HERO Webinar

Making Healthy Eating Policy Practice

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Hosted By
Paul Terry, Ph.D.
President and CEO
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Making Healthy Eating Policy Practice

A Group Randomized Controlled Trial on Changes in Snack Quality, Costs, and Consumption in Afterschool Programs

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What is your primary audience for your work in health promotion?

- A. Worksite based health promotion
- B. School or youth based health promotion
- C. University, academic, research
- D. Health systems, healthcare, community
- E. Provider / vendor of health promotion services



Focus on **Healthy Eating in Afterschool Programs**

Afterschool programs (3-6pm)

Non-sport or single activity focused **Serve Snacks, Homework, Enrichment, Physical Activity** Operate everyday of school year 10.2 million youth attend ~8hrs/week

Michael W. Beets, MEd. MPH. PhD.

Enhancing the Translation of Physical Activity Interventions in Afterschool Programs

Abstract: Afterschool programs (3-6 ps., ASPs) represent a promising approach to promote physical activity (PA) and are positioned to make a substantial contribution to children's overall daily PA. This article synthe sizes both descriptive and intervention focused efforts aimed at describing/ reasing PA within the ASP setting and outlines future directions for research. ASPs provide anywhere from 8 to 24 minutes of moderate-to-vigorous PA daily, with children accumulating between 2600 and 3200 steps per day. State and national organization bave developed policies related to PA in ASPs, but the limited available evidence indicates that ASPs are far from mee ing PA policy goals. A total of 17 ASP PA intervention studies bave been con ducted, more than balf (9/17) within ASPs that were initiated and developed by researchers. Based on the review of evidence, key strategies to increase PA include high-quality professional devei opment training, allocating time in the ASP schedule for children to engage in sufficient amounts of PA, and tai-

tions. Future directions should focus

on evaluating these key strategies, con-

ducting descriptive studies of common

influence on children's PA, evaluation efinement of existing ASP PA curriula cost-effectiveness of intervention and identification of feasible PA pol-

Keywords: moderate-to-vigorous: children; policy; community

Increasing the amount of time youth spend in health-enhancing physical activity is a foremost public health priority.

oward settings outside the regular school hedule to enhance opportunities for youth to be physically active. Out-of-school time opportuni sclude both during the school year (ie before and after school hours, weekends) and summer programming. Only antil recently have these time segments been explored as potential means rough which physical activity inter-

entions can be delivered. Of these,

has led the research community to look

"... afterschool programs ... have garnered considerable attention as a setting where physical activity can be increased to improve the health outcomes (...) of children attending

such programs."

listorically, the majority of efforts aimed at doing so have focused almost excluively on changes to the school environment (eg, physical education, recess, health education). Many of the attempts (ie, interventions) have greatly underper ASP characteristics nationally and their formed from initial expectations. 1-3 This

ifterschool programs (ASPs, defined below) have gamered considerable ttention as a setting where physical ctivity can be increased to improve the health outcomes (eg. physical fitness, weight reduction) of children attending such programs.4

Arnold School of Public Health, University of South Carolina, Columbia. The author would like to thank Dr Bradley Cardinal for his insightful comments on earlier drafts of this article. Address correspondence to Michael W. Beets, MEd, MPH, PhD, Department of Exercise Science, Amold School of Public Health, University of South Carolina 921 Assembly Street, Room 131, Columbia, SC 29208; e-mail: beets@mailbox.sc.edu

