

Supporting the 2015-2020 Dietary Guidelines for Americans: The Role of State and Territorial Health Agencies

The Dietary Guidelines for Americans (DGA) is an important guidepost for local, state, and national stakeholders, including state health agencies, which aim to promote healthy eating and physical activity behaviors, as well as improve access to resources that make healthy choices more easily attainable. This issue brief, developed with support from the HHS Office of Disease Prevention and Health Promotion, provides an overview of the DGA and discusses opportunities and strategies state and territorial health agencies can use to support its adoption and implementation across many settings to support healthy food and physical activity choices among all residents of their state.

Executive Summary

Food and beverage choices significantly impact health and wellbeing across the lifespan. However, the majority of the U.S. population is not following a healthy eating pattern. Since 1980, the DGA has guided policymakers, nutrition and health professionals, and other stakeholders to encourage U.S. citizens, ages 2 and older, to consume healthful diets.

The 2015-2020 DGA, released in January 2016, expands upon and updates previous versions to align with current scientific evidence and medical knowledge. State health agencies play a variety of important roles in communicating these changes and supporting DGA implementation across all sectors and settings. These roles include: incorporating DGA recommendations into state-level plans; leading coordinated efforts to establish and promote policies and opportunities that align with the DGA across all settings; and promoting evidence-based strategies, such as the examples described in the DGA. State health agencies are already leveraging these roles to lead efforts at the state and local levels to promote and implement the DGA across many settings to support healthy food and physical activity choices among all residents of their state.

Background

Healthy eating patterns support overall health and wellbeing, promote a healthy body weight, and help prevent and reduce the risk of chronic disease throughout periods of growth, development, aging, and during pregnancy. Poor eating patterns and lack of physical activity, on the other hand, increase risk for a wide variety of health issues, particularly chronic diseases such as cardiovascular disease, type 2 diabetes, certain types of cancer, and poor bone health.¹

Despite the benefits of making healthy food and beverage choices, the majority of Americans follow eating patterns that are low in vegetables, fruits, whole grains, low-fat dairy, and oils, and are too high in refined grains, saturated fats, added sugars, and sodium. Healthy Eating Index scores—a measure of how food choices across the U.S. population align with the DGA—have remained relatively low over time (Figure 1).

Approximately half of all U.S. adults—117 million individuals—have one or more diet- or physical activity-related preventable chronic diseases. Obesity, a major risk factor for many of these chronic conditions, is highly prevalent in the U.S. population. From 2009-2012, about 65 percent of adult females, 73 percent of adult males, and nearly one in three youths, ages two to 19 years, were overweight or obese. These high rates of obesity and chronic disease are major contributors to healthcare costs. In fact, in 2008, obesity was

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estimated to result in \$147 billion in medical costs.² In 2012, the total estimated cost of diagnosed diabetes was \$245 billion, including \$176 billion in direct medical costs and \$69 billion in decreased productivity.³

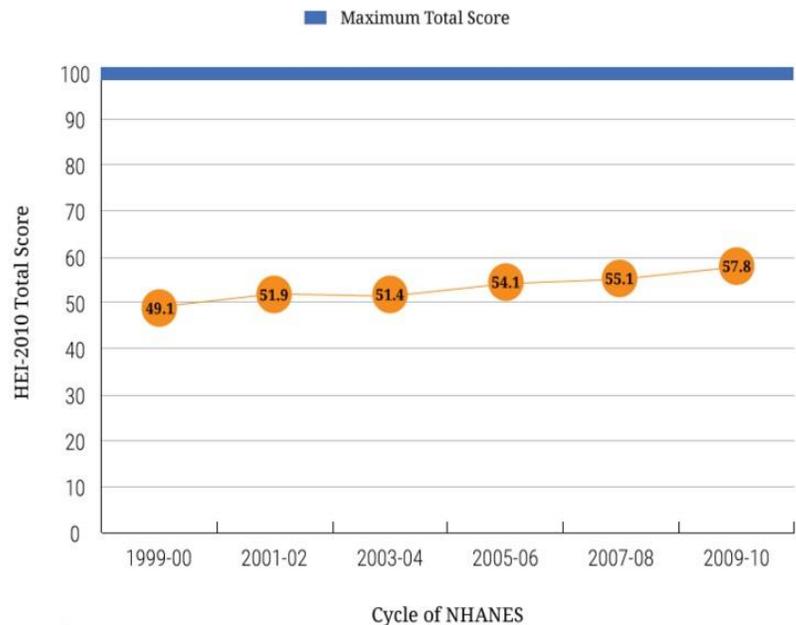
At the same time, approximately 48 million individuals live in households that experience food insecurity, which occurs when access to nutritionally adequate and safe food is limited or uncertain. Food insecurity challenges a household's ability to obtain food and make healthy choices. It can also exacerbate stress and chronic disease. Access to safe, healthy, and affordable food choices is an important component of food security, and it is influenced by a variety of factors including: proximity to food retail outlets, individual- and neighborhood-level resources, race/ethnicity, socioeconomic status, geographic location, and presence of a disability.

