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Original Research

Institutional food as a lever for improving health in cities: the case of New York City



E.K. Tsui^{*}, J. Wurwarg, J. Poppendieck, J. Deutsch, N. Freudenberg

The City University of New York School of Public Health, New York, NY, United States

ARTICLE INFO

Article history:

Available online 26 February 2015

Keywords:

Food security
Institutional food
Public procurement
New York City
Foodservice
Nutrition

ABSTRACT

Objectives: To describe and examine the factors that most facilitate and impede the provision of healthy foods in a complex institutional food system.

Study design: Comparative case study of three institutional food settings in New York City.

Methods: Document review and interviews with relevant city government staff.

Results: Factors that facilitate and impede the provision of healthy food vary across institutional food settings, and particularly between centralized and decentralized settings. Generally pro-health factors include centralized purchasing and the ability to work with vendors to formulate items to improve nutritional quality, though decentralized purchasing may offer more flexibility to work with vendors offering healthier food items and to respond to consumer preferences. Factors most often working against health in more centralized systems include financing constraints that are unique to particular settings. In less centralized systems, factors working against health may include both financing constraints and factors that are site-specific, relating to preparation and equipment.

Conclusions: Making changes to institutional food systems that will meaningfully influence public health requires a detailed understanding of the diverse systems supporting and shaping public food provision. Ultimately, the cases in this study demonstrate that agency staff typically would like to provide healthier foods, but often feel limited by the competing objectives of affordability and consumer preference. Their ability to address these competing objectives is shaped by a combination of both forces external to the institution, like nutritional regulations, and internal forces, like an agency's structure, and motivation on the part of staff.

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Introduction

A fundamental change to institutional food in New York City came about in 2008 when the municipal government created the New York City Food Standards.¹ The purpose of the Food

Standards is to increase healthy food and beverage options served by city agencies in places like schools, child care centers, senior centers, jails, and afterschool programs. Specifically, the standards seek to eliminate trans fat, to reduce fat (especially saturated), sodium and sugar, and to increase the availability of fiber-rich foods, like whole grains, vegetables,

^{*} Corresponding author. Lehman College and the City University of New York School of Public Health, 250 Bedford Park Boulevard West, Gillet 431, Bronx, NY 10468, United States. Tel.: +1 347 577 4038.

E-mail address: emma.tsui@lehman.cuny.edu (E.K. Tsui).

<http://dx.doi.org/10.1016/j.puhe.2014.12.006>

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and fruit. They also suggest that ‘when practicable’ agencies should consider the sustainability implications of foods they serve. Agencies are held accountable when it comes to the Food Standards by Local Law 52, which mandates annual reporting of data on many of the city’s food-related initiatives, including agency compliance with the Food Standards.²

The Food Standards are a major initiative in part because the reach of institutional food in New York City is so extensive, including approximately 270 million meals and snacks per year.^{3,4} In examining the dynamics of institutional food in New York, the authors take the health and, in particular, the nutritional well-being of eaters as the primary objective of interest. In this analysis, the authors thus examine the factors that most facilitate and impede the provision of healthier meals and snacks in a complex institutional food system, like the one currently operating in New York City. By ‘healthier’, the authors mean foods that are more in keeping with the Food Standards, which offer both meal component and nutrient guidelines based on the United States Dietary Guidelines for Americans, 2010 issued by the U.S. Department of Agriculture (USDA).⁵ However, it should be noted that while the Food Standards have placed much-needed emphasis on improving the nutritional quality of institutional food in public settings in New York City, they do not provide the only motivation for enhancing food quality. As the case studies that follow demonstrate, some city agencies are also required to comply with federal nutritional guidelines when providing food. Furthermore, greater popular attention to reducing diet-related disease in the United States has at times generated motivation and action towards improving food among both those who lead these agencies and organizations and those grassroots constituencies who are served in these settings.

Though interventions and literature on the topic of institutional food in cities tend to focus on school food,^{6–9} in this paper examples have been taken from the wider array of institutional settings serving food in New York. The authors focus on three settings that illustrate some of the diverse ways in which institutional food provision can function and move toward healthier food provision. These are: jails, schools, and senior centers. Based on collective experiences as researchers in this area, the authors see institutional food settings as seeking to address multiple objectives that range from managing program finances, meeting standards (food safety, meal provision, nutrition-related, etc.), and addressing consumer preferences to improving the health of eaters, improving the sustainability of food systems, and providing particular kinds of social experiences related to food. In this paper, the architecture of these three institutional food settings and the ways that city agencies work toward achieving these multiple objectives were examined.

Context

Though this paper focuses on largely nutrition-oriented steps that New York City agencies have taken toward healthier public food provision, it is important to recognize that these changes represent only one aspect of a global movement to address food insecurity. In what has been called ‘the new food equation,’ hunger and diet-related disease now coexist internationally against a backdrop of

shifting food prices, demands, production scenarios (influenced by climate change), and politics.⁸ Food security, which is a key facet of this equation, ‘exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life,’ according to the Food and Agricultural Organization of the United Nations (FAO).¹⁰ Thus, food security, with its dual focus on quantity and quality of food, remains a major concern in public health globally, with different features of food insecurity being more pressing in different locales and populations.^{11,12} In urban areas, for instance, shifts to support food security are often embedded amidst efforts to reduce negative environmental effects of food production and to localize food production.⁸

Action to address food insecurity in global cities requires attention from multiple sectors and players, and the publicly funded institutional food system—that is, major public institutions that in the course of fulfilling other functions also provide food (also called the ‘public sector food procurement’ system) has emerged as an area of particular promise.^{8,13} From the literature on food in schools, for instance, there is growing evidence that changes to institutional food systems in high, middle, and low-income countries can have an impact not only on public health goals like food security and nutrition, but also on educational attainment, and on the stimulation of local economies.^{14–17} In considering school feeding, Ashe and Sonnino characterize the unique opportunity that institutional food can offer for addressing food insecurity as having three primary characteristics: 1) these changes are ‘systemic’ and thus have the potential to motivate and influence other parts of the food system, 2) they are state-led, conferring reach and legitimacy, and 3) they target the disadvantaged who are at elevated risk of both hunger and diet-related disease.⁹

While the existence, scale, and accessibility of institutional food programs primarily address the hunger side of food insecurity, logically, it is the nutritional quality, cultural appropriateness,⁹ and palatability of the foods they produce that most directly target diet-related disease. As noted previously, this paper focuses on the diet-related disease aspects of food insecurity. However, it does so with a recognition of the social determinants of health¹⁸ and the social ecological model,¹⁹ and specifically the interactions between multiple levels—international, national, municipal, community, interpersonal, and intrapersonal—that shape food systems and what is offered and consumed in institutional food settings.²⁰ Given the importance of changes beyond those within the organizations and agencies described here, the authors are also interested in the ways that shifts in institutional food have, as Ashe and Sonnino wrote about school meals in the journal *Public Health Nutrition* in 2013, ‘the potential to catalyze the broader political and systemic changes needed to redress food insecurity beyond the intermediate term’.^{9(p1021)}

Methods

The three cases that are presented in this paper are based on data collected for a report commissioned by the New York City

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