

## NOURISHING framework



### Set incentives and rules to create a healthy retail and food service environment

This table provides examples of the types of policy action that can be taken within this policy area, examples of where these policy actions have been implemented, and a brief description of what the action involves. It provides a global snapshot, largely of policies already implemented; it is not necessarily comprehensive. The examples were collated through a review of international reports of policy actions around the world, academic articles reporting on policy actions, and online government resources.

We welcome feedback. Please contact us at [policy@wcrf.org](mailto:policy@wcrf.org) if you would like to add any further examples of implemented policies, see the policy documents that we reference, or have any further questions or comments.

EXAMPLES OF POLICY ACTIONS	EXAMPLES OF WHERE IMPLEMENTED	WHAT THE ACTION INVOLVES
<p><b>Incentives and rules for stores to locate in under-served neighbourhoods</b></p>	<p>US</p>	<p>In February 2014, the US Congress formally established the Healthy Food Financing Initiative (HFFI). This follows a three-year pilot established in 2011, in which over \$140m was distributed in grants to states to provide financial and/or other types of assistance to attract healthier retail outlets to underserved areas.</p> <p>To date, 23 US states have implemented financing initiatives. For example, the New Jersey Food Access Initiative provides affordable loans and grants for costs associated with building new supermarkets, expanding existing facilities, and purchasing and installing new equipment for supermarkets offering a full selection of unprepared, unprocessed, healthy food in under-served areas; the Initiative targets both for-profit and not-for-profit organisations and food cooperatives. More information on state-based initiatives can be found at the Healthy Food Access Portal weblink below.</p>

EXAMPLES OF POLICY ACTIONS	EXAMPLES OF WHERE IMPLEMENTED	WHAT THE ACTION INVOLVES
		<p>There are also initiatives at the city level. For example, in 2008, New York City made 1,000 licences for Green Carts available (through Local Law 9). Green Cart licences were issued to street vendors who exclusively sell fresh fruit and vegetables in neighbourhoods with limited access to healthy food.</p> <p>In 2009, New York City established the Food Retail Expansion to Support Health Program of New York City (FRESH). Under the programme, financial and zoning incentives are offered to promote neighbourhood grocery stores offering fresh meat, fruit and vegetables in under-served communities. The financial benefits consist of an exemption or reduction of certain taxes. The zoning incentives consist of providing additional floor area in mixed buildings, reducing the amount of required parking, and permitting larger grocery stores as-of-right in light manufacturing districts.</p> <p><b>Evaluation</b> Li KY et al. (2014) Evaluation of the Placement of Mobile Fruit and Vegetable Vendors to Alleviate Food Deserts in New York City. <i>Preventing Chronic Disease</i> 11:140086<sup>i</sup></p>
<p><b>Initiatives to increase the availability of healthier food in stores and food service outlets</b></p>	<p><b>Singapore</b></p>	<p>As part of the Healthier Dining Programme launched in Singapore in June 2014 (formerly called the Healthier Hawker Programme, launched in 2011), food operators are encouraged to offer lower calorie meals and use healthier ingredients such as oils with reduced saturated fat content, and/or whole grains, without compromising taste and accessibility. To participate, food and beverage companies must complete an application form and implement nutrition guidelines set by the Health Promotion Board (HPB) in all outlets for a period of two years. Following HPB approval the Healthier Choice Symbol Identifiers (see "N – Nutrition label standards &amp; regulations on the use of claims and implied claims on food") are used next to healthier dishes in all menu and marketing materials to help consumers identify healthier dishes (eg "We serve lower-calorie options", "We use healthier oil"). To date, the HPB has partnered with 45 widely known food service providers (food courts, coffee shops, restaurants) to offer lower calorie and healthier meals across 1,500 outlets and stalls. Between the launch of the programme and September 2015, the number of healthier meals sold more than doubled, from 525,000 in June 2014 to 1.1 million in September 2015. The government increases the availability and use of healthier ingredients through a subsidy scheme called the Healthier Ingredient Development Scheme (see "H – Harness supply chain and actions across sectors to ensure coherence with health").</p> <p>As part of the Healthier Dining Programme, the Health Promotion Board offers a Healthier Dining Grant to food and beverage establishments to help promote healthier menu choices. The grant reimburses up to 80% of establishments' marketing and publicity costs related to the promotion of their healthier dishes. Establishments under the Healthier Dining Programme are eligible to apply for the grant every 2 years, with incremental commitment of healthier dishes after the initial grant period.</p>