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Policies/Standards

in ASPs Healthy Eating

Types of foods and beverages served

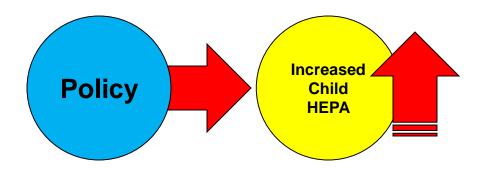
FV and Water everyday

No sugar-based foods or drinks



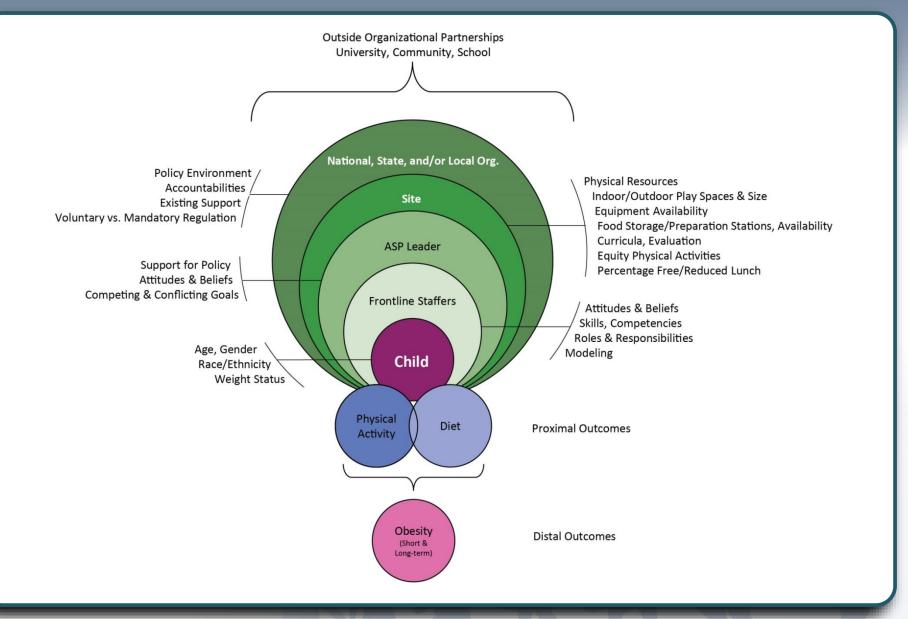
Prepared by: HOST leadership team members Jean Wiechs, Ellen Gamen, Georgia Hall and Borbara Roil tean wiechsätumb odu: egamettiätwellesley.edu: ghalliätwellesley.edu: barbara rothäyymea net





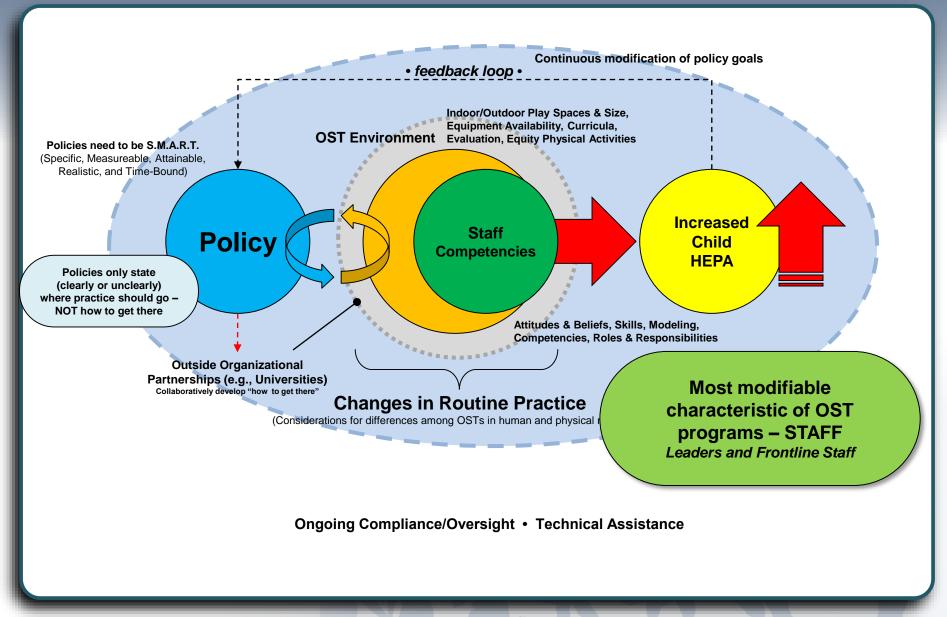
How we think policy works





ASPs more complex than simply adding policy to make changes





How policy "actually" works, maybe...

