

AN ASSESSMENT OF BEVERAGE-RELATED POLICIES AMONG ORGANIZATIONS IN A MULTI-SECTOR COMMUNITY COALITION

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EXECUTIVE SUMMARY

Growing Healthy Kids Columbus (GHKC), a childhood obesity prevention coalition, focused on promoting the “Water First for Thirst” message in 2013-14. Coalition members were asked to complete a survey at the start of both 2014 and 2015 on the beverage-related policies and practices in place at their organizations. Representatives from 28 organizations in 2014 and 25 in 2015 completed the survey for response rates of 74% and 52%, respectively. Almost all organizations made drinking water freely available to the people they served in both 2013 and 2014, and organizations promoted water as the healthy beverage choice through the use of posters, brochures, pictures, social media and commercials; however, most organizations did not have standards or policies for beverage vending; serving beverages at meetings, celebrations or events; or limiting the advertisement or endorsement of sugar-sweetened beverages. The lack of policy suggests ample opportunity for the coalition to provide technical assistance to its member organizations in policy development and implementation.

BACKGROUND

Decreasing consumption of sugar sweetened beverages (SSBs) is a recommended strategy for reducing childhood obesity (Wang, Bleich, and Gortmaker 2008). The Centers for Disease Control and Prevention (CDC) urge communities to discourage the consumption of SSBs, suggesting that schools, childcare centers and other community organizations ban SSBs and limit portion sizes of 100% juice (Khan et al. 2009). Almost two decades ago, Ludwig, Peterson and Gortmaker (2001) demonstrated that a child’s likelihood of developing obesity increases by 60% with each sugary drink consumed. Additionally, research has shown that consuming water instead of SSBs can help fight obesity by eliminating up to 235 calories per day in the average child’s diet (Wang et al. 2009). Increasing access to drinking water can help combat obesity by making water consumption an easy choice, thereby decreasing added sugars to the diet. This type of intervention and other policy, systems and environmental change (PSEC) strategies can reach larger numbers of people on a more cost-effective basis than approaches that attempt to change individual behavior. Additionally, PSEC strategies may have more widespread and lasting

effects as changes to the environment are assimilated into policies, systems, and cultural norms (Larson and Story 2009).

Grounded in the Health Impact Pyramid (Frieden 2010), PSEC involves examining the policies, systems and environments that impact behavior and modifying them as necessary to make healthy choices the easy choices for individuals and communities (Bunnell et al. 2012). It is based on the idea that people cannot make healthy decisions unless presented with realistic, healthful options from which to choose. Coalitions often use PSEC strategies to improve the health of individuals and communities (Herman et al. 2011). In the past two decades, many communities across the nation have formed coalitions to advance PSEC efforts with support from the CDC and large organizations such as the Robert Wood Johnson Foundation, Nemours, the W.K. Kellogg Foundation, and the California Endowment.

Coalitions accomplish PSEC by mobilizing communities and engaging a wide variety of people in issues that affect health (Roussos and Fawcett 2000). Community mobilization efforts occur at multiple levels and in multiple sectors of the community involving individuals, families, organizations, businesses, and institutions. There is growing evidence that some of the most cost-effective approaches to childhood obesity prevention involve interventions within organizations, especially schools, supported by state and local public health agencies (Blanck and Kim 2012).

In May 2009, The Growing Healthy Kids Columbus (GHKC) coalition was convened to develop the City of Columbus Early Childhood Obesity Prevention Plan (ECOPP). The goal of this plan is to increase the number of Columbus children entering kindergarten at a healthy weight. As such, GHKC is comprised of representatives from organizations or programs that serve pregnant women and young children. Childhood obesity prevention strategies addressed by the ECOPP include increasing access to healthful foods and opportunities for daily activity for pregnant women and young children, as well as increasing the initiation and duration of breastfeeding for infants. Monthly coalition meetings are held so that coalition members can share information, plan intervention strategies and report on activities conducted to further the goal of the ECOPP. Throughout 2013, 130 individuals representing over 40 organizations took part in the coalition, either by attending coalition meetings or by regularly receiving information from the coalition.

