CDPH
California Department of Public Health

ChangeLab Solutions

Healthy Beverage Procurement Case Studies

Identifying Opportunities for State & Local Governments

Contents

Introduction

ChangeLab Solutions developed this series of case studies in collaboration with the California Department of Public Health (CDPH) Nutrition and Physical Activity Branch. These case studies are intended to help state policymakers and local leaders better understand policy strategies that have been shown to improve the health of residents. This resource focuses on healthy beverage procurement practices and policies, using examples from Iowa; the University of California, San Francisco (UCSF); New York City; Boston; and the Delaware Department of Natural Resources and Environmental Control's (DNREC) Division of Parks and Recreation. The diversity of jurisdictions and institutions that have taken action to improve health standards for beverage procurement indicates that state and local governments have multiple options for shaping procurement practices – particularly by enacting new policies and by supporting and convening food system partners involved in beverage procurement.

Healthy beverage procurement is the process by which large institutions source, purchase, and manage the distribution of beverages to meet nutrition, sustainability, and community health goals. These large institutions – including correctional facilities,

juvenile facilities, health care systems and hospitals, childcare centers and schools, and senior programs and residences — purchase and serve large quantities of beverages every day.[1] Contracting and procurement policies provide the framework they use to decide from whom to purchase beverages and at what price.[2]

Healthy beverage procurement involves sourcing or preparing beverages in ways that prioritize the health of the individuals consuming them. According to the Center for Good Food Purchasing (CGFP), a leading organization in healthy procurement, "a healthy food system is built on core values and principles that enable the wellbeing of all people, animals, and their environments."[3] Good food values, as identified by CGFP's Good Food Purchasing Program, include equity, accountability, and transparency; local and community-based economies; environmental sustainability; valued workforce; animal welfare; and community health and nutrition.[4] Given the highly interrelated aspects of food and beverage procurement, most of the jurisdictions and institutions profiled in this resource introduced healthy beverage procurement practices in concert with healthy food procurement programs. These programs are covered in more detail in ChangeLab Solutions' resources, Homegrown: Implementing State & Local Preferences for Food Procurement and Understanding Healthy Procurement: Using Government's Purchasing Power to Increase Access to Healthy Food.

Background

Healthy beverage procurement programs emerged from efforts to leverage government purchasing power to advance public health goals, including addressing rising rates of obesity and chronic disease correlated with sugar-sweetened beverage (SSB) consumption.[5,6,7] In the early 2000s, healthy beverage procurement policies often focused on SSBs in schools.[8] For example, Arkansas passed Act 1220 in 2003, becoming the first state to ban elementary student access to vending machines.[9] In 2005, California enacted Senate Bill (SB) 965, which increased previously established nutrition standards for beverages sold in public schools and included a phased ban on SSB sales in high schools by 2009.[10] Other states and jurisdictions, including Florida, Hawaii, and Maine, enacted similar policies reducing or replacing unhealthy beverage options.[11]

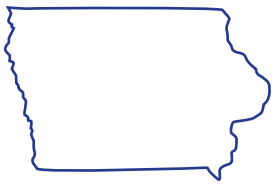
In more recent times, healthy beverage procurement policies often seek to reduce or eliminate unhealthy options in vending machines and cafeterias at large institutions and increase access to beverages that meet minimum nutrition standards, including water, milk, some juices, and some electrolyte replacement drinks.[12,13] These policies also typically define what constitutes an unhealthy beverage versus a healthy beverage based on established nutritional standards, which focus on criteria such as calories and sugar content.[14]

Policymakers frequently design healthy beverage procurement policies to be implemented using a phased rollout, such as California's SB 965, or by initially focusing on specific settings like schools before expanding to other locations, such as government administrative buildings, criminal justice facilities, public hospitals, or local parks and recreation departments.[15] Enforcement of these policies often relies on vendor compliance checks and contractual agreements with suppliers, vendors, and food service operators.[16] Equitable enforcement approaches ensure that contract and compliance methods are applied consistently across public facilities and partners without disproportionately impacting certain communities.[17,18]

Development

Most jurisdictions and institutions profiled in this case study pursued healthy beverage procurement policies in addition to healthy food procurement policies. The degree to which these efforts were integrated or remained separate depended on each jurisdiction or institution's unique context and approach.