A multitude of choices, messages, individual resources, and other factors affect the food and physical activity choices an individual makes, and these decisions are rarely made in isolation. These factors include individual preferences and health needs, social and cultural norms, characteristics of settings that impact access and availability of healthy food choices, policies that promote or discourage healthy food options, and much more. Effectively addressing this range of factors requires broad stakeholder engagement to support healthy food and physical activity choices for all Americans. Along with communicating the guidance on healthy eating patterns included in the DGA, this broad stakeholder engagement and coordination is an important component of DGA implementation.

DGA Overview

As the nation's go-to source for nutrition advice, the DGA provides important information that needs to reach the general public. However, the audiences for which it is written are actually policymakers and nutrition and health professionals. Its primary purpose is to inform federal food-, nutrition-, and health-related policies and programs, including USDA and HHS nutrition programs, which together serve tens of millions of Americans. The DGA also provides the basis for consumer education campaigns such as USDA's [MyPlate, MyWins](#) initiative. Finally, the DGA serves as voluntary guidance for local- and state-level programs, policies, and communications by state and local governments, businesses and worksites, schools, community groups, media, and the food industry. Overall, the DGA impacts policies and programs in a wide variety of settings.

Figure 1: Adherence of the U.S. Population Ages 2 Years and Older to the 2010 Dietary Guidelines, as Measured by Average Total Healthy Eating Index-2010 Scores (SOURCE: 2015-2020 Dietary Guidelines for Americans; analysis of data from *What We Eat in America*, National Health and Nutrition Examination Survey (NHANES) from 1999-2000 to 2009-2010).



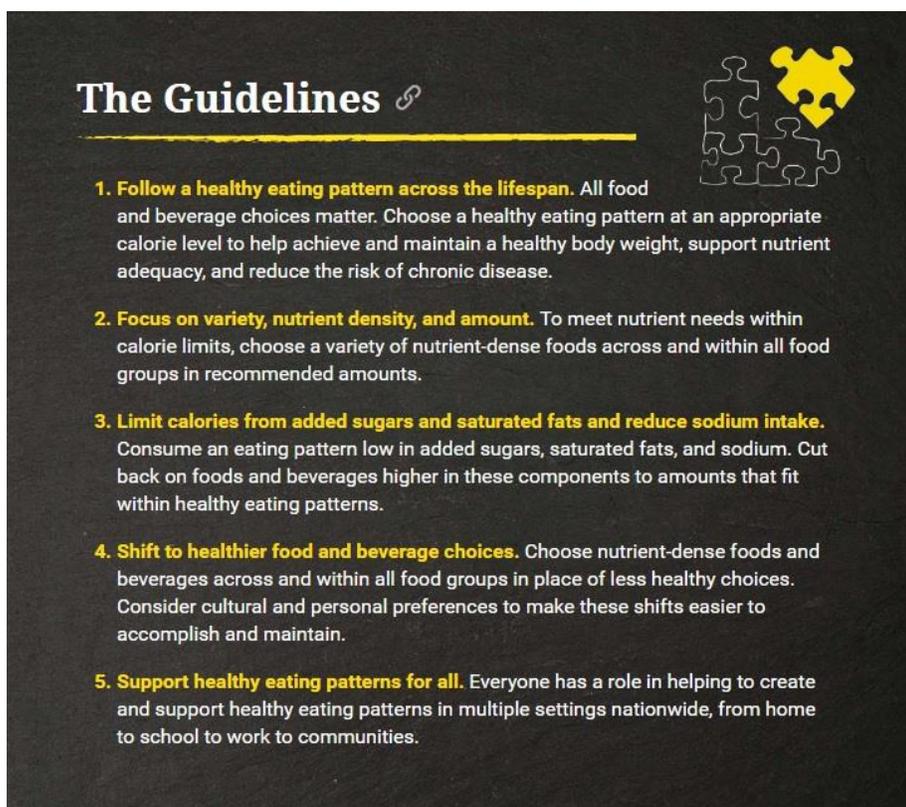
HHS and USDA update the DGA using a process that is based on a comprehensive systematic review and synthesis of the body of scientific evidence. The two agencies jointly appoint a Dietary Guidelines Advisory Committee of health and nutrition experts to conduct this review and develop a scientific report to inform the federal government as it updates the DGA. After the advisory report is released, HHS and USDA accept public comments on the report, which are taken into consideration with emphasis on scientific justifications, as the DGA is developed.

