Salt and Your State: Technical Assistance Series to Advance Sodium Reduction Through Procurement Strategies

PROJECT SUMMARY

Introduction
The Association of State and Territorial Health Officials (ASTHO) and CDC’s Division for Heart Disease and Stroke Prevention provided targeted technical assistance to seven states, aimed at building states’ capacity for sodium reduction efforts. Participating states were Arkansas, California, Delaware, Indiana, Massachusetts, Montana, and North Carolina. These sodium reduction efforts focused specifically on using government food procurement to improve the nutritional quality of food for state employees and state programs’ clients. Procurement efforts refer to actions taken by a state or local government (or government agency) that include nutrition standards to create healthy eating and drinking environments at cafeterias, vending machines, snack bars, and other retail food establishments. Additionally, guidelines or standards may also promote healthy dietary choices by using strategies that enhance the selection of healthy foods available.

At the beginning of the project, the participating states did not have a centralized healthy food procurement process in place at the state level, but identified sodium reduction as a priority in ongoing procurement efforts because high sodium content is

At the beginning of the project, states were asked to identify possible challenges to sodium reduction efforts, potential strategies to address them, and what resources would be helpful:

Challenges
- Inadequate staff time and capacity.
- Training state health agency staff and front-line food service staff on procurement.
- Understanding unique challenges faced by blind vendors.
- Concerns that people wouldn’t like the taste of healthier foods.
- Difficulty in finding reduced sodium foods from suppliers.
- Higher cost of healthier options (particularly for smaller agencies).

Opportunities and Strategies
- Using the influence of existing initiatives (obesity, hypertension) to gain interest and support.
- Forming task forces/councils that address obesity, wellness, and health promotion.
- Building on success in improving nutrition in locations such as schools, childcare, and parks and recreation.
- Using pilot programs to test feasibility and consumer response.

Resources Needed
- Language for worksite wellness programs.
- Language for state nutrition standards guidelines.
- Sample healthy vending and healthy meeting guidelines.
- Menu development resources.
- Marketing materials.
associated with high rates of hypertension, stroke, and cardiovascular disease. During the project, states adopted various approaches and undertook different actions based on their priorities, partnerships, and public support. Over the course of the two-year technical assistance project, conference calls were held with the participating states, with discussion focused on developing, implementing, and evaluating procurement strategies and sharing examples of state and local health agencies that have made progress in these areas. The calls also provided states with a forum to exchange state-to-state technical assistance and resources.

This document provides a background of the technical assistance project, an overview of each state’s activities, and a list of resources related to sodium reduction and government procurement.

**State Initiatives**

Building off an existing comprehensive state employee wellness program, Arkansas worked to expand healthy food options policies that benefit employees at agencies across the state. Montana and Indiana both focused on conducting assessments of vending in state agencies to inform the creation of healthy vending guidelines. Montana’s assessment measures were focused on vending and healthy meeting and event guidelines, while Indiana’s assessments focused on vending and cafeteria settings. North Carolina launched pilot programs at multiple sites focused on healthier foods in vending machines. In addition, the state’s Heart Disease and Stroke Prevention Task Force is working to raise awareness about the benefits of eliminating excessive dietary sodium intake. Delaware launched a healthy vending pilot program at multiple state agency worksites and also began a healthy eating initiative for state park patrons. After forming an obesity prevention task force led by the governor, California focused on developing procurement policies for state agencies focused on both nutrition and sustainability. Massachusetts’ work centered on implementing and evaluating an executive order that created standards for all state agencies that purchase and serve food to clients.

Within these broader goals and activities, states used a variety of tactics to increase their sodium reduction efforts’ effectiveness. Some of these include:

- Creating a recognition program to highlight agencies or worksites that successfully implemented sodium reduction programs.
- Awarding mini-grants to worksites to extend the reach of heart disease and stroke prevention initiatives focusing on sodium.
- Selecting worksites or local agencies as pilot sites for programs.
- Using a gradual approach to reduce sodium levels in foods.
- Developing and implementing nutritional guidelines for healthy meetings.

More detailed information on individual state initiatives can be found in the full case studies, along with a list of resources, on ASTHO’s Sodium Reduction web page.
Partnerships

During the project, states engaged in multiple partnerships to further their sodium reduction efforts. Partners included local health departments, multiple state government agencies, and nonprofits, including Nemours, which operates children’s hospitals in several states, and the American Heart Association. For vending machine initiatives, states also worked to include blind vendors in the planning process. Some state participants also began or joined task forces or committees to bring together stakeholders from sectors including education, business, parks and recreation, and veterans groups.