UK

The Change4Life Convenience Stores programme is a partnership between the Department of Health in England and the Association of Convenience Stores to increase the availability of fresh fruit and vegetables in convenience stores. Pilot shops started operating in 2008, with full rollout of the programme covering each English region in 2011.

In London, local government authorities manage the Healthier Catering Commitment for London scheme, launched in 2012, to encourage businesses to commit to providing healthier options for customers. Businesses must meet specified requirements and conditions to achieve a Healthy Catering Commitment. Businesses that meet the commitment are able to show a special window sticker.

Brighton & Hove City Council, in partnership with the Food Partnership, created the Healthy Choice Award in 2008 to encourage food outlets to prepare, cook and serve healthier meals. To receive a Healthy Choice Award, businesses must meet nutrition criteria (revised in 2015) and have a compliant food hygiene rating. Successful businesses can display a window sticker and certificate, and the details of award holders are listed on the council website. The Healthy Choice scheme is open to takeaways, cafes and restaurants, as well as outlets operating in early years and residential care settings (<http://www.brighton-hove.gov.uk/content/business-and-trade/food-safety/healthy-choice-meals-and-snacks-when-eating-out>).

**Evaluation**

Adams J et al. (2012) The Change4Life Convenience Store Programme to Increase Retail Access to Fresh Fruit and Vegetables: A Mixed Methods Process Evaluation. *PLoS ONE* 7(6): e39431<sup>ii</sup>

	<p><b>US</b></p>	<p>In 2009, the US Department of Agriculture’s Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) implemented revisions to the composition and quantities of WIC-provided food, and required WIC authorised stores to stock certain healthier products (eg wholegrain bread).</p> <p>New York City initiated Shop Healthy NYC in 2005 (formerly called Healthy Bodegas). The aim of Shop Healthy NYC is to work with communities – including residents, food retailers, and food suppliers and distributors – to increase access to healthy food. Shop Healthy NYC’s main focus is on neighborhoods with high rates of obesity and limited access to nutritious food. In the initiative, Department of Health staff work with shop owners to sell more low-fat milk, low-salt and no-sugar-added canned goods, and to improve the quantity, quality and display of fresh food. The initiative targets both supply and demand by helping retailers to stock and promote healthy food, and by collaborating with distributors and suppliers to facilitate wholesale purchases. It also engages communities by encouraging New Yorkers to adopt a shop in their neighbourhood. The Department of Health issued a guideline, How to Adopt a Shop, in 2013 as a guide to communities working with local retailers.</p> <p><b>Evaluations</b></p> <p>Bassett MT (2014) Shop Healthy NYC: Year 1 Evaluation Report – West Farms and Fordham, Bronx. New York City Department of Health and Mental Hygiene<sup>iii</sup></p> <p>Dannefer R et al. (2012) Healthy Bodegas: Increasing and Promoting Healthy Foods at Corner Stores in New York City. <i>AJPH</i> 102(10), e27–e31<sup>iv</sup></p>
<p><b>Incentives and rules to reduce trans fat in food service outlets</b></p>	<p><b>Canada</b></p>	<p>In March 2009, the Ministry of Healthy Living and Sport of British Columbia passed the Public Health Impediments (BC Trans Fat) Regulation, effective since September 2009. Under the Regulation, food service establishments are not permitted to use margarines and oils with a trans fat content exceeding 2%, and other food with a trans fat content of above 5%. Food exempt from the restriction are pre-packaged food products with a nutrition facts table required under the Canadian Food and Drugs Act that are sold or offered directly to the consumer without any alteration to the nutritional contents, and food that only contains naturally occurring trans fats. Food service establishments must also keep documentation on site on the trans fat content of the food they use. In case of violations, operators can be fined CAD\$230 for exceeding the prescribed trans fat content and CAD\$115 for failing to provide adequate documentation upon request. Food service establishments are defined in the Food Premises Regulation (BC Reg. 210/99) as premises on which food is processed, served, and consumed immediately (article 1.1).</p> <p><b>Evaluation</b></p> <p>Heart &amp; Stroke Foundation of BC &amp; Yukon and ActNowBC (2012) Measuring Up: An Evaluation of the BC Trans Fat Initiative. Vancouver, June 2010<sup>v</sup></p>