In 2013-14, GHKC focused on engaging in the “Water First for Thirst” campaign that was developed by the Columbus Public Health (CPH) department to make water the easy, appealing, first beverage choice for children and families, contributing to healthy weight in young children. Coalition members were encouraged to promote the “Water First for Thirst” message using the signs, posters and other messaging materials available on the CPH website, as well as to support the message with PSEC strategies such as organizational commitments to make water freely available to employees and clients, vending machine contracts that make water cheaper than SSBs and/or restrict the sale of SSBs, and restrictions on ads, logos, grant monies and funding opportunities that support beverage companies.

OBJECTIVE

While the goal of GHKC is to reduce childhood obesity by building a community in which all children have daily opportunities for active play and access to nutritious foods, little is known

about the types of policies and actual practices of the coalition organizations related to foods and beverages consumed by young children. The purpose of this study was to assess the beverage-related policies and practices in place in 2013-14 among organizations affiliated with GHKC.

METHODS

Individuals representing organizations that took part in GHKC in 2013 or 2014 were eligible to participate in the study. Coalition participation was defined as attending monthly coalition meetings and/or receiving emails about the monthly meetings and activities. The research team identified one key contact from each organization on the GHKC email list (n=38 in 2014, n=48 in 2015), and an introductory email was sent to each identified individual by the coalition leader. The research team followed the introductory email with an invitation email containing a link to an online survey on the beverage-related practices and policies in place at organizations throughout the previous year, followed by up to three reminders emailed at weekly intervals to non-respondents. Survey protocols were approved by the Institutional Review Board at The Ohio State University. Survey responses were analyzed using frequency statistics at the group level.

RESULTS

Representatives from 28 organizations in 2014 and 25 in 2015 completed the survey for response rates of 74% and 52%, respectively. Surveys were completed by representatives from the local health department, local school district, early childcare centers, and a variety of non-profit organizations.

Almost all organizations (over 90%) made drinking water freely available at all times to the people they served in 2013-14, and all organizations served water at meetings, celebrations and special events (Figure 1). Sources of free drinking water included water fountains, tap water from faucets and pitchers, and bottled water.

Organizations promoted water as the healthy beverage choice in 2013-14 through the use of posters, brochures, pictures, social media and commercials. Groups that were targeted with specific efforts to increase water intake and reduce sugar-sweetened beverage intake include children up to age five, elementary school children, teenagers, pregnant women, parents, adults and employees (Figure 2).

Most organizations offer a variety of beverages for purchase in their facilities (Figure 3). In 2014, 72% of organizations had vending machines available in their buildings or on their property. Most vending machines (61%) were accessible to customers and/or the general public in addition to staff and professional visitors while just over a third (39%) were accessible only to staff and professional visitors.

Most organizations did not have standards or policies for beverage vending or for serving beverages at meetings, celebrations or events in either 2013 or 2014 (Figure 4). Among those who had vending policies, they most often pertained to stocking, pricing and vending machine location.

Most organizations (over 70%) do not advertise or endorse SSBs in their print materials and other media (Figure 5) or receive support from companies that market SSBs (Figure 6); however, less than 15% of organizations have written policies, standards or guidelines limiting the advertisement or endorsement of sugar-sweetened beverages (Figure 5).

DISCUSSION

In both 2013 and 2014, after adopting the “Water First for Thirst” message, organizations affiliated with GHKC targeted a variety of demographic groups with specific efforts to increase water consumption and decrease SSB consumption. In 2014, employees were the top group targeted with outreach efforts, which could reflect the growing popularity of worksite wellness programs. Employers are beginning to realize that the workplace can serve as a setting to promote health, given the amount of time that most workers spend at their jobs (Commission for a Healthier America 2008). The CDC recommends that employers interested in workplace wellness initiatives implement a comprehensive set of strategies to address employee health and safety, including PSEC strategies (Centers for Disease Control and Prevention, 2013). In contrast to individual-level behavior change interventions, PSEC strategies are able to reach most if not all of the employees at a worksite simultaneously. For businesses and other public institutions, PSEC strategies can also positively affect the individuals that an organization serves.

