

18-04

STATEMENT OF POLICY

Nutrition and Chronic Disease Prevention

NACCHO supports local health department leadership in encouraging healthy eating practices in local communities. Food and beverage policies and organizational practices must seek to improve nutrition through creating environments in which people have equitable access, affordable healthy choice selections, resources, and knowledge to consume a healthy diet. Healthy levels of salt and sugar in prepared, processed, and pre-packaged foods must conform to the established federal nutritional standards. NACCHO encourages local health departments to support legislation, best-practices, and policy efforts to do any of the following:

Healthy Food and Beverage Procurement/Vending/Meeting Standards

1. Adopt, implement, and evaluate comprehensive food procurement policies by local governments/municipalities that require the food they purchase, provide, or make available to contain key nutrients at levels that are no less than the nutritional standards established by federal health authorities.
2. Support expansion of procurement policies to non-government settings and properties under the authority of the local government (e.g., day care centers, worksites, hospitals).
3. Support the expansion of healthy vending procurement and selection practices to support the availability of healthier food/beverage options in prominent vending positions offered under the authority of local government/municipality.
4. Creation of a culture of health and wellness in local government workplaces, sponsored meetings, and conferences across several sectors, by ensuring healthy options are available, affordable, and attractively presented.

Food Marketing/Retailer/Manufacturer Regulations

1. Require full disclosure of nutritional content of all manufactured and processed food.
2. Adopt a multisector systems approach of policies that regulate disparities in the marketing and advertising of food and beverages that are energy-dense and lower nutritional quality targeting disenfranchised communities with highest rates of obesity.
3. Advocate for stronger regulation of the food industry to improve the nutrition profile of pre-packaged and prepared food.
4. Support implementation of new Nutrition Facts labeling through campaigns and education.
5. Strengthen and expand nutritious school-meal programs and eliminate marketing of unhealthy food to children.



Healthy Eating Incentives/Taxation

1. Encourage adoption and expansion of excise tax on all sugar-sweetened beverages (SSBs), including energy drinks, and earmark revenue generated to be used to support local prevention programs/services and address socioeconomic disparities.
2. Advocate for removing SSBs from the approved list of food items for the Supplemental Nutrition Assistance Program (SNAP).
3. Advocate for and support implementation of SNAP incentive vouchers to encourage the purchase of fruit and vegetables at farmers markets and other food retail outlets.
4. Extend the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) eligibility to children through the age of 6 and for two years for postpartum mothers.
5. Ensure SNAP, WIC and other nutrition-assistance programs follow the Dietary Guidelines for Americans.

Menu Labeling

1. Support menu labeling and enhance its effectiveness by conducting campaigns to educate consumers on nutritional content of all pre-packaged, manufactured, catered, and prepared food and beverages.
2. Expand access to nutrition information by requiring nutrition information in all restaurants (including those with fewer than 20 outlets nationally) or on state or local property, such as in cafeterias in government office buildings, publicly funded hospitals, state universities, roadside rest stops, and state park concessions.
3. Support regulations, ordinances, and statutes requiring comprehensive menu labeling at the point of decision-making in chain restaurants. Menu labeling is comprehensive when it includes nutrition information, such as calories, fats (including trans fats), carbohydrates, and sodium, most critical to people with chronic diseases. Such nutrition information should be displayed or made available in a clear, non-confusing, uniform way across restaurants. Menu labels, menu boards, and menu tags should at least display calorie content with additional language referencing a standard 2,000 calorie diet. The information should be available in languages prevalent in the chain restaurant's community.

Health Impacts Research

1. Call for research of the long-term health impact of consuming foods with low to no nutritional value and high salt and sugar content.
2. Call for Community-Based Participatory Research on health impact of disparities in poor nutrition among different socioeconomic and racial/ethnic backgrounds.
3. Support meaningful input and substantive participation from end-users and target populations in the design of all proposed nutrition policy interventions.
4. Call for research on protective nutrition factors and population health.

Nutrition/Medical Nutrition Therapy

1. Advocate for and implement programs that strengthen community-clinical linkages by using nutrition to address chronic disease conditions via the use of a specialized diet monitored, developed, and tailored by a certified medical or public health professional.
2. Advocate for funding and medical reimbursement of obesity-related preventive series, such as fruit and vegetable prescription programs, to promote medical nutritional therapy for chronic disease treatment and prevention.

