Building Blocks for Success
*A Guide For Developing Healthy Beverage Programs*

There is no “one size fits all” approach to building a healthy beverage program. While the following are the typical components for effective programs, they can be tailored to fit the culture and goals of the organization. The other resources in this series are designed to support activities to implement these components. They also could be used to educate stakeholders about why and how healthy beverage programs are good for healthcare.

**Convene a Healthy Beverage Workgroup**

Beverage selections and procurement practices by healthcare facilities typically can involve administrative, legal, logistical and even emotional

The Public Health Law Center has created a series of resources designed to inform and support efforts to promote healthy beverage choices within Minnesota workplace settings, with a special focus on healthcare. This guide describes the key components for successful healthy beverage programs.
factors related to current beverage vendors and the selections they offer. This is why it is important to form an *internal workgroup* of individuals representing a broad range of departments within the facility who can advise on crafting a workable healthy beverage program, and who could serve as advocates for the initiative as it evolves.

**Assess Beverage Availability and Staff Perspectives**

**Assess the beverage environment:** A critical early step in creating a healthy beverage program for a facility is carrying out an assessment of the beverage environment. This assessment will provide baseline information to inform the development of a program and implementation plan, and can be used to track changes after the program is in place. The assessment could be carried out by members of the workgroup, and could be formal or informal.

The assessment should document:

- Types of beverages available, how they are made available (i.e., the access points, such as vending machines, caterers, cafés, cafeteria, etc.), and how frequently they are purchased (e.g., total sales per month) at each location and department.

- Availability of both unhealthy and healthy options, their prices and placement throughout the facility.

- Analysis of any contracts or agreements the organization has with food and beverage providers, including vending machine operators, cafeteria or retail contractors, concessions, caterers, etc.

**Workgroup Members**

These may include representatives from:
- Food service
- Nursing
- Nutrition
- Human resources
- Facilities
- Purchasing
- Union representatives
- External relations
- Financial office
- Upper management
- Pediatrics
- Cardiology
- Other key staff members

**Workgroup Functions**

The workgroup members can collaborate to design and implement a healthy beverage program by:

- Conducting an assessment of the beverage environment
- Informing the development of a healthy beverage policy
- Building support for the policy
- Developing a plan to implement the policy
- Coordinating and implementing employee education about healthy beverage choices
- Carrying out many of the implementation activities:
  - Clearly defining the healthy beverage goal
  - Creating measurable benchmarks
  - Developing timelines for meeting benchmarks
The **Healthy Beverage Baseline Audit Tool** provides a sample or a template for the workgroup to use.

**Survey staff:** The workgroup could also survey staff to gather information about their awareness and knowledge of beverage choices. One Boston facility sent a [Hospital Staff Survey](#) via email to all employees to collect information about their perspectives on how to approach implementing a healthy beverage program. The survey could also be a tool for sharing key findings from the assessment of the beverage environment.

Use the assessment and survey data to inform the development of the healthy beverage program. Also, when communicating with staff and other stakeholders about the need for a healthy beverage program, being able to frame the message with documentation showing where and the extent to which sugary drinks are available will help to make a compelling case.

### TABLE 1: Using MAPPS to Frame a Healthy Beverage Program

<table>
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<tr>
<th>STRATEGY</th>
<th>EXAMPLE</th>
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| **Media** | ■ Promote tap water and healthy beverage choices through cafeteria signage and a hospital-wide education campaign.  
 ■ Counter-advertise health effects of sugary drink choices.  
 ■ Promote the organization’s beverage program through internal newsletters and feature events.  
 ■ Share the financial, ecological, and potential health impacts of bottled beverage usage to promote a reusable mug or pourable beverage program.  
 ■ Notify external media outlets about the initiative and how it aligns with the organization’s mission of improving the human and environmental health of the community. |
| **Access** | ■ Provide only drinks that meet healthy beverage standards as determined by the internal workgroup.  
 ■ Reduce access to unhealthy beverage choices by limiting the number and portion sizes of offerings.  
 ■ Increase access to filtered water stations.  
 ■ Provide or sell fruit- and herb-infused tap water in retail, catering or other areas throughout the facility.  
 ■ Provide or sell reusable mugs/bottles with organization logos for healthy non-bottled beverage promotion. |
| **Point-of-Purchase** | ■ Add and/or increase education/signage for healthy beverages with an emphasis on water.  
 ■ Adjust beverage cooler plan-a-grams to favor healthy beverage product placement.  
 ■ Remove advertisements for unhealthy beverages in facility including on vending machine facades, or only allow advertisements for beverages that meet the healthy beverage policy. |
| **Price** | ■ Change the relative price of healthy vs. unhealthy beverages to make a healthy choice more affordable and desirable.  
 ■ Offer discounts and promotions for customers using reusable mugs. |
| **Social Support and Services** | ■ Create an environment of support for healthy habits by engaging senior management and clinician advocates.  
 ■ Connect the healthy beverage program to a broader effort within the organization to create a healthier workplace and support a healthy community. |
Develop a Healthy Beverage Policy and Program

Once the workgroup has completed an assessment of the beverage environment in the facility, a next step is to formulate a healthy beverage policy and a program for implementing the policy throughout the organization.

“Map” the Program: One way to plan and organize a program is to use the MAPPS strategies developed by the Centers for Disease Control and Prevention (CDC).

MAPPS represents five evidence-based strategies that, when combined, can have a profound influence on improving health behaviors by changing community environments. It includes: Media, Access, Point-of-decision (or point-of-purchase) information, Price, and Social Support/services.1 Table 1 provides examples of program elements for each of these strategy areas. The MAPPS strategies should be applied in the places where beverages are sold or provided including vending machines, cafeterias, concessions, meeting places, patient trays in hospitals, and lounges.

Connect with other organizations working on similar efforts to share resources, build momentum, and learn from their efforts.

Healthcare facilities throughout the country have found innovative and creative ways to utilize the MAPPS strategy to implement their beverage programs. Visit this Showcase of Healthy Beverage Programs in Health Care for examples of these programs.

Document the Policy: To be meaningful and sustainable, a policy must be written down. Otherwise, there is little guarantee that a policy will be maintained through organizational shifts, or that it will be implemented consistently. A healthy beverage policy could be a stand-alone policy, or it could be incorporated into other organizational policies, such as a wellness policy or sustainable food service policy.

Creating a written policy makes it easier to incorporate the policy into future requests-for-bid and contracts (see below for more on this topic). Resources to help with policy drafting include:

- Public Health Law Center’s Policy Drafting Checklist
- Sample hospital healthy beverage policies:
  - St. Elizabeth's Medical Center Sample Policy and Case Study
  - Fairview Hospital Sample Policy and Case Study

For links to other healthy food and beverage policy resources, see the fact sheet Healthy Beverage Hot Spots.

Promote Tap Water: Promoting water as an essential, healthy choice is a vital part of any healthy beverage
program, and is consistent with the goal of creating a healthy workplace. The organization can advocate for tap water based on its low cost and how it benefits the environment by reducing bottle and other waste. A first step in championing tap water is to ensure ready access to clean, attractive water fountains, coolers, or filtered water units. Educating about government or independent testing of water can help build confidence in its safety. Tap water promotion can also be achieved by distributing reusable water bottles through on-site stores or giveaways. For more information about promoting water and tap water in particular, see *Thirsty for Health*, another resource in this series.

**Engage Senior Management and Key Stakeholders**

The proposed healthy beverage policy should be presented to senior management for discussion and approval. Senior management is a key stakeholder group within any organization because it will be responsible for implementing and enforcing the policy. Thus, buy-in from senior management is critical.

Clinical staff members within the organization who recognize the link between sugary drink consumption and poor public and environmental health can be compelling advocates in meetings with senior management. Health Care Without Harm has a *Hydrate for Health* presentation (and Talking Points) that can be used in presentations to administration.

**Educate Staff, Visitors, and Other Stakeholders**

A robust and proactive educational and outreach plan stressing the importance of serving healthy beverages and their connection to the organization’s mission can facilitate implementation and promote program sustainability. With administration support, inform staff about the negative health impacts of sugary drinks, associated health costs, and about the benefits of healthy alternatives such as water.

**Start educating early:** Education should be done early to promote better awareness and understanding of the reasoning behind the policy. Early education also provides opportunities for staff to share their concerns and for strategies to address these concerns to be developed. If staff perceives that the process is participatory, transparent and straightforward, they are more likely to support it, or at least not oppose it.