Although there has been increasing attention on the use of policy-based approaches to reduce the prevalence of childhood obesity, a study on organizational capacity for providing healthy food environments in recreation and sport facilities in British Columbia, Canada revealed many barriers to food policy development including facilities locked into existing vending contracts, lack of cooperation or willingness by vendors to make changes, the monitoring required to ensure that machines are correctly stocked with healthy choices, healthy items not being purchased by customers, and lower profit margins on healthy products (Naylor, Olstad, and Therrien 2015). These barriers may prevent organizations from attempting to implement food and beverage policies, despite their desire to make healthy choices more available and affordable to community members. Less than one-third of organizations affiliated with GHKC had written policies, standards or guidelines related to serving beverages at meetings, celebrations and special events, even though almost all organizations made drinking water freely available to the people they served, and less than half served SSBS at events. Similarly, less than 15% of the organizations had written policies, standards or guidelines limiting the advertisement or endorsement of SSBs, even though most organizations did not advertise SSBs, endorse SSBs or receive support from companies that market SSBs.

IMPLICATIONS

While most GHKC organizations offer access to free drinking water and promote the “Water First for Thirst” message in a variety of ways, few have policies in place to discourage SSB consumption and reinforce the “Water First for Thirst” message. Thus, there is ample opportunity for the coalition to provide technical assistance to its member organizations in policy development and implementation. It may be beneficial for the coalition to further explore the barriers and challenges, either real or perceived, that its member organizations face when

attempting to implement policy. The size and diversity of the GHKC coalition is such that member organizations without policies in place may learn from those with policies pertaining to vending machine pricing, stocking and location; beverages permitted at meetings and events; and the advertisement or endorsement of SSBs. Additionally, coalition members may be able to share resources and/or provide technical assistance from their organizations to help all members develop and implement healthy beverage policies. Specifically, the coalition facilitators could visit GHKC member organizations and provide hands-on assistance with policy development and implementation.

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FIGURES

Figure 1: Beverages Served at Meetings, Celebrations and Special Events

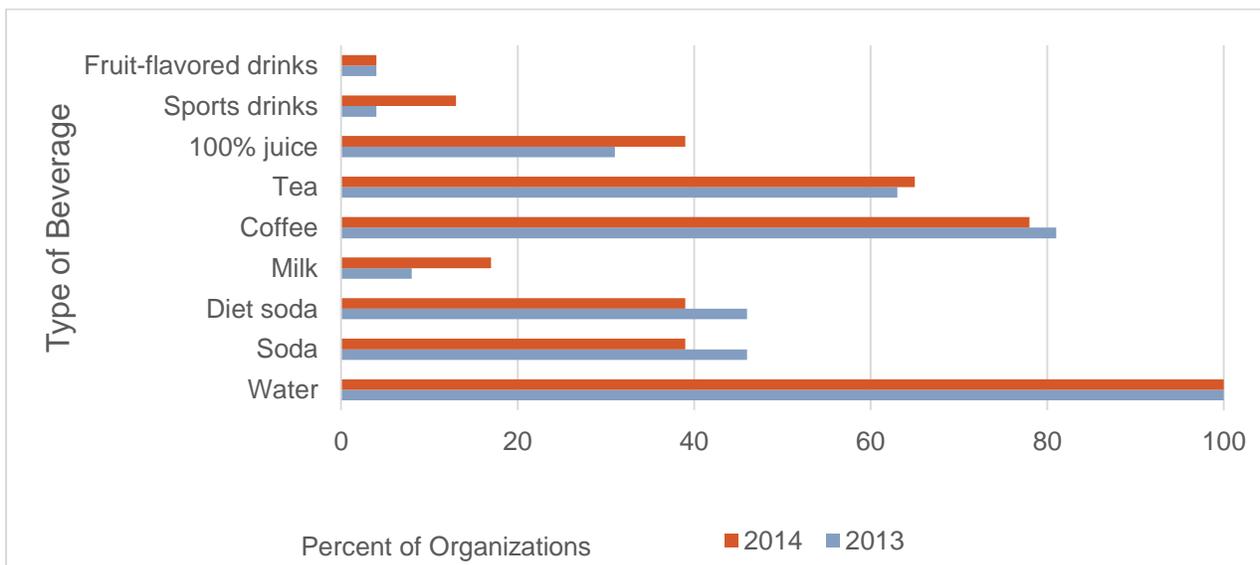


Figure 2: Groups Targeted with Outreach Efforts to Increase Water Intake and Decrease SSB Intake

