Health Quality and Cost Council
{DRAFT} Potential Artificial Transfat Reduction Policy Strategies
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Transfat consumption increases risk of developing cardiovascular disease (CVD). Transfat is formed either naturally (attributing to 0.5% of energy intake) or artificially through the partial hydrogenation of vegetable oils (attributing to 2-3% of energy intake).[1] The 2010 Dietary Guidelines for Americans (DGA) recommend that transfat intake should remain as low as possible because consumption is strongly linked to higher LDL cholesterol levels. Internationally, food and restaurant industries provide healthier transfat alternatives which allow for its near elimination in everyday life compared to the US where fast foods can contain up to 10g of transfat per serving.[2] The international reduction in the use and consumption of transfat has occurred without notable increase in the cost of foods or reduction in the quality or availability of foods.[3] Acceptable transfat-free foods are available.

Among all Marylanders, a near elimination of artificial transfat from restaurants and packaged foods may prevent between 1012 (6%) and 3204 (19%) CVD events [1, 4] and save almost 1,400 lives annually.[5] Some local governments have already initiated transfat reduction. Baltimore City and Montgomery County have implemented artificial transfat prohibitions in restaurants. Howard County recognizes restaurants that voluntarily remove transfat from their menus. Washington DC banned transfat from the school setting.

As the Health Quality and Cost Council moves toward macro level policy change, these potential strategies showcase the Council's critical role in improving the health of Marylanders, saving lives, and bending the cost curve. Transfat reduction policies have a large reach and impact at the population level because they make the healthiest choice the easiest choice by increasing access to healthy foods. Transfat reduction reduces risk for CVD, which is particularly important for Black Marylanders and those with other cardiovascular risks such as smoking and diabetes.

Good: Implement Institutional Purchasing Policies
Institutional food purchasing policies adopted by Maryland's hospitals and state government would establish transfat-free standards. In addition to serving as a model for other large food purchasers, hospitals' and government's combined purchasing power would make an impact on healthy food availability and add to overall demand for healthy products.

- Challenges are the implementation and monitoring of procurement policies, limited resources, and the possible modification of existing procurement contracts.

Better: Advocate for Production Policies among Food Manufacturers
Since healthier alternatives to transfat already exist and flourish internationally, food manufacturers, restaurants, and supermarkets can be recruited to voluntarily produce and sell foods without transfat.

- Challenges exist due to the voluntary nature and limited small company buy-in.

Best: Legislation Eliminating Artificial Transfat within Restaurants and Packaged Foods
Statewide legislation mandating the regulation of food standards to remove or reduce transfat content in restaurants and packaged goods has proven successful in local jurisdictions.

- Challenges are the political feasibility and limited resources to implement and monitor enforcement.

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