Iowa



Since 2008, Iowa's healthy beverage procurement efforts have been part of Healthy Vending Iowa, a longstanding public-private partnership and wellness initiative that improves vending machine options in worksites across the state.[19] The Iowa Department for the Blind, through a partnership with the Business Enterprise Program for the blind, leads the effort and contracts with supportive vendors.[20,21] The program works to change the food environment to make healthy snacks and beverages easier to access, with a focus on public and private worksites and state-owned buildings, rest areas, and parks. The Iowa Department of Health and Human

Services and Iowa State University Extension and Outreach developed the program using the Nutrition Environment Measures Survey – Vending (NEMS-V) model to guide vending machine changes.[22] NEMS-V guidance recommends that at least 30% of options in state-owned vending locations meet healthy criteria, with flexibility to adjust this target based on health and business goals.[23]

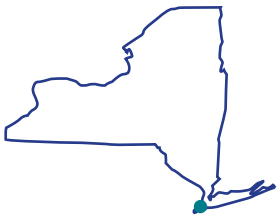
University of California, San Francisco

In 2015, UCSF launched the Healthy Beverage Initiative (HBI) to remove SSBs from all campuses and medical centers.[24,25] The HBI team identified four steps (PDF) to developing the initiative:

1. **Defining SSBs**
2. **Stakeholder engagement**
3. **Communications and implementation**
4. **Evaluation and compliance**

After defining SSBs, the team secured buy-in from senior leaders, staff, and vendors through a six-month vetting process. This included conducting initial evaluations to establish baselines for characteristics such as beverages offered, current pricing, and vendor relationships and contracts. This gradual process helped address concerns about freedom of choice by allowing employees, patients, and visitors to continue bringing their own beverages to UCSF facilities — even if they were SSBs — while also allowing the team to identify realistic goals and next steps. Steps 3 and 4 are discussed in further detail in the Implementation section below.

New York City



New York City has been a leading jurisdiction for healthy food and beverage procurement standards. In 2006, New York City formed a food policy task force and working group with representatives from each agency that purchases food with city funds to draft nutrition standards. These standards were then refined through agency feedback, site visits to programs such as shelters and health care facilities, and ongoing collaboration to support implementation and build program buy-in.[26] Mayor Bloomberg's 2008 executive order established the New York City Food Standards.[27] The goal of the New York City Food Standards is to reduce the prevalence of chronic disease by improving dietary intake and to help combat some of the structural inequities that make healthy eating challenging for many New Yorkers, including access to healthy food. The standards also create opportunities to implement best practices that advance city food purchasing and meal programs toward New York City's health and sustainability goals and to leverage municipal procurement practices to influence the broader food service supply chain and system.

Under the 2008 executive order, multiple sets of standards were issued to comprehensively address food and beverages across city government, including agency meal programs, vending machines, meetings and events, correctional facility commissaries, and voluntary adoption in retail cafeterias. The order also required the city to review and revise the Food Standards for Meals and Snacks Purchased and Served every three years.[28] Beverage standards have been included since the program's inception in 2008 and have been strengthened over time.

