

Priority: Healthy Eating

Goal: Promote healthy eating and make nutritious, culturally appropriate foods available.

What is Healthy Eating and Why is it Important?

A healthy diet can reduce the risk of many chronic diseases, such as cardiovascular disease, diabetes, osteoporosis, some cancers, and conditions associated with weight gain. The Dietary Guidelines for Americans (DGA) recommend human milk as the first food for infants and a healthy eating pattern for children and adults that includes a variety of fruits and vegetables and limits foods and beverages that contain added sugars, like sugar-sweetened beverages (SSBs). Many adults in New York do not meet the recommendations in the DGA. About 1 in 5 adults consume SSBs daily and less than one vegetable daily.²⁶¹ Even more adults, more than one-third, consume less than one fruit daily.²⁶¹

The 2023 recommendations from the American Academy of Pediatrics and the World Health Organization (WHO) recommend that infants be exclusively fed human milk for the first 6 months and support continued breastfeeding/chest feeding, along with introducing appropriate complementary foods for 2 years of age or beyond.²⁶² At the federal level, Healthy People 2030 objectives were established to increase the proportion of infants who are breastfed through 1 year to 54.1% and to increase the proportion of infants who are exclusively breastfed at 6 months to 42.4%.²⁶³ NYS falls below both national goals, based on data from 2020 births.²⁶⁴

It's harder for some groups to meet healthy eating and breastfeeding recommendations due to differences in SDOH, driven by systemic and structural forces. This leads to unfair, unjust, and avoidable health disparities. Among groups most impacted by nutrition and breastfeeding disparities include communities of color and people with low income.^{261,264} By promoting policy, system, and environmental change strategies for groups who experience the greatest nutrition and breastfeeding disparities, NYS can support improved health equity and healthy eating across the lifespan.⁷

SMART(IE) Objective:

19.0 Decrease the percentage of adults who consume no fruits or vegetables daily from 28.4% to 27.0%.

19.1 Decrease the percentage of adults with an annual household income less than \$50,000 who consume no fruits or vegetables daily from 31.7% to 30.1%.








Desired Outcome	Indicator	Data Source	Population	Baseline	Target
Increased consumption of nutritious foods recommended by the Dietary Guidelines	Percentage of adults who consumed fewer than one fruit and fewer than one vegetable daily (no fruits or vegetables), aged 18 years and older	BRFSS	Adults (Aged 18 years and older)	28.4% (2023)	27.0% (2030)
			Subpopulation of Focus	Baseline	Target
			Adults in households that earn less than \$50,000 per year	31.7% (2023)	30.1% (2030)





SMART(IE) Objective



20.0 Increase the percentage of infants who are exclusively breastfed in the hospital from 45.9% to 48.2%.

20.1 Increase the percentage of Black, non-Hispanic infants who are exclusively breastfed in the hospital from 34.1% to 35.8%.







Desired Outcome	Indicator	Data Source	Population	Baseline	Target
Increased exclusive breastfeeding and chest feeding among New York State infants	Percentage of infants who are exclusively breastfed in the hospital among all infants	NYS Vital Records	Infants (0-6 months)	45.9% (2021)	48.2% (2030)
			Subpopulation of Focus	Baseline	Target
			Black, non-Hispanic infants (0-6 months)	34.1% (2021)	35.8% (2030)











