



Creating Healthy Retail Food Environments in Health Care Facilities

Hospital workers experience an 8.6% higher burden of illnesses such as diabetes, congestive heart failure, hypertension, and obesity than the general U.S. workforce.¹ Although patient meals are carefully calibrated for their nutritional profile and tailored for specific diets, food and beverages sold in hospital retail settings are often out of line with dietary recommendations. There are several possible reasons for this: a perceived consumer preference for salt, fat, and sugar, the low cost and revenue-generating capabilities of unhealthy foods, and a desire to serve “comfort foods” to outpatients and patient visitors who may be experiencing high levels of stress. Hospitals must begin to transform the types of food they offer in all settings to address the health of patients, staff, visitors, and their communities. Retail food environments are a highly visible starting place.

The “health” of a food choice is a combination of the nutritional benefits it provides and the way in which that food was produced, transported, and prepared. Their clinical expertise, mission to heal, and enormous purchasing power makes health care facilities the ideal locations to model healthy eating habits and create change in products available across institutional markets.

WHAT IS A FOOD ENVIRONMENT?

A food environment is the physical presence of food that affects a person’s diet and the physical entities by which food is obtained. Assessing the health of a hospital food environment involves looking at all the ways food is presented on-site.

Retail food environments on hospital campuses can include: Cafeterias and cafes, contracted food or beverage stands or kiosks, vending machines, and gift shops. Each of these areas comes with its own unique challenges and recommended approaches for creating change.

CAFETERIAS

Primary decision makers in a hospital cafeteria setting usually include one or more of the following: *Food & Nutrition Services Director or Manager, Executive Chef, Purchaser, and/or Retail Manager*. There are two types of hospital foodservice: self-operated or contract. Self-operated foodservice is run by hospital employees, and has in-house control over menu creation and product selection. Contracted foodservice is run by employees of national or regional foodservice companies, and decisions on creating change will often have to be approved by an outside corporate entity. Hospital cafeterias are run as businesses, and must maintain a positive budget. Cafeterias are occasionally subsidized to make healthier food equal to or less than the cost of unhealthy food, but as a general rule, one must make both a business and an ethical case for improving the overall health profile of the cafeteria.

CONTRACTED FOOD OR BEVERAGE STANDS AND KIOSKS

Companies that operate food stands or kiosks generally have multi-year contracts with hospitals for retail space, and are often operated independently of hospital foodservice. As such, they may choose not to participate in hospital wellness initiatives. The best times to make sure that these companies will provide healthy

(1) Thomson Reuters, Sicker and Costlier: Healthcare Utilization of U.S. Hospital Employees 1 (2011), http://img.en25.com/Web/Thomson Reuters/H_PAY_EMP_1108_10237_HHE_Report_WEB.PDF

options are during the initial selection of potential vendors, or when the vendor's contract is up for renewal. Because hospitals are highly desirable retail locations, outside vendors have a vested interest in securing or maintaining their contracts. Hospital administrators should be encouraged to recruit and select foodservice companies that are in line with the hospital's mission and vision, and wellness considerations should be included in contract language. This may include descriptions of the types of food and beverages that will be sold, or call out specific items that will not be sold.

VENDING MACHINES

Vending machines are an important part of creating healthy food environments in hospital environments. Because of the 24-hour nature of health care, hospital employees and visitors often rely on vending machines for food and beverages when the cafeteria is closed. Hospital vending machines are usually stocked and maintained by an outside vending company contracted with the hospital. Unless specifically called out in the vending contract, the company generally has no obligation to provide healthy options, and may intentionally stock high levels of unhealthy items based on anticipated sales. The most effective time to create changes in vending is when the vending company's contract is up for renegotiation.

GIFT SHOPS

Hospital gift shops are often managed by a hospital staff member, but staffed and run by volunteers. Proceeds generally go toward a fund to provide care to economically disadvantaged community members or other worthy causes, and the hospital auxiliary often feels driven to raise as much funding as possible. This can lead to a high prevalence of candy, chips, and other unhealthy items. Like the hospital cafeteria, one must make both a business and an ethical case for creating change by highlighting studies to support the changes and proof that charitable funding will not suffer due to the introduction of healthy items.

SEE PAGE 4 FOR SOME BEST PRACTICE DEFINITIONS AND GUIDELINES

MAKING THE CASE FOR RETAIL FOOD CHANGES

- Engage hospital clinicians with nutritional expertise to analyze existing food and beverage options
- Conduct a scan of facility food and beverage environments, and contrast the percentages of healthy and unhealthy items
- Provide evidence of staff interest in healthy food through letters or testimonials
- Share examples of successful healthy food changes at other facilities, as well as studies explaining the detrimental health impacts of serving unhealthy food

RECOMMENDATIONS FOR MEASURABLE CHANGES

Once a hospital has decided to make changes to its retail food environments, it can be helpful to provide concrete targets and goals. Unless done in conjunction with a redesign or remodel, changing hospital retail food environments will likely be a multi-year effort, and should be designed as such.

Nationally recognized best practices include:

- Increase fresh or frozen fruit and vegetable purchasing by 20% over baseline year, and prefer sustainably grown and/or local
- Decrease meat and poultry purchasing by 20% over baseline year, and invest cost-savings into sustainably-raised meat and poultry
- Increase purchasing of local and/or sustainably-raised products by 20% per year
- Increase healthy beverage purchasing by 20% per year, with an optimal goal of 80% healthy beverages
- Increase access to tap water through well-marked filling stations or infused water
- Remove or decommission deep fryers
- Provide at least 50% healthy snacks in all hospital vending machines, cafeterias, and gift shops
- Provide and promote at least one healthy meal at each meal time
- Provide and promote at least one vegetarian or vegan option at each meal time

HELPING HEALTHY RETAIL ENVIRONMENTS SUCCEED

Hospitals that experience the highest rates of success in creating healthy retail food environments must enthusiastically market and sell the healthy items while reducing access to unhealthy items. Some strategies for this include:

- Create a hospital Wellness Committee comprised of stakeholders from multiple departments, including Food & Nutrition, Human Resources, Marketing, and interested nurses, pharmacists, and physicians
- Coordinate with the Clinical Nutrition Manager and/or existing hospital Nutrition Committee
- Communicate reason for changes to staff and patients at point of sale and throughout the retail environment
- Conduct taste tests to introduce new items to customers
- Place healthiest foods at eye level or front of displays
- Display only healthy foods within 5 feet of registers
- Structure pricing so that healthy items are priced equal to or less than unhealthy items
- Invite local farmers or ranchers to café to promote new local items

In addition to effectively marketing new menu items, it is important to communicate positive changes with hospital staff. This can be done through newsletters, paycheck inserts, posters and signage, and through organized efforts at special events such as holiday parties, National Nutrition Month (March), Heart Health Month (February), Childhood Obesity Awareness Month (September), Earth Day (April 22), Food Day (October 24), or other nationally or locally recognized events. Staff appreciation events such as holiday meals or summer picnics are also a wonderful opportunity to test, launch, or announce new healthy food endeavors.

EVALUATING SUCCESS

There are multiple ways to determine the success of healthy retail food changes.

- Request vendor reports to identify how food and beverage orders change over time
- Conduct a “pounds lost” analysis based on reduction of unhealthy foods and beverages
- Track revenue for specific items before and after changes took place
- Conduct a follow-up environmental scan to determine percentages of healthy and unhealthy items

CASE STUDIES

HARBORVIEW MEDICAL CENTER, UW MEDICINE, SEATTLE, WASHINGTON

UW Medicine’s Harborview Medical Center engaged in a multi-year strategy to enhance healthy retail options available to staff, patients, customers, and the community. The retail operations increased their fresh fruit and vegetable merchandising, and prioritized local and organic produce when possible. They utilized behavioral economics strategies to encourage consumers to make healthier choices, such as removing unhealthy items from within five feet of registers, stocking healthy beverages at eye level, and placing bowls of fresh fruit around the café. To encourage healthy eating at home, Harborview Medical Center hosts a bi-weekly farm stand provided by Clean Greens Farm and Market, and offers farm stand vouchers to patients seeking nutritional counseling.

DARTMOUTH-HITCHCOCK MEDICAL CENTER, LEBANON, NEW HAMPSHIRE

With hospital leadership support, Dartmouth-Hitchcock Medical Center eliminated sugar sweetened beverages (SSBs) in all retail areas on campus and partially in patient care areas. They developed a communications plan to explain the changes to employees prior to the implementation of the program. Their success was measured by decreases in calories consumed from SSBs, and translated into prevented pounds gained by their customers. In the first nine months, the hospital sold 1,341,072 fewer SSB ounces, equivalent 13,587,408 fewer sugar-sweetened calories,

which they translated into 3,882 fewer potential pounds gained. Dartmouth-Hitchcock Medical Center achieved this result with increased sales of healthier beverages, such as water, milk, and other non-sweetened items.

MERITUS HEALTH, HAGERSTOWN, MARYLAND

The CEO at Meritus Health wanted to remove all fryers as an important step towards serving healthier foods. A Wellness Committee comprised of the Retail Manager, Clinical Dietitian, Executive Chef and Community Educator researched available alternatives for quick baking of popular menu items rather than frying. They purchased a new specialized oven and worked with their distributors to identify potential new products. Recognizing the need for employee buy-in, select products were sampled and voted on by hospital staff and the favorites were added to the new menu. Corporate Communications worked with the team over six months to share regular updates with all hospital employees on the progress towards the anticipated goal, while the food service staff received training on the new system. Once the fryers were finally removed, a celebration was held and the feedback was extremely positive.

BEST PRACTICE DEFINITIONS AND GUIDELINES

LOCAL FOOD originates from farms, ranches, or processing facilities within 250 miles of the hospital.

SUSTAINABLE FOODS should carry one or more of the following third-party certified eco-labels: USDA Certified Organic, Food Alliance Certified, Salmon Safe, Rainforest Alliance Certified, Protected Harvest, Fair Trade Certified, Bird Friendly, Certified Humane Raised and Handled, Animal Welfare Approved, American Grass-fed, Marine Stewardship Council.

HEALTHY BEVERAGES include water (filtered tap, unsweetened, 100% fruit-infused, seltzer,

or naturally flavored), 100% fruit or vegetable juice (preferably organic), milk (unsweetened and rBGH-free or organic), non-dairy milk alternatives (unsweetened), teas and coffee.

HEALTHY SNACKS should be nutrient-rich, primarily whole foods with little added fat, sugar, or sodium. Examples include baby carrots, dried apples, unsalted nuts, and some 100% whole grain granola bars. Less ideal but still preferred are processed or refined snacks with some added fat, sugar, or sodium. Examples include dried fruit or vegetables with some added sugar or salt, baked potato chips, and some granola bars, and crackers with at least 50% whole grain. Snacks with third-party certifications such as USDA Organic, Fair Trade Certified, or Non-GMO Verified Project should be preferred.

HEALTHY MEAL CONSIDERATIONS

- **Fruit:** 50% of all menu items that include fruit utilize fresh or frozen varieties.
- **Vegetables:** A minimum of 75% of all menu items including vegetables utilize fresh or frozen varieties.
- **Grain:** Whole grain, options for minimum 50% of grains and breads (e.g., whole-wheat bread, whole-grain rolls, and brown rice)
- **Fat:** Eliminate all products that contain trans (partially hydrogenated) fats* and fully hydrogenated fats (* “Zero Trans Fats” should be the goal when total elimination is not possible.).
- **Model Healthy Meal Guidelines:**
 - Calories: 700 calories or less
 - Saturated Fat: 5g or less
 - Trans Fat: 0g
 - Cholesterol: 90mg or less
 - Fiber: 3g or more
 - Protein: 10g or more
 - Sodium: 700 mg or less

WANT TO LEARN MORE?

Visit Health Care Without Harm’s national Healthy Food in Health Care Program (healthyfoodinhealthcare.org) or Practice Greenhealth (practicegreenhealth.org).

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