracts by offering points in competitive bidding processes. HiAP staff have had preliminary conversations with staff in the Department of Rehabilitation’s (DOR) Business Enterprise Program to discuss healthier options in vending facilities on state property and with the Department of General Services (DGS) regarding statewide food procurement contracts. Additionally, federal funding streams have been successfully adapted to support the provision of healthier foods both in the Women Infants and Children supplemental nutrition program and in school lunch programs (setting precedent for leveraging government spending to support healthy eating).

IV. Resources

HiAP staff have submitted a proposal to Kaiser Permanente, Community Benefits to fund the implementation of this individual Task Force recommendation. HiAP staff expect a funding decision in July. Without the requested funding, the Task Force will not be able to implement the recommendation as outlined below and will revisit this implementation plan.

V. Workplan Narrative

Action Step 1: Research and prepare a report summarizing current state procurement policies and practices, including costs.

HiAP staff will interview representatives of DGS, DOR, Parks, and the Department of Corrections and Rehabilitation (CDCR) to assess the nature of state spending on food, including the types of foods currently being purchased. HiAP staff will also research existing laws, regulations, and policies governing state food procurement to better understand the barriers to and opportunities for healthier food procurement practices. The summary report will be reviewed by the involved agencies and disseminated to identified stakeholders in partnership with the agencies. HiAP staff will have primary responsibility for this action step. Additional agencies will act as resources for information about existing policies.

Action Step 2: Give presentation on healthy vending to vendors in the Business Enterprises Program.

HiAP staff has been asked to give a presentation to vendors in the Department of Rehabilitation’s Business Enterprises Program for the Blind, which operates cafeterias,

⁶ Health in All Policies Task Force Report to the Strategic Growth Council, December 3, 2010. Available at http://www.sgc.ca.gov/docs/workgroups/HiAP_Final_Report_12.3.10.pdf.

vending stands, and snack bars on state properties. HiAP staff will have primary responsibility for this Action Step.

Action Step 3: Prepare guidelines outlining recommended healthy food procurement nutrition standards and location-efficient procurement practices for State agencies, including model policy language and recommendations.

HiAP staff will research existing best practices in the areas of healthy and location-efficient food procurement through key informant interviews with state agency and external experts and review of published and gray literature. HiAP staff will also consult with experts in the field and involved agencies, including Public Health Law & Policy's (PHLP) National Policy & Legal Analysis Network to Prevent Childhood Obesity (NPLAN), which has experience in government food procurement. HiAP staff will have primary responsibility for this action step and will consult with additional agencies that have topic-specific knowledge. Best practices may be drawn from local, regional, state, and national examples, including parks. Guidelines will address a variety of food procurement channels including statewide contracts, vending, and concessions.

Action Step 4: Secure commitment from at least one state agency to implement a pilot healthy and/or location-efficient food procurement policy.

Identify one or more agencies to commit to implementing a healthy and location-efficient food procurement pilot policy through collaboration, including meetings and phone conference calls with Health in All Policies Task Force members. HiAP staff will have primary responsibility for this Action Step.

Action Step 5: Develop an individualized plan for the state agency(ies) participating in pilot project, implementing a policy in at least one of the following areas: 1) concession contracts, 2) food provided at state institutions, or 3) food sold on state property through vending contracts.

Working with the identified agency(ies) committed to implementing a pilot policy, HiAP Task Force staff will collaborate with the necessary agency staff, vendors, contractors, and employees to develop an individual implementation plan for the decided upon policy. This will include a needs assessment at the focus agency(ies), baseline data collection, identification of policy champions, stakeholder engagement, intervention development, training of relevant parties, and assessment of changes. The specific program components and activities will be determined closer to the implementation period. These decisions will be guided by agency needs, current practices and policies, and the proposed policy change(s). Decisions will also consider the stakeholders affected, their attitudes, and other challenges and opportunities that arise throughout the implementation design process. An agency that has elected to pilot a nutrition policy will work with HiAP staff in developing an implementation plan. The policy to be implemented may be new or an expansion/improvement upon an existing policy.

Action Step 6: Lay groundwork at state agency(ies) for implementation of pilot project and implement new policy or program at participating agency.

The piloting agency will be prepared to implement the policy by informing employees and making preparations that are necessary for successful implementation. Following these preparations, the policy will be implemented. HiAP staff will provide assistance and guidance to the agency piloting the policy.

Action Step 7: Evaluate the intervention and disseminate findings.

Project progress and results will be communicated to an external audience through several means. The HiAP Task Force will use its SGC and CDPH web presences to post deliverables, including its report on current state food procurement practices, healthy and location-efficient food procurement guidelines and model policies, and its pilot implementation plan. HiAP staff will collaboratively develop press releases announcing project successes and release of deliverables of stakeholder interest. Project progress will be presented to external stakeholders throughout the project term, including the California Conference of Local Health Officers Chronic Disease Control Committee, the HiAP Task Force Stakeholder Advisory Group, and at professional conferences. HiAP staff will have primary responsibility for this Action Step.

VI. Workplan Summary

Duration: 2 Years

Leveraging Government Spending to Support Healthy Eating and Sustainable Local Food Systems

Note: HiAP staff (CDPH) will have primary responsibility for all Action Steps. Additional agencies will have responsibilities outlined in the preceding narrative.

