



**Statement by Tina Zuk
American Heart Association
Government Relations Director, VT**

- **Obesity is costing Vermont dearly in both chronic diseases and health care expenditures --** Vermont spends over \$200 million each year on the treatment of chronic diseases in adults such as diabetes, heart disease, and cancer. Vermont currently doesn't track the cost of childhood obesity so these health care costs are conservative.
Over 60% of adults and 30% of children in Vermont are overweight or obese. Sadly, these numbers are climbing. Vermont's adult obesity rate has increase sharply in the recent decades. Obesity was 10.7 percent in 1990, 19.1 percent in 2004, and has reached a staggering level of 24.7 percent in 2016.
- **Vermont needs to act now towards prevention** – Since 2005, the legislature has repeatedly recognized obesity as a major driver of health care costs that must be addressed:
 - 2005/2009/2014 – Ken Thorpe/Emory University reports
 - 2007 Health Care Reform Commission Report
 - 2010 – Vermont Attorney General Task Force on ObesityRegrettably, the legislature has still not taken positive action. In fact, we've moved in the opposite direction with \$300,000 in state obesity prevention dollars eliminated last year.
- **Obesity-related chronic diseases are projected to sky-rocket if current trends continue.** The Robert Wood Johnson Annual State of Obesity report shows Vermont's 38,000 cases of heart disease will climb to 190,000 in the next 15 years if we don't act now. The 50,000 cases of diabetes will rise to 77,000 and obesity-related cancer cases will increase from 10,200 to 27,700 cases. These are sobering projections of a dramatic decline in the wellness of Vermonters, but we can reduce these numbers significantly if we act now.
- **Prevention funding and activities have been demonstrated to prevent chronic diseases and control health care spending and should be considered to address obesity.**
Vermont's tobacco control program is a great example of how prevention programs can reduce health care costs. Due to reductions in adult smoking since the program began in 2001, Vermont saved \$184 million last year that it otherwise would have spent on smoking-related health care costs. Over the entire program period, Vermont saved \$1.43 billion. We need to make a similar investment in obesity prevention.
- **Legislative action should make the healthy choice the easy choice** – We are recommending a short slate of steps the legislature can take to address obesity – all are designed to enable Vermonters to easily improve their diets and physical activity. These actions include:
 1. State healthy food procurement
 2. Nutrition standards for restaurant kids meals
 3. Securing/restoring obesity prevention funding
 4. Continued discussion on SSB excise tax

Procurement – A Vermont work group formed in 2014 to work on the issue of healthy food procurement by state government. It included representatives of VDH, Ag, Human Resources, BGS, the Agency of Administration, Vermont State Employees Association, the American Heart Association and American Cancer Society. The work group has made great progress reviewing current and national policies, contracts, etc.

We believe the timing is right now to require nutrition standards for the food the government procures, sells and serves. The Vermont Department of Health has continued progress with its internal nutrition policy and is promoting it with other state agencies. Commissioner Chen is supportive of requiring specific deadlines for healthy food procurement by state agencies. And procurement was stressed in the Governor’s Executive Order creating the Health in all Policies Task Force just this past October.

In Commissioner Chen’s report of the Health in All Policies Task Force, he noted that reducing obesity and tobacco prevalence are the #1 goal of Vermont’s State Health Improvement Plan. He encouraged the state to build a “culture of health” and look for opportunities for system wide change like procurement.

Our model procurement language includes that:

- (1) *All food and beverages purchased by, or sold, served or otherwise provided by, State agencies, through meetings, events, and institutional feeding programs; and through vending machines, on-site vendors and cafeterias located on property owned or leased by the State, shall meet minimum nutrition and procurement standards as set forth below.*
- (2) *Within one year of the effective date of this Act, the Department of Health shall promulgate final rules establishing evidence-based nutrition and food procurement standards that are consistent with the [General Services Administration document "Health and Sustainability Guidelines for Federal Concessions and Vending Operations," the American Heart Association "Healthy Workplace Food and Beverage Toolkit," or the National Alliance for Nutrition and Activity "Model Beverage and Food Vending Machine Standards"] or a combination of these standards to be implemented by State agencies within one year of the date that the final rules are issued.*

There are three areas of state procurement that this committee could consider addressing: food service, vending and institutional.

As you’ll hear from Sue Kamp from VDH and Deborah Danmore of BGS, progress has been made to date on nutrition policies and state contracts but it is slow going. We urge you to require the nutrition standards as set forth in the timeframe noted above. Requiring healthy food procurement has great potential to reduce obesity. Because the government is one of the biggest food purchasers, it has the ability to impact food suppliers.

The attached documents from the Center for Science in the Public Interest also show good reasons to take action including increased revenues from healthy foods, a desire by consumers to have healthier food options and the ability of government to save on health care costs while serving as a role model for other businesses.

Jane Kolodinsky, Director of UVM’s Center for Rural Health will discuss a recent survey of the University of Vermont Medical Center’s food service. Not only has it been very profitable for the hospital to offer nutritious foods, it has resulted in increased business to the hospital’s eateries.