Interventions	Population of Focus	Age Range	Intermediate Measures
 <p>Featured Intervention: Adopt and implement food service and nutrition guidelines in places where food is served, sold, or distributed. The Food Service Guidelines for federal facilities can be used in worksite and community settings. The Healthy Eating Research Nutrition Guidelines for the Charitable Food System can be used in food banks and pantries.²⁶⁵</p> 	<p>Institutionalized groups, working adults, people with low food and nutrition security</p>	<p>Adolescents (Ages 13-21), Adults (Ages 21-60), Older Adults (Ages 60+)</p>	<p>Number of school settings that improve nutrition policies and best practices</p>
 <p>Featured Intervention: Foster community environments that proactively promote, protect, and support breastfeeding and chest feeding.²⁶⁶</p> 	<p>Pregnant and postpartum people, breastfeeding/ chest feeding parents</p>	<p>Adults of reproductive age</p>	<p>Number of settings that improve lactation policies and best practices</p>
 <p>Adopt and implement policies and best practices that support improved nutrition, breastfeeding and chest feeding support, and increased physical activity in early learning and child care (ECE) settings. Examples include:</p> <ul style="list-style-type: none"> • Limit juice to 4-6 oz for children per day • Do not serve fruit drinks and other sugary beverages that are not 100% real fruit juice • Increase food acceptance through repeated exposure to whole fruits and vegetables (taste-testing activities and games, etc.) • Increase food acceptance by involving children in food preparation • Provide child nutrition training to ECE providers²⁶⁷ 	<p>Children in child care centers and family and group day care homes</p>	<p>Ages 0-5</p>	<p>Number of settings that improve nutrition policies and best practices</p>
 <p>Adopt policies and implement best practices to reduce overconsumption of sugar-sweetened beverage in schools and workplace settings. Examples include:</p> <ul style="list-style-type: none"> • Change what is offered in vending machines • Put less sugary options at eye level 	<p>Children and adolescents, working adults</p>	<p>School: Children up to age 11, Adolescents (Ages 13-21)</p> <p>Workplace: Adolescents (Ages 13-21), Adults (Ages 21-</p>	<p>Number of school settings/workplace settings that improve nutrition policies and best practices</p>



Interventions	Population of Focus	Age Range	Intermediate Measures
<ul style="list-style-type: none"> • Make less sugary options cheaper than high-sugar options • Provide easy access to free water in cafeterias and throughout school and worksite facilities (e.g., water bottle refill stations) • In schools, consider bans on sugary drinks on school property & in vending machines • In workplaces, consider not offering sugary beverages in vending machines at all • In workplaces that provide free drinks, consider setting a sugar content limit for beverages offered to employees²⁶⁸⁻²⁷¹ 		60), Older Adults (Ages 60+)	
 <p>Adopt and implement policies and best practices that increase the availability of minimally processed whole foods in schools. Examples include:</p> <ul style="list-style-type: none"> • Increase cafeteria availability of whole food, plant-predominant foods (opportunity for student engagement in designing menus) • Offer more snack foods made with whole ingredients and minimal processing • Offer fewer highly processed foods and beverages • Promote farm-to-school programs to purchase more regionally produced whole fruits, vegetables, and whole grains (opportunity for collaboration with community-based organizations (CBOs) (community gardens), which could also include student engagement) • Promote healthy celebration practices aimed at reducing high-calorie/high-sugar foods at school/company parties^{268,272-275} 	Children and adolescents	Children up to age 11, Adolescents (Ages 13-21)	Number of school settings that improve nutrition policies and best practices
 <p>Promote healthy eating practices by implementing awareness and education campaigns in schools. Examples include:</p> <ul style="list-style-type: none"> • Offer nutrition classes OR include nutrition as part of curriculum for health, PE, or other appropriate classes 	Children and adolescents	Children up to age 11, Adolescents (Ages 13-21)	Number of school settings that improve nutrition policies and best practices

Interventions	Population of Focus	Age Range	Intermediate Measures
<ul style="list-style-type: none"> • Provide nutrition information about school meals and snacks *(opportunity for student engagement through clubs such as Future Farmers of America (FFA), Family, Career, and Community Leaders of America (FCCLA), cooking club (food science-focused), audiovisual (AV) club, art club (marketing focused) OR an assignment for health or home & careers class at a particular grade level) • Post nutrition awareness materials in hallways and other common spaces • Increase student knowledge of healthy eating through culinary and garden-based education *(opportunity for collaboration with CBOs or farm-to-school programs) • Promote creation of chapters of FFA, FCCLA, 4-H and similar organizations that promote development of skills and knowledge related to food production and consumer sciences²⁶⁸ 			
 <p>Adopt and implement policies and practices that promotes healthier eating choices in workplace settings. Examples include:</p> <ul style="list-style-type: none"> • Provide infrastructure that encourages home-prepared lunches (refrigeration and food heating options) • In workplaces that have cafeterias, increase availability of whole foods, and decrease availability of highly processed foods <ul style="list-style-type: none"> ○ Provide nutrition information regarding foods offered in cafeterias ○ Consider feasibility of competitive pricing for whole food-based options ○ Promote farm-to-institution programs for procurement of food for cafeterias • Adopt policies regarding availability of highly processed snacks in vending machines: <ul style="list-style-type: none"> ○ Change what is offered in vending machines 	Working adults	Adolescents (Ages 13-21), Adults (Ages 21-60), Older Adults (Ages 60+)	Number of worksite settings that improve nutrition policies and best practices