## US

In 2006, New York City's Health Code was amended to restrict the amount of trans fats allowed in food served by all food service establishments required to hold a licence from the New York City Health Department, including restaurants, bakeries, cafeterias, senior-meal programmes, mobile food vendors, soup kitchens, concession stands and others. The maximum amount of trans fat allowed per serving is 0.5g. Violators are subject to fines of \$200 to \$2,000. A range of other US cities and counties have followed suit and banned restaurants from serving trans fats.

In March 2008, the Boston Public Health Commission's Board of Health passed the Artificial Trans Fat Regulation, which prohibits food service establishments in Boston to store, prepare, distribute, hold for service or serve any food or beverage containing artificial trans fat. Food items and beverages are exempt from the Regulation if they contain less than 0.5g of trans fat per serving, or if they are served in a manufacturer's original, sealed package containing a nutrition label required by federal or state law (eg crackers or potato chips). Food service establishments are defined as establishments that are required to hold a permit from Boston's Inspectional Services Department (ISD), including restaurants, grocery and convenience stores, delis, cafeterias in businesses and public and private schools, bakeries and mobile food vendors. The Regulation was implemented in a collaboration between the Office of Environmental Health, the Chronic Disease Division and ISD, and food service establishments had to fully comply with the Regulation by March 2009. Violations of the Regulation are fined from \$100 for the first offence to \$1,000 for three or more violations within a 24-month period.

Law No 120 of 13 September 2007 in the US territory of Puerto Rico bans artificial trans fat in food establishments (restaurants, home delivery services, mobile units), except when food is served directly to the clients in the original package seal of the manufacturer. It also includes school canteens, day care centres and homes for the elderly. Violations are subject to a fine.

Assembly Bill 97 of 25 July 2008 amends California's Health and Safety Code to require all food facilities (restaurants) in the state, with the exception of public school cafeterias, to cease using artificial trans fats by January 2011. Packaged food in a manufacturer's sealed, original packaging is exempt. Violation of the law is punishable by a fine ranging from \$25 to \$1,000.

Some US states also have provisions restricting the availability of trans fats in schools (see "O – Offer healthy food and set standards in public institutions and other specific settings").

The national ban of partially hydrogenated oils, the main source of trans fats (see "I – Improve nutritional quality of the whole food supply"), does not preempt these local regulations as long as they are not in conflict with the FDA's ban. However, preemption has to be assessed on a case-by-case basis.

### Evaluations

Brandt EJ et al. (2017) Hospital Admissions for Myocardial Infarction and Stroke Before and After the Trans-Fatty Acid Restrictions in New York. *JAMA Cardiology* Published online April 12, 2017, E1-E8.<sup>vi</sup>