The DGA has evolved both in structure and content since 1980. Early editions of the DGA focused only on healthy populations, whereas later editions expanded to include recommendations for populations at risk for chronic disease. Efforts are currently underway to develop comprehensive guidance, starting with the 2020-2025 DGA, for infants and children under age 2 as well as for women who are pregnant.

The 2015-2020 DGA includes several important updates from previous versions. While the evidence in previous editions focused primarily on specific, individual dietary components such as foods, food groups, and nutrients, the 2015-2020 DGA reflects the latest body of nutrition science by taking a wider view. It emphasizes overall eating patterns – the combinations of all the foods and drinks that people consume in a day. This approach acknowledges that there are many ways to achieve a healthy eating pattern and that it can be tailored based on individual preferences and other factors. The 2015-2020 edition also includes updated guidance on added sugars, sodium, dietary cholesterol, and a new section on caffeine.

Using the eating patterns approach, the 2015-2020 DGA includes five overarching guidelines (Figure 2) that encourage healthy eating patterns, recognize that individuals will need to make shifts in their food and beverage choices to achieve a healthy pattern, and emphasize the role of all sectors of society in supporting healthy choices. A set of [key recommendations](#), support the five guidelines and provide more specific direction on implementation. For example, the recommendations provide specific limits on components of the diet of particular public health concern, such as added sugars, saturated fats, sodium, and alcohol, among others. The 2015-2020 DGA also includes a key recommendation that Americans of all ages meet the [Physical Activity Guidelines for Americans](#) (PAG), which supports healthy weight, reduces risk of chronic disease, and promotes health.

Figure 2: “Five Overarching Guidelines” of the 2015-2020 Dietary Guidelines for Americans.



The Guidelines

- 1. Follow a healthy eating pattern across the lifespan.** All food and beverage choices matter. Choose a healthy eating pattern at an appropriate calorie level to help achieve and maintain a healthy body weight, support nutrient adequacy, and reduce the risk of chronic disease.
- 2. Focus on variety, nutrient density, and amount.** To meet nutrient needs within calorie limits, choose a variety of nutrient-dense foods across and within all food groups in recommended amounts.
- 3. Limit calories from added sugars and saturated fats and reduce sodium intake.** Consume an eating pattern low in added sugars, saturated fats, and sodium. Cut back on foods and beverages higher in these components to amounts that fit within healthy eating patterns.
- 4. Shift to healthier food and beverage choices.** Choose nutrient-dense foods and beverages across and within all food groups in place of less healthy choices. Consider cultural and personal preferences to make these shifts easier to accomplish and maintain.
- 5. Support healthy eating patterns for all.** Everyone has a role in helping to create and support healthy eating patterns in multiple settings nationwide, from home to school to work to communities.

The 2015-2020 DGA also places greater emphasis on the role factors at the individual, setting, sector, and cultural levels play on food and physical activity behaviors. It uses a social-ecological model (Figure 3) as a framework to discuss opportunities for a broad range of stakeholders, including state health agencies, to engage in a range of strategies to support healthy food and physical activity choices.

How State and Territorial Health Agencies Can Support DGA Implementation

State and territorial health agencies can play an important role in promoting healthy eating and physical activity by supporting DGA implementation in their states. Some examples include:

Incorporating DGA recommendations into state-level plans.

