

Partnering4Health
Policy, Systems, and Environmental (PSE) Approach to
Improving Access to Healthy Food and Beverage Using Procurement Strategies

As part of the Partnering4Health project, the U.S. Centers for Disease Control and Prevention (CDC) selected three national organizations -- [the American Heart Association](#) (AHA), the [American Planning Association](#) (APA), and the [National WIC Association](#) (NWA) -- to work with 96 communities and address one or two priorities for improving their population’s health: improved access to healthy foods and beverages, more access to physical activity opportunities, more smoke-free environments, or improved access to clinical preventive services.

There is growing recognition that major public health problems will not be solved solely by individual actions and healthy choices, but by coming together to forge a society where healthy choices can be made more easily. Policy, systems and environmental (PSE) change represents a new way of thinking about how to effectively improve health in a community. PSE approaches seek to go beyond interventions focused on individual behavior to influence the systems that create the structures in which we work, live, and play. By changing laws and shaping physical landscapes, a big impact can be made with little time and resources. By changing policies, systems, and/or the environment, communities can tackle health issues such as obesity, diabetes, cancer, and other chronic diseases.

Policy, systems, and environmental change is a way of modifying the environment to make healthy choices practical and available to all community members.

Policy Change	Systems Change	Environmental Change
<ul style="list-style-type: none"> ▪ Policy change includes the passing of laws, ordinances, resolutions, mandates, regulations, or rules. ▪ Policies greatly influence the choices we make in our lives. Laws that are passed (like workplace policies, school policies) greatly influence the daily decisions we make about our health. ▪ Examples: Adding a tax on unhealthy food, passing a law allowing residents to plant community gardens in vacant lots, schools establishing a policy that prohibits junk food in school fundraising drives. 	<ul style="list-style-type: none"> ▪ System change involves change made to the rules within an organization. Systems change and policy change often work hand-in-hand. ▪ Systems change impacts all elements of an organization. Often systems change focuses on changing infrastructure within a school, park, worksite or health setting. ▪ Examples: Creating a community plan to account for health impacts of new projects, creating a certification system for school bake sales to ensure they are in line with school wellness policy. 	<ul style="list-style-type: none"> ▪ Environmental change is a change made to the physical environment. ▪ Environmental change can be as simple as installing bike signage on already established bike routes or as complex as sidewalk installation and pedestrian friendly intersections to promote walking and biking among its citizens. ▪ Examples: Municipality undertakes a planning process to ensure better pedestrian and bicycle access to main roads and parks; community development includes neighborhood corridors with pedestrian accommodations meeting the needs of seniors (e.g. adequate benches and ramped sidewalks).

Adapted from Cook County Public Health: <http://www.cookcountypublichealth.org/files/cppw/pse%20change.pdf>

Communities funded through the Partnering4Health project chose to work on one or more priority areas and focused their PSE approaches on a range of activities (Table 1). In many places, residents lack access to fruits and vegetables, but can find tobacco, non-nutritious foods and beverages, and alcohol all too easily. And perhaps not surprisingly, tobacco use, poor nutrition, and excessive alcohol use are among the leading causes of deadly illness in the United States. As a result, many of the

Table 1: Priority Areas Communities Selected, by NGO

Strategy	AHA	APA	NWA
Healthy Foods & Beverages	30	21	32
Physical Activity	11	27	0
Smoke-free Environments	6	0	0
Clinical Linkages	0	0	32

funded communities chose to work on improving access to healthy foods and beverages. Among these communities, 18 AHA communities and one APA community chose to focus their PSE activities on influencing the procurement process to increase availability of healthy foods and beverages.

“By increasing choices for packaged snack foods and beverages in vending, we aim to make the county a healthier place to live, work and play.”

Shawn McIntosh, Executive Director for Sugar Free Kids (partner with AHA’s Montgomery CO, MD project)

Increasing nutritious food and beverage options in cafeterias, snack bars, and vending machines often meant adding healthy options rather than eliminating unhealthy options. Giving people a choice, rather than implementing policies prohibiting certain foods, appealed to those wanting less government control and more freedom over their dietary choices. Essentia Health Systems in Fargo ND transformed the cafeteria to eliminate sugary beverages and promote nutritious food and beverage choices. Strategies included lower prices on healthier entrees and daily specials of healthy choices. A

price differential between healthy and standard food items of 30% resulted in a 20% increase in sales that continued to grow. In workplaces, teaching those responsible for food procurement about how to judge a food’s nutritional value and educating employees through taste testing and menu labeling helped to increase sales of more nutritious food choices. Some procurement specialists also benefitted from assurance that profits would not decrease as a result of offering more healthy food choices. In many government buildings, blind vendors control the food concessions so involving them in discussions and getting their buy-in was critical. A successful cafeteria strategy was decreasing the portion size of sugar-laden food, such as candy, donuts, and sticky buns.

Outside of structured environments (e.g., workplaces, government buildings), working with people who already had access to at-risk populations was a successful approach. In North Dakota, child

care providers who worked out of a hospital and made home visits three times per year partnered with the project on nutrition education that included providing coloring books for kids. After only one training, the home health care providers successfully increased clients' fruit and vegetable consumption and lowered their sodium consumption. A WIC agency in Louisiana informed clients that they could get reimbursed for produce if they breastfed. An Illinois community found that creation of a [food hub](#) where farmers could deliver produce was attractive because it reduced farmers' and procurers' transportation costs and offered an opportunity to provide education about marketing, growing, and safe food handling.

"The partnership with the entertainment venues has been a win-win – these venues keep customers happy by meeting their demand for healthier options, while we boost access to healthier foods at popular community venues."

*Lauren Conkey, Food System Specialist,
Rhode Island Department of Health,
(partner with AHA's RI project)*