Interventions	Population of Focus	Age Range	Intermediate Measures
<ul style="list-style-type: none"> ○ Put less-processed options at eye level ○ Make less-processed options cheaper ● For workplaces that provide free food to employees, implement nutritional standards for budgetary allowance of snacks, free meals, and workplaces²⁶⁸ 			
 <p>Promote healthier eating choices in workplace settings through education and public awareness activities. Examples include:</p> <ul style="list-style-type: none"> ● Offer education through "lunch and learn" programs ● Promote nutrition services available through workplace benefits packages ● Post awareness materials (signage, flyers, etc.) regarding nutrition topics (e.g., consumption of sugar, sodium, highly processed foods vs. benefits of whole foods, non-sugary beverages) near vending machines and in areas where employees eat²⁶⁸ 	Working adults	Adolescents (Ages 13-21), Adults (Ages 21-60), Older Adults (Ages 60+)	Number of worksite settings that improve nutrition policies and best practices
 <p>Promote digital health and telephone interventions focused on improving healthy eating and physical activity using websites, mobile apps, text messages, emails, or one on one telephone calls in community-based, worksite, and higher education settings. Examples include:</p> <ul style="list-style-type: none"> ● Educational information plus one or more of the following: coaching or counseling from trained professionals; self-monitoring to record healthy eating, physical activity, or weight; goal setting; or computer-generated feedback that provides tailored information ● Social support from peers or motivational strategies such as incentives, rewards, and gaming techniques²⁷⁶ 	Adolescents and adults interested in improving health behaviors	Adolescents (Ages 13-21), Adults (Ages 21-60), Older Adults (Ages 60+)	Number of settings that implement interventions

Interventions	Population of Focus	Age Range	Intermediate Measures
 <p>Adopt healthy, values-aligned local and territory government food purchasing policies and practices. For example, adopt nutrition guidelines in food purchasing bids and contracts.²⁶⁵</p> <p>LHD O</p>	Institutionalized groups	Adolescents (Ages 13-21), Adults (Ages 21-60), Older Adults (Ages 60+)	Number of settings that improve nutrition policies and best practices
 <p>Provide regular training to family services providers on evidence-based lactation education and support.²⁶⁶</p> <p>LHD H O</p>	Pregnant and postpartum people, breastfeeding/chest-feeding parents	Adults of reproductive age	Number of settings that improve lactation policies and best practices
 <p>Provide family-centered lactation care that responds to a wide range of needs, including access to nutritious and affordable food and other factors related to their infant feeding journey.²⁶⁶</p> <p>LHD H O</p>	Pregnant and postpartum people, breastfeeding/chest-feeding parents	Adults of reproductive age	Number of settings that improve lactation policies and best practices
 <p>Promote fruit and vegetable incentive programs such as produce prescriptions, bonus dollars, market bucks, produce coupons, and nutrition incentives.²⁷⁷</p> <p>LHD H O</p>	Lower income adults	Adolescents (Ages 13-21), Adults (Ages 21-60), Older Adults (Ages 60+)	Number of settings that improve nutrition policies and best practices
 <p>Provide free healthy school meals and/or snacks for all students that meet recommended nutrition guidelines.²⁷⁸</p> <p>LHD O</p>	Children and adolescents	Children up to age 11, Adolescents (Ages 13-21)	Number of settings that improve nutrition policies and best practices
 <p>Adopt policies and practices that discourage unhealthy food and beverage marketing in hospitals, school districts, recreation centers, libraries, public buildings, transportation systems, and restaurants.²⁷⁹⁻²⁸¹</p> <p>LHD H O</p>	Children and adolescents	Children up to age 11, Adolescents (Ages 13-21)	Number of settings that improve nutrition policies and best practices