		<p>Restrepo B, Rieger M (2014) Trans Fat and Cardiovascular Disease Mortality: Evidence from Bans in Restaurants in New York. EUI Working Paper MWP 2014/12<sup>vii</sup></p> <p>Angell S et al. (2012) Change in Trans Fatty Acid Content of Fast-Food Purchases Associated With New York City’s Restaurant Regulation. <i>Annals of Internal Medicine</i>, 157(2), 81-86<sup>viii</sup></p>
<p><b>Incentives and rules to offer healthy food options as a default in food service outlets</b></p>	<p><b>Bahrain</b></p>	<p>Since 2010, the nutrition section of the Ministry of Health in Bahrain recommends that fast food chain restaurants offer 100% fruit juices (fresh or packaged) in serving sizes no larger than 250ml as default options in children’s menus instead of carbonated drinks. The main fast food chains operating in Bahrain have implemented the menu labeling recommendations (such as Burger King, McDonald’s, Dairy Queen, Kentucky Fried Chicken, Subway and Jasmi’s).</p>
	<p><b>US</b></p>	<p>In September 2013, the Los Angeles County Department of Public Health launched Choose Health LA Restaurants in partnership with local restaurants to promote healthier meal choices. Restaurants must apply to become a partner. Participating restaurants offer customers smaller portion size options (in addition to existing items on the menu), healthier meals for children that include vegetables and fruit, healthy beverages, non-fried food and free chilled water. Participating restaurants are recognised as Public Health partners in promoting healthier communities.</p> <p><b>Updated October 2018:</b> The Californian cities of Davis (Ordinance 2451 – effective 2 July 2015), Stockton (Ordinance 2016-06-07-1502 – effective 7 July 2016), Perris (Ordinance 1340 – effective 14 April 2017), Berkeley (Ordinance 7560 – effective 1 July 2017), Cathedral City (Ordinance 803 – effective 8 December 2017), Long Beach (Ordinance ORD- 17-0027 - effective 17 December 2017), Daly City (Ordinance 1415 - effective 1 June 2018) and Santa Clara County (Ordinance NS-300.908 – effective 7 August 2017), and Lafayette, Colorado (Ordinance 40, Series 2017 - effective 27 October 2017), Baltimore, Maryland (Council Bill 17-0152 – effective 18 July 2018), Louisville, Kentucky (Ordinance O-064-18 – effective 5 October 2018), require all restaurants, including fast food and takeaway restaurants, to make water, sparkling or flavoured water, with no added natural or artificial sweeteners, milk or non-dairy milk alternatives the default beverage in children’s meals. The cities of Perris, Baltimore and Louisville allow 100% juice in a serving size of no more than 8oz. The city of Long Beach allows 100% juice under 40 calories. Berkeley, Long Beach, Daly City, Santa Clara County and Lafayette limit the allowable types of milk based on milkfat, calories, or added sweeteners. Purchasers of children’s meals may still request a sugary drink or juice for the child, except in Berkeley and Santa Clara County, where they must be purchased separately from a children’s meal or at an extra charge. Compliance is enforced through the restaurant food safety inspection process or an annual self-certification process, depending on the jurisdiction, and fines are assessed for violations.<sup>ix</sup></p>

<p><b>Incentives and rules to restrict sugar-sweetened beverage consumption</b></p>	<p><b>France</b></p>	<p>Since 27 January 2017, France has banned unlimited offers of sweetened beverages for free or at a fixed price in schools, public restaurants and any facility used to teach, accommodate or receive children under the age of 18, eg dormitories, sports facilities, youth prisons (Article L. 3232-9 of the Public Health Act). Sweetened beverages are defined as any (non-alcoholic) drink sweetened with sugar or artificial (caloric and non-caloric) sweeteners, including flavoured carbonated and still beverages, fruit syrups, sports drinks, energy drinks, fruit and vegetable nectars, fruit- and vegetable-based drinks, as well as water-, milk- or cereal-based beverages.</p>
<p><b>Incentives and rules to reduce salt in food service outlets</b></p>	<p><b>Mexico</b></p>	<p>Launched in 2013 in Mexico City, the Less Salt, More Health initiative is a voluntary agreement between city government and the trade group representing restaurants to encourage restaurants to provide salt shakers only if guests ask for them. In April 2014, it was announced that 2,438 restaurants had voluntarily joined the initiative. Employers in these sectors supported its implementation for the benefits involved for the health of the population.</p>
	<p><b>US</b></p>	<p>In 2012, the Philadelphia Healthy Chinese Take-Out Initiative was established in partnership with Temple University’s Center for Asian Health, the Asian Community Health Coalition, the Greater Philadelphia Chinese Restaurant Association and the Philadelphia Department of Public Health. The aim of the initiative is to reduce the sodium content of dishes and to promote awareness of the impact of sodium consumption on health.</p> <p>Dishes from Chinese take-out restaurants contain large amounts of sodium, mainly due to the sauces used in preparation and cooking. In Philadelphia, there are approximately 400 Chinese take-out restaurants clustered in low-income and high-risk communities. As part of the initiative, restaurant owners and chefs received support and training on reducing sodium in their menu. (See “G – Give nutrition education and skills). Common sodium reduction strategies implemented by the restaurant staff included enhancing flavours with herbs and spices, using less sauce and switching to lower sodium ingredients. The program helped decrease sodium levels in the three most common dishes served by 181 Chinese take-out restaurants by about 30% over 36 months in 2015. This successful model is now being replicated in Chinese buffet restaurants in Philadelphia.</p>