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Multiple educational and outreach strategies may be used including internal newsletters, electronic communications, company website, staff meetings, informational sessions, taste-testings, games and educational events, and signage and flyers posted in the facility.

Early education also provides the opportunity to frame the policy favorably — emphasizing that it promotes healthier choices; creates a healthier work environment; and demonstrates the organization’s commitment to its mission and to promoting community health.

An effective means of educating staff, clients and visitors is posting point-of-purchase signage that provides information about which beverages are healthy and which are not, and why. If the organization plans to remove sugary drinks from its premises, point-of-purchase signage can be used during the transition period, before beverages are
removed. The Boston Public Health Commission has developed traffic light education signage, including posters and brochures about healthy beverage choices that could be used as templates. These educational efforts can transition into the “official launch” of the healthy beverage program.

Talking with Vendors: During the transition to a healthier beverage environment, open and ongoing communications with beverage vendors is key to maintaining positive working relationships with them. Begin by reviewing the terms and conditions of current contracts with beverage vendors and on-site food venues. Encourage compliance among vendors within the terms of a current contract by forwarding a written copy of the new beverage policy specifications, along with a statement presenting the organization’s goals to model healthy behaviors and promote public and environmental health through the provision of healthy beverages. Government-owned facilities may also be subject to laws that give contracting preferences to eligible legally blind vendors. This means that these vendors can be a particularly important group to engage with, although these laws do not explicitly limit the organization’s authority to implement a healthy beverage policy.

Contracts trump internal policies, unless those policies are incorporated into the contract.

Existing beverage contracts can present both challenges and opportunities in transitioning to a healthy beverage policy immediately. The contract terms may dictate the timeframe for implementing a new policy, depending on product specifications already included in the contract and when the contract expires. An organization could choose to
negotiate with current vendors to phase in healthier options before the contract ends. If the contracts are short-term or ending soon, an organization might decide to wait until the contracts are up for renewal to negotiate new contracts incorporating the policy language, or requesting bids that incorporate the new policy. Contracts trump internal policies, unless those policies are incorporated into the contract.

Waiting until the contracts expire may minimize conflict with vendors. This waiting period provides an opportunity to implement an education campaign before changes are visible. If contracts are of varying duration, an organization may want to consider building in a grace period for the contracts that end sooner, so that changes are implemented across the organization at the same time.

It is critical that the organization’s healthy beverage program is created with a mission and vision based on health serving as the foundation for its development. This is why the development of the beverage specifications and product profile for beverages to be sold or available in the facility should be handled by a healthy beverage workgroup made up of members of facility staff. Many beverage vendors have viable non-sugary alternatives to offer, and so are able to accommodate institutional policies focused on healthy choices without a problem. Some vendors, however, may express concerns and offer to engage in the development and roll-out of the policy and program. It is not recommended that such offers be accepted. Pragmatically, vendors are in the business of selling products, not promoting health or providing healthcare. However, after the organization’s healthy beverage policy has been established, it makes sense to engage beverage vendors, communicate the program’s specifications to them, and seek their support.

Beverage vendors also should not assume the role of providing verbal or written health information or advertisements about their products to staff in the facility. All messages sent to staff during the

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<th>BEVERAGE VENDOR’S CONCERN</th>
<th>HEALTHCARE FACILITY’S RESPONSE</th>
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<td>“You are taking away individual choice.”</td>
<td>“We, as an organization are providing plenty of choices for healthier beverages that align with our mission of supporting the health of the community we serve. If someone would like a beverage that is not being offered here, they continue to have the choice to bring it from home.”</td>
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<tr>
<td>“We can advertise collaboratively on this program.”</td>
<td>“This is the hospital’s initiative. Our internal marketing department will help us to promote healthier beverages. We would appreciate your partnership and support in meeting the timeline established in this healthy beverage program.”</td>
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<tr>
<td>“We have a list of beverages that have a ‘healthy’ profile.”</td>
<td>“Our hospital’s internal healthy beverage workgroup is establishing clearly defined beverage specifications. When they are fully established, we will provide these to you. At this time we would appreciate receiving your list of healthy beverages that meet these specifications.”</td>
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The key role of vendors is to provide beverages that meet the facility’s specifications and to meet the deadlines established by the internal workgroup for the program roll-out.
transformation period should be developed by the workgroup. The key role of vendors is to provide beverages that meet the facility’s specifications and to meet the deadlines established by the internal workgroup for the program roll-out. Vendor activities in the program roll-out may include replacing current vending machines that have advertising with clear-faced machines with no advertising, re-stocking beverages according to new shelving or placement strategies, and removing other forms of ads for beverages defined as unhealthy or that do not meet the standards of the organization’s new healthy beverage policy.

The talking points in Table 2 suggest responses for common concerns and offers from beverage vendors when talking to them about the healthy beverage policy and program.

**Implement the policy**

**Location Matters:** Consistent and comprehensive implementation of the policy is key to success. As noted above, each location or venue where beverages are sold or provided will present different challenges and opportunities for implementation. For more information about how locations and venues factor into implementation, see the fact sheet *Healthy Beverage Hot Spots*.

**Put It in Writing:** An important part of the implementation plan should be taking steps to make sure the healthy beverage policy is incorporated into requests-for-bid and contracts going forward. Policies must be incorporated into requests-for-bid and contracts to be enforceable with vendors. The
Policy document can also be given to current and potential contractors, as part of efforts to educate contractors about the organization's goals and policies, and to encourage compliance.

Address and Overcome Challenges
As with any change, challenges may occur. While many staff, clients and visitors will respond positively to changes towards a healthy beverage environment, there may be some negative responses as well. Many people feel attached to certain food and beverage choices, and may express strong feelings about the removal of a selection. Many facilities have found that providing advance notice about the initiative reduces negative reactions to the transition to healthier beverages. Share with all stakeholders that, as a healthcare organization, the facility will not offer certain beverage selections — or will make them less readily available — because promotion of unhealthy choices is inconsistent with its mission. Consistent messaging in the facility newsletter and in the cafeteria, coupled with informational and encouraging emails from upper level administration, can help address concerns about implementation of the new healthy beverage policy.

Healthy People Are Also Healthy for the Bottom Line: A common misperception with healthy beverage programs is that they will lose money. Beverage vending machines generate income, and many people assume that moving to healthier options means fewer people will buy beverages. However, the experience of schools that have implemented similar measures suggests that after an initial adjustment period, beverage revenue remains fairly constant and customers embrace the sale of healthier options — particularly water and 100% juices. Hospitals implementing healthy beverage programs show similar results.

Innovative programs that encourage consumption of healthier beverages can also provide additional revenue, such as:

- Selling BPA-free reusable mugs for water refill
- Instituting promotional programs for new and healthy beverage alternatives
- Providing fruit- and herb-infused water for free or a low cost
- Adding fresh fruit and vegetable smoothies to retail offerings

It is also important to keep in mind that measures to reduce availability of sugary drinks improve the health of employees, decreasing costs to the organization in the form of healthcare expenditures and lost productivity.

For more information on this topic, see the fact sheet in this series, *Healthy Beverage Programs, Healthy Bottom Lines*.

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Track Progress
Tracking is an important component of healthy beverage programs. It helps with monitoring progress toward goals; understanding the economic impact of the strategies being used; reporting on successes to upper management and the community; and recognizing the program's impact.
Tracking Tools

Health Care Without Harm provides two Microsoft Excel tracking spreadsheets that can be modified according to an organization’s specific program needs and objectives. It is important to note that definitions of healthy beverages and sugary beverages should be clearly established before program implementation and tracking begins.

**Healthy Beverage Tracking Tool:** This tracking tool monitors dollars spent by the organization on healthy beverages. The spreadsheet allows users to enter monthly totals in four categories of food service. It will calculate annual spending on healthy beverages, and compare it to baseline numbers and the annual beverage budget. There are also columns to designate locally/sustainably-produced beverages, if desired.