Salt and Added Sugar Reduction

1. Advocate for and implement programs that reduce the amount of salt in prepared and processed foods through health department-led initiatives that partner with local food service, food banks, and the restaurant industry to establish targets aimed at reducing sodium levels in prepared and processed foods.
2. Call for products, beverages, and meals high in salt and added sugar to be labeled with their nutritional values and accompanied by a warning notice.
3. Support educational campaigns, programs, and local coalitions that increase public and health-provider awareness about, and comprehension of menu-label information and the health consequences associated with excess salt and added sugar consumption.
4. Support the monitoring and evaluation of population salt intake, food industry reformulation and menu labeling efforts, and the efficacy of consumer and health provider education and support programs.

Funding for Chronic Disease Prevention

1. Advocate for adequate and sustainable funding to support local public health chronic disease prevention efforts.
2. Expand funding to support local efforts focused on populations who bear a disproportionate burden of chronic disease.

Justification

About half of American adults have one or more preventable chronic diseases, including cardiovascular disease, high blood pressure, type 2 diabetes, and some cancers.¹ Many of these are related to poor diet and eating patterns. More than two-thirds of adults and nearly one-third of children and youth are overweight or obese. These high rates of overweight and obesity and chronic disease have persisted for more than two decades and come not only with increased health risks, but also at high cost.²

Food environments likely contribute to the increasing epidemic of obesity and chronic diseases and supporting environmental and policy interventions are effective strategies for improving eating habits and health.³ Local health departments and communities can champion and support several policies that will improve community nutrition including the following.

Healthy Food and Beverage Procurement/ Vending/ Meeting Standards

Many local, state, and federal entities are working to create healthy food environments by introducing practices to assist employees and residents in making informed, healthy food and beverage choices when faced with so many options. In 2011, the U.S. Department of Health and

Human Services and the U.S. General Services Administration released the first food service guidelines for federal facilities to assist increasing healthy food and beverage choices and sustainable practices at federal worksites. Those guidelines have since been updated to the Food Service Guidelines for Federal Facilities and now align with the 2015 – 2020 Dietary Guidelines for Americans, the Executive Order 13693 (Planning for Federal Sustainability in the Next Decade) on energy efficiency and environmental performance and include additions of food safety standards and behavioral design strategies for encouraging people to select healthier foods and beverages.⁴ These guidelines can serve as templates to improve nutrition at the local level.

Through support of Centers for Disease Control and Prevention’s (CDC) Division of Nutrition, Physical Activity and Obesity (DNPAO), the Association of State Public Health Nutritionists (ASPHN) assessed state health agencies regarding the food service guidelines strategy. The Food Service Guidelines resource page provides a collection of resources provided by states, highlighting food service guidelines success stories, guideline development and partner collaboration efforts.⁵

With food and beverages available to purchase in almost all the places where we spend our days, including at work, in school, at the park, and at other points where daily activities take place, meals and snacks are increasingly being purchased and consumed away from home. Institutions such as local agencies, schools, hospitals, day care centers, and parks and recreation are major purchasers of food and drink and are an important source of a community’s dietary patterns. The purchasing decisions of these institutions can have a positive impact on health by providing access to healthy, nutritious foods. For example, in New York City, approximately 500 concessions operate in parks throughout the five boroughs, serving millions of people each year.⁶ Philadelphia has launched the Good Food Healthy Hospitals Initiative to bring healthier options to employees, visitors, and patients through engaging hospital leadership in voluntary nutrition standards and identifying regional procurement practices to improve food served in patient meals, cafeteria food service, catering, vending, and onsite restaurants.⁷

Food Marketing/Retailer/Manufacturer Regulations

There are many factors that influence what consumers buy and notably one of these key factors is food marketing. From how a product is formulated, packaged, and promoted in a community can affect what a person buys. Research has shown that children and certain communities are deluged with advertisements and promotions for unhealthy food.⁸ The marketing of SSBs, such as juice, fruit drinks and sports drinks to children ages 2 to 11 has increased by 38 percent.⁹ Compared to White non-Hispanic youth, Black and Hispanic youth are exposed to more food advertising in the media, as well as more marketing messages in their communities, for products high in sugar, saturated fat, and sodium. This exposure contributes to poor diet and contributes to higher rates of obesity and other diet-related diseases in Black and Hispanic communities.^{8, 10}

There are very few grocery stores in certain rural and urban areas of the US. The absence of supermarkets in underserved areas is thought to affect the health, economy and social well-being of people living in that region. Both food insecurity and easy access to food have been linked with higher obesity rates, regardless of the food’s source. In general, studies find that better access to a supermarket is associated with reduced risk of obesity and better access to

convenience stores is associated with increased risk of obesity.¹¹ Clearly, there are no guarantees that simply providing access to healthier foods changes people's eating habits; additional steps are required to change behaviors.

