

**Partnering4Health**  
**Policy, Systems, and Environmental (PSE) Approach to**  
**Improving Access to Healthy Food and Beverage Through Community Food Systems**

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"> <li>▪ Policy change includes the passing of laws, ordinances, resolutions, mandates, regulations, or rules.</li> <li>▪ 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.</li> <li>▪ 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.</li> </ul>	<ul style="list-style-type: none"> <li>▪ System change involves change made to the rules within an organization. Systems change and policy change often work hand-in-hand.</li> <li>▪ Systems change impacts all elements of an organization. Often systems change focuses on changing infrastructure within a school, park, worksite or health setting.</li> <li>▪ 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.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Environmental change is a change made to the physical environment.</li> <li>▪ 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.</li> <li>▪ 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).</li> </ul>

*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 building and supporting community food systems that can integrate food production, processing, distribution, consumption, and disposal to enhance the environmental, economic, social, and nutritional health of a particular place. Among these communities, 5 AHA communities, 8 APA communities, and 2 NWA communities chose to focus their PSE activities on building and supporting community food systems.

*Community food system partners learned to work together to achieve win-win outcomes that included improved access to nutritious foods. For example, health departments and planning departments aligned their priorities and found a common language to talk with corner stores about how to maintain profitability when selling healthier food options.*

Some communities co-located services that are a part of the community food system. For example, one community distributed WIC checks on same day of that a farmer's market set up across the street, another located WIC services at a federally qualified health center, and another gave clients of addiction services direct access to a food pantry. To reach people with healthier food options, communities worked with a variety of partners including parks, churches, and banks. One community created a network of food pantries, developed common labeling, and obtained a refrigerator in a central location that all pantries could access to store foods. The Tri-county Health Department in Colorado created a [Healthy Food Pantry Toolkit](#) as part of its NWA project. Another community expanded an existing shared use agreement that addressed physical activity to include a healthy beverage

coalition as part of the contracted entity and a requirement to support the healthy beverage campaign.

Several communities worked at the policy or contract level. A project in Connecticut changed the fee structure for permits to allow sampling at farmers markets and waived fees for farmers with low

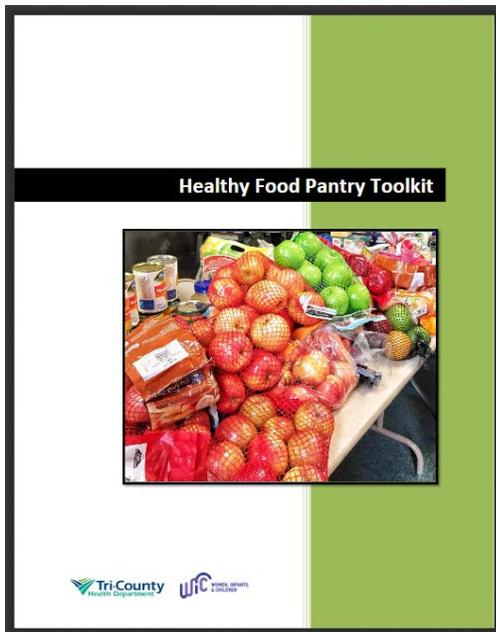


Figure 1. Healthy Food Pantry Toolkit developed in Tri-County, Colorado

risk of food safety issues and high value foods. Planners included access to nutritious foods in [master plans](#) for their regions and changed zoning regulations in favor of areas with little access to healthy foods. An [Iowa city rezoned areas](#) with limited access to nutritious foods to allow parking for mobile food pantries in concentrated areas. Some communities worked through food policy commissions or councils to improve access to more nutritious foods. In Austin, Texas [policy recommendations](#) were developed to increase availability, accessibility, and affordability of the local food system.

Communities that worked on community food systems faced challenges. Achieving community buy-in needed to build support for adopting and implementing policy changes takes time. Many communities that worked at the community systems level found the short time of the funding posed a serious challenge. Bureaucratic issues and institutional resistance often had to be overcome and that also takes time. Communities had to identify strategies to overcome these types of challenges. One community found that a city and its county were competitive, so getting a new policy enacted in one stimulated action by the other.

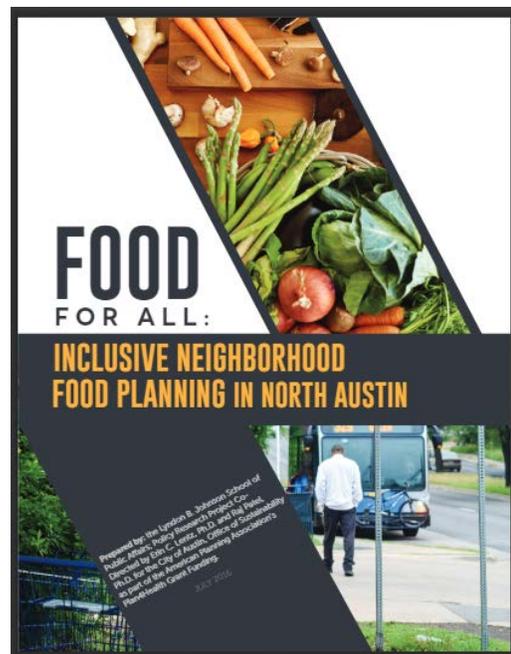


Figure 2. Food System Policy Recommendations developed in Austin, Texas