**Sugar Sweetened Beverages Tracking Tool:** This tracking tool monitors dollars spent by the organization on sugary drinks. The spreadsheet allows users to enter monthly totals in four categories of food service. It will calculate annual spending on sugary drinks, and compare it to baseline numbers and the annual beverage budget.
Two Ways to Track: Two major tracking pathways include measuring sugary drink purchases, and measuring healthy beverage purchases (i.e., increases in healthy beverage purchases vs. tracking decreases in sugary drink sales, as applicable). An organization could choose to track one, or both, if feasible, and depending on the type of program it has decided to implement.

In either case progress should be measured against baseline numbers (e.g., the organization’s purchasing of sugary drinks prior to or at the onset of the program) and the overall annual numbers (total beverage budget, total beverage sales, etc). Be sure that all areas affected by the healthy beverage program are included in the tracking process. It is helpful to distinguish between different areas of food service — patient, retail/cafeteria, vending, and catering — and to set specific targets for each area.

Tracking shifts in institutional beverage purchases may showcase shifts in beverage selections by staff and visitors. Tracking information that quantifies and illustrates the amount of calories or grams of sugar avoided, or the reduction of waste diverted from landfills with fewer plastic bottles sold, are creative ways to communicate the program’s effectiveness.

Keep in mind that when tracking healthy beverage increases, increases in tap water consumption will not be accounted for so this should be noted when reporting results.

Celebrate Successes

Celebrating successful implementation is a key part of maintaining momentum. Taking time to celebrate also can deepen the organization’s commitment to the new, healthier “normal” that it has worked hard to create for staff, visitors, vendors, and the larger community. Share tracking results and beverage trends in the staff newsletter with encouraging commentary. Host events with local advocates and community leaders to highlight the positive steps the organization has taken to support healthy, sustainable choices. By choosing to promote healthy drinks and access to public drinking water instead of sugary drinks, the organization is demonstrating its leadership and commitment to community health.

Additional Resources

This guide and the other resources in this series can be found on the Public Health Law Center’s website at www.publichealthlawcenter.org and Health Care Without Harm’s website at www.healthyfoodinhealthcare.org.

The Commons Health Hospital Challenge program, led by the Institute for a Sustainable Future, also has resources and technical assistance geared towards communities, clinicians and Minnesota hospitals committed to leading obesity prevention efforts in their communities. Health Care Without Harm, through its national Healthy Food in Health Care Program, provides technical assistance and educational programming to support a national network of healthcare organizations in creating healthy food and beverage environments in their facilities. The American Heart Association also has several policy position statements on obesity prevention, and related resources to support healthy food and beverage environments in a variety of settings.
Endnotes

1 More information about the CDC MAPPS strategy can be found at http://www.cdc.gov/chronicdisease/recovery/PDF/N_and_PA_MAPPS_strategies.pdf.


3 Examples of how facilities have implemented their programs are available from Health Care Without Harm’s Showcase of Healthy Beverage in Health Care Programs, http://www.noharm.org/lib/downloads/food/Healthy_Beverage_Presentation.pdf.

Healthcare Can Lead the Way

Making the Healthy Choice the Easy Choice

The Policy, Systems, and Environmental Change Approach

Solving America’s obesity epidemic requires a multi-faceted effort. While education is an important part of any effort to improve health, education alone rarely results in behavior change. Approaches that are likely to have the most impact are those that succeed in shifting the current framework to create healthier environments (refer to Figure 1). Policy, systems, and environmental (PSE) changes broadly affect the way we live and assist in creating frameworks where the easy, default choices are healthy choices, as opposed to unhealthy ones. For these reasons, experts at the Centers for Disease Control and Prevention (CDC) and the Institute of Medicine (IOM) recommend PSE-based approaches for promoting healthy beverage choices and reducing overconsumption of sugary drinks across a variety of sectors, including

“It is unreasonable to expect that people will change their behavior so easily when so many forces in the social, cultural, and physical environment conspire against change.”
— Institute of Medicine

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worksites and healthcare, as key strategies for reducing and preventing obesity. Recommended, evidence-based PSE strategies include: providing access to free, safe drinking water; limiting access to sugary drinks; promoting access to and consumption of healthy drink choices; and using pricing strategies to make healthy drink choices more affordable.

The Minnesota Department of Health’s state plan to reduce obesity and obesity-related chronic diseases identifies worksites and healthcare settings as two key sectors where obesity reduction and prevention strategies should be implemented. The work environment influences employee beverage and food choices in conscious and unconscious ways. Most employees spend at least eight hours a day in the workplace and consume at least one meal, including a beverage, while at work. For employees who cannot go off-site during their shifts, their food or drink choices will be dictated by what they bring with them or what they can buy at their workplace. Policies directing what drinks or foods can be served during meetings or other work events also help shape dietary choices. Strong evidence supports the effectiveness of workplace obesity prevention and control programs that include improved access to healthy foods in vending machines and cafeterias.

**Positioned to Lead**

The IOM has pointed out how well-positioned healthcare settings are to lead efforts to promote healthy food environments, calling on them to provide models for healthy eating and active living worksite practices and programs. This echoes similar calls for action made in Minnesota. In its June 2007 report, the Minnesota Task Force on Childhood Obesity urged the healthcare sector to

![FIGURE 1: The Health Impact Pyramid. Interventions that affect socioeconomic factors (such as poverty, education, housing, racism, and other inequities) are likely to have the greatest public health impact.](source: Thomas R. Frieden, A Framework For Public Health Action: The Health Impact Pyramid, 100 Am. J. Pub. Health 590, 591 (2010).)
“[e]nsure clinics and hospitals provide healthy food and physical activity options for staff, patients and visitors.” Hospital and healthcare staff across the country — including in Minnesota — have been taking up the challenge by working to implement policies and practices to reduce consumption of sugary drinks and unhealthy foods, and promote consumption of healthy products within their organizations. Case studies highlighting some of these examples are included in this series.

Supporting health-promoting behaviors and choices is inherently consistent with healthcare’s mission to prevent and treat chronic disease and other health problems. Nonetheless, studies have shown that healthcare settings all too frequently create food and beverage environments that provide easy access to unhealthy choices, which can enhance the appeal of unhealthy options. For example, studies have documented that many U.S. hospitals, including children’s hospitals, host fast-food franchises and fast-food menu offerings. One study reported that the existence of fast food within a hospital campus was associated with more positive perceptions of fast food (including healthiness) among parents visiting the hospital. Another study of California healthcare facilities serving children in communities participating in a Healthy Eating, Active Communities program found that 79% of the facilities had vending machines (with hospitals having the highest average number per facility compared to health departments and clinics), with soda and candy comprising the greatest percentage of products offered.

**Challenges and Opportunities**

The challenges of (and opportunities for) promoting access to healthy food and drink choices exist in healthcare settings as they do in other kinds of worksites, and maybe even more so. But by pioneering efforts in this area, healthcare facilities can provide roadmaps for how other types of organizations can navigate these challenges successfully. For example, within healthcare facilities, vending machines may be the only source of food or drink for staff — as well as for patients and visitors — when the cafeteria is closed or is otherwise not available. Hospitals that have changed their vending contracts or worked with vendors to promote the availability of healthier options provide examples of how institutions can establish policies and practices designed to support healthy food and beverage choices, and respond effectively to questions about choice, potential economic impact, and other concerns that often arise when healthy options are phased in.

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U.S. hospital employees and their families experience an illness burden that is 8.6% higher than the general U.S. workforce and . . . are more likely to suffer from chronic medical conditions such as asthma, diabetes, congestive heart failure, HIV, hypertension, mental illness and obesity/overweight.

**Improving Worksite Wellness**

Finally, compared with other sectors, healthcare organizations and their employees are just as — if not more — likely to benefit from PSE changes focused on improving nutrition and health. A 2010 study of 1.1 million hospital workers and their dependents found that this group experiences an illness burden that is 8.6% higher than the general U.S. workforce, and that they are more likely to suffer from chronic medical conditions such as asthma, diabetes, congestive heart failure, HIV, hypertension, mental illness and obesity/overweight. The study also found that healthcare costs for hospital employees are 10% higher than the average cost for U.S. workers. The study estimated that a hospital or
health system with 16,000 employees would save about $1.5 million per year in medical and pharmacy costs for each one percent reduction in health risk for its employees. While several factors — such as stress and long work shifts — contribute to the illness burden carried by the healthcare workforce, policies that promote healthy food and beverage environments could help reduce this burden.