- Identify at-risk populations across the state and direct resources to support equitable access to safe and affordable healthy food choices and opportunities for physical activity.
- Create state-level strategic plans to achieve DGA and PAG recommendations at the individual, family, and community levels.
- Align state goals and activities with national strategic plans (such as Healthy People 2020) to promote healthy behaviors and prevent chronic disease.

Leading coordinated efforts to establish and promote policies and opportunities that align with the DGA across all settings.

- Work with partners across a variety of settings and sectors to develop policies, practices, and systems that promote healthy eating and physical activity. These partners may include healthcare providers, food industry and food retailers, schools, child care, feeding programs, worksites, community-based organizations, and many others. The 2015-2020 DGA includes a [summary of actions](#) that all segments of society can take to align efforts.
- Partner with state education agencies to provide assistance to schools in developing and implementing policies that support access to healthy food choices in schools and promote such choices, such as limiting marketing to students of foods and beverages that do not align with the DGA.⁴
- Support communities in using grants, zoning regulations, and other incentives to attract full-service grocery stores, supermarkets, and farmers markets to underserved neighborhoods.⁵
- Assess policies within the state health agency, other state agencies, and state-administered facilities such as parks, hospitals, senior services, prisons, and juvenile corrections facilities to ensure that the food available in these settings meet food service guidelines consistent with the DGA.⁶
- Establish policies to ensure food served at agency-supported venues including concessions, vending, meetings, and direct service programs is consistent with the DGA. Incorporate these policies in food

Figure 3: A Social-Ecological Model for Food and Physical Activity Decisions (abbreviated)



Source: Adapted from the 2015-2020 Dietary Guidelines for Americans.

vendor contracts and bids, and include the adoption of food service guidelines as a requirement in state funding opportunities and requests for proposals.

- Support other state agencies and sectors in implementing procurement and food service policies.
- Support other state agencies in monitoring compliance with, and providing technical assistance for, implementation of federally-funded nutrition programs such as school meal programs.⁷
- Partner with food service management companies to develop and implement food service guidelines.
- Assist employers in strengthening healthy eating and active living policies in worksites.

Promoting evidence-based strategies.

- Leverage a broad partnership base to share DGA recommendations with policymakers, registered dietitians, and other health professionals, healthcare providers, the public, and other key audiences.⁸
- Increase access to healthy food choices for all state residents by disseminating and promoting evidence-based strategies that align with DGA recommendations. Some of these strategies may include: expanding access to grocery stores, farmers' markets, and other retail sites that provide healthy food choices; expanding nutrition and cooking education opportunities; promoting enrollment in federal nutrition programs among eligible individuals; and supporting implementation of chronic disease self-management programs and other lifestyle change programs that include healthy eating as a focus area.

State health agencies can leverage their role as conveners, data and evidence-based practice experts, strategic planners, and communicators with access to broad stakeholder groups to identify successful strategies and provide support to other agencies and stakeholders, all with the ultimate purpose of spreading these strategies to communities across their state.

Promising State Practices to Support DGA Implementation

State health agencies are using a variety of approaches to support DGA implementation in different settings. Some examples are highlighted below. Other examples of how state health agencies are supporting implementation of the DGA can be found on the [ASTHO Sodium Reduction webpage](#).

Arkansas promotes the DGA through employee wellness and healthy vending in state agency facilities

The Arkansas Department of Health launched the [Arkansas Healthy Employee Lifestyle Program \(AHELP\)](#) in 2007 in response to a directive from former Gov. Mike Huckabee to promote healthy lifestyle choices and healthy weight among state agency employees. The department's Healthy Community Domain (HCD) oversees AHELP implementation and provides training and technical assistance to other state agencies offering AHELP to their employees. AHELP includes a variety of services and tools for employees, including an online behavior tracking tool, an individual health risk assessment, incentive programs that offer rewards such as three days of paid leave for achieving individual lifestyle change goals, and access to health education and peer support. AHELP also promotes healthy food options at catered events, in vending machines, and at snack bars. In 2014, ADH began working with other state agencies to promote the [Health and Sustainability Guidelines for Federal Concessions and Vending Operations](#), which is based on the DGA and assists contractors in increasing the availability of healthy food and beverages in federal venues. HCD provides technical assistance to participating agencies to implement nutrition policies. The Arkansas Department of Human Services works in concert with HCD to implement these guidelines by training vendors. Overall, AHELP grew significantly from 2007-2015, increasing from 7,000 employees to 26,543 employees. Future plans include developing a community-based worksite wellness program called

Community Healthy Employee Lifestyle Program that will model AHELP. This program will provide the same level of support and technical assistance that has been given to AHELP participating agencies. Learn more about AHELP in an [ASTHO state success story](#).