<b>Planning restrictions on food outlets</b>	<b>UK</b>	Around 15 local authorities in the UK have developed supplementary planning documents on the development of hot food takeaways. The policies typically exclude hot food takeaways from a 400m zone around the target location (eg primary schools). For example, Barking and Dagenham's Local Borough Council, London, adopted a policy in 2010 restricting the clustering of hot food takeaways and banning them entirely from 400m exclusion zones around schools. In 2009, the Local Borough Council of Waltham Forest, London, developed a planning policy restricting the development of hot food takeaways in local centres, and excluding them completely from areas within a 10-minute walk from schools, parks or other youth centres. St Helens Council adopted a planning document in 2011, and Halton in 2012. In 2012, the City of Birmingham adopted a restriction on hot food takeaways to 10% of units in towns, districts and neighbourhood centres. Around nine of the local authorities have cited these planning policies when refusing planning applications by hot takeaways.
	<b>US</b>	Detroit's zoning ordinance (1998) requires a distance of at least 500 feet between elementary, junior and senior high schools and restaurants, including carry-out, fast food and drive-through restaurants.

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A number of other organisations provide access to policy databases. Some are listed below:

#### **International**

[WHO Global Database on the Implementation of Nutrition Action](#)

[WHO Noncommunicable Disease Document Repository](#)

#### **Europe**

[WHO Europe Database on Nutrition, Obesity and Physical Activity](#)

#### **United States**

[The Rudd Center for Food Policy and Obesity – Legislation Database](#)

[National Association of State Boards of Education – State School Health Policy Database](#)

[National Cancer Institute – Classification of Laws Associated with School Students](#)

[Centers for Disease Control – Chronic Disease State Policy Tracking System](#)

[United States Healthy Food Access Portal](#)

#### **Canada**

[Prevention Policies Directory](#)



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- <sup>i</sup> [https://www.cdc.gov/pcd/issues/2014/14\\_0086.htm](https://www.cdc.gov/pcd/issues/2014/14_0086.htm) (accessed on 20/10/2016)
- <sup>ii</sup> <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0039431> (accessed on 20/10/2016)
- <sup>iii</sup> <http://www1.nyc.gov/assets/doh/downloads/pdf/pan/shop-sealthy-report.pdf> (accessed on 01/02/2017)
- <sup>iv</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3490666/> (accessed on 20/10/2016)
- <sup>v</sup> <http://www.restricttransfat.ca/media/upload/file/Trans%20Fat%20Evaluation-June%202010%20Final.pdf> (accessed on 03/02/2017)
- <sup>vi</sup> <http://jamanetwork.com/journals/jamacardiology/article-abstract/2618359> (accessed on 21/04/2017)
- <sup>vii</sup> [http://cadmus.eui.eu/bitstream/handle/1814/31898/MWP\\_2014\\_12.pdf?sequence=1](http://cadmus.eui.eu/bitstream/handle/1814/31898/MWP_2014_12.pdf?sequence=1) (accessed on 31/01/2017)
- <sup>viii</sup> <http://annals.org/aim/article/1216552/change-trans-fatty-acid-content-fast-food-purchases-associated-new> (accessed on 24/01/2017)
- <sup>ix</sup> [http://www.foodmarketing.org/wp-content/uploads/2018/08/kids\\_meal\\_passed\\_policies.pdf](http://www.foodmarketing.org/wp-content/uploads/2018/08/kids_meal_passed_policies.pdf) (accessed 11/10/2018)