Conclusion

As employers and providers, healthcare organizations hold a significant investment in the health of their employees and patients. They also have a key leadership role in helping to create healthier communities by modeling PSE changes that can shift the social norms that promote chronic disease and premature death. Public health experts agree that overconsumption of sugary drinks is one of the social norms that must be changed. Healthcare organizations should step up to answer the call.

Additional Resources

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Endnotes

1. See Ctrs. for Disease Control and Prevention, The CDC Guide to Strategies for Reducing the Consumption of Sugar-Sweetened Beverages (2010), available at http://www.cdc.gov/su-Sugar_Sweetened_Bevers.pdf; and Inst. of Medicine [IOM], Accelerating Progress in Obesity Prevention, Solving the Weight of the Nation 166-184; 190-20; and 303-308 (Dan Glickman et al. eds., 2012) [hereinafter IOM, Accelerating Progress in Obesity Prevention].


3. IOM, Accelerating Progress in Obesity Prevention, supra note 1, at 306.

4. IOM, Accelerating Progress in Obesity Prevention, supra note 1, at 303.


7. Sahud et al., supra note 6, at 2295-96.

8. Sally Lawrence et al., The Food and Beverage Vending Environment in Health Care Facilities Participating in the Healthy Eating, Active Communities Program, 123 Pediatrics S287, S287 (2009).

Sickly Sweet

*Why the Focus on Sugary Drinks*

Although many factors influence rates of obesity and overweight, sugary drinks play a significant role. Some argue that singling out one type of food is not appropriate because any treat can be consumed in moderation. The fact is, however, that sugary drinks are no longer consumed as a special treat. Instead, they have become a regular and large contributor of daily calories to our diet. This is why efforts to reduce sugary drink consumption are widely supported by public health experts.¹

**Consumption of Sugary Drinks**

Almost all of the sugar that Americans consume comes from added sugars (sugars added to food during processing, preparation, or at the table), and these added sugars account for about 16% of all the calories in the U.S. diet.² Just under half of all these added sugars comes from sugary drinks such as soda, energy drinks, sports drinks, and “fruit” drinks (see Figure 1), prompting experts at the Institute of Medicine to identify sugary drinks as the single largest contributor of calories and added sugars to the U.S. diet.³

While sugary drink consumption varies by age, sex, income, race and ethnicity, on any given day about half the U.S. population consumes a sugary drink and 25% consumes more than one.⁴ Males consume

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more than females, and teens and young adults consume more than other age groups — for example, 70% of boys ages 2-19 years consume sugary drinks on any given day. According to Minnesota Student Survey data from 2010, about one-third of Minnesota 6th and 9th-graders and one-quarter of 12th-graders reported that they drank one or more sports drink a day. Additionally, nearly 50% of 6th-, 9th-, and 12th-graders surveyed reported that they drank one or more pop or soda drinks in a day. While this number has declined from 2001 figures (when about two-thirds or more of students in all age groups reported consuming one or more pop or soda drinks a day), it still remains high.

Americans consume about 250–300 more daily calories today compared to several decades ago (see Figure 2 showing how portion sizes have increased) and nearly half of this increase can be explained by greater consumption of sugary drinks. Globally, the U.S. is a leading consumer of soft drinks. The U.S. annual average per capita consumption of carbonated soft drinks was 716 eight-ounce servings in 2011, or about 44.75 gallons per person. This calculation doesn’t include all types of sugary drinks (and does include some diet drinks); however, it is notable that four out of the five top-selling carbonated soft drink brands are sugary drinks (as opposed to diet brands).
half (48%) of sugary drinks are consumed away from home. Most sugary drinks, including soda, offer “empty” calories, meaning they have no nutritional value and do nothing to support health. While liquid calories are not as filling as calories from solid food, studies indicate that people who add calories to their diet through sugary drinks do not tend to reduce the number of calories they consume from other sources. Instead, sugary drink consumption is associated with increased energy intake, increased consumption of less healthy food choices, as well as lower intake of healthier choices such as fruit and milk. As a result, more total calories tend to be consumed by those drinking liquid calories from sugary drinks than those who do not. Furthermore, in order to burn off the 150 calories found in a 12-ounce soda, an adult must walk briskly for 30 minutes. Because so few people engage in this amount of exercise regularly, consuming sugary drinks makes it even harder for the average person to achieve the necessary energy balance to maintain a healthy weight.

**Sugary Drinks Contribute to Diabetes and Obesity**

Numerous studies indicate that higher consumption of sugary drinks is associated both with higher risk of weight gain but also with higher risk of developing type 2 diabetes, heart disease, and metabolic syndrome. One meta-analysis of eight studies examining the impact of sugary drink consumption on health found that consumption was significantly associated with type 2 diabetes based on over 15,000 reported cases. Another meta-analysis of 30 studies on sugary drink consumption ranging from 1966 to 2005 found that sugary drink consumption was associated with weight gain and obesity. A similar review of 88 studies found that sugary drink consumption was positively associated with weight. One meta-analysis even concluded that sugary drinks likely

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**FIGURE 3: What is a “Sugary” Drink?**

These are examples of some of the most common sugary drinks:

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<tbody>
<tr>
<td>Soft drinks</td>
<td>Coke, Pepsi, Mountain Dew, Dr. Pepper</td>
</tr>
<tr>
<td>Fruit drinks†</td>
<td>Sunny D, Hawaiian Punch, Capri Sun</td>
</tr>
<tr>
<td>Tea and coffee drinks</td>
<td>Arizona Iced Tea, Snapple Iced Tea, Starbucks Bottled Frappuccino</td>
</tr>
<tr>
<td>Energy drinks</td>
<td>Red Bull, Monster, Rock Star</td>
</tr>
<tr>
<td>Sports drinks</td>
<td>Gatorade, Powerade</td>
</tr>
<tr>
<td>Sweetened milk</td>
<td>Nesquik Chocolate Milk, Silk Vanilla Soy Milk</td>
</tr>
</tbody>
</table>

*Note: This is not an exhaustive list. Furthermore, many of these drinks are now available in diet and low-calorie varieties, which are sweetened with non-caloric sweeteners.
† Drinks labeled as 100% fruit juice are not considered sugary drinks.
accounted for at least 20% of the weight gained by Americans between 1977 and 2007. The evidence supporting a link between sugary drink consumption and weight gain is strong and continues to grow.

**Conclusion**

Reducing sugary drink consumption is a key strategy for reducing obesity and improving health. Hospitals and other healthcare facilities can play a key leadership role in these efforts by implementing food and beverage policies that promote healthy choices.

**Additional Resources**

The other resources in this series can be found on the Public Health Law Center’s website at www.publichealthlawcenter.org and at Health Care Without Harm’s website at www.healthyfoodinhealthcare.org.

The Commons Health Hospital Challenge program, led by the Institute for a Sustainable Future, also has resources and technical assistance geared towards communities, clinicians and Minnesota hospitals committed to leading obesity prevention efforts in their communities. Health Care Without Harm, through its national Healthy Food in Health Care Program, provides technical assistance and educational programming to support a national network of healthcare organizations in creating healthy food and beverage environments in their facilities. The American Heart Association also has several policy position statements on obesity prevention, and related resources to support healthy food and beverage environments in a variety of settings.

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**Endnotes**

1 See, e.g., Ctrs. for Disease Control and Prevention [CDC], The CDC Guide to Strategies for Reducing the Consumption of Sugary Drinks (2010); Inst. of Med., Accelerating Progress in Obesity Prevention, Solving the Weight of the Nation 166-84 (Dan Glickman et al. eds., 2012) [hereinafter 2012 IOM Obesity Report].