Federally funded school nutrition programs feed 34 million American children and serve 4.8 billion meals.^{12, 13} Following the implementation dietary standards to School Lunch and Breakfast Programs in 2012, nutrition quality has improved, including children consuming more fruits, vegetables, whole grains and milk, and fewer calories and saturated fat. In recent years, these standards have been rolled back, permitting schools to again serve lower nutrition quality foods.¹⁴ These rollbacks, in addition to a reduction in funding,¹⁵ could reverse the progress made in providing nutritious meals to American school children.

Healthy Eating Incentives/Taxation

Sugar sweetened beverages (SSBs) are a major contributor to poor diet and associated diet-related diseases.¹⁶ In an effort to curb consumption and improve health, local communities and states are starting to explore and adopt implementing an excise tax on SSBs. Research estimates that people would consume 12% fewer SSBs if prices increased by 10%.¹⁷ Dozens of localities have proposed SSB legislation over the past five years. As SSB taxes are implemented across the country, additional research is needed to assess the health and financial impacts to inform future programs.

Most Americans do not meet the recommended daily amounts of fruits and vegetables, and for those that receive Supplemental Nutrition Assistance Program (SNAP), these numbers are even lower.¹⁸ Healthy Food Incentives are designed to make fruits and vegetables more accessible and affordable for SNAP consumers so that they can improve the nutritional quality of their diet. In 2015, the National Institute of Food and Agriculture at U.S. Department of Agriculture (USDA) launched the Food Incentive Nutrition Initiative (FINI) to increase the purchasing power of shoppers using their SNAP benefits to purchase fruits and vegetables at farmers markets and other types of healthy food retailers, including grocery stores and mobile markets. As of 2017, USDA had awarded 90 FINI grants to nonprofit organizations and government entities around the country. While initial research shows that these programs improve eating habits, support the local economy and improve health outcomes, additional research is needed to show the long-term impact of these programs.¹⁹

Updates to the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) food packages to better align with the Dietary Guidelines for Americans have been found to reduce the risk of obesity and reverse obesity trends among WIC participants. Obesity rates for children enrolled in WIC declined from 15.9 percent in 2010 to 13.9 percent in 2016.^{20, 21} Although rates remain high, aligning nutrition-assistance programs with the evidence-based guidelines can contribute to the decline of obesity.

Menu Labeling

As part of the Patient and Protection Affordable Care Act, the Food and Drug Administration (FDA) recently put into effect new legislation that requires restaurants and similar retail food

establishments with 20 or more locations to follow national menu labeling rules. The menu labeling legislation requires the disclosure of calorie and nutrition information (i.e., total fat, sodium, sugar) contained in standard menu items. Restaurants and similar food retailers not otherwise covered by the regulation have the option to follow this federal legislation by registering biannually with the FDA.²²

With the passage of a federal menu labeling legislation, evidence is demonstrating that the policy enables people to make healthy choices. Studies often show that customers that proactively use calorie information purchase up to 143 fewer calories compared to those who did not see the calorie information.²³ Menu labeling significantly increases the percentage of adults who not only see but also use calorie information, which leads to a reduction in calories purchased, caloric intake, and reduced portion sizes. Providing nutrition information has the potential to contribute to obesity prevention and provide healthier choices to individuals with chronic disease on special diets or those attempting to maintain a healthy weight.²⁴

Salt and Added Sugar Reduction

Reducing sodium and added sugar is necessary to reduce health problems such as obesity and hypertension. Often, such health problems are risk factors for type 2 diabetes, heart disease, and stroke, the leading causes of preventable death in the United States.²⁵ High sodium consumption, mainly hidden in processed, canned, and convenience foods, increases the risk for hypertension.²⁵ Americans consume an average of 3,500 mg/day of sodium, which is nearly one and a half times the daily amount (2,300 mg/day) recommended by the USDA. Moreover, the 2015-2020 Dietary Guidelines for Americans recommends that persons with hypertension, African Americans, and all middle-aged and older adults should consume no more than 1,500 mg/day of sodium.²⁶

