

NOPREN Monthly Call –May 11, 2015

1. Roll Call and Brief Coordinating Center Updates

2. Presentation by David Just: ‘Behavioral Economic and Food Choices’

David is Co-Director, Cornell Center for Behavioral Economics in Child Nutrition Programs
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- Many years ago we started to notice there was a growing problem with obesity and overweight rates in the US
- Our first responses were to provide people with more information, assuming they must not understand what they are eating.
- So we mandated labeling of foods to include calories, amounts of nutrients, percent of daily values, etc.
- This is good but we found that people still were not paying attention to labels and there is good evidence that people also use the labels in a wrong way; too much info to process
- Recently we’ve now seen calorie posting in fast food chains and restaurants
- Recent evaluation of this has found relatively no impact on these calorie postings or some people are eating more calories!
- We have now followed up with some ‘internalistic’ interventions like getting healthy foods into schools or banning happy meals in SF (but some research shows that kids eat less with happy meals because they get distracted by playing with the toys!)
- All of these policies are based on the assumption that people are rational and this doesn’t seem to be the case
- *Ex: People try to get their money’s worth out of an expense they made (all-you-can-eat pizza buffets)*
- *Ex: There is a huge variety in what we call a ‘normal’ portion of things (soda). We did an experiment where students were given the same amount of food but the portion sizes were called different things (half portion, full portion, double portion). Those with the ‘double portion’ left food on the plate while the ‘half portion’ recipients ate everything. It was found that 140 calories more were eaten when it was given a smaller sounding name.*
- How and why does behavioral economics make a difference?
- People make lots of food decisions every day, up to 200-300. There is no way we can focus effort on every one decision, too much effort.
- We must fall back on ‘rules of thumb’, looking for cues in our environment that tell us what to do
- We need to engage the ‘thoughtless’ decision makers
- ‘Reactants’ – rebelling against freedom being threatened (ex: school lunches, Bloomberg and soda)
- *Example of how reactants work: Conducted a study where people in NY or those familiar with Bloomberg filled out paperwork and were given a 20 oz. full calorie soda. ½ of the group was given paperwork with Bloomberg’s picture in it and the other ½ had no picture. They found that those with the pic of Bloomberg drank twice as much soda as those without the pic.*
- Why? Those who saw Bloomberg registered higher on the reactant scale and were angry. They drank more to push back on his policy.
- Flipside of this is that given a choice, if you give people a choice to be healthy, it might add value.
- People tend to be satisfied if they have an option or choice
- We conducted an experiment where we brought in several hundred 4H kids. ½ of the kids were given carrots to eat. The other half was given the option to eat carrots or celery. When they had the choice, 90% ate carrots. 20% improvement in eating carrots if they were given a choice.
- This is called attribution. They had to think, which one do I like better, carrots or celery?
- If you look at the thousands of options in a grocery store to buy, it is too much. Shoppers are looking for guidance.

- *Ex: shoppers in El Paso. Researchers put arrows pointing to the produce section. The arrows produced a 9% increase in the purchase of produce. People will follow arrows and are willing to be directed.*
- When they showed this to grocery stores involved, they decided to leave arrows because it proved profitable and they rolled out to entire chain of grocery stores. Sustainable intervention that encourages healthy eating
- We've also been doing work in food pantries. They are dependent on donations and cannot make big changes in what foods are being offered.
- But they have the desire to serve nutritious food. The populations they serve need healthier food.
- *Ex: We worked with one food pantry that had a simple choice structure. Items were laid out on tables (bagels vs. donut holes). They wanted to discourage taking of donut holes. They left both items on tables. In treatment, there would be only one example of one type of donut holes on the table, but all bagels were left out. What they found was that taking of donut holes dropped down to 7%. Less visibility = less consumption*
- *Ex: Another pantry had a dessert table with cakes, cookies, pastries and also had Clif bars. They wanted to encourage people to take more Clif bars so they put Clif bars first on one table and in another treatment they put them last.*
- *Findings showed 12% increase in Clif bars if you put them in front of other items.*
- Schools: recommendation is that half of what kids consume should be F/Vs. There are still a large number of kids that throw away the F/Vs on their plate. Only 12-13% consumes the F/Vs every day and we want to change that.
- One way to change that is to change the motivation to eat the F/Vs.
- We developed the *Smarter Lunchroom* techniques: environmental nudges (taking fruit from underneath the sneeze guard and putting it in a nice fruit basket sitting closer to cash register, nicer sounding names to healthier foods, and include verbal prompts, make white milk more visible and convenient than chocolate milk)
- These are inexpensive techniques to implement
- *Video: demonstrates the Smarter Lunchroom techniques (fruit consumption increased by 127%! Sales of sugary drinks decreased by 27%, 18% fewer calories consumed)*
- *Key takeaway: Environment sets kids up to eat healthier without even knowing, leaving no room for anger about a policy being forced upon them*
- QUESTION: Suggestions on how to share with other schools?
- ANSWER: Best ways to do this is to talk to the Health and Wellness boards at each school. Many times these boards do not know how to something like this but want to make an impact. Direct them to smarterlunchrooms.org. We have extension workers that are training food service workers and directors to make these changes.
- QUESTION: Do you measure health literacy of the kids in the schools?
- ANSWER: No. Health literacy is foundational to making this intervention work. But a lot of times the decisions made in the moment are different. We need to take this step but have not done so yet.
- QUESTION: Have you looked at long term effects or only in novel period?
- ANSWER: We have for some of these interventions but not for others. In one study, we renamed healthy foods over the course of 2 semesters. It maintained results over the entire period. These are very similar to techniques being done by marketers and advertisers trying to get us to eat less healthy food and they have been successful for a long time.
- QUESTION: Do you have any ideas for how you can use these techniques in a retail setting with many more choices?
- ANSWER: The same basic principles are going to apply. Find ways to make healthy items more visible. In fast food settings, these techniques can also work. Recognize how to use choice to your benefit and make the healthy item more appealing.