3 2012 IOM Obesity Report, supra note 1, at 167.
5 Id. at 5.
6 Id. at 2.
8 Id.
12 Id. at 1.
13 Ogden et al., supra note 4, at 5.
16 See Mrdjenovic and Levitsky, supra note 14; Matthias B. Schulze et al., Sugary Drinks, Weight Gain, and Incidence of Type 2 Diabetes in Young and Middle-aged Women, 292 JAMA 927 (2004); and Vartanian et al., supra note 15.
17 Julie R. Palmer et al., Sugar-Sweetened Beverages and Incidence of Type 2 Diabetes Mellitus in African American Women, 168 Archives of Internal Med. 1487 (2008); and Schulze et al., supra note 16.
18 Lawrence de Koning et al., Sweetened Beverage Consumption, Incident Coronary Heart Disease and Biomarkers of Risk in Men, Circulation (published online ahead of print March 12, 2012), http://circ.ahajournals.org/content/early/2012/03/09/CIRCULATIONAHA.111.067017.full.pdf and Teresa T. Fung et al., Sweetened Beverage Consumption and Risk of Coronary Heart Disease in Women, 89 Am. J. Clinical Nutrition 1037 (2009).
19 Ravi Dhingra et al., Soft Drink Consumption and Risk of Developing Cardiometabolic Risk Factors and the Metabolic Syndrome in Middle-aged Adults in the Community, 116 Circulation 480 (2007).
22 Vartanian et al., supra note 15.
Healthy Beverage Programs, Healthy Bottom Lines

Taking steps to eliminate the availability of sugary and other unhealthy beverages within a facility often raises concerns that these programs will result in revenue loss. Food and beverage vending machines generate income, and there is a common misperception that healthy options won’t sell as well as unhealthy ones. Healthy vending programs implemented in schools indicate that the feared financial losses rarely come to pass. The experiences of schools and worksites that have implemented measures to reduce availability of unhealthy foods and beverages suggest that while there may be an initial adjustment period, overall revenue remains fairly consistent.¹ These experiences indicate that customers tend to embrace the sale of healthier options — particularly water and 100% juices.

Hospitals implementing these changes have had similar results. This series includes case studies that describe the experiences of two Massachusetts hospitals that implemented healthy beverage programs without hurting beverage sales or revenue. For example, after implementing a healthy beverage program, St. Elizabeth’s Hospital reported a 30% increase in healthy beverage sales, and an increase in overall sales compared to the previous year. Fairview Hospital had a similar experience.

The Public Health Law Center has created a series of resources designed to inform and support efforts to promote healthy beverage choices within Minnesota workplace settings, with a special focus on healthcare. This fact sheet discusses some of the common misperceptions about the potential financial impact of healthy beverage programs.

¹ These experiences indicate that customers tend to embrace the sale of healthier options — particularly water and 100% juices.
Hospital reported no significant change in revenue after eliminating sugary drinks from its offerings.

**Employees Want Healthier Beverages, and Educational Campaigns Can Help**

Experience indicates that a well-run education and marketing campaign will help increase the demand for healthy beverages, and could even increase overall sales. As explained in *Building Blocks for Success*, another resource in this series, marketing and education campaigns can play an important role in supporting a culture shift towards healthy choices.

The tide has already begun to change towards healthier choices. The beverage industry itself has noted that an increasing proportion of beverage profits are coming from the sale of water, 100% juice, and other healthy beverages. In fact, according to industry surveys, employees rate water as the most important (34%) beverage choice in the workplace, ahead of unsweetened coffee (25%) and well ahead of soda/iced teas (16%), juice (13%) and sweetened coffee drinks (6%).

**Healthy Beverage Programs Could Promote Healthcare Savings**

When considering the revenue implications of implementing a healthy beverage or food program, it is important to look more broadly at the costs of our nutritional choices and how these may affect the costs of healthcare for employees. It is clear that nutrition-related health issues have increased the nation’s healthcare costs. This trend is consistent with what is happening in the healthcare sector as well. In fact, a 2011 Thomson Reuters study found that U.S. healthcare workers were less healthy and accrue higher healthcare costs than the U.S. workforce at large.

The study found that healthcare employees and their dependents are admitted for chronic illness 18% more often than the general workforce. Specifically, compared to the average U.S. worker, healthcare workers and their dependents were:

- 32% more likely to be admitted for congestive heart failure,
- 17% more likely to be admitted for diabetes,
- 20% more likely to be admitted for hypertension, and
- 31% more likely to be admitted for overweight/obesity.

This data indicates that improving the nutritional quality of food and beverage offerings in this sector could be an important part of helping healthcare workers be healthier themselves. Improved employee health not only leads to better productivity, but it can also save an institution millions in healthcare costs for employees. The Thomson Reuters study predicted that a hospital or health system with 16,000

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According to industry surveys, employees rate water as the most important (34%) beverage choice in the workplace, ahead of unsweetened coffee (25%) and well ahead of soda/iced teas (16%), juice (13%) and sweetened coffee drinks (6%).

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employees would save an estimated $1.5 million annually in medical and pharmacy costs for each one percent reduction in health risk.

**Healthy Beverage Programs that Are Part of “Going Green” Efforts Can Save Money and Boost Employee Morale**

A healthy beverage program is not only a health initiative, but it can also be an environmental initiative, which can lead to additional positive financial impact. Many hospitals and other institutions are promoting tap water as the best alternative to sugary drinks by installing filtered water stations and infused water stations. Replacing sugary drink offerings with healthy selections dispensed in bulk (coffee, tea, juice, and water stations), can eliminate the need to purchase single-use bottled beverages, which are typically more expensive and create bottle waste. Tremendous resources are used to create, pack, ship, and dispose of single-use beverage bottles. By encouraging the use of refillable containers for healthier beverages, a healthcare facility shows that it is thinking more broadly about the impacts of our food system, and provides employees opportunities to feel good about participating in positive environmental change.

Indeed, according to a 2008 survey brief by the Society for Human Resource Management, employees and human resources professionals at organizations that participate in environmentally responsible programs reported improved employee morale, a stronger public image and a positive financial bottom line as the top three positive outcomes of these programs. Therefore, a healthy beverage program that includes environmentally-responsible practices not only can promote better physical health for employees, but also can help boost morale. Improved morale can lead to increased employee retention rates — 61 percent of employees in organizations implementing environmentally-friendly practices reported that they are “very likely” or “likely” to stay with their current organization because of their organization’s environmentally responsible programs.

**Conclusion and Additional Resources**

The bottom line is that healthy beverage programs are not only good for employee and community health, but they also can contribute positively to healthcare’s bottom line.

Another fact sheet in this series, *Healthcare Can Lead the Way*, provides additional information about the important role of hospitals and other healthcare settings in promoting healthy food and beverage programs as part of social norm change necessary to combat the obesity epidemic. The entire series can be found on the Public Health Law Center’s website at [www.publichealthlawcenter.org](http://www.publichealthlawcenter.org) and at Health Care Without Harm’s website at [www.healthyfoodinhealthcare.org](http://www.healthyfoodinhealthcare.org).

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The Public Health Law Center provides information and technical assistance on issues related to public health. The Public Health Law Center does not provide legal representation or advice. This document should not be considered legal advice. For specific legal questions, consult with an attorney.

Endnotes


Thirsty for Health

Tap Water and Healthcare

Water is essential to maintain optimal hydration. Promoting water consumption is an important strategy for reducing the intake of sugary drinks to ultimately reduce or prevent obesity. Consumption of sugary drinks has been identified as the largest contributor of calories and added sugars in the U.S. diet. In fact, one recent study indicates that replacing sugary drinks with water could cut up to 235 calories per day from the average American child’s intake.\(^1\) As a replacement strategy, people frequently choose to drink bottled water as a healthy alternative to other beverages.\(^2\) Although drinking bottled water is healthier than drinking sodas and other sugary drinks, tap water is more affordable and can offer additional benefits.

Health Benefits of Tap Water

In addition to being calorie- and fat-free, drinking water — tap water in particular — helps promote healthier mouths. Tap water is typically fluoridated in the U.S. to levels designed to prevent tooth decay.

One recent study indicates that replacing sugary drinks with water could cut up to 235 calories per day from the average American child’s intake.

The Public Health Law Center has created a series of resources designed to inform and support efforts to promote healthy beverage choices within Minnesota workplace settings, with a special focus on healthcare. This fact sheet explains why promoting drinking water from the tap makes public health and economic sense.
and promote oral health. Regularly rinsing with and drinking tap water helps keep the mouth clean of bacteria and ensures that people receive fluoride in small, regular doses. However, most bottled water products do not contain the optimal amount of fluoride. This means that people who rely on bottled water as their primary drinking water source, and who don’t receive enough fluoride from other sources (such as toothpaste), may not get the fluoride they need to fight off tooth decay. Tooth decay is one of the most common chronic diseases that affect U.S. children and adolescents, and it is largely preventable. Thus, the Centers for Disease Control and Prevention (CDC) has identified tap water fluoridation as one of the ten most important public health achievements of the 20th century.