Because New York City regularly updates its standards to align with the latest evidence and science, they are discussed here as a high-level example. In 2022,

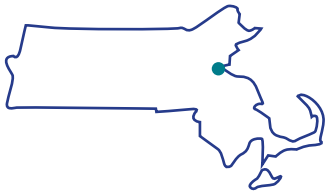
the city reaffirmed the standards through Executive Order 8 and formalized its commitment to the Good Food Purchasing Program.[29,30] In August 2025, it released the most recent updates to the Food Standards for Meals and Snacks Purchased and Served,[31] which apply across six settings within eleven city agencies, including agency meal programs, vending machines, and cafeterias. Building on previous standards that used a calorie limit to address added sugars, the 2025 updates explicitly require that beverages contain no added sweeteners. Additionally, the updates extend the restriction on low- and no-calorie sweeteners from beverages and foods served to children to those served to all ages. Beverage standards maintained in the updates include requiring water to be served with all meals and snacks and juice to be from 100% fruit sources and served no more than once per day in limited portions. Requirements for milk and soy milk are specific to the age of the population served, with limits on added sugars in soy milk and flavored varieties and a timeline for phasing out flavored milks entirely.[32] The New York City food standards recommend phasing out juice and flavored milks entirely. These updates aim to reduce beverage options with added sugars and promote healthier beverage choices throughout city agencies and facilities.

The New York City Food Standards for Beverage Vending Machines were first established in 2009 and updated in 2022. These standards, which apply to all vending machines on city-owned and operated property, require that all beverages stocked contain no added sugars, that a minimum number of slots be stocked with water or unflavored seltzer, and that the number of slots and portion sizes for 100% juice offerings be limited. There are also specific requirements for hot beverage vending machines. Beverages with low- or no-calorie sweeteners or artificial colors or flavors are not allowed in vending machines primarily serving children ages eighteen and younger, and beverages containing caffeine are restricted from machines serving children ages twelve and younger.

Implementation

Healthy beverage procurement initiatives achieve the best results when implemented with careful planning and ongoing engagement with partners, such as vendors and meal and snack program participants. Ongoing evaluation supports iterative improvement by incorporating feedback over time.

Boston



In April 2011, Boston Mayor Menino issued the Healthy Beverage Executive Order (HBEO), which took effect in October 2011.[33] The order required all city departments to eliminate SSBs from city property and implement a set of Healthy Options Beverage Standards in vending machines and food service programs. Although the HBEO provided initial guidance, it also allowed city departments flexibility in how they chose to approach implementing the standards. Developed by the Boston Public Health Commission, the standards set strict limits on sugar content and portion sizes. The HBEO directed departments to incorporate these standards into contracts, requests for proposals, and procurement processes. The transition to healthy beverage options occurred when contracts were renewed and was mandated within six months of the HBEO taking effect for agreements without binding terms.[34]

> "Executive orders are by nature a flexible policy instrument. But at the same time, there isn't much precedent for mayors coming back and revising [them]. That was part of the decision for separating out the standards from the executive order." — Policy staffer involved in the development of the HBEO

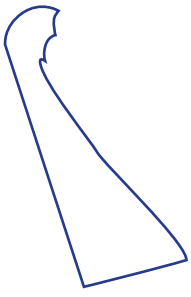
To oversee implementation, the city established the Healthy Options Coordinating Committee, led by the Boston Public Health Commission executive director, to review contracts, assess beverage points of sale, and update nutrition standards every three years.[35] The Public Health Commission also launched the Boston Hospital Sugar-Sweetened Beverage Learning Network as part of its Healthy Food in Health Care Program.[36] Over fourteen months beginning in 2010, ten Boston-area hospitals adopted strategies to reduce access to and promotion of SSBs. These strategies included removing SSBs from patient service, banning on-site SSB sales, providing education to consumers, and adjusting pricing to favor healthy options.[37]

University of California, San Francisco

When beginning to implement the HBI in 2015, UCSF took several steps to ensure a smooth launch. As discussed above, the team began by defining SSBs and engaging stakeholders and invested community members to help develop the policy. The third step, which marked the shift to implementation, involved conducting education outreach and creating a detailed communications plan with staff presentations and visual campaigns near food and drink areas. Vendors were engaged early — starting six months before launch — and received ongoing support, including a list of 200 healthy beverages to consider selling and staffed booths at vendor storefronts to answer questions. During this step, UCSF also phased out SSB sales over sixteen weeks starting on July 1, 2015. While this extended timeline was necessary due to the complexity and size of UCSF's facilities, it also gave vendors time to adjust. For the fourth step, HBI team members evaluated the initiative and monitored compliance with the new nutrition standards through "spot checks" at vendor locations. These spot checks continued for several years to educate and inform vendors and retail services but are now conducted on an ad hoc basis. Lastly, the team published the Healthy Beverage Initiative Toolkit that they used during the development and implementation processes to share UCSF's strategies for others to replicate.[38]

