

**Missouri**

**Healthier Vending Machine Project**

**Public Health Problem**

In Missouri, more than 20 percent of adults are obese, and more than half are overweight. Unhealthy food choices are a contributing factor. For adults who spend a majority of their waking hours at work, available food choices at the worksite influence their nutrition. Vending machines at worksites typically provide unhealthy food at relatively low prices and in convenient locations.

**Intervention Example**

The Department of Health and Senior Services (DHSS) initiated a healthier vending project at their office buildings where approximately 800 state employees work. The purpose of the project was to explore the sustainability of the market for healthier items in the DHSS vending machines. DHSS marketed and supported the healthier foods for a limited time period to provide the vending operator the experience of providing healthier options without the risk of losing profit. DHSS offered to reimburse the vendor for the amount of the loss of monthly profit based on gross monthly sales for the previous year. In addition, DHSS provided promotion through a kick-off event, signage on the machines and throughout the buildings, and promotional email messages that included contests with prizes. The healthier vending items were determined by an employee survey of preferred items and based on the Missouri Eat Smart Guidelines.

**Implications and Impact**

Success of the project was assessed by: 1) comparison of volume of sales compared to the previous year's sales, 2) conducting a post-project employee survey, and 3) an interview with the vendor. An average increase in revenue during the project of \$224 per month was reported. DHSS did not need to subsidize the vendor since there was no loss of profit. The employees responded on the survey that they will continue to purchase the healthier vending choices. The vendor offered this statement at the post-interview, "(I) did better than originally expected in this location. In general there is a misconception that venders want to sell junk food, in reality we want to put in foods that will sell." Other state agencies have requested technical assistance to get the healthier vending project initiated in their worksite. State program staff have provided technical assistance to the state Capitol vending project which is offering healthier vending choices to employees, lawmakers and visitors to the Capitol. High level state management staff and lawmakers identified the need for healthier food options in the evenings, when the Capitol cafeteria is closed. The cafeteria manager, with the assistance of DHSS staff, marketed and supported the healthier foods for a limited time period. DHSS provided promotion through a kick-off event by the Department Director with taste-testing of some of the healthier items included in the vending machines, signage on the machines and throughout the Capitol building. DHSS offered to pay for the samples for taste-testing and to reimburse the cafeteria for loss of profit during the testing phase. In addition, a large poster explaining the different components of the food label was on display. The healthier vending items were determined by availability of products, items that sold well in the cafeteria and the Missouri Eat Smart Guidelines. Success of the program was based upon the earnings from the machine. The cafeteria manager reported a 25 percent increase in dollar sales; however, there was also an increase in the number of soda beverages sold, both diet and regular; flavored water was the best seller. Although dollar sales went up, overall sales for the same period were down by over 40 percent. During a post-pilot meeting, the cafeteria manager provided three suggestions for future vending projects.

## **Montana**

### **Environmental Change to Support Breastfeeding**

#### **Public Health Problem**

Access to breastfeeding support and follow-up is a problem in Montana. Montana is a very rural state with only five urban counties and 46 of its 56 counties classified as frontier. There are seven American Indian reservations, and this population has the highest rate of growth and living in frontier areas. Montana has a high rate of poverty, and while 50 percent of babies born qualify for the WIC Program, where their mothers would be able to receive breastfeeding support and follow-up, the State estimates that only 50 percent of these children are actually enrolled in WIC. Eighty-eight percent of women in Montana initiate breastfeeding, but by six months only 53 percent are still breastfeeding their infants. This exceeds the HP2010 goals for the nation, but it does not meet the healthcare community recommendation that infants should be breastfed for at least one year.

#### **Intervention Example**

In 2005, the Montana Department of Public Health and Human Services, through the Montana Nutrition and Physical Activity Program (NAPA), participated in the CDC funded training *Using Loving Support to Build a Breastfeeding-Friendly Community*. This training emphasized the importance of implementing evidence-based interventions. NAPA staff invited a diverse group of partners from around the state to participate in this training and planning initiative. These partners developed the first statewide Montana Breastfeeding Coalition, which received additional training and technical assistance in strategic planning. The Montana Breastfeeding Coalition has developed and begun implementing a statewide initiative focused on making policy and environmental changes. Activities undertaken since 2005 include: collaboration with the Montana Dietetics Association to develop a document on the cost-effectiveness of breastfeeding in Montana; strategies to influence policy regarding breastfeeding in the workplace; implementation of a hospital survey to identify existing practices that support breastfeeding; increasing WIC Program efforts to expand the breastfeeding peer counseling program; providing multiple supports to professionals through lactation training, establishment of a listserv, and monthly conference calls; launch of a media campaign including billboards, wallet cards printed with the breastfeeding bill (Senate Bill 89), and promotion of a breastfeeding hotline; working with employers to implement breastfeeding support as part of worksite wellness; and piloting a system for collecting breastfeeding data from maternity care facilities.