Because of the way bottled water is regulated, it can be more difficult for consumers to know how much fluoride it contains. The Environmental Protection Agency (EPA) regulates tap water and the Food and Drug Administration (FDA) regulates bottled water. As part of its authority under the Federal Food, Drug, and Cosmetic Act, the FDA sets minimum standards for bottled water produced in the U.S., including labeling requirements. States can impose additional standards, and several have done so. In Minnesota, the Department of Agriculture licenses and regulates water bottlers in Minnesota, including enforcing the FDA’s regulations, and oversees water vending machines. Under FDA regulations, beverage companies are not required to disclose fluoride content on bottle labels; they only need to disclose whether the water contains fluoride additives. Consumers must contact the company to get fluoride content information.

Aside from oral health, there are other health and safety benefits to tap water. A 2009 U.S. Government Accountability Office report concluded that when compared to EPA regulation of tap water, FDA’s bottled water regulations fell short in key respects, including in the areas of enforcement, testing and reporting. (It should be noted that many bottled water products are filled with municipal tap water that has been distilled or processed in some way — which can be another source of consumer confusion.) A 2008 study by the Environmental Working Group found a variety of pollutants in common bottled water brands including fertilizer, pharmaceutical residues and carcinogenic chemicals. This study concluded that despite consumers’ perceptions to the contrary, bottled water products were generally no more “pure” than tap water.
Also, in contrast to bottled water, tap water does not come with the risk of consuming leached chemicals and bacterial growth from the bottle. Most bottled water containers are made from polyethylene terephthalate (PET), and contain additional additives from plastic synthesis processes. These chemicals can leach into the water, particularly if the bottles are degraded from heat or wear-and-tear. Although the long-term effects of exposure to these chemicals are unknown, several are linked to cancer and various forms of system toxicity. Additionally, due to the risk of bacterial growth, disposable plastic bottles should not be reused, but recycled.

In many blind taste tests consumers have actually preferred the taste of tap water to bottled water or could not tell the difference.

Bottled Water: A Costly Price-Tag

Because disposable plastic water bottles are not designed for reuse, bottled water generates huge volumes of waste that negatively impact the environment. Approximately two million tons of plastic beverage bottles are disposed in U.S. landfills every year — a mere 23% are recycled. Plastic waste is not the only environmental impact associated with bottled water; the processes of making, filling, and distributing bottles of water requires six times as much water per bottle as comes in the average container. Based on 2006 figures, nearly 17 million barrels of oil are used annually to make plastic bottles for bottled water in the U.S. The excess water and fossil fuels involved with the production process translates into higher prices — bottled water can cost up to 4,000 times more than tap water.

Promoting tap water for drinking in healthcare environments is cost effective on multiple fronts. Tap water is cheaper for healthcare organizations because it doesn’t come with the same costs for buying, transporting, and recycling that bottled water entails. And tap water is much cheaper for employees and community members because it is free, unlike bottled water which can cost anywhere from $1.00 to over $3.00 per bottle from vending machines and similar retailers.

The Taste Myth

A common misperception is that bottled water tastes better than tap water. However, in many blind taste tests consumers have actually preferred the taste of tap water to bottled water or could not tell the difference. Further, according to a recent market research firm, growing numbers of restaurant diners are ordering tap water over other beverages, indicating taste is not an issue for many consumers.

Some people may have reservations about the cleanliness and safety of public drinking fountains, rather than about the water itself. Drinking fountains are regulated by both the Minnesota Plumbing Code and the federal Americans with Disabilities Act (ADA). They must be designed to be non-oxidizing, easily cleaned, and prevent backflow. Compliance with regulations relating to drinking fountains or water distribution systems (e.g., quantity, temperature, water pressure, height) is the responsibility of the business.

Minnesota Tap Water Regulation

Minnesota’s water safety is regulated by both state and federal law. The state’s water quality is typically managed by public water providers. Most (over 75%) Minnesotans get their drinking water from community water sources. The Minnesota Department of Health (MDH) has a Drinking Water Protection program which is responsible for ensuring that all public water systems in the state comply with the federal Safe Drinking Water Act.
MDH also has a well management program to regulate the construction and sealing of both public and private wells. The property owner is responsible for assuring the safety and quality of private well water, but MDH provides information about well-water quality testing and maintains a list of Certified Environmental Laboratories that can test well-water for certain substances. A 2011 MDH study indicates that the most common contaminants in Minnesota’s groundwater supply tend to be arsenic, bacteria, disinfection by-products, lead, and copper. Despite this, water quality is not a major concern for most Minnesota communities; in 2007, 96% of Minnesotans received drinking water from community water systems that met all Safe Drinking Water Act standards. The Environmental Working Group has ranked Minneapolis tenth out of 100 big cities nationwide in water quality, and Saint Paul was ranked seventeenth. Thus, tap water is a healthy resource that is widely available in Minnesota, and communities are using innovative approaches to promote its use and appeal.

Creative Approaches for Promoting Tap Water

Clean drinking fountains and conveniently placed filtered water stations otherwise known as “hydration stations” are an easy way to increase access to tap water. Minnesota has adopted the 2006 International Building Code, which establishes the minimum number of drinking fountains required to be installed in buildings, with the number varying depending on the type of building (but typically, there must be at least two per building). For hospitals and medical buildings, there must be at least one fountain per 100 occupants. Other types of water dispensers (such as refillable water bottle stations) can be substituted for up to fifty percent of the required number of drinking fountains. Minnesota’s 1:100 ratio is simply a minimum standard. Other states recognize that more fountains are necessary to provide adequate access and to promote health. For example, Massachusetts uses a ratio that equates to about 1 drinking fountain per 50 occupants in healthcare facilities.

In Minnesota, there have been several recent initiatives to increase use of free, safe drinking water by both public and private entities. The City of Minneapolis created the Tap Minneapolis program to promote awareness about the benefits of tap water. As part of this effort, Tap Minneapolis provided portable drinking fountains for large public events, and the City recently funded the addition of ten new water fountains throughout the City, designed and built by local artists. Bottle-filling stations also are becoming increasingly popular in government worksites and college campuses across Minnesota, in places such as International Falls, St. Peter, St. Joseph’s, as well as Minneapolis. Even restaurants are taking part, doing things like replacing plastic bottled water with reusable, refillable stainless steel water bottles for the same price. Many institutions nationally are implementing creative approaches to increase access, awareness, and education about tap water such as posting educational signage at beverage points of purchase, signage near vending machines signaling the closest public water fountain, and offering attractive fresh fruit and herb infused water in place of bottles in vending and retail locations. These are examples of measures that healthcare settings could adopt to promote the consumption of free, safe drinking water, and reduce consumption of sugary drinks.
**Conclusion**

Hands down, water is the best healthy beverage choice for most people in most situations. While bottled water is certainly healthier than sugary drinks, tap water is the smarter, cheaper choice. Tap water is safe, better for the environment, less expensive, and offers health benefits such as fluoride that may be lacking in many bottled water products. Healthcare facilities can promote healthier food environments by taking steps to make tap water more appealing and accessible within their campuses.

**Additional Resources**

This fact sheet is part of a series designed to support efforts to develop healthy beverage programs in hospitals and other healthcare settings. The entire series can be found on the Public Health Law Center’s website at [www.publichealthlawcenter.org](http://www.publichealthlawcenter.org) and at Health Care Without Harm’s website at [www.healthyfoodinhealthcare.org](http://www.healthyfoodinhealthcare.org).

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Endnotes

1. Y. Claire Wang et al., Impact of Change in Sweetened Caloric Beverage Consumption on Energy Intake Among Children and Adolescents, 163 ARCH. PEDIATRIC ADOLESCENT MED. 336, 336 (2009).


4. See id.; and James A. Lalumandier et al., Fluoride and Bacterial Content of Bottled Water vs. Tap Water, 9 ARCH. FAM. MED. 246, 246 (2000) (finding only 5% of bottled water products available in Cleveland, Ohio contained state-recommended levels of fluoride).


11. The International Bottled Water Association (IBWA) provides some information about its brands online at http://www.bottledwater.org/fluoride.