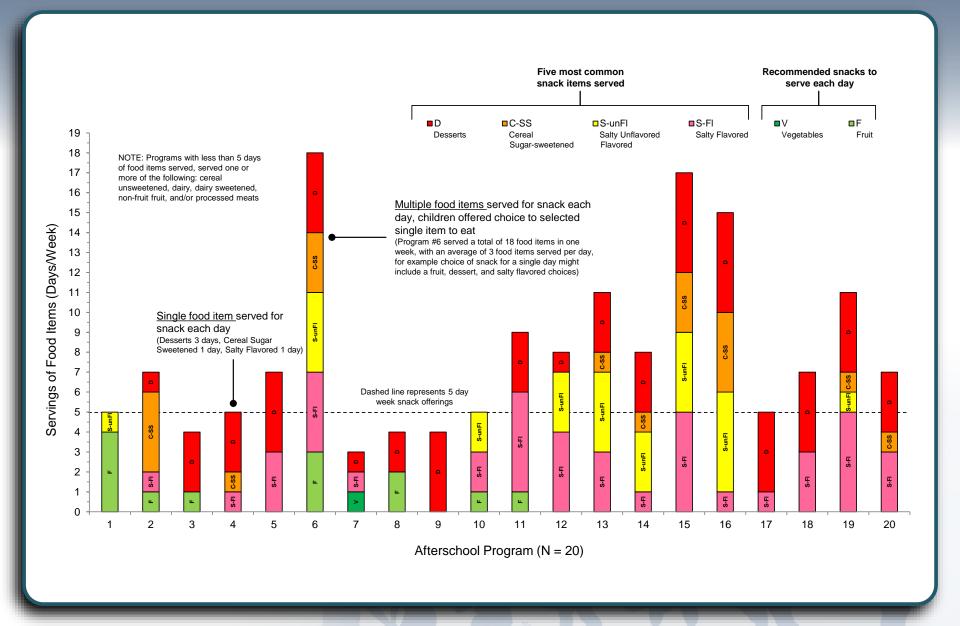


Policy is paramount, but... alone it's insufficient

"Best" Policy Nexus of <u>public health impact</u> and what <u>practice can deliver</u>

(given a realistic amount of resources)





ASPs fail to serve a fruit or vegetable on any days, let alone daily Cheap empty calories that are Refined, Artificially flavored, and individually Packaged



What do ASPs need to achieve HEPA?

Low or No Cost

Run on limited budget

Easy to implement

High year-to-year staff turnover, part-timers, low skilled

Integrate into existing practice



Strategies To Enhance Practice (STEPs)

Intervention Framework



TWO WEEK SNACK SCHEDULE

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Banana	Half Apple	Banana	Orange	Banana
20 Pretzels	String Cheese	Apple	20 Pretzels	String Cheese

- WEEK TWO -

MONDAY Banana String Cheese	Orange 20 Pretzels	Apple Banana	Orange String Cheese	Half Apple
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HEALTHY SNACKS SUGGESTIONS

FRUITS/VEGGIES

Apples
Bananas
Grapes
Oranges
Baby Carrots
Celery
Berries
Cucumbers

GRAINS

Tortilla Chips Unsalted Saltine Crackers Pretzels Toasted Oats

DAIRY

Cheese Sticks Plain Low-Fat Milk Plain Yogurt

DIPS

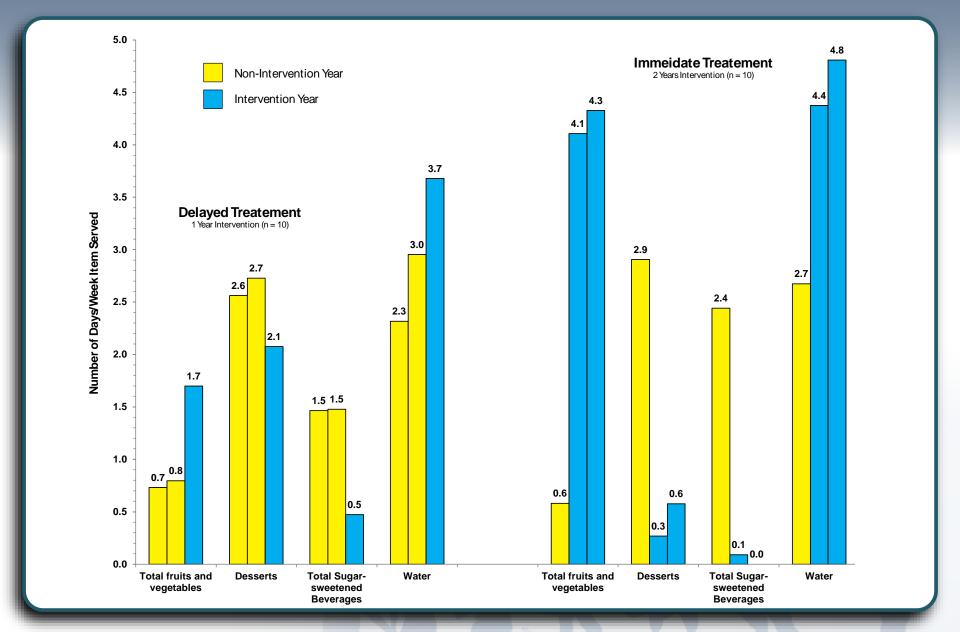
Salsa Peanut Butter Low-Fat Ranch Hummus