Massachusetts develops nutrition standards for state agency food procurement

In 2009, Massachusetts Gov. Deval Patrick issued an executive order requiring foods and beverages provided by state agencies (either directly or through contract) to clients and patients meet nutrition standards developed by the Massachusetts Department of Public Health (MDPH). This directive made Massachusetts the first state to enact a statewide food procurement policy for state agencies responsible for large-scale food purchasing.⁹ In response to the executive order, MDPH formed an ad hoc advisory workgroup, developed draft nutrition standards, and surveyed 60 state agencies to identify which would be impacted by the policy. The workgroup then collaborated with nine affected state agencies (the Departments of Children and Families; Corrections; Developmental Services; Mental Health; Youth Services; Veteran Services; the Executive Office of Elder Affairs; Public Health Hospitals; and the Sheriff's Department)¹⁰ to develop finalized [nutrition standards](#) that aligned with the 2005 DGA. The standards were revised in 2012 to align with the 2010 DGA. Foods for sale through leases, licenses, or contracts at state programs were exempt from standards. MDPH also developed a variety of [online resources](#) to support implementation of the standards, as well as contracts with Framingham State University to moderate an online training course for state agency personnel. A 2014 survey of staff at impacted agencies found that 77 percent of respondents were “very” or “somewhat” familiar with the nutrition standards, and that 58 percent of respondents “always” or “most of the time” purchased food that complied with standards.¹¹

Minnesota partners with Let's Move Salad Bars to Schools program to promote fresh fruit and vegetable in schools

In collaboration with the national [Let's Move Salad Bars to Schools](#) initiative, the Minnesota Department of Health (MDH) helped schools across the state procure salad bars and stock them with produce items. The MDH Fruit and Vegetable Coordinator (who is also a Food Systems Planner) worked with partners to create [A Field Guide to Salad Bars in Schools](#) and a [Safe Use of Salad Bars in Schools](#) fact sheet to help decrease barriers for adoption and implementation. The work supported school districts and other organizations, including local public health grantees funded by the Statewide Health Improvement Program (SHIP), to promote salad bars and provide education to districts about how to operate salad bars safely. Local public health SHIP staff supported 110 partner sites with salad bar efforts in 2014-2015, reaching 47,382 students. An MDH [website](#) highlights the Let's Move Salad Bars to Schools partnership and includes information for schools and partners to help them apply for funding if needed. Let's Move Salad Bars to Schools donated a total of 82 salad bars to schools in 55 districts across Minnesota. Learn more about this partnership on the [ASTHO National Prevention Strategy website](#).

Rhode Island offers evidence-based chronic disease self-management support that promotes DGA

The Rhode Island Department of Health's (RIDOH) [Living Well Rhode Island](#) (LWRI) program aims to help individuals manage chronic conditions by increasing their knowledge and self-efficacy through individual health behavior action plans. LWRI offers a six-week class series modeled after the evidence-based [Stanford Chronic Disease Self-Management Program](#), which covers a wide variety of topics including healthy eating choices that align with DGA recommendations, physical activity, and appropriate medication use. LWRI also offers classes supporting diabetes self-management and chronic pain self-management. RIDOH partners with other state agencies such as the Rhode Island Division of Elderly Affairs, as well as YMCA, AARP, Aging

and Disability Resource Centers, senior centers, and the Veterans Administration, to offer classes to a range of populations. Furthermore, RIDOH trains lay leaders to teach workshops and evaluates the effectiveness of the trainings.¹² Since 2007, 2,230 individuals have attended at least one LWRI session, and 1,781 of these participants (80%) attended at least four of the six sessions.¹³ LWRI is promoted through the Rhode Island Community Health Network (CHN), a statewide network of wellness programs that support individuals with asthma, arthritis, cancer, diabetes, pre-diabetes, heart disease, lung disease, chronic pain, and other chronic conditions.¹⁴ RIDOH established the CHN in 2012 to help healthcare providers identify community-based chronic disease management resources and refer patients. RIDOH serves as the centralized hub through which providers can refer patients to more than 20 self-management programs across the state.¹⁵ Learn more about the CHN in an [ASTHO state success story](#).