12. GAO Report on Tap Water, supra note 8, at 6-10. See also MDH, BOTTLED WATER: QUESTIONS AND ANSWERS, supra note 3.


20. Minn. R. Ch. 4715 (2012).


22. Minn. R. Ch. 4715.1260 (2012).


29 MDH, Drinking Water Quality, supra note 23.


32 Minn. R. 1305.2902.

33 248 Mass. Code Reg. 10.00, Table 1 (Minimum Facilities For Building Occupancy) (2013). The Massachusetts plumbing code requires that medical and healthcare buildings have at least one drinking fountain per set of restrooms, with a required ratio of one restroom per 45 females, and one per 55 males.


Healthy Beverage Hot Spots

Identifying and Utilizing the Institutional Access Points

A key step in developing an effective healthy beverage program is to conduct an assessment of the beverage environment in the organization. An organizational assessment provides important information about where, how, and what drinks are available within a healthcare facility. In general, beverages are offered through five types of locations or access points:

- Retailers/cafeterias
- Vending machines
- Catering/Procurement for meetings and events
- Patient services
- On-site contracted venues/concessions (such as Au Bon Pain, Dunkin’ Donuts, McDonald’s)

Each location presents unique opportunities and challenges. The assessment results — and the greater understanding of the beverage access points gained through the process — can and should be used to tailor implementation strategies appropriately for each type of access point. Health Care Without Harm has created a Healthy Beverage Audit Tool that could be used to support assessment efforts. Considerations relating to each type of access point are summarized below.

The Public Health Law Center has created a series of resources designed to inform and support efforts to promote healthy beverage choices within Minnesota workplace settings, with a special focus on healthcare. This fact sheet identifies the key points of access to drinks within a healthcare facility.
Retailers/Cafeterias

A cafeteria’s transition to healthier beverages depends in large part on whether the facility’s retail food services are self-operated or contract-managed by an outside company. If the facility contracts for these services, then the contract should be reviewed for any existing requirements or standards because they may already provide some flexibility in making food and beverage orders.

Cafeterias are excellent sites for point-of-decision signage to educate consumers about healthy beverage choices and promote water consumption. They are also ideal venues for implementing pricing strategies for organizations aiming to reduce sugary drink purchases. One study found that in a hospital cafeteria, increasing the price of soft drinks reduced their consumption by 26%, but that a combination of price increase and education decreased consumption by 36%. Revenue from price increases on sugary drinks can be used to help offset lower prices for healthy options such as water or unflavored milk.

Vending Machines

Vending machines are also an important point of access to foods and beverages on-site, particularly for staff and visitors. Changing an institution’s vending policy to increase healthy beverage options is an effective and realistic step towards changing the beverage landscape within that institution.

A number of organizations provide helpful online resources (including sample policies and nutritional standards) to support the development of a healthy vending machine policy:

- Association of State & Territorial Public Health Nutrition Directors, [Healthy Vending Machine Sales Data](#).
- Bay Area Nutrition and Physical Activity Collaborative (BANPAC) [Vending Machine Toolkit](#).
- Centers for Disease Control and Prevention, [LEAN Works — Workplace Obesity Prevention](#).
- Center for Science in the Public Interest, [Healthier Food Choices for Public Places](#).
- ChangeLab Solutions, [Healthier Vending for Municipalities webpage](#).
- Iowa Health Department’s [Nutrition Environment Measures — Vending](#) (NEMS-V).
- Kaiser Permanente, [Healthy Picks](#) (2005).
- Seattle & King County Public Health Department, [Healthy Vending Guidelines](#) (2011).

Catering/Procurement for Events and Meetings

The inherent flexibility of catering programs makes them ideal candidates for healthy beverage implementation. Rather than making unhealthy beverages the standard or sole offering, catering menus should feature healthy options such as filtered tap water, sparkling water, unsweetened tea or coffee, or other beverages covered by the policy. More facilities are offering water infused with fruit and/or herbs as an elegant beverage option that promotes
increased water consumption. A facility might choose to offer minimally pre-sweetened beverages upon request, but ensure that these items are not displayed in the serving area or on the menu. Utilizing reusable cups and beverage containers for pourable service can also greatly reduce waste and generate a larger profit margin than bottled beverage options. To encourage consistent ordering while also managing costs and revenues, a policy may require all external catering requests to be approved by the Food Service Director or other appropriate staff.

Some public and private institutions have developed nutrition standards for beverages purchased with institutional funds and served at the institution’s meetings and events. This is another way to demonstrate to employees and visitors that the institution supports healthy beverage choices.

It is important to clearly specify what is covered under the policy. For example, procurement guidelines may address beverages:

- Purchased with institutional funds and served at institution-sponsored meetings and events.
- Purchased with outside funds but served at institution-sponsored meetings and events.
- Purchased for off-site meetings and events sponsored or hosted by the organization.
- Purchased for special events on institutional property.
- Sold on institution property for charitable fundraising efforts.
- Marketed or promoted on vending machines or coolers, or through promotions or special events on institutional property.

Dealing with the Fine Print

Many institutions contract with vendors who supply food and beverages, stock vending machines, run their cafeterias or gift shops, or cater meetings and events. Some concessioners lease space and operate small cafés or even franchise restaurants on institutional property. These contracts can present both speed bumps and openings when implementing healthy beverage policies.

The terms and time periods for these contracts should be reviewed and factored into implementation plans.

What does the contract say about choices?

- Some contracts provide flexibility in food and beverage product selections.
- If so, the institution may be able to order healthy choices without amending the contract.

When does the contract end?

- Renewal periods present a good opportunity to amend contract terms or shop for new vendors.
- The time leading up to the end date can be a good time to kick-off an educational campaign to build support for the new policy.

What happens if different contracts end at different times?

- Consider extending some of the contracts so that they all end at the same time.
- Take advantage of the different dates to do a staggered implementation plan.
- Use an incentive or buy-out to implement broad change sooner.

Being aware of these contracting issues can help in developing an implementation plan that is as efficient and effective as possible.
The policy should also clarify whether the guidelines apply to potluck lunches, birthday parties, or other events on institutional property.

When transitioning to a healthy beverage policy, existing procurement and catering contracts can create challenges for implementing immediate changes. The following are examples of guidelines for healthy meetings and events created by both public and private organizations.

- University of Minnesota, School of Public Health: Guidelines for Offering Healthy Foods at Meetings, Seminars, and Catered Events
- Commonwealth of Massachusetts: Healthy Meeting and Event Guide
- UC Berkeley: Healthy Meeting and Events webpage (includes a guide for meetings and events, and sample shopping lists)

Patient Trays in Hospitals

Patient food delivery is a critical component of the hospital food environment. Reducing access to sugary drinks in patient services demonstrates a commitment to the overall health of patients. This approach may be accomplished through voluntary compliance by a food service contractor without the need for a contract change because of the direct connection to patient health. Hospitals can specify in their policies whether sugary drinks will be available to patients upon special circumstances or with a formal request from a physician or dietitian.

On-Site Contracted Venues/Concessions

On-site concessioners can range from small cafés to franchise restaurants licensed to serve on the premises. When transitioning to healthier beverages, leases and agreements for concessions need to be reviewed beforehand. The contract terms can influence the timeframe for implementing a new concessions policy. For existing contracts, unless it is possible to obtain the vendor’s compliance (either voluntarily or through incentives), an organization may choose to make changes when the contract expires. Waiting until the current contracts expire may minimize conflict and provides an opportunity to implement an education campaign before changes
are visible. When an institution has a number of contracts of varying duration, it is not uncommon to extend some of the concessions contracts so that all concessions transition at the same time.

**Conclusion**

While the goal is to create a healthy beverage policy that is consistently applied across the entire organization, an implementation plan may target only some of these access points, and/or it may phase in changes at different locations over time. Some access points may be more conducive to a rapid change, and some may allow for greater impact on purchasing choices. When developing an implementation plan and timeline, consider which locations are likely to offer the greatest potential for positive change, as well as those which may be amenable to immediate changes.