Added sugar, found in 68% of processed or prepared foods and beverages,²⁷ is associated with increased risk of obesity and cardiovascular disease.²⁸ Americans consume nearly 20 teaspoons (82 grams) of sugar per day; as a result, nearly 14% of total daily calories consumed come from leading sources of added sugars.²⁹ The American Heart Association recommends six (25 grams) or nine (38 grams) teaspoons of sugar per day for women and men, respectively. Kids age 2 – 18 should have less than six teaspoons (25 grams) of added sugar daily. Children younger than 2 shouldn't have any added sugars.³⁰ The 2015-2020 U.S. Dietary Guidelines for Americans recommends Americans should limit their intake of added sugars to less than 10% of their total daily calories.²⁶

Recent strategies, such as food reformulation and improving nutrition labeling, have been implemented at the federal level and across local jurisdictions to reduce the consumption of high sodium and added sugar products. The most recent strategies include changes to the Nutrition Facts label for packaged foods to state the link between diet-related chronic diseases and redesigning the look for consumers to make informed food choices.³¹ Additionally, providing educational material such as understanding nutrition labels help educate consumers about high sodium levels and added sugar content. For example, the FDA provides instructions for reading nutrition labels to identify salt content, recommendations for reducing sodium intake, and information about the connection between sodium and disease.³² The New York City Health

Department also provides similar information in concert with their National Salt Reduction Initiative.³³ Local health departments should educate consumers about reading nutrition labels and recommendations for making low sodium food choices.

References

1. Ward, B. W., Schiller, J. S., & Goodman, R. A. (2014). Multiple chronic conditions among US adults: A 2012 Update. *Prevention of Chronic Disease*, 11, E62.
2. The US Department of Health and Human Services and the US Department of Agriculture; Dietary Guidelines for Americans, 2015-2020, Eight Edition; Introduction – Nutrition and Health are Closely Related. <https://health.gov/dietaryguidelines/2015/guidelines/introduction/nutrition-and-health-are-closely-related/>
3. Story, M., Kaphingst, K. M., Robinson-O'Brien, R., Glaz, K. (2005). Creating Health Food and Eating Environments: Policy and Environmental Approaches. *Annual Review of Public Health*, 29, 253-72.
4. Food Service Guidelines Federal Workgroup. (2017). *Food Service Guidelines for Federal Facilities*. Washington, DC: U.S. Department of Health and Human Services.
5. Food Service Guidelines Resources. <https://asphn.org/food-service-guidelines/>
6. New York City Government Parks, Eateries, City of New York Parks and Recreation, The City of New York, webpage. Retrieved May 29, 2018, from <http://www.nycgovparks.org/opportunities/concessions>
7. Good Food, Health Hospitals. Food Fit Philly webpage. Retrieved May 29, 2018, from <http://foodfitphilly.org/good-food-healthy-hospitals/>
8. Harris, J. L., Shehan, C., Gross, R., Kumanyika, S., Lassiter, V., Ramirez, A., & Gallion, K. (2015). Food Advertising Targeted to Hispanic and Black Youth: Contributing to Health Disparities. *UCONN Rudd Center for Food Policy and Obesity*. Storrs, CT, USA.
9. Frazier WC and Harris JK. Trends in Television Food Advertising to Young People: 2016 Update.” Rudd Brief, University of Connecticut, Rudd Center for Food Policy and Obesity. January 2020.
10. Isselmann DiSantis, K., Kumanyika, S., Carter-Edwards, L., Rohm Young, D., Grier, S. A., & Lassiter, V. (2017). Sensitizing Black Adult and Youth Consumers to Targeted Food Marketing Tactics in Their Environments. *International Journal of Environmental Research and Public Health*, 14, 1316.
11. Institute of Medicine. (2012). [Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation](#). Washington, DC: National Academies Press.
12. Lipps B. (2019). Child Nutrition Goes Digital: Food and Nutrition Service Launches First Food Buying Guide Mobile App. *U.S. Department of Agriculture*. January 24, 2019.
13. Food and Nutrition Service. National School Lunch Program. *U.S. Department of Agriculture*.
14. Food and Nutrition Service, U.S. Department of Agriculture. Child Nutrition Programs: Flexibilities for Milk, Whole Grains, and Sodium Requirements. *Federal Register*, 83(238): 63775-63794, December 12, 2018.
15. Agriculture, Rural Development, Food and Drug Administration, and Related Agencies Appropriations Bill, 2019. House Report 115-706 (115th Congress).
16. Access to Affordable and Nutritious Food: Measuring and Understanding Food Deserts and Their Consequences, US Department of Agriculture, Food Access and Its Relationship to Diet and Health Outcomes, Chapter 4. https://www.ers.usda.gov/webdocs/publications/42711/12703_ap036d_1_.pdf?v=0
17. Wada, R., Han, E., & Powell, L. M. (2015). Associations between soda prices and intake: Evidence from 24-h dietary recall data. *Food Policy Vol. 55*: 54–60.

18. Lee-Kwan, S. H., Moore, L.V., Blanck, H.M., Harris, D.M., & Galuska, D. (2017). Disparities in State-Specific Adult Fruit and Vegetable Consumption — United States, 2015. *MMWR Morbidity and Mortality Weekly Report*, 66, 1241–1247. DOI: <http://dx.doi.org/10.15585/mmwr.mm6645a1>
19. The Food Trust’s Center for Healthy Food Access, Fair Food Network and Wholesome Wave (2018). The Power of Produce: Healthy Food Incentives Empower Families, Support Farmers and Lift Up Communities. Retrieved June 1, 2018 from [thefoodtrust.org/uploads/media_ items/the-power-of-produce.original.pdf](http://thefoodtrust.org/uploads/media_items/the-power-of-produce.original.pdf).
20. Daepf MIG, Gortmaker SL, Wang YC, et al. WIC Food Package Changes: Trends in Childhood Obesity Prevalence. *Pediatrics*, 143(5): e20182841, 2019.
21. Pan L, Freedman DS, Park S, et al. Changes in Obesity Among US Children Aged 2 Through 4 Years Enrolled in WIC During 2010-2016. *JAMA*, 321(23):2364-2366, 2019.
22. U.S. Food and Drug Administration, HHS. (2014). *Food Labeling; Nutrition Labeling of Standard Menu Items in Restaurants and Similar Retail Food Establishments*, 81, 96364-66.
23. Krieger, J. W., Chan, N. L., Saelens, B. E., Ta, M. L., Solet, D., & Fleming, D. W. (2013). Menu Labeling Regulations and Calories Purchased at Chain Restaurants. *American Journal of Preventive Medicine*, 44(6), 595-604.
24. Basset, M. T., Dumanovsky, T., Huang, C., et al. (2008). Purchasing behavior and calorie information at fast-food chains in New York City, 2007. *American Journal of Preventive Medicine*, 98, 1457-59.
25. National Center for Health Statistics. (2017). Health, United States, 2016: With Chartbook on Long-term Trends in Health. Hyattsville, MD.
26. U.S. Department of Health and Human Services and U.S. Department of Agriculture. (2015). 2015-2020 Dietary Guidelines for Americans. 8th Edition.
27. Popkin, B. M., & Hawkes, C. (2016). Sweetening of the global diet, particularly beverages: Patterns, trends and policy responses. *Lancet Diabetes and Endocrinology*, 4, 174-86.
28. Rippe, J. M., & Angelopoulos, T. J. (2016). Relationship between added sugars consumption and chronic disease risk factors: Current understanding. *Nutrients*, 8, E697.
29. Ervin, R. B., & Ogden, C. L. (2013). Consumption of added sugars among U.S. adults, 2005-2010. NCHS data brief, no 122. Hyattsville, MD: National Center for Health Statistics.
30. Changes to the Nutrition Facts Label. U.S. Food and Drug Administration webpage. Retrieved June 1, 2018, from https://www.fda.gov/Food/GuidanceRegulation/GuidanceDocumentsRegulatoryInformation/LabelingNutrition/ucm385663.htm?utm_source=msn
31. American Heart Association statement: Added Sugars and Cardiovascular Disease risk in Children Kids and added sugars: How much is too much? American Heart Association News. August 22, 2016. <https://www.heart.org/en/news/2018/05/01/kids-and-added-sugars-how-much-is-too-much>
32. Fang, J., Cogswell, M. E., Kennan, N. L., & Merritt, R. K. (2012). Primary Health Care Providers' Attitudes and Counseling Behaviors Related to Dietary Sodium Reduction. *Archive of Internal Medicine*, 76-78.
33. Sodium in Your Diet: Using the Nutrition Facts Label to Reduce Your Intake. U.S. Food and Drug Administration webpage. Retrieved June 1, 2018, from <http://www.fda.gov/Food/ResourcesForYou/Consumers/ucm315393.htm>

Record of Action

*Proposed by NACCHO Healthy Living and Prevention Workgroup
Approved by NACCHO Board of Directors July 9, 2018
Updated April 2020*