One of the best examples of the effectiveness of requiring nutrition standards for government sales of food is the Statehouse cafeteria. Just under a year ago, the Abbey group was required under a new contract with the state to meet certain nutrition standards for the statehouse cafeteria. Though lawmakers first bristled at the changes, food service director Ray Wood said the changes have gone over well and they are actually selling

more of the healthy products.

According to Ray, “Well, I’ve been a meat and potato kind of guy but they’ve taken to it pretty well and we’re selling 120 salads a day. It’s fallen right into place.”

Among the changes? Ray said the cafeteria makes all its soups from scratch with no sodium and no canned stock. They cut their own vegetables for the salads. They’ve cut back on candy and offer protein bars and low fat chips. Veggie straws are now one of his biggest sellers.

All the bread served is whole wheat and Ray says that “no one has complained about the multi-grain.” They offer fresh fruit and are selling a lot of it. They steam the fish and don’t cook it in butter and use oatmeal vs. breadcrumbs.

The cafeteria has dedicated a cooler to healthy milks, yogurts and soy products. There is also a zero calorie cooler and they are selling more of those drinks than ever. They’ve cut back on the high calorie energy drinks and place healthier drinks at eye level. The cafeteria likes to serve a good amount of local food and promotes a veggie of the month.

Ray said expenses didn’t really go up other than some drinks and the protein bars, but they are also selling a lot more of other things like the veggies, fruit and zero calorie drinks. It’s a good model and legislators have accepted it well.

This seems to follow the pattern that we’ve seen with the new nutrition standards for schools – backlash at first, but now, veggie consumption has increased in schools nationally from 24.9% to 41.4%

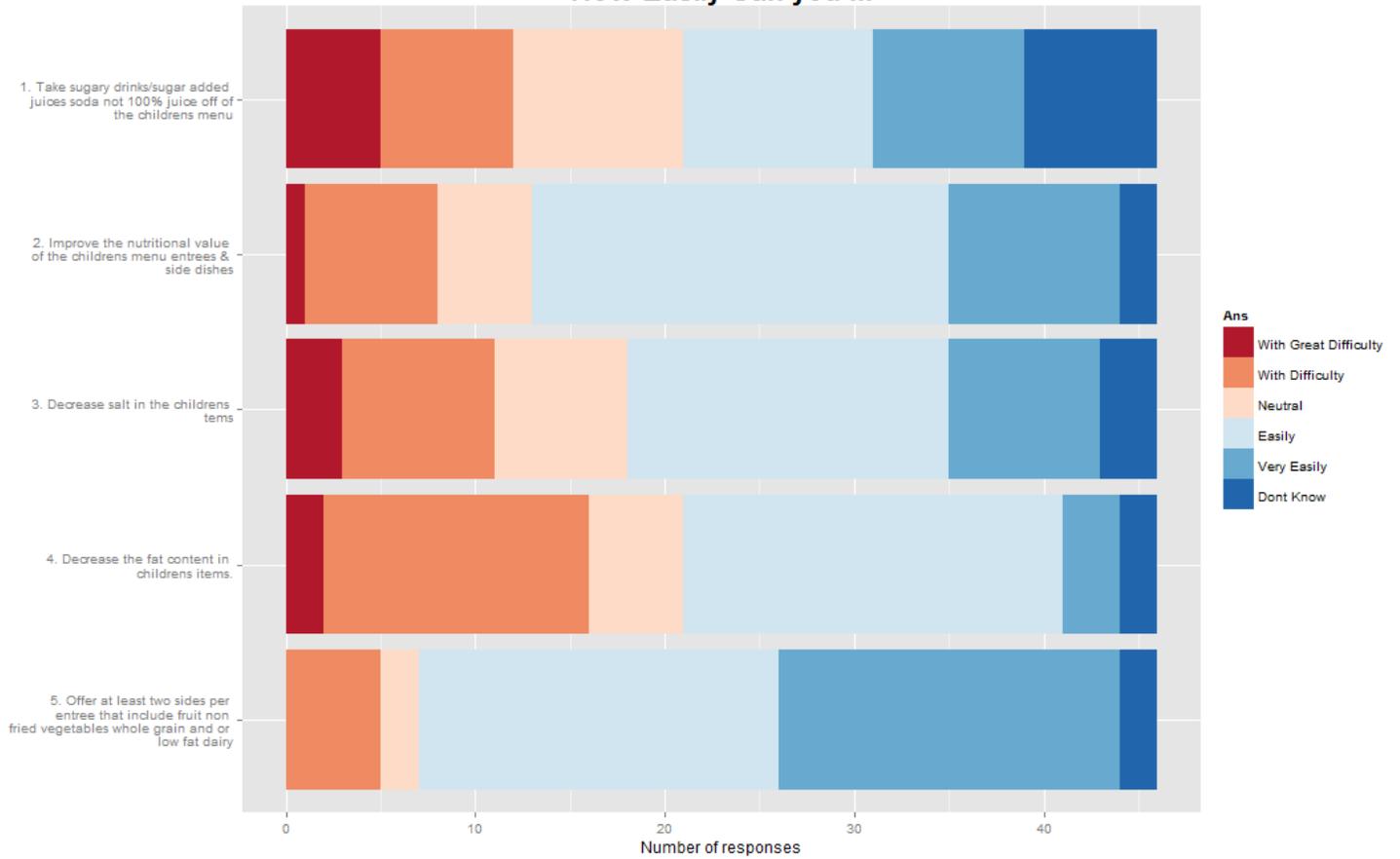
Restaurant kids meals – With Americans now spending more of their food budget on foods prepared away from home than on foods at home and children consuming 25% of their calories from eating out, we’d also like to make the healthy choice the easy choice for kids and parents at restaurants. We hope this committee would support requiring nutrition standards for restaurant kids’ meals. UVM medical students worked with us to survey Vermont restaurants about the possibility of making nutritious changes to their menus.