**Additional Resources**

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Endnotes

2 http://astphnd.org/resource_read.php?resource_id=225&sid=a9cb71&origin=&category (includes a collection of data and resources on the financial impact of healthy vending policies).
3 http://www.banpac.org/healthy_vending_machine_toolkit.htm#Assessment (includes a variety of resources to help with bidding and contracting for a new vendor, as well as sample policies).
4 http://www.cdc.gov/leanworks/resources/tools.html (provides links to a variety of resources to promote worksite wellness programs, including healthy vending guidelines).
5 http://www.cspinet.org/nutritionpolicy/foodstandards.html (provides links to resources on nutrition guidelines for government, worksites, hospitals, and other organizations).
6 http://changelabsolutions.org/publications/healthier-vending-municipalities (includes a guide for developing a healthy vending policy for municipalities and a model healthy snack and beverage vending agreement).
7 http://www.nems-v.com/ (has a website with sample nutrition standards and purchasing policies, vending policy toolkit, and success stories).
8 http://www.iha.org/pdfs_documents/related_resources/02HealthyAlternativesEvaluation.pdf (this is an evaluation of the Integrated Healthcare Association's Healthy Alternatives Vending Program for employers, and includes lessons learned to promote program success).
9 http://www.nemours.org/content/dam/nemours/www/filebox/service/preventive/nhps/resource/healthyvending.pdf (provides sample healthy vending guidelines, policies, and marketing strategies).
10 http://www.kingcounty.gov/employees/HealthMatters/PersonalHealth/EatSmart/TakeAction/AtWork.aspx (this page includes a link to vending guidelines developed by King County Public Health Department, for use in county facilities and for voluntary adoption by organizations in the county).
Healthy Beverage Policies

Key Definitions and Sample Standards

One of the fundamental steps to creating a healthy beverage program is developing a written policy that defines “healthy beverage” and sets clear, consistent standards. Healthy beverage policies should include definitions for important terms or concepts such as “healthy beverage” and “sugary drink” or “sugar-sweetened beverage.” Healthy beverage policies should also set forth standards for which drinks qualify as “healthy” drinks, including not only by type of drink but also by serving size, sodium content, and other criteria. Setting clear, written specifications for the healthy beverages that the facility will carry and/or increase, and those beverages to be removed or reduced, is crucial. A written policy facilitates consistent communication of institutional goals to vendors and enables effective monitoring and evaluation. Moreover, to make the policy enforceable with vendors, it must be incorporated into requests-for-bid and contracts.

The Public Health Law Center has created a series of resources designed to inform and support efforts to promote healthy beverage choices within Minnesota workplace settings, with a special focus on healthcare. This fact sheet provides guidance on developing written definitions and standards for healthy beverage policies.
Each organization will need to make its own determinations in setting definitions and standards, depending on its culture and needs. There are common threads that emerge in typical healthy beverage policies, however, which are discussed below. In addition, sample nutrition standards for healthy beverage policies are also provided.

**Defining “Sugary” Drinks**

Sugary drinks contain caloric sweeteners and include carbonated soft drinks (“soda” or “pop”), “juice” drinks, sports drinks, tea and coffee drinks, energy drinks, sweetened milk or milk alternatives, and any other beverages to which sugar or a caloric sweetener has been added. Sugary drinks may also be referred to as sugar-sweetened beverages, sugar drinks, or sugar-loaded drinks. Figure 1 identifies some common sugary drinks.

**Defining “Healthy” Drinks**

The core of any healthy beverage policy is to establish what is considered a “healthy” beverage, and, if applicable, appropriate serving sizes. For example, a policy may encourage consumption of unsweetened water without recommended portion sizes, but may set portion sizes for 100% fruit juice due to its high caloric content. Some beverages — such as milk, fruit juice, and diet drinks — have a more complex contribution to health, calorie intake, and weight gain. Below are some considerations for beverage selections.

**Water**: Promoting access to free, safe drinking water (typically through drinking fountains, bottle filling stations, and similar outlets) is a best practice. Water without added sweeteners (and no carbonation in the case of young children) is an essential healthy choice.

**Milk**: Milk contains naturally-occurring sugar. Because sugar is not added during production to

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**FIGURE 1: Examples of sugary drinks.**

*These are some common drinks with added caloric sweeteners.*

<table>
<thead>
<tr>
<th>Category</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Soft drinks</strong></td>
<td>Coke, Pepsi, Mountain Dew, Dr. Pepper, Fanta Orange</td>
</tr>
<tr>
<td><strong>Fruit drinks</strong></td>
<td>Sunny D, Hawaiian Punch, Capri Sun</td>
</tr>
<tr>
<td><strong>Tea and coffee drinks</strong></td>
<td>Arizona Iced Tea, Snapple Iced Tea, Starbucks Bottled Frappuccino</td>
</tr>
<tr>
<td><strong>Energy drinks</strong></td>
<td>Red Bull, Monster, Rock Star</td>
</tr>
<tr>
<td><strong>Sports drinks</strong></td>
<td>Gatorade, Powerade</td>
</tr>
<tr>
<td><strong>Sweetened milk</strong></td>
<td>Nesquik Chocolate Milk, Silk Vanilla Soy Milk</td>
</tr>
</tbody>
</table>

* Note: This is not an exhaustive list. Furthermore, many of these drinks are now available in diet and low-calorie varieties, which are sweetened with non-caloric sweeteners.

† Drinks labeled as 100% fruit juice are not considered sugary drinks.
increase its sweetness, milk is not considered a sugary drink. The U.S. Dietary Guidelines for Americans recommend low-fat or fat-free milk for the general population to reduce fat intake. The American Academy of Pediatrics suggests whole or 2% milk is an appropriate choice for children ages 12 months to 2 years old (depending on the child’s overall health), and low- or fat-free milk for ages 2 years and over unless a doctor directs otherwise.

**Flavored milk:** Low-fat or fat-free chocolate milk and other flavored milks contain added sugars in addition to the naturally occurring sugars. This additional sugar can increase the calorie content of milk to levels similar to soda and other sugary drinks, which is problematic given that milk is a drink that children are encouraged to drink. Some argue, however, that the resulting intake of nutrients, such as potassium, vitamin D, and calcium, from milk outweighs these concerns.

**100% fruit juice:** As with milk, 100% fruit juice contains large amounts of naturally occurring sugar, which translates into more calories. However, 100% fruit juice does provide important nutrients so many dietitians recommend limiting consumption of 100% fruit juice to small portions (4 oz. for children, 6 oz. for adults).

**Diet/artificially-sweetened drinks:** Diet sodas, like regular sodas, provide no nutritive value and also may contain caffeine and phosphoric acid, a combination that increases the risk of bone loss. Diet beverages can be a useful transition step away from sugary drinks, but consumption is not encouraged over the long term. The Centers for Disease Control and Prevention (CDC) notes that although switching from sugary drinks to diet drinks may promote short-term weight loss, it is unclear whether continuing consumption leads to weight loss, weight maintenance, or weight gain. Emerging yet controversial research has indicated a potential link between diet beverage consumption and the development of metabolic syndrome and type 2 diabetes.
Sample Standards

Many public and private organizations have created healthy beverage policies and procurement standards to support facilities in their efforts to provide healthy choices. Below are several examples of healthy beverage guidelines that could be adapted to fit an organization’s needs and goals.

### Sample Healthy Beverage Standards

**Health Care Without Harm** suggests the following guidelines for defining healthy beverages:

- Water (filtered tap, unsweetened, 100% fruit-infused, and seltzer or flavored).
- 100% fruit juice (optimal 4oz. serving); 100% vegetable juice (optimal sodium less than 140 mg).
- Milk (unflavored and certified organic or rBGH-free); non-dairy milk alternatives (unsweetened).
- Teas and coffee (unsweetened with only naturally occurring caffeine).

**American Heart Association’s recommended nutrition standards** for workplace procurement policies include the following guidelines for healthy beverages:

- Water (including sparkling, seltzer, or flavored water).
- 100% fruit juice (≤ 180 kcal/12 oz. serving) with no added sweeteners.
- No- or low-calorie beverages (≤10 kcal/8 oz. serving); mid-calorie beverages (light juices, teas, and other drinks with no more than 66 calories/8 oz.).
- Fat-free or low-fat (<1%) milk; if flavored, no more than 150 calories/8 oz.
- Regular and herbal unsweetened teas (hot or cold).
- Coffee (with <1% or lower fat milk or creams as well as soy alternatives).
- In vending machines, at least 50% of beverages offered should be water and no- or low-calorie options.

**CDC’s guide** for government procurement policies includes the following sample beverage standards, (both basic and more rigorous standards):

#### Standard Criteria:

- At least 50% of available beverage choices (other than 100% juice and unsweetened milk) must contain ≤40 calories per serving.
- If juice is offered, only offer 100% juice with no added caloric sweeteners.
- Vegetable juices must contