Evaluating the Food and Beverage Environment

PRESENTED BY:
Bekka Lee, Harvard School of Public Health Prevention Research Center
Becky Mozaffarian, Harvard School of Public Health Prevention Research Center
Alyssa Moran, The New York Academy of Medicine Technical Expert
Kim Libman, The New York Academy of Medicine

FACILITATED BY: Chideraa Ukeje, The New York Academy of Medicine
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Note: Today’s presentation is being recorded and will be distributed at a later date.

Your Participation

If you have any technical questions or problems please contact:

Michele Calvo
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212-822-7245
AGENDA

• Project Background – Chideraa Ukeje (NYAM)

• Food & Beverage Environment and the Prevention Agenda – Kim Libman MPH, PhD (NYAM)

• TA Offerings – Alyssa Moran MPH, RD (Technical Expert)

• Evaluating the Food Environment – Bekka Lee ScD & Becky Mozaffarian MPH, RD (HPRC)

• Q&A
ABOUT THE NEW YORK ACADEMY OF MEDICINE

Priorities:

• Strengthen systems that prevent disease and promote the public’s health
• Eliminate health disparities
• Support healthy aging
• Preserve and promote the heritage of Medicine and Public Health
To support implementation of Prevention Agenda plans in the priority areas of:

- Prevent Chronic Disease
- Promote Mental Health/Prevent Substance Abuse

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Food Environment and the Prevention Agenda

Presented by: Kim Libman, New York Academy of Medicine
Prevention Agenda: Part of State Health Reform

**Critical Components**
- Population Health
- Behavioral Health
- Collaboration

**Prevention Agenda**
- Priority Areas:
  - Prevent chronic diseases
  - Promote a healthy and safe environment
  - Promote healthy women, infants, and children
  - Promote mental health and prevent substance abuse
  - Prevent HIV, sexually transmitted diseases, vaccine-preventable diseases, and healthcare-associated infections

**State Health Innovation Plan (SHIP)**
- Pillars and Enablers:
  - Improve access to care for all New Yorkers
  - Integrate care to address patient needs seamlessly
  - Make the cost and quality of care transparent
  - Pay for healthcare value, not volume
  - Promote population health
  - Develop workforce strategy
  - Maximize health information technology
  - Performance measurement & evaluation

**Medicaid Delivery System Reform Incentive Payment (DSRIP) Program**
- Key Themes:
  - Integrate delivery – create Performing Provider Systems
  - Performance-based payments
  - Statewide performance matters
  - Regulatory relief and capital funding
  - Long-term transformation & health system sustainability

**Population Health Improvement Program (PHIP)**
- PHIP Regional Contractors:
  - Identify, share, disseminate, and help implement best practices and strategies to promote population health
  - Support and advance the Prevention Agenda
  - Support and advance the SHIP
  - Serve as resources to DSRIP Performing Provider Systems

**Advancing Prevention Project**
Steered by Ad-Hoc Leadership

- 6 members of Public Health and Health Planning Council
- Other state agencies
  - Office of Mental Health
  - Office of Alcoholism and Substance Abuse Services
  - State Education Department
  - Office for the Aging
- Consumers
- Healthcare
- Business
- Academia
- Community-based
- Local Health Departments

ADVANCING PREVENTION PROJECT
New York State Prevention Agenda
Priorities Selected by Counties, 2013

Priority Areas (n Selected by Counties)
- Chronic Disease (n=57)
- Mental Health and Substance Abuse (n=29)
- Women, Infants, Children (n=16)
- Environment (n=9)
- HIV, STD, Vaccines & HAI (n=3)
Goal #1.1: Create community environments that promote and support healthy food and beverage choices and physical activity.

Objective 1.1.1: By December 31, 2017, decrease the percentage of adults ages 18 years and older who consume one or more sugary drink per day:
- By 5% from 20.5% (2009) to 19.5% among all adults.
- By 10% from 42.9% (2009) to 38.6% among adults with an annual household income of ≤ $25,000.
(Data source: NYS BRFSS) (Health Disparities Indicator)

Objective 1.1.2: By December 31, 2017, increase the percentage of adults ages 18 years and older who participate in leisure-time physical activity:
- By 5% from 73.7% (2011) to 77.4% among all adults.
- By 10% from 59.0% (2011) to 65.0% among adults with less than a high school education.
- By 10% from 49.9% (2011) to 54.9% among adults with disabilities.
(Data source: NYS BRFSS) (Health Disparities Indicator)
(Also, see: Focus Area – Built Environment)

Objective 1.1.3: By December 31, 2017, increase the number of municipalities that have passed complete streets policies from 23 (2011) to 46.
Complete streets are designed to allow residents to travel easily and safely, whether walking, biking or riding the bus, connecting roadways to complementary trails and bike paths that provide safe places to walk and bike.
(Data source: Tri-States Transportation Campaign)
(Also, see: Focus Area – Built Environment)
Technical Expertise

Presented By: Alyssa Moran
New York Academy of Medicine Technical Expert
Alyssa Moran, MPH, RD
New York Academy of Medicine Technical Expert

Background:
- NYC Department of Health and Mental Hygiene
  - Healthy Hospital Food Initiative
  - Healthy Workplace Food Initiative
  - Good Choice
- Harvard T.H. Chan School of Public Health
Technical Assistance Overview

- Developing assessment tools
- Assessing whether products meet nutrition standards
- Reviewing menus or conducting nutrition analyses
- Creating plan-o-grams
- Developing promotional materials
- Selecting nutrition standards
- Working with vendors and distributors
- Working with resistant partners
- Sharing resources and successful strategies
Technical Assistance Contact Information

Alyssa Moran, MPH, RD

Email: Alyssa.moran@gmail.com
Evaluating the Food & Beverage Environment

Presented By: Bekka Lee and Becky Mozaffarian
Harvard School of Public Health Prevention Research Center
Settings

- Schools
- Afterschool sites
- Camps
- Early childcare programs
- Worksites
- Homeless-serving organizations
- Municipal offices
- Parks

- Hospitals
- Community Health Centers
- Grocery stores
- Pharmacies
- Elder food programs
- Libraries
- Fire & police stations
- Community-based organizations
Before You Begin: Describe Project Components

- **Aims** specify the long term goals and master plans for your project
- The **target population** are the people you ultimately seek to impact
  - Be specific about age, gender, neighborhood etc.
- **Inputs** are the resources that go into the project
- **Activities** are the project components you deliver
  - These include classes, meetings, policy/environmental changes
- **Outputs** are the direct products of activities
  - Examples: # of people trained, # materials distributed
Before You Begin: Identify Outcomes

- **Short term**: what should result immediately from project activities
- **Intermediate**: changes that occur along the pathway to health outcomes, often behavior change
- **Long term**: ultimate aims of the project, in our case usually health outcomes
Before you begin: Create a Logic Model

- Explicitly articulate how a program is supposed to work
- Diagram cause (program activities) and effect (expected outcomes) relationships
- Serve as roadmap for evaluation
- Can be used for planning, assessing impact, or monitoring implementation
Boston REACH Logic Model: Healthy Beverages

**Inputs**

- BPHC
- REACH coalition
- The Y
- HPAC
- HSPH nutrition dept
- Community orgs
- Current Black & Latino healthy beverage champions
- Mayor’s executive order banning SSBs on city property
- CPPW/SAH SSB policies at 7 city hospitals, 5 faith-based orgs & 50+ youth programs
- SAH/PRC school water access work
- Boston Soda Free Summer
- Greenovate

**Activities**

- Conduct assessments
  - Issue mini grants to youth organizations in REACH project area for a social media campaign
  - Create healthy beverage pledge system
  - Provide training to organizations in REACH project area on increasing access to tap water & limiting SSBs via vending & procurement
  - Provide technical assistance to organizations in REACH project area on increasing access to tap water & limiting SSBs via vending & procurement
  - Partner with grocery stores in the REACH project area to promote healthy beverage options through product placement and point of purchase promotion

**Outputs**

- Revise and finalize work plan
  - # orgs issued mini grants in REACH project area
  - # orgs sign on to healthy beverage pledge
  - # & type of trainings
  - # of organization trained to promote healthy beverages
  - # of participating grocery stores
  - # of product placement strategies
  - # of point of purchase strategies

**Short Term**

- Increase awareness & norms of SSB health risks
- ↓ daily consumption of SSBs among Black & Latino adults & youth
- ↓ BMI racial/ethnic disparities among adults & youth
- ↓ BMI among Black & Latino adults & youth
- ↓ hypertension among Black & Latino adults & youth
- ↓ hypertension racial/ethnic disparities among adults & youth

**Intermediate**

- ↓ SSB purchases in vending machines, stores & cafeterias in REACH project area
- ↑ # of organizations that adopt healthy beverage vending & procurement (i.e. increase healthy beverage availability)
- Increase awareness & norms tap water as a healthy alternative
- ↑ # of public access points for tap water in organizational & community venues
- ↑ daily consumption of water among Black & Latino adults & youth

**Long Term**

- ↑ water purchases in vending machines, stores & cafeterias in REACH project area
- ↑ # of organizations that adopt healthy beverage vending & procurement (i.e. increase healthy beverage availability)
- ↑ daily consumption of SSBs among Black & Latino adults & youth

**Evaluation**
Types of Evaluation

- **Formative**: How can my project be improved before implementation?
- **Process**: How was the project implemented?
- **Impact**: What mediating factors were affected?
- **Outcome**: What changes in health status occurred?
### Process Evaluation Outputs

<table>
<thead>
<tr>
<th>Process Output</th>
<th>Measure</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adoption</td>
<td>Healthy beverage pledge form</td>
<td># of pharmacies that sign healthy beverage registry</td>
</tr>
<tr>
<td></td>
<td></td>
<td># and type of healthy beverage promotion strategies intended to change</td>
</tr>
<tr>
<td>Reach</td>
<td>Pharmacy administrative data on shoppers</td>
<td># residents impacted by organizational change</td>
</tr>
<tr>
<td>Inner setting characteristics</td>
<td>Healthy beverage pledge form</td>
<td>- Address</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Chain</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- # employees</td>
</tr>
<tr>
<td>Characteristics of individuals</td>
<td>Healthy beverage pledge form</td>
<td>- job title</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- # years of experience</td>
</tr>
<tr>
<td>Outer setting characteristics</td>
<td>Census block data</td>
<td>- % Black, White, Hispanic</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Income in quarter mile radius</td>
</tr>
<tr>
<td>Training Dose/Reach</td>
<td>Attendance lists &amp; agendas</td>
<td># of trainings held by type</td>
</tr>
<tr>
<td></td>
<td></td>
<td># of attendees at each training</td>
</tr>
<tr>
<td>Community involvement</td>
<td>Administrative data</td>
<td># CBOs issued mini grants focused on healthy beverages</td>
</tr>
<tr>
<td></td>
<td></td>
<td># of stores with community ambassador involvement</td>
</tr>
</tbody>
</table>
Short & Intermediate Outcome Measurement

- Measures should:
  - Reflect project aims
  - Be feasible to collect and analyze

- Be aware of biases that may exist

- Think about data that you already collect for other purposes that could be useful

- Consider quantitative and qualitative data
Data can be collected at many **levels**: the individual, organizational, or community level.

The **sample** of people or organizations you collect data from should match your target population.

**Cross-sectional**: when you collect data at one point in time to get a snapshot of the program.

**Longitudinal**: when you measure outcomes over time to track changes.

Studies can collect data from just those people and orgs getting the intervention or use a **comparison group** to contrast differences.
Food and Beverage Environments

- Water access
- Foods and beverages sales
- Meals and snacks served
Tap Water Access

- **Settings:** schools, camps, worksites, homeless-serving organizations, municipal offices, parks, hospitals, community health centers, libraries, fire and police stations, CBOs

- Data collected before and after practice and policy change

- Pictures of all water access points

- Simple 8-item paper & pencil observation
Tap Water Access

B) Traditional Fountain
C) Water cooler(s) with 5 gallon commercial bottled water (e.g., Culligan, Alhambra dispensers)
D) Large insulated container(s) filled with tap water (e.g., Igloo, Cambro)
E) Built-in or plugged in water station(s)/hydration station(s)
F) Pitchers or jugs or other uninsulated/unplugged water containers (filled with tap water)
G) Individual disposable commercial water bottles
## Tap Water Access

<table>
<thead>
<tr>
<th>What we’re collecting – WATER</th>
<th>Why</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>Information if they need to fix/update water sources</td>
</tr>
<tr>
<td>Type</td>
<td>To get a sense of permanent (i.e. plumbed) vs. temporary water sources - implications for access</td>
</tr>
<tr>
<td>Working condition</td>
<td>Big access/perceptions issue</td>
</tr>
<tr>
<td>Availability to the public</td>
<td>Access issue</td>
</tr>
<tr>
<td>Time to fill 8 oz</td>
<td>Indication of slow/fast flow – appealing to consumer</td>
</tr>
<tr>
<td>Temperature</td>
<td>Indication of palatability to consumer</td>
</tr>
<tr>
<td>Appearance</td>
<td>Indication of appeal to consumer and potential maintenance issues</td>
</tr>
<tr>
<td>Availability of cups</td>
<td>Cups increase access or mean the difference between access/no access for certain dispensers</td>
</tr>
<tr>
<td>Signage</td>
<td>Promotions like signage could increase usage</td>
</tr>
</tbody>
</table>
Food and Beverage Sales

- **Settings:** schools, worksites, homeless-serving organizations, municipal offices, hospitals, community health centers, grocery stores, pharmacies, libraries, fire and police stations

- **Environmental data collected:** # and type of signs/marketing, beverage mix at registers and on endcaps, maps and photographs of store & cafeteria layout

- **Food and beverage data collected:** Specific product name, size, price, number of shelf facings
Food and Beverage Sales
Meals and Snacks Served

- **Settings:** schools, afterschool sites, camps, childcare programs, homeless-serving organizations, hospitals, elder meal programs.

- **Food and beverage data collected:**
  - Menus with specific product names, brands, and sizes
  - 1 week or 1 month of menu data.

- Data collected as baseline assessment of menu offerings and also pre- post-interventions.

- Assessment of meals and snacks served be **general** or **specific**.
Meals and Snacks Served

General
Examples:

- Water is on the menu and offered at every meal
- Fruit or vegetable was offered every day
- No sugar-sweetened beverages offered on the menu
- Pro: Easy to assess and no outside database needed
- Con: Lacks information on calories, sodium, or other nutrition information

Example of a 1 week afterschool snack menu:

<table>
<thead>
<tr>
<th>Week #2</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fresh 3/4 c orange Dannon Fruit Blend Fresh 3/4 c Apple New York Frozen Hospitality 2oz Muffin</td>
<td>Keebler Grahams - 8 oz Yogurt West Creek 1 oz 1oz Breadstick</td>
<td>4 oz Yogurt</td>
<td>17</td>
<td>8oz 2% white milk</td>
</tr>
<tr>
<td></td>
<td>Tap Water</td>
<td>Dannon Fruit Blend</td>
<td>West Creek 1 oz</td>
<td>New York Frozen</td>
<td>Tap Water</td>
</tr>
</tbody>
</table>
### Meals and Snacks Served

**Specific Examples:**

- Average calories served per item or meal
- Average sodium content served per item or meal

**Considerations:**

- Data sources: link data to nutrition information through manufacturer or vendor website (e.g., Sodexo), USDA nutrient database, Food Processor
- Serving sizes: establish standard serving sizes for foods and beverages or based on per serving size of manufacturer.

#### Example of a 1 week hospital cafeteria menu

<table>
<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Soup</strong></td>
<td>Beef, Bacon and Bean, Mushroom &amp; Barley</td>
<td>Beef Noodle, Creamy Chicken Gumbo</td>
<td>Country Fare, Vegetarian Minestrone</td>
<td>Potato Leek, Spanish Chicken</td>
<td>Clam Chowder, Western Beef</td>
</tr>
<tr>
<td><strong>Entree</strong></td>
<td>Lasagna with Tomato Sauce, Romano Encrusted Scrod</td>
<td>Chipotle Adobe Ribs, Unfried Chicken</td>
<td>Rotissiera Chicken, Biscuit, Spinach &amp; Tofu Quinoa Casserole</td>
<td>Baked Penne w/Eggplant, Ricotta &amp; Feta, Salmon Primavera</td>
<td>Chicken with Waffle Fries, Fish Taco Bowl w/Tangy Cabbage Slaw, Guacamole, Corn Salsa</td>
</tr>
<tr>
<td><strong>Sides</strong></td>
<td>Roasted Squash &amp; Fennel, Spinach &amp; Tomato Israeli Couscous</td>
<td>Braised Greens with Bacon, Sour Cream &amp; Chive Smashed Potatoes</td>
<td>Butternut Squash, Mashed Potatoes</td>
<td>Mediterranean Wheat Berries, Sauteed Green Beans with Leeks</td>
<td></td>
</tr>
</tbody>
</table>
Questions? Type them here →

www.AdvancingPreventionProject.org
Upcoming Learning Opportunities
SIGN UP FOR TA!

On the **Advancing Prevention Project website** you can:

- Schedule a one-on-one TA appointment
- Join a Learning Collaborative
- You can also find resources and current training opportunities, slides and recording for webinars
UPCOMING WEBINARS

Increasing Access to Healthy Beverages
When: Monday, August 17th, 1-2:30pm EST
Audience: Staff from Local Health Departments (LHD), Hospitals, Local Governmental Units (LGU), and Community-Based Organizations

Description: The webinar on Increasing Access to Healthy Beverages will discuss strategies to increase access to healthy beverages in vending machines in accordance with the reducing obesity in children and adults focus area of the NYS Prevention Agenda. Practitioners from Rockland and Orange counties will describe their experiences with increasing access to healthy beverages in public buildings.

Presenters:
Peggy DiManno, New York State Association of County Health Officials (NYSACHO)
Kyle Restina, New York State Department of Health (NYSDOH)
Meg Oakes, Orange County Department of Health
Una Diffley, Rockland County Department of Health
Michelle Kleinman, Rockland County Department of Health

Register Here: https://attendee.gotowebinar.com/register/3592538063434650625
Preventing Non-Medical Use of Prescription Opioids and Heroin

When: Friday, September 18th, 1:30pm-3:00 EDT

Who is the Audience: Staff from Local Health Departments (LHD), Hospitals, Local Governmental Units (LGU), and Community-Based Organizations.

Presenters: Staff from NYS OASAS, local practitioners
Thank You!

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