Costs of Sodium Reduction

Several states identified the higher cost of healthier foods as a barrier to sodium reduction efforts. States discussed how to make the case that the return on investment (ROI) for nutrition standards would reduce the states’ healthcare costs. The participating states and ASTHO shared ROI studies from Maryland and Los Angeles County showing that sodium reduction was associated with reduced hypertension-related costs. States said that having analyses or data to support the positive economic impact of reduced sodium procurement helped gain support from leadership for their efforts. They also noted, however, that high-quality research on the ROI of healthy food procurement is currently lacking. States also noted that smaller agencies likely have less budgeting flexibility than bigger agencies. Other suggestions for cost savings included using a bidding process to get vendor costs as low as possible and favoring locally grown food.

Creating Nutrition Standards

Many projects required developing new or updated nutritional standards that included sodium guidelines. Instead of developing new standards, states found it preferable to use or modify existing science-based standards and guidelines that are in line with the Dietary Guidelines for Americans (including “Health and Sustainability Guidelines for Federal Concessions and Vending Operations” and New York City’s “Food Standards for Meals/ Snacks Purchased and Served”).

Lessons Learned

States shared several insights that emerged from the process. Some of these lessons learned can guide other states considering procurement strategies and other sodium reduction measures.

- Identify key stakeholders early in the process to determine their priorities and the barriers they may face to implementing healthy nutrition strategies.
- Conduct a food environment assessment to identify and prioritize your state or agency’s needs, as well as to identify what opportunities exist for change and what resources are available (i.e. space, staff, food storage, etc.).
- Highlight the magnitude of hypertension, cardiovascular disease, and stroke in your state to garner support.
- Use existing sodium reduction strategies and

1 Including blind vendors as partners in sodium reduction planning at the state level is important because of the Randolph Sheppard Act, which gives individuals who are legally blind the priority to operate vending facilities for profit on federal property.
nutrition guidelines rather than developing standards from scratch.

- Frame healthy procurement around expanding the selection of healthier, reduced sodium foods rather than restricting choice.
- Include sodium reduction under a larger umbrella of comprehensive nutrition efforts to increase buy-in or expand the program’s reach and ensure that all efforts are working to improve the overall nutrition quality of food purchased, served, and sold.
- Leverage your agency and state health official’s leadership and capacity.
- Engage other partners by forming a task force or coalition with state agency leadership in other sectors, nonprofit organizations, and other collaborators.
- Implement food standards in your own agency to serve as a role model for other agencies and worksites.
- Incorporate procurement strategies into a formal policy because turnover in key staff or leadership positions can slow progress if strategies are not formalized.

**Conclusion**

At the end of the technical assistance project, states were in various stages of continuing sodium reduction efforts through procurement. A common goal was to use state health agency efforts to influence implementation in other agencies within their state, or even inform the adoption of healthy food procurement policies by the private sector. Additionally, these projects helped to lay important groundwork for future initiatives and policies at the state level. Reflecting back on their programs’ beginnings, states found that healthy procurement and sodium reduction has gained strong public support. This supportive climate may increase potential for making additional progress within their states and sets a precedent for other states interested in healthy procurement.

**Resources Shared**

Along with state-specific materials, ASTHO facilitated resource-sharing among states, including the following tools and research about healthy procurement and sodium reduction:

- Health and Sustainability Guidelines for Federal Concessions and Vending Operations
- Healthier Vending for Municipalities
- Maryland Department of Health and Mental Hygiene Health Quality and Cost Council: Draft Potential Sodium Reduction Policy Strategies
- New York City Food Standards: Meals/Snacks Purchased and Served
- New York City Food Standards: Food Vending Machines
- Online Procurement Resources
- The Potential Health Impact of Reducing Excess Sodium Consumption in Los Angeles County
- Reducing Sodium in Your Diet to Help Control Your Blood Pressure
- Understanding Health Procurement: Using Government’s Purchasing Power to Increase Access to Healthy Food
Expert Assistance

Presentations from the following guided participating states and provided opportunities to hear from others about successful strategies and ask targeted questions:

- **John Auerbach**, Massachusetts Department of Public Health
- **Cheryl Bartlett**, Massachusetts Department of Public Health
- **Katherine Bishop**, Center for Science in the Public Interest
- **Quang Dang**, Public Health Law and Policy
- **Ashley Lederer**, New York City Department of Health and Mental Hygiene
- **Jessica Levings**, CDC Division for Heart Disease and Stroke Prevention
- **Judy Monroe**, CDC Office of State, Territorial, Tribal, and Local Support