

# **Research Protocol for CityHealth: Healthy Food Purchasing**

**Prepared by Center for Public Health Law Research**

June 2025

## RESEARCH PROTOCOL

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# CityHealth: Healthy Food Purchasing

- I. **Dates of Protocol:** December 19, 2022; December 1, 2023; November 2024; November 2025.
- II. **Scope:** Compile statutes and ordinances on healthy food purchasing policies across the 75 largest cities, their respective counties, 32 states and the District of Columbia. The purpose of the CityHealth project is to collect important public health policies and determine what makes a healthy city. For a particular health policy, the goal is to display the state, county, and city law involved in shaping this policy at the city level. This dataset contains coding questions examining healthy food purchasing policies. This is a cross-sectional dataset originally capturing effective law valid through June 1, 2025, and crediting laws passed prior to final publication with future effective dates.
- III. **Primary Data Collection**
  - a. **Original project dates:** June 1, 2022 – December 20, 2022
  - b. **Data collection methods:** The team building this dataset consisted of three team members: two legal researchers (“Researchers”) and one supervisor (“Supervisor”) overseeing the quality control process.
  - c. **Databases used:** Searches conducted using Westlaw Next and HeinOnline; the laws were then collected from state-specific legislature websites. County and city laws were collected from official government websites, municode.com and amlegal.com.
  - d. **Search terms:** healthy food procurement; healthy food purchasing; purchasing standards; nutrition standards; healthy vending; vending machines; healthy vending machines
    - i. Key word searches were supplemented by examination of the table of contents of each relevant section of the law identified.
    - ii. Once all the relevant laws were identified in each jurisdiction, a master sheet was created for each jurisdiction that summarized the relevant laws within the scope at each jurisdictional level. This summary included the statutory history for each law and the effective date for that version of the law.
  - e. **Information about initial returns and additional inclusion or exclusion criteria:**
    - i. This dataset does not capture temporary COVID-19 emergency laws.
- IV. **Coding**

- a. **Development of coding scheme:** For the version 2.0 Policy Package, starting with the 2022 yearly assessment, the CityHealth team opted to revise the scoring criteria from version 1.0, though several of the coding points remained similar. Relying on this revised scoring criteria, the Center for Public Health Law Research (CPHLR) developed a set of coding questions to identify the information more efficiently in the state, county, and city laws for the assessment. This set of coding questions was reviewed by the CityHealth team.
- b. **Coding methods:** The Researchers were responsible for coding all 75 cities. For this dataset, only city policies were considered in scope. County and state policies were not included. Both Researchers independently coded their assigned jurisdictions in the MonQcle software platform.

Following the quality control process for the coding (described below), the Supervisor used the final data results to apply the coding for each jurisdiction to the scoring criteria to determine the final medal score for each city. These medal results were compiled into a score overview spreadsheet and reviewed by the CityHealth team.

- c. **Coding rules:** Based on the scoring criteria, the CPHLR team relied on the following coding rules:
  - i. Permissible exemptions include:
    - 1. Prior dated contracts;
    - 2. Contracts under a certain threshold amount (\$10,000); and
    - 3. Airports
    - 4. Public concessions providing food for sale through leases (added 2023)
  - ii. Policies only covering beverages are not acceptable to receive credit.
  - iii. Cities with a “Good Food Purchasing” standard (GFPP) can earn credit at the silver medal level as the GFPP is comparable to the Federal Foodservice Guidelines.
  - iv. When determining if a policy is comparable to the Federal Foodservice Guidelines coders used Table 1. FOOD AND NUTRITION Standards for Prepared Foods of the Food Service Guidelines for Federal Facilities as the standard.
- d. **Quality control:**
  - i. **Original coding review:** The Supervisor oversaw the quality of the data by downloading the data from the MonQcle into Microsoft Excel and reviewing it to find caution flags, missing citations, and errors in the coding. Issues in the coding were discussed by the Researchers in coding meetings and resolved accordingly.
  - ii. **Redundant coding review:** The Supervisor assigned original coding records containing Healthy Food Purchasing laws for redundant coding. Jurisdictional records were independently redundantly coded by a second researcher.
    - 1. The Supervisor reviewed the redundant coding by downloading the data from the MonQcle into Microsoft Excel and comparing the records, variable by variable, looking for divergences. When a divergence was identified, it was discussed with the researchers.

The reason for the divergence was identified and resolved. A measure of divergence was calculated by the Researcher and the redundant record was deleted.

- iii. **Final coding review:** The Supervisor did a final check of the original coding for all states and ensured that the state coding was consistent among cities within the same.
- iv. **City review phase:** After the medal results were tabulated and reviewed by CityHealth, the Supervisor sent the medal results to a designated representative in each of the 75 cities to give them an opportunity to review the preliminary result and provide any notice of new or missing laws in scope or question the end results. This feedback was reviewed by both the CPHLR team and the CityHealth team prior to final publication of the final medal results.

## **V. 2023 Assessment**

### **a. Changes to criteria and scoring:**

- i. **Permissible exceptions:** A new permissible exception, “public concessions providing food for sale through leases,” was identified by the subject matter experts.
- b. **Updates:** A policy was found and added for Lincoln that changed their score from no medal to bronze.
- c. **Quality Control:** Cleveland, Lincoln, Denver and Orlando were redundantly coded. Any divergences were discussed with the researchers and supervisor, and subsequently resolved. During redundant coding review, it was determined that Cleveland’s score should be changed from no medal to bronze.
- d. **City Review Phase:** Following the completion of the research and coding, all 75 cities were contacted via one or more representatives to review the findings. All feedback was discussed between Temple, CityHealth and the subject matter expert. If necessary, any coding changes were made.

## **VI. 2024 Assessment**

- a. **Updates:** For the 2024 assessment, five states were amended, two of which substantively impacted coding and resulted in medal changes. Both Orlando and Riverside improved from No Medal to a Bronze due to these changes. The remaining changes were non-substantive and didn’t impact coding.
- b. **Quality Control:** Orlando and Riverside were redundantly coded. The divergence rate was 0%.
- c. **City Review Phase:** Following the completion of the research and coding, all 75 cities were contacted via one or more representatives to review the findings. All feedback was discussed between Temple, CityHealth and the subject matter expert. If necessary, any coding changes were made.

## **VII. 2025 Assessment**

### **a. Updates:**

- i. Substantive changes found in Chicago Dallas, Phoenix, Lincoln.

1. Lincoln's score decreased from Bronze to No Medal because the vendor contract expired without an extension or replacement.
2. Dallas and Phoenix increased from No Medal to Bronze.
3. Chicago increased from Bronze to Gold.

ii. Non-substantive changes were found in Houston, Lincoln, Minneapolis, and Fort Worth.

- b. **Quality Control:** Chicago, Fort Worth, and Miami were redundantly coded. The divergence rate was 0.0%. Coding results were also reviewed by subject matter experts.
- c. **City Review Phase:** Following the completion of the research and coding, all 75 cities were contacted via one or more representatives to review the findings. All feedback was discussed between Temple, CityHealth and the subject matter expert. If necessary, any coding changes were made.