Ahead of launch, the HBI team conducted substantial outreach to university leadership, staff members, and vendors, informing them about the project goals and timeline. This outreach was paired with educational materials to inform staff about SSBs and their impact on health.

Delaware Division of Parks and Recreation



From 2010 to 2015, the Delaware Division of Parks and Recreation ran the Munch Better program to improve access to healthy food and beverage options in state parks.[39] The program began as part of an American Recovery and Reinvestment Act (ARRA)-funded pilot initiative and focused on camp stores, concessions,

and vending machines, along with setting marketing rules for unhealthy products and providing nutrition education. The Division of Parks and Recreation partnered with Nemours Health and Prevention Services to develop guidelines that ranked foods and beverages as "Go," "Slow," or "Whoa" based on their nutrient density and corresponding the colors green, yellow, and red on a traffic light.[40,41] "Go" items were the healthiest options, including fruits, vegetables, 1% milk, and water. "Slow" items fell into a middle category for nutrition and included foods like 2% reduced fat milk, flavored milk, and 100% fruit juice. "Whoa" items were high in sugar and fat and included SSBs.[42]

> "The language and messaging of the policy are really important. We were pretty adamant that we don't say 'ban'—we didn't ban anything here, as people can still bring in beverages from off campus. We also worked on promoting the benefits of drinking water. Here are all the water stations. We want to encourage going toward this health behavior of drinking water. Language and marketing are big components to think about." – Kathleen Yumul, wellness program manager, UCSF

Delaware's Division of Public Health also supported the program by monitoring progress and recommending healthier food and beverage options choices where Parks and Recreation had purchasing authority.[43] These changes were promoted through banners, advertisements, and educational materials to encourage visitors to make healthier choices, including at points of sale. Although the program

continued for three years beyond the pilot, challenges including beverage industry control of vending machines, high vendor staff turnover, and inability to enforce mandatory vendor staff training made program gains difficult to sustain.[44] In 2015, the Division of Parks and Recreation ended Munch Better and contracted an outside vendor to manage food concessions instead.

New York City

Starting in July 2026, New York City's revised nutrition standards will guide over 219 million meals, snacks, and beverages served annually by eleven city agencies, supporting the health of more than one million New Yorkers.[45] The revised standards use evidence-based criteria to promote consumption of whole and "minimally processed" products while limiting sodium, saturated fats, and added sugars. Agencies report compliance against three sections of requirements: purchased food, meals and snacks served, and population-specific exceptions (e.g., standards to address cultural or medically necessary needs).[46] The New York City Department of Health and Mental Hygiene (New York City Health Department) provides resources to support implementation, such as example product lists, planograms for vending machines, self-assessment tools, and implementation guides. Additionally, the New York City Health Department, together with the Mayor's Office of Food Policy (MOFP), continues to convene a working group of representatives from city agencies to share best practices, foster cross-learning, and support implementation of updated requirements. The New York City Health Department and MOFP provide technical assistance and trainings for agencies, vendors, and other institutions that are expected to comply or voluntarily comply with the New York City Food Standards.[47] The New York City Health Department also works with agencies to ensure all procurement contracts include language regarding Food Standards compliance, and some agencies have developed boilerplate language for contracts over $100,000.[48] Agencies must report annually on their compliance, as required by Local Law 52 of 2011.[49] These reports are submitted to the New York City Council and published on the MOFP website.[50] Together, these policies and New York City's implementation approach ensure that beverages and meals meet evidence-based nutrition criteria and reflect the city's long-term commitment to healthier food environments.