Interventions	Population of Focus	Age Range	Intermediate Measures
 <p>Provide media literacy education on food marketing in hospitals, school districts, recreation centers, libraries, public buildings, transportation systems, and restaurants.^{279,280,282-285}</p> 	Children and adolescents	All ages	Number of settings that improve nutrition policies and best practices
 <p>Provide nutrition education about products high in sodium and sugar in restaurants and other food retail settings, using table tents and posters.²⁸⁶⁻²⁸⁸</p> 	Adolescents and adults eating in food retail settings	Adolescents (Ages 13-21), Adults (Ages 21-60), Older Adults (Ages 60+)	Number of settings that improve nutrition policies and best practices
 <p>Implement food literacy and tailored nutrition education program interventions to promote healthy eating, such as the Faith, Activity, and Nutrition (FAN) program in faith-based organizations.^{289,290}</p> 	Adolescents and adults in faith communities	Adolescents (Ages 13-21), Adults (Ages 21-60), Older Adults (Ages 60+)	Number of settings that improve nutrition policies and best practices
 <p>Offer cooking demonstrations for SNAP-Ed eligible populations as part of comprehensive nutrition education at food pantries, housing community centers, older adult centers, family enrichment centers, food retail settings, and for parent groups at schools to demonstrate how to prepare healthy foods.^{291,292}</p> 	People eligible for Supplemental Nutrition Assistance Program (SNAP) benefits	Adolescents (Ages 13-21), Adults (Ages 21-60), Older Adults (Ages 60+)	Number of settings that improve nutrition policies and best practices
 <p>Adopt and implement policies and best practices that make plant-based meals the default in hospitals, schools, universities, and other settings. Examples include:</p> <ul style="list-style-type: none"> • Make the default meal that is offered plant-based • Offer an alternative plant-based meal as the second choice • Offer an animal-based meal as a third choice alternative^{293, 294} 	Institutionalized groups, college/university students, working adults	Adolescents (Ages 13-21), Adults (Ages 21-60), Older Adults (Ages 60+)	Number of settings that improve nutrition policies and best practices

Interventions	Population of Focus	Age Range	Intermediate Measures
 <p>Establish, enhance, or expand Food as Medicine programs (e.g., produce prescriptions, medically tailored meals, or food boxes) and connect these programs with disease prevention and management programs (e.g., National Diabetes Prevention Program).²⁹⁵⁻²⁹⁷</p> 	<p>People with/at risk for chronic disease, people at nutritional risk</p>	<p>All ages</p>	<p>Number of settings that improve nutrition policies and best practices, number of practices who participate in Food as Medicine programs</p>

Lead Partner Agencies and Organizations

[U.S. Centers for Disease Control & Prevention \(CDC\)](#)

[NYS Office of Children and Family Services](#)

[NYS Education Department](#)

[NYS Department of Labor](#)

[NYS Department of Health](#) (Creating Healthy Schools and Community Program, Breastfeeding, Chestfeeding, and Lactation Friendly New York)

[NYS Department of Agriculture](#)

[NYS Office for the Aging](#)

NYC Department of Health and Mental Hygiene

Implementation Resources

[National Resource Center for Health and Safety in Child Care and Early Education - Caring for Our Children](#)

[CDC - Early Care Education Resources](#)

[CDC - Early Care Education Obesity Prevention Standards](#)

[CDC - School Health Index \(SHI\)](#)

[CDC - Food Service Guidelines](#)

[CDC - Workplace Health Promotion](#)

[CDC - Strategies for Fruit and Vegetable Voucher Incentives and Produce Prescriptions](#)

[Society for Public Health Education - WellSAT: Wellness School Assessment Tool](#)

[Union Community Health Center & Urgent Care - The Bronx Healthy Beverage Zone](#)

[Community Guide - CPSTF Recommends Digital Health Interventions to Increase Healthy Eating and Physical Activity](#)

[Center for Science in the Public Interest - Centering Equity: Healthy Food Purchasing Policies](#)

[National Association of County & City Health Officials \(NACCHO\) - Breastfeeding Continuity of Care Blueprint](#)

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