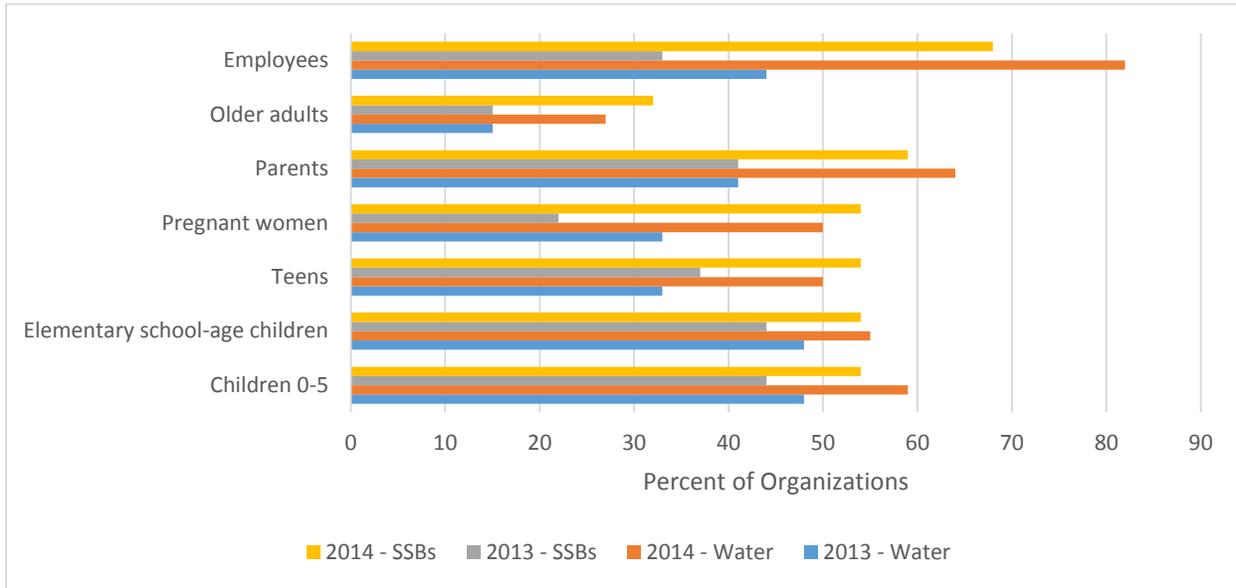


Figure 3: Beverages Available for Purchase

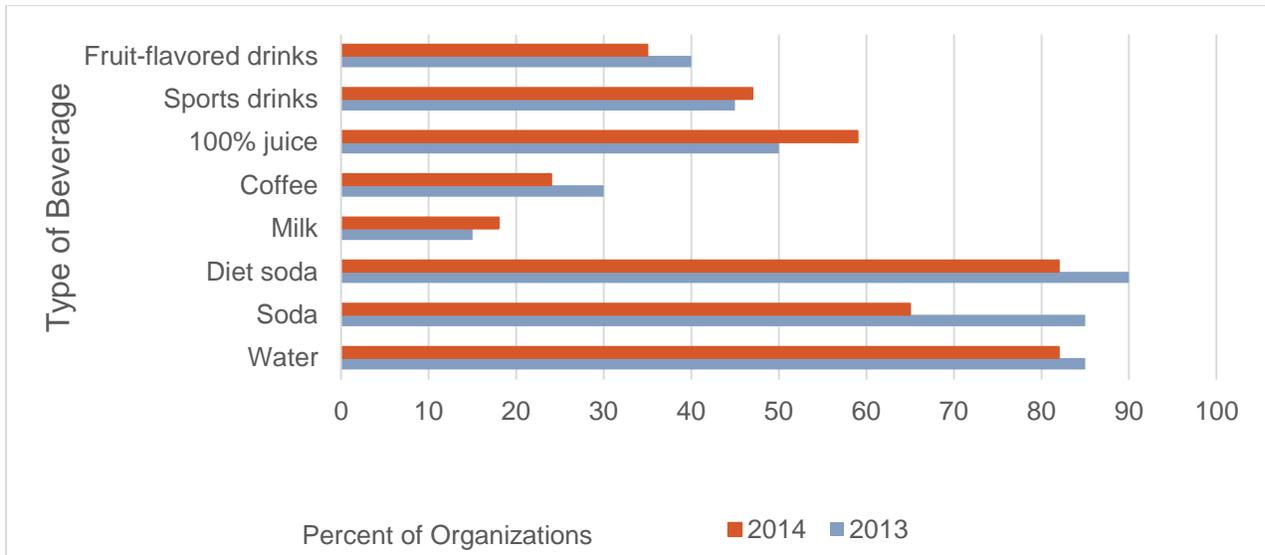


Figure 4: Beverage Policies for Vending and Events

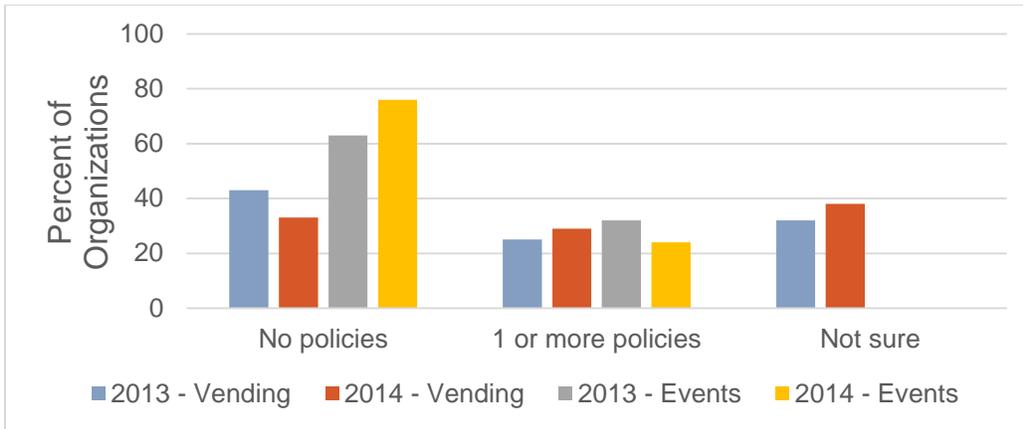