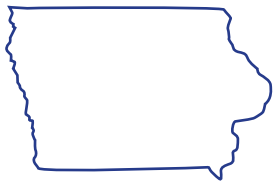
Implementation Tips

- Set standards through partnership with a third-party expert partner, like a health system, or a diverse commission or body, to build trust and support adoption.
- Transition to new standards during contract renewals or other natural pivot points to ease uptake and encourage compliance.
- Schedule periodic check-ins to review standards and other policy elements.
- Align implementation phases across institutions to increase visibility.
- Outline policy details in a widely distributed implementation guide.
- Pair policy outreach with education.
- Use easy-to-remember and intuitive language and visuals to implement the policy at points of sale.
- Offer product guides, model contract language, self-evaluations, networking opportunities, and other practical implementation tools to sales-related vendors and partners.

Results

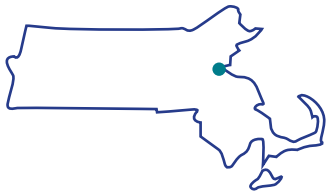
Each healthy beverage procurement program profiled in this case study has been evaluated through research conducted by external researchers or internal program staff.

Iowa



A study by researchers at the Iowa Department of Health and Human Services and the University of Iowa examined the Healthy Vending Iowa interventions at four worksites. The team assessed vending options using NEMS-V before and after the program began, surveyed employees about their attitudes and behaviors, and documented the effects of strategies such as marketing and product labeling changes. Notable findings included that most vending items did not initially meet nutrition standards and that after the program interventions were implemented, employees generally accepted healthier options, although changes in behavior and attitudes varied by worksite.[51]

Boston



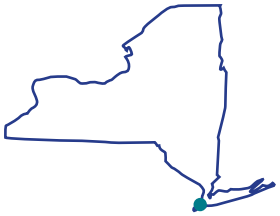
Researchers associated primarily with the Harvard T.H. Chan School of Public Health studied beverage options at thirty-one Boston city agency locations before and after the HBEO was implemented. They compared data from spring 2011 and spring 2013, analyzing calories, sugar content, and "traffic light" classifications. After the HBEO implementation, they found that average sugar content decreased by 13.1 grams per beverage and calories decreased by 48.6 per beverage. The proportion of available high-sugar beverages fell by 27.8%. Boston's adoption of healthy beverage policy also helped build momentum for other food policy work, including the establishment of the Mayor's Office of Food Justice.[52]

"By and large, it's had its intended effect through beverage availability and shifting norms away from soda availability in schools and other health-promoting environments. In terms of volume and beverages served, the hospital system is the largest, and I think we helped change how people [think] about beverage choices." – Policy staffer involved in the development of the HBEO

University of California, San Francisco

Researchers from several universities worked together to examine whether the HBI limitations on SSB sales reduced SSB consumption and improved health.[53] The study included 214 adults who consumed at least twelve ounces of SSBs per day. For ten months after the limitations were implemented, half of the participants also received a regular, short "motivational intervention" to encourage SSB reduction. At baseline, participants consumed an average of thirty-five ounces of SSBs per day. After ten months, average consumption decreased by about 49% to eighteen ounces per day. Those who received the motivational intervention reduced consumption by about twenty-five ounces, compared with eight ounces in the control group. Lower SSB intake was also linked to improved insulin resistance and reduced waist circumference. The HBI rollout also contained evaluation and research components that were planned from the very beginning of the initiative. These included a study of 2,500 randomly sampled employees, using information collected by the university's human resources team.[54]

New York City



The New York City Food Standards and their effects have been the subject of numerous studies and academic papers.[55, 56, 57] New York City agencies maintain a high degree of compliance with the Food Standards for Meals and Snacks Purchased and Served; however, no studies could be located during the creation of this resource that looked specifically at changes in healthy beverage procurement. Beyond public meal programs, one study by researchers associated with the New York City Health Department found that New York City's overall approach to reducing SSB consumption – including healthy procurement as well as a broader range of initiatives – led to a "35% decrease in the number of New York City adults consuming one or more sugary drinks a day and a 27% decrease in public high school students doing so from 2007 to 2013."[58] A different study suggested that SSB sales declined more rapidly after New York City announced plans in 2012 to implement a "portion cap rule" limiting the volume of SSBs available for sale, although the rule was later overturned by a judge.[59]