3. Presentation by Barbara Baquero:

Barbara is at the University of Iowa | College of Public Health

In the Department of Community and Behavioral Health, Prevention Research Center: "Iowa Latino Healthy Corner Store Initiative"

- New collaboration in Iowa around improving Latino healthy corner stores

- Midwest is new destination for Latinos, population increasing (5% of pop in Iowa)
- How do we make environment of store more appealing for healthy foods?
- Collaboration between Univ. of Iowa PRC, Iowa Department of Public Health, community members, and Iowa State University
- Since Feb. 2015: working on program design to promote healthy eating in stores and conducting environmental assessment of stores
- In 1st wave of program implementation: working with 2 counties to implement toolkit and provide technical assistance
- DPH is working with local health depts. to identify stores to engage and work with
- In next wave we want to look at further economic development in rural, small communities
- Used Healthier Food Retail: An Action Guide for Practitioners as a guide to help them develop their toolkit
- Guidelines: physical improvements for access to healthier foods, promotion and marketing of healthier foods, accepting nutrition assistance program, provide training, technical assistance and education, financial incentives, healthy corner stores initiatives
- Lessons Learned: managers and owners are very risk averse, managers like to source their own produce so we need to help them streamline that process and make it more cost effective, store owners lack business experience and need technical assistance on this issue, physical environments of all stores are different, poor use of store space, clutter and competition of advertising, need to build capacity at the local health dept. level so they can help the stores

4. Working Group Updates

- Rural Food Access:
 - RFAWG's next meeting is May 19 at 2:30 EST, and Demia Wright from CDC will present on funding programs related to rural food access. Two new group projects have formed – one is to prepare a grant proposal to do formative or pilot research on local food access as a way to support individuals with diabetes and pre-diabetes. The other is a secondary data analysis with a positive deviance approach to identify rural counties that have relatively low adult obesity rates despite high risk factors; a sample of the counties identified will be further assessed to examine protective factors
- School Wellness Policy:
 - Have meeting tomorrow at 2pm EST. Meghan O'Connell from Rudd Center presenting on the WellSat 2.0 and Deirdre Kleske from the San Diego County Childhood Obesity Initiative presenting on 'Collaborating County-Wide to Support School Wellness'
- ECE:
 - Encouraged members to make comments on CACFP guidelines
 - Factsheets and analysis available on IOM recommendations
- New Working Groups:
 - Hunger Safety Net: Had first meeting in April, next meeting is May 18; working on developing mission, goals, and products to come out of WG
 - Healthy Retail: had their initial planning conversation with CDC, NOPREN, HER to lay out guidelines and responsibilities for new WG, starting to think about subgroups.

5. CDC Updates

- Preventing Chronic Disease (PCD): 2nd collection of NOPREN manuscripts published in April. We had 4 papers come out last month, with a rolling production cycle in the future.
- We will have a section on the PCD website to house all PCD-NOPREN publications
- Working with NCCOR on blogs and social media around dissemination of papers
- New workgroups are taking off!
- Early stages of planning around an NCCOR workshop (food service guidelines)
- CDC is happy to provide letters of support around grant submissions