Figure 5: “Do you advertise or endorse SSBs?” and “Do you have a policy limiting the advertisement or endorsement of SSBs?”

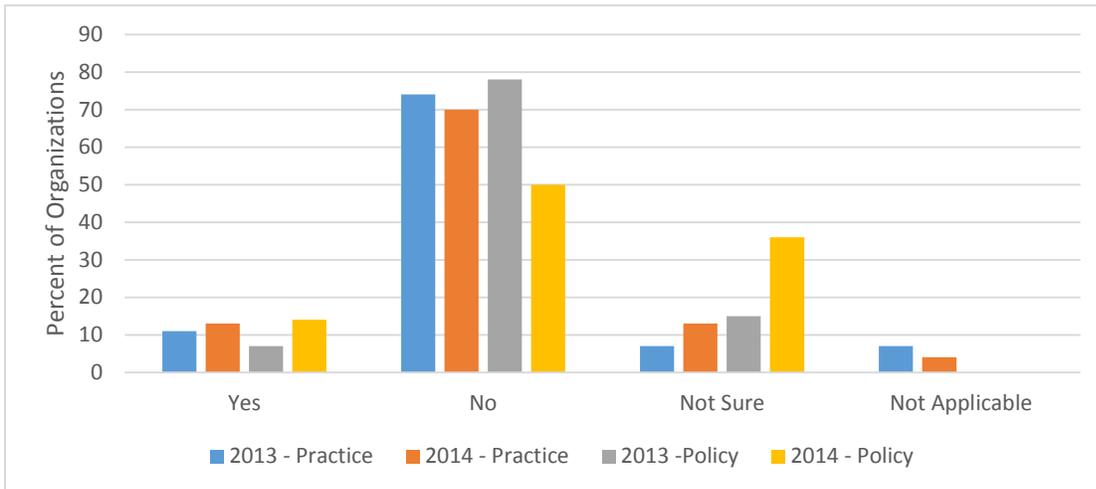


Figure 6: Receipt of Support from SSB Companies