#### **Implications and Impact**

For the first time, the state's various breastfeeding advocates in public health, healthcare and the community are working together to support, protect and promote breastfeeding for all Montana mothers and infants. With leadership from NAPA, the Montana Breastfeeding Coalition partnered with the Montana Dietetic Association to secure passage of Senate Bill 89 promoting breastfeeding-friendly worksites. A major finding from the hospital surveys was that most of these facilities did not track breastfeeding duration, but expressed an interest in doing so. As a result, NAPA is working with two sites, one urban and one rural, to develop and pilot a prototype for tracking breastfeeding duration statewide. NAPA has developed criteria for worksites to be able to identify themselves as Breastfeeding Friendly, to include policies, private locations for pumping, and communication plans for education of employees.

## **Rhode Island**

### **Fresh Initiative**

#### **Public Health Problem**

Increasing fruit and vegetable consumption for adults and children is a priority targeted health behavior change in Rhode Island identified by the Governor's Wellness Initiative, Get Fit RI, Healthy RI 2010, the Initiative for a Healthy Weight, and the Minority Health Promotion Program. Seventy-three percent of RI adults and 72 percent of RI high school students eat less than five servings of fruits and vegetables per day.

#### **Intervention Example**

The Fresh Initiative is an innovative public-private partnership with one of Rhode Island's largest fresh fruit and vegetable distributors that delivered high-quality fresh fruits and vegetables directly to the worksite and sold them to employees at significant discounts. The focus of this intervention was to implement a pilot program at two worksites, one private (Hasbro Toys) and one public (the University of Rhode Island (URI)) to see whether addressing the three main reported barriers to eating more fruits and vegetables (convenience, cost and quality) would result in increased consumption. Based on a previous survey of RI state employees, the major barriers to increasing fruit and vegetables consumption were lack of time to shop, cost and poor produce quality. At the pilot worksites, a produce market was set up where employees could come and purchase fresh fruits and vegetables on their way home from work (Hasbro) or at lunchtime (URI). After a few weeks, they also added a preorder model, through which employees placed their orders in advance and picked them up pre-packaged on market day. The private distributor delivered, set-up, sold, broke-down and removed the excess produce for the market. On the first day of the market, 120 of 350 employees participated and there was an enthusiastic response to the intervention. Online surveys were conducted during the course of the market and showed that there were substantial increases in fruit and vegetable consumption by employees (73%) and their families (68%) during the weeks that the market was held.

It was determined that the cost to the fruit and vegetable distributor in terms of staff time and decreased income from opened cases was too high to continue to offer the produce at the initial discounted prices if the full market were held; but that the preorder program alone would work for everyone. Rhode Island is in the process of implementing the preorder program alone at another pilot private worksite and will expand this preorder model to 26 state employee worksites this fall. They are also exploring ways of partnering with community agencies to purchase the leftover open cases so that, perhaps, markets could still be held at certain worksites. The market model will also be implemented at a low-income community center this fall. In this setting, the distributor will be selling the produce directly to the community center at wholesale price and the center will run the market and mark the produce up a small amount to cover the cost.

#### **Implications and Impact**

The implications and potential impact of increasing fruit and vegetable consumption in Rhode Island are substantial as this program expands statewide to other worksites and low-income community centers. The top three responses to what people liked about the program, in order, were convenience, quality and cost. RI is also in the process of partnering with Johnson & Wales University's Feinstein Community Service Center to provide cooking and taste-testing events and with Brown University to implement educational interventions to see if this multi-component approach is more effective than the market alone.

## **Washington State**

### **Active Community Environments**

#### **Public Health Problem**

Nearly 60 percent of adults in Washington State are overweight or obese. One third are less physically active than the recommended amount. One possible contributing factor is the lack of access to safe places to be physical active.

#### **Intervention Example**

The State Department of Health, working collaboratively with the Department of Community Trade and Economic Development, Department of Transportation and Regional Transportation Planning Organizations, has supported the development of Active Living Task Forces in communities around the state. Nine communities were selected to receive funding, training and technical assistance for this project based on a series of health indicators (e.g. obesity rates, percent of older residents) and other criteria. The Active Living Task Forces have assisted the local Regional Transportation Planning Organizations to consider appropriate policy and environmental changes that will support an active community environment (ACE). An ACE is a place where people of all ages and abilities can easily enjoy walking, bicycling and other forms of recreation. An ACE has sidewalks, on-street bicycle facilities, multi-use paths and trails, parks, open space and recreational facilities. Mixed use development and a connected grid of streets are also encouraged.

#### **Implications and Impact**

The Washington State Growth Management Act was amended in 2005 and now guides city, county and regional elected officials and planners to increase physical activity opportunities in their comprehensive plans.

The collaboration of diverse partners in health, transportation, planning, and policy making has allowed communities to work toward the establishment of ACES. The nine communities have achieved a multitude of goals based on each of their assessed needs.

For example, Skagit County, which includes Mt. Vernon, has achieved the following:

- 1) Established an Active Living Task Force
- 2) Developed a Safe Routes to School program
- 3) Conducted an ACE assessment tool
- 4) Conducted an ACE workshop to train policy makers on the importance of considering physical activity in planning
- 5) Developed a new trail
- 6) Adopted a master trail plan (Mt Vernon)
- 7) Implemented trail signage, maps, an adopt-a-trail program and a trail counting system
- 8) Reviewed and changed comprehensive plans to include physical activity open spaces and trails
- 9) Updated the existing trail guide