The restaurant data from the UVM public health project survey is helpful and supportive of this type of legislation. 145 restaurants with kids’ meals were identified and 45 completed surveys.

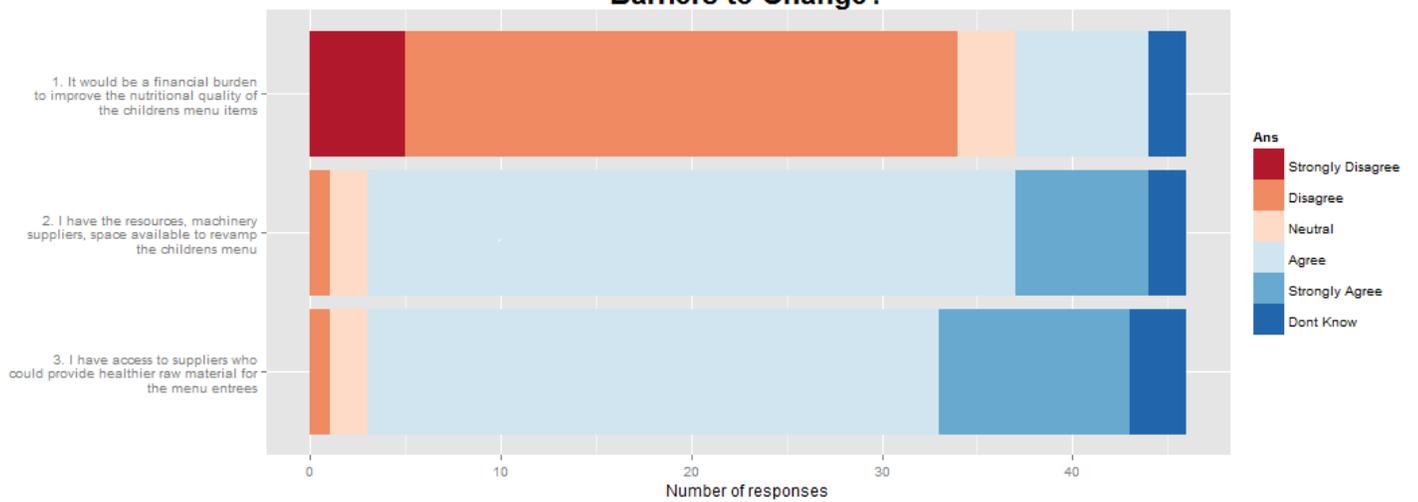
The results showed that though 80% of restaurants surveyed said they offered healthy entrees, 80% also said they offered unhealthy entrees. More than 50% still included sugary drinks on the kids’ menus.

What was very encouraging was that the survey results showed the restaurant owners largely **DISAGREED** that their sales would decrease if they changed their beverage options. And most owners agreed that they had access to resources to make the changes easily. See below.

How Easily Can you ...



Barriers to Change?



Obesity prevention funding. Currently the state does not intentionally invest in any obesity prevention. Even though we know it is a driver of health care costs. We would like CHAMPPS obesity prevention funding to be restored. Ultimately, it makes the most sense to have a comprehensive obesity prevention program modeled after the very effective, Vermont Tobacco Control Program as noted earlier.

It is the comprehensive nature of the program that has helped changed norms about tobacco – the same would be true with obesity.

As Dr. Chen noted in his Health in All Policies Report, we need to change the culture to impact behaviors that cause the diseases costing Vermont health care dollars and lives lost.



What if we acted as if disease was **not** inevitable?

Sugar Sweetened Beverage Excise Tax. We have a long-term goal of passing a sugary drink excise tax as it's considered one of the most effective tools to reduce obesity. Newly released data out of Mexico shows on the reduction of consumption of soda due to their excise tax. Purchases of sugary beverages dropped 6 percent on average in 2014 compared with pretax trends. And by December 2014, they'd gone down by 12 percent, compared with previous years. We urge the committee to follow this progress for impactful action next session.

Thank you very much.