Utah policy requires healthy catering at state health agency events

In 2010, the Utah Department of Health (UDOH) adopted an [agency-wide policy](#) requiring food served at catered UDOH-sponsored events to meet the DGA. This policy was adopted after the UDOH Bureau of Health Promotion piloted a similar bureau-wide workplace policy in 2006. The policy supports Utah Gov. Gary Herbert's [Work Well Recommendations](#) and outlines general guidelines for selecting healthy food choices for catered events, procedures for UDOH staff to select and order foods that align with policy requirements, lists of suggested menu items that meet policy requirements, and a healthy food policy checklist that is required to be included in a catering request along with other required documentation. To support implementation of the policy, registered dietitians trained UDOH staff who select and approve catering menus. Initial anecdotal feedback from UDOH staff and meeting participants has been positive. Between 2010 and 2014, the policy impacted an estimated 1,100 individuals.¹⁶ Utah's employee health plan worksite wellness program, [Healthy Utah](#), joined the initiative and shared the policy with other state and local agencies. Learn more about Utah's policy in an [ASTHO state success story](#).

Washington State implements healthy food procurement guidelines

In response to [Executive Order 13-06](#), issued by Gov. Jay Inslee in 2013, the Washington State Department of Health convened a Food Procurement Workgroup to develop nutrition guidelines for foods and beverages available in all state agency food venues, including vending machines, cafeterias, onsite retail establishments, and meetings or other events. The resulting Washington State Healthy Nutrition Guidelines are based on the 2010-2015 DGA. The department developed a variety of [implementation resources](#) and has provided technical assistance to designated wellness coordinators within each state agency as they adopt the guidelines. Since fall 2013, 36 state agencies, boards, and commissions have adopted policies to meet the guidelines, and full implementation is expected by December 2016. Evaluation findings from the department and the University of Washington Center for Public Health Nutrition found that, while most vending machines are still not in compliance, 38 percent of beverage machines do meet the guidelines. In addition, state agency cafeterias have made progress in providing more whole grains, low-fat dairy products, lean protein, and offering and promoting free water. The Healthy Nutrition Guidelines Implementation Workgroup used evaluation findings to develop a 2016 action plan to help agencies comply with the guidelines. Learn more about Washington State's guidelines and implementation in an [ASTHO state story](#).

Conclusion

The DGA is an important framework for supporting healthy eating behaviors and promoting better health. State health agencies can play a variety of important roles when working with partners at the state and

local levels to promote and implement the DGA across many settings to support healthy food choices among all residents of their state.

Resources

The following resources have been compiled to assist state health agencies and partners support DGA implementation across a variety of settings.

General Background and Resources: DGA and Healthy Eating

- **2015-2020 Dietary Guidelines for Americans** (HHS)
DietaryGuidelines.gov provides access to the DGA and supporting materials. The [Tools & Resources page](#) compiles resources, toolkits for professionals, graphics, and other information to support implementing the DGA.
- **Eat Healthy, Be Active Workshops** (HHS)
The Eat Healthy, Be Active [community workshops](#) were developed based on the 2010 DGA and the 2008 PAG. Updated editions will align with the 2015-2020 DGA. Each of these six, one-hour workshops includes a lesson plan, learning objectives, talking points, hands-on activities, videos, and handouts. The workshops were designed for community educators, health promoters, dietitians/nutritionists, cooperative extension agents, and others to teach to adults in a wide variety of community settings.
- **Healthy People 2020** (HHS)
[Healthy People 2020](#) provides science-based, 10-year national objectives for including the health of all Americans. Healthy People 2020 includes nutrition and weight status-related [objectives](#) to increase healthy food access and retail.
- **Promoting the Dietary Guidelines for Americans** (ASTHO)
This [website](#) provides an overview of the DGA and compiles resources and success stories on how state health agencies have supported DGA implementation.
- **National Prevention Strategy: Healthy Eating** (ASTHO)
This [website](#) provides guidance and resources to support states in implementing the National Prevention Strategy evidence-based recommendations for healthy eating. It includes links to success stories and other tools to support collaboration, needs assessment, identifying evidence-based practices, taking action, and aligning policies.