DRINKS

Water

23 Revised on 5/19/15.

■ P2/P



Healthy Eating 2 Year Outcomes



Take Home

- Increases Achieved in Programs with...
 - Control over snacks AND operating in own space
- Few Changes made in Programs without...
 - Control over snacks OR
 - Operating in someone else's space



Take Home

- Outside Food/Beverage Guidelines
 - Federal Reimbursement
 - Difficult to convince providers to change snacks
 - Across ASP and SDC providers
- Programs serving meals
 - Increases challenges of altering kcal/macro/micro



Take Home

- Changes in Snacks lead to <u>SMALL</u> improvements in...
 - kcals
 - Select Micro and Macro nutrients
- Snacks are calorically capped do changes really need to be made…?



Schools have led the nation in reducing access to bad for you foods. Which best represents your view of how changing food policies at companies will be different?

- A. I don't see much of a difference.
- B. It's somewhat harder in companies. Unhappy students can't be compared to unhappy employees.
- C. It's considerably harder in companies. Schools are expected to be paternalistic but policy that relates to autonomy is more deeply felt among adults. Please don't take my donuts!
- D. It's crazy harder in companies. Leaders tampering with food choice do so at their peril. Keep your damn hands off our donuts you Bloomberg style nanny Staters. (Must read: "Saving Gothum" by Tom Farley)



Let's say you have a plan for reducing access to bad for you food by 75% gradually over five years and your communications plan is brilliant, persuasive and sensitive. What % of employees will be happy vs. unhappy?

- A. 80% Happy 20% Unhappy
- B. 60% Happy 40% Unhappy
- C. 50 / 50
- D. 40% Happy 60% Unhappy
- E. 20% Happy 80% Unhappy



Many factors affect whether we choose healthier options. Which is the **top issue** you consider most persuasive when communicating about changes in food policy at the workplace?

- A. The Financial Cost Burden we all incur from unhealthy eating
- B. The Social Justice Benefits of carefully examining our food manufacturing chain
- C. The Community Benefits of more local sourcing of foods
- D. The Health Burden and suffering related to obesity and chronic disease
- E. The Personal Benefits of a relationship with real food such as we had in the past



Many have long held that we should not refer to food as good or bad. Given today's obesogenic culture, is it time to acknowledge there are "badfor-you" foods? (i.e. processed foods high in sugar, salt and/or fat)

- A. Strongly Agree
- B. Agree
- C. Not Sure
- D. Disagree
- E. Strongly Disagree



If we're going to successfully change food policies, as compared to tobacco policy changes over the years, we should mostly emphasize the:

- A. Health issues
- B. Ecological issues
- C. Social justice issues



Workplace health promotion practitioners advance many initiatives each year to advance health and well-being. Where does changing food access fit with other priorities like offering screenings, increasing engagement, new learning modalities, tobacco policy, incentives policies, stress and resiliency, etc.?

- A. Improving food choices is already a high priority and we're currently making substantial changes.
- B. It's in our list of high priorities and we'll likely be making changes in the next year or two.
- C. Food policy is of interest but not a high priority in the next year or two.
- D. Food policy is a low priority compared to other issues for us. No likely action anytime soon.
- E. It's not on our radar and it's doubtful it will ever be.



Reducing access to bad for you foods is one of the most significant opportunities we have for improving the health of employees, families and communities.

- A. Strongly Agree
- B. Agree
- C. Not Sure
- D. Disagree
- E. Strongly Disagree



Thank You