Aspirational Goal: Every California resident has access to healthy, affordable foods at school, at work, and in their neighborhoods.				
Recommendation: Leverage government spending to support healthy eating and sustainable local food systems.				
Action Step		Participating / Supporting Agency(ies)	Deliverable	Timeline
Objective 1. Prepare guidelines outlining healthy and location-efficient food procurement standards and model policy language.				
1	Research and prepare a report summarizing current state procurement policies and practices, including costs	CDPH, DGS, DOR, Parks, CDCR, CAL FIRE	Research Summary Report	August 2011 – October 2011
2	Give presentation on healthy vending to vendors in the Business Enterprises Program	CDPH	Presentation	October 2011
3	Prepare guidelines outlining recommended healthy food procurement nutrition standards and location-efficient procurement practices for state agencies, including model policy language and recommendations	CDPH, DGS, DOR, Parks, CDCR, SCO	Healthy and Sustainable Food Procurement Guidelines	October 2011 – March 2012
Objective 2. Pilot test a model healthy and location-efficient food procurement policy.				
4	Secure commitment from at least one state agency to implement a healthy and/or location-efficient food procurement policy	CDPH, Interested Agency(ies)	Name of committed state agency	March 2012 – June 2012
5	Develop an individualized plan for the state agency(ies) participating in pilot project, implementing a policy in at least one of the	CDPH, Interested Agency(ies)	Food Procurement Pilot Plan	June 2012 – September 2012

Implementation Plan for Recommendation I.E4., Leverage government spending to support healthy eating and sustainable local food systems.

	following areas: 1) concession contracts, 2) food provided at state institutions, or 3) food sold on state property through vending contracts			
6	Lay groundwork at state agency for implementation of pilot project and implement new policy or program at participating agency.	Interested Agency(ies), CDPH	Food Procurement Policy	October 2012 – February 2013
7	Evaluate the intervention and disseminate findings.	CDPH, Appropriate Agency(ies)	Summary of findings	August 2011 – July 2013

CAL FIRE: Department of Forestry and Fire Protection
 CDPH: Department of Public Health
 DOR: Department of Rehabilitation
 SCO: State Controller's Office

CDCR: Department of Corrections and Rehabilitation
 DGS: Department of General Services
 Parks: Department of Parks and Recreation

VII. Cross Cutting Themes

A. Interagency Collaboration

Because there are multiple approaches agencies can take to intervene in food procurement and food contracting with the potential to improve health and increase location efficiency, collaboration can ensure the unique experiences and challenges of each agency are considered in the development of the guidelines and the pilot policy, and that lessons learned are shared and applied.

B. Equity

Low-income and minority neighborhoods have less access to healthy food vendors and higher prevalence of diet-related disease.^{7,8,9,10} Adopting food purchasing policies that meet nutrition and location-efficiency requirements can ensure equitable access to healthy food and beverage options by populations served by the State and state employees. The implementation of policies that create healthy nutrition standards for food procurement is an active way the State can participate in improving equitable access to healthy, fresh, location-efficient food options for residents.

C. Community Engagement

If a pilot program involves vending, engaging with vendors as the nutrition requirements and standards are developed can help highlight products that would be acceptable for inclusion in vending and concessions and ensure that the vendors' operations can remain fiscally viable. Additionally, developing a relationship with vendors through this process can ensure a smooth transition to the new policy and allow vendors to develop marketing plans that highlight the benefits of the new healthier options, which could help boost sales after the policy shift. If the pilot program selected does not include vending, community engagement for this project will be revisited.

D. Data

Because few healthy procurement policies have been extensively evaluated, data on their effectiveness are limited. Therefore, using the HiAP effort in California to build the evidence base for this promising strategy is an important role. Action Step 4 of this implementation plan calls for "baseline data collection" and "assessment of changes" in order to collect the necessary data to measure both the efficacy of this policy and to measure the effect on revenue or costs for the agency or vendor.

⁷ Morland, K., A. V. Diez Roux, and S. Wing. "Supermarkets, other food stores, and obesity: The atherosclerosis risk in communities study." *American Journal of Preventive Medicine* 30, no. 4 (2006): 333–339.

⁸ Baker, E. A., M. Schootman, E. Barnidge, and C. Kelly. "The role of race and poverty in access to foods that enable individuals to adhere to dietary guidelines." *Preventing Chronic Disease* 3, no. 3 (2006).

⁹ Franco, M., A. V. Diez Roux, T. A. Glass, B. Caballero, and F. L. Brancati. "Neighborhood characteristics and availability of healthy foods in Baltimore." *American Journal of Preventive Medicine* 35(6): 561–567.

¹⁰ Morland, K., S. Wing, A. Diez Roux, and C. Poole. "Neighborhood characteristics associated with the location of food stores and food service places. *American Journal of Preventive Medicine* 22, no. 1 (2002): 23–29.

Implementation Plan for Recommendation I.E4., Leverage government spending to support healthy eating and sustainable local food systems.

VIII. Evaluation

See Action Step 6 for information about evaluation.

IX. Contact

To learn more about the Health in All Policies Task Force, visit www.sgc.ca.gov/hiap/ or e-mail HiAP@cdph.ca.gov.