Food Service, Procurement, and Vending

- **Health and Sustainability Guidelines for Federal Concessions and Vending Operations** (HHS)
These [guidelines](#) were developed by CDC to assist contractors in increasing healthy food and beverage choices and sustainable practices in federal worksites. The guidelines are designed to increase the availability of healthier choices in cafeterias, concession stands, snack bars, and vending machines. In alignment with the 2010-2015 DGA, the guidelines include food and nutrition standards that support healthier choices and more sustainable food service practices.
- **Smart Food Choices: How to Implement Food Service Guidelines in Public Facilities** (CDC)
This [document](#) includes guidelines to assist contractors in increasing healthy food and beverage choices in federal worksites. The guidelines are designed to increase the availability of healthier choices in cafeterias, concession stands, snack bars, and vending machines.

- **Improving the Food Environment through Nutrition Standards: A Guide for Government Procurement** (CDC)
This [document](#) provides practical guidance to states and localities for use when developing, adopting, implementing, and evaluating a food procurement policy.
- **Key Components of Food Procurement & Vending Policies: Drafting an Effective Policy** (Public Health Law Center)
This [fact sheet](#) describes the key components of healthy vending, procurement, and promotion policies. It is tailored for Kansas and features examples of policies from Kansas communities.
- **Healthy Vending and the Randolph-Sheppard Act** (Public Health Law Center)
This [fact sheet](#), developed in partnership with the American Heart Association, discusses federal and state laws that give priority to legally blind vendors for vending facilities on government property and the implications for healthy vending efforts.
- **Healthy Vending and Concessions** (Public Health Law Center)
This [webpage](#) includes a variety of resources on healthy vending and concessions policies.

Worksite Wellness and Healthy Meetings

- **Tips for Offering Healthier Options and Physical Activity at Workplace Meetings and Events** (CDC)
This [document](#) includes tips and resources for increasing healthier food and beverage options at worksite meetings, parties, conferences, and events, and for offering physical activity opportunities for employees throughout the work day.
- **Healthier Food Choices for Public Places** (Center for Science in the Public Interest)
This [webpage](#) provides information on improving the nutritional quality of foods and beverages in worksites and public places. It also includes examples of national, state, and local policies, as well as model policy language.

Community Settings

- **Detailed Foods to Encourage Framework** (Feeding America)
This [summary](#) outlines the Detailed Foods to Encourage framework, which serves as Feeding America's recommendations for network food banks' inventories.
- **Food Oasis website** (Washington State Department of Health)
This Washington State Department of Health [website](#) compiles online resources to help communities improve access to healthy foods in all of the places where people live, learn, work, and play. These resources are intended for those who plan or lead projects in neighborhoods, schools, hospitals, worksites, childcare settings, or grocery stores.
- **Stock Healthy, Shop Healthy** (University of Missouri Extension)
[Stock Healthy, Shop Healthy](#) is a comprehensive, community-based program that allows communities to improve access to healthy, affordable foods by working with a small food retailer. Millions of Americans have limited access to a supermarket, which means they must rely on fast-food restaurants, gas stations, and corner stores to feed themselves and their families. People who have better access to supermarkets are more likely to eat fruits and vegetables and less likely to be overweight or obese. Using toolkits, webinars, and other resources, Stock Healthy, Shop Healthy guides communities through a unique approach to increasing access to healthy foods, engaging small food retailers and community members and thereby addressing supply and demand at the same time.

Child Care and Early Childhood Education

- **Early Care and Education (CDC)**
This [website](#) presents data on overweight and obesity among children ages two through five, describes CDC's framework for obesity prevention in early care and education settings, and compiles CDC resources that focus on early childhood obesity prevention policies, aligning dietary guidance across child and adult care feeding programs and much more.
- **DNPAO State Program Highlights: Applying Nutrition Policies in Child Care, School, and Worksite Settings (CDC Division of Nutrition, Physical Activity, and Obesity [DNPAO])**
This [fact sheet](#) describes strategies promoted by DNPAO to reduce consumption of high-energy-dense foods in childcare sites, schools, and worksites. It includes specific examples of how states have promoted best practices and policies that encourage healthy eating in these settings.