State-Level Adoption

State-level adoption plays a critical role in advancing healthy beverage procurement by providing vision, guidance, and structural support for local policy action. Clear statewide direction can help align efforts across jurisdictions and build momentum for implementation.

Building a Foundation for Policy

Broad directives, visioning, and comprehensive planning can be effective strategies for providing guidance and building momentum for local procurement policies. This is especially true for complex, interdisciplinary systems topics such as healthy beverage systems and local procurement. At the state level, California could provide this type of guidance or establish a vision through a comprehensive statewide healthy food and beverage plan, or by offering guidance on local beverage purchasing and vending policies, including specific policy language that local jurisdictions could adopt. A California statewide policy could support local jurisdictions by providing baseline standards for jurisdictions to build upon, sharing model policies and contracts, and establishing a legal framework to support local policy adoption.

Establishing State Beverage Procurement Policy

State departments and agencies can revise their beverage procurement policies to incorporate language that prioritizes purchasing healthy products, particularly on government property, in government buildings, for government meetings, and in support of other government contracts. Policies can also ban the use of government funds to purchase unhealthy beverage items, such as SSBs. Additionally, states can work with vendors, as Iowa and UCSF did, to increase the availability of healthy products and reduce their cost, as Boston did.

Creating Task Forces

Task forces and food policy councils can help ensure that values-based procurement principles for healthy beverages are reflected in state and local laws and that those laws are implemented effectively and equitably to create a healthy and sustainable beverage system. They can also help ensure that the diverse perspectives of a range of partners are represented in beverage policy development and implementation. Task forces can include members of state agencies, academics and researchers that study food and beverage issues, businesses, vendors, and community members that often purchase or consume beverages provided by government entities. The state could also provide support to help local jurisdictions establish their own task forces.

Conclusion

Health departments can play a crucial role in advancing healthy beverage procurement by convening partners, offering technical assistance, and helping embed nutrition standards into contracts and purchasing guidelines. Successful healthy beverage procurement programs share several common strategies: engage vendors and institutional leaders early; set clear, evidence-based nutrition standards; and build evaluation into programs from the start. Iowa's use of NEMS-V, UCSF's phased rollout and implementation toolkit, and New York City's relentless coordination across nearly a dozen city agencies all show how careful planning and proactive collaboration can make or break an initiative. Regular monitoring and feedback opportunities help programs adapt to challenges, such as vendor staff turnover or consumer resistance. For example, gradual implementation with revisions at three-year intervals has allowed New York City to make steady progress.

Healthy beverage procurement not only reduces SSB consumption but also supports broader health and equity goals, including lowering chronic disease risk and ensuring all communities have access to healthier food and beverage options. By leveraging their considerable purchasing power, state and local agencies and institutions can create lasting changes that benefit the communities they serve and reduce health inequities.

Resources

CityHealth

Healthy Food Procurement in American Cities (PDF)

ChangeLab Solutions

- Buy Healthy, Buy Local: An Analysis of Potential Legal Challenges to State and Local Government Local Purchase Preferences
- Procurement Resource Collection
- Using the Power of Procurement for Healthier Communities

National Association of Blind Merchants

Healthy Vending Resources

Public Health Law Center

Healthy Beverage Policies, Healthy Bottom Lines (PDF)

University of California, San Francisco

SugarScience Resources

University of California, Santa Barbara

Healthy Beverage Initiatives: A Case Study of Scenarios for Optimizing Their Environmental Benefits on a University Campus

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The California Department of Public Health's mission is to advance the health and well-being of California's diverse people and communities.

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