



OREGON PUBLIC HEALTH DIVISION
Health Promotion & Chronic Disease Prevention Section

Kate Brown, Governor

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TO: The Honorable Alissa Keny-Guyer, Chair
House Committee on Human Services and Housing

FROM: Karen Girard, MPA
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SUBJECT: HB 3253, Commission for the Blind Vending Operations

Chair Keny-Guyer and members of the committee, I am Karen Girard, the Section Manager for the Health Promotion and Chronic Disease Prevention Section of the Public Health Division of the Oregon Health Authority. I am here today to present information related to promoting and supporting healthy food and beverage options offered at cafeterias and vending machines in Oregon government agencies.

The Commission for the Blind and the Public Health Division have been working together to assure healthy food and beverage options are available in state buildings. Currently, a pilot project is underway in the Barbara Roberts Human Services Building (HSB) in Salem where our staff are working with the business owner of the café to offer healthier food and beverage options.

Since January, the HSB café has piloted several healthier options and based on our preliminary look at sales data, and reports from building tenants, the new and healthier items are indeed selling. This kind of partnership is a win-win for all parties: Department of Human Services and Oregon Health Authority employees and visitors have access to healthier food and beverage options at work, vending operators are successful, and obesity – a preventable driver of rising healthcare costs – is mitigated. An evaluation of this pilot will be available this summer and what has been learned thus far is being applied to other state agency vending facilities.

In support of employee wellness and to address the leading cost drivers of health care, Governor Brown signed Worksite Wellness Executive Order 17-01. This Executive Order establishes the infrastructure necessary for state agencies to create wellness plans with measureable outcomes. These plans will be designed to bend the cost curve for state government health care costs by implementing systems and changes to work

environments where employees can be healthy, empowered and engaged in delivering effective state services.

As this work continues, the Public Health Division is committed to working with the Commission for the Blind to ensure that vending facilities are successful in implementing the changes outlined in this bill. Specifically, we are able to provide technical assistance regarding implementation of nutrition standards inclusive of healthy foods and beverages, such as the U.S. General Services Administration established standards, known as the *Health and Sustainability Guidelines for Federal Concessions and Vending Operations*, as well as the terms of the Executive Order.

Collaborations to increase access to healthy food and beverage options in government facilities is one key strategy to improve nutrition. Poor nutrition is a driver of obesity, and obesity leads to cancer, diabetes, heart disease, and stroke. This is a public health crisis, second only to tobacco use. Obesity costs human lives and costs Oregonians about \$1.6 billion in medical expenses each year.ⁱ

We know from surveys of people living in Oregon that 80 percent of adults are trying to maintain or lose weight.ⁱⁱ This is something we all can relate to. Creating environments where healthy foods and beverages are available is an effective way to help state employees, visitors and clients have the opportunity to make choices that support their health.

The Public Health Division appreciates this committee addressing healthy vending options in state buildings. Thank you for the opportunity to testify today. I am happy to answer any questions you may have.

ⁱ "Obesity-related chronic diseases cost Oregonians about \$1.6 billion in medical expenses each year, with \$339 million of that paid by Medicare and \$333 million paid by Medicaid." Trogon, E, Finkelstein E, Feagan C, Cohen, J. State- and payer- specific estimates of annual medical expenditures attributable to obesity. *Obesity*. 2012;20:214-220.

ⁱⁱ 2013 Oregon Behavioral Risk Factor Surveillance System (BRFSS). Unpublished data.