Healthy Eating for Older Adults

- **Seniors (USDA)**
This [website](#) compiles a variety of resources to help older adults adopt healthy eating behaviors.
- **Health and Wellness Information for Older Adults (National Institutes of Health (NIH))**
This [website](#) compiles information and resources for the general public on a wide range of health topics for older adults, including nutrition and physical activity.
- **What's On Your Plate? Smart Food Choices for Healthy Aging (NIH)**
This [publication](#) provides information to support healthy food choices among older adults, including an overview of important nutrients, healthy eating plans, general healthy lifestyle suggestions, shopping tips, and information on food safety.
- **Healthy Aging, Healthy Eating (ASTHO)**
This [website](#) compiles a wide variety of materials to help state and territorial governments and partners implement the National Prevention Strategy to improve health outcomes for older adults by promoting healthy eating.

¹ Centers for Disease Control and Prevention (CDC). "Chronic Disease Overview." Available at <http://www.cdc.gov/chronicdisease/overview/>. Accessed 4-9-2016.

² Ibid.

³ Ibid.

⁴ ASTHO. "Supporting and Implementing the 2010 Dietary Guidelines for Americans in State Public Health Agencies." Available at <http://www.astho.org/Prevention/Promoting-the-Dietary-Guidelines-for-Americans/DGA-Recommendations-Slide-Deck/>. Accessed 4-10-2016.

⁵ ASTHO. "National Prevention Strategy: Healthy Eating." Available at <http://www.astho.org/NPS/Toolkit/Healthy-Eating/>. Accessed 3-3-2016.

⁶ Ibid.

⁷ ASTHO. "Supporting and Implementing the 2010 Dietary Guidelines for Americans in State Public Health Agencies." Available at <http://www.astho.org/Prevention/Promoting-the-Dietary-Guidelines-for-Americans/DGA-Recommendations-Slide-Deck/>. Accessed 4-10-2016.

⁸ ASTHO. "Promoting the Dietary Guidelines for Americans." Available at <http://www.astho.org/Programs/Prevention/Promoting-the-Dietary-Guidelines-for-Americans/>. Accessed 3-3-2016.

⁹ Massachusetts Executive Office of Health and Human Services. "Tools and Resources for Implementation of Executive Order 509." Available at <http://www.mass.gov/eohhs/gov/departments/dph/programs/community-health/mass-in-motion/about-mim/components/tools-and-resources-for-executive-order-509.html>. Accessed 4-10-2016.

¹⁰ ASTHO. "National Prevention Strategy: Healthy Eating." Available at <http://www.astho.org/NPS/Toolkit/Healthy-Eating/>. Accessed 3-3-2016.

¹¹ Ojamaa L (personal communication, Apr. 21, 2016).

¹² Rhode Island Department of Health. "Living Well Rhode Island." Available at http://health.ri.gov/programs/detail.php?pgm_id=113. Accessed 4-10-2016.

¹³ ASTHO. *Rhode Island Uses Community Health Network to Increase Access to Chronic Disease Management*. 2014. Available at <http://www.astho.org/Programs/Prevention/Rhode-Island-Community-Health-Network-Case-Study/>. Accessed 4-10-2016.

¹⁴ Rhode Island Department of Health. Community Health Network. Available at <http://www.health.ri.gov/publications/brochures/CommunityHealthNetwork.pdf>. Accessed 4-10-2016.

¹⁵ ASTHO. *Rhode Island Uses Community Health Network to Increase Access to Chronic Disease Management*. 2014. Available at <http://www.astho.org/Programs/Prevention/Rhode-Island-Community-Health-Network-Case-Study/>.

¹⁶ ASTHO. Utah Department of Health Promotes Healthy Eating Options at Catered Events. 2013. Available at <http://www.astho.org/Programs/Prevention/Worksite-Wellness/Utah-Healthy-Food-Policy/>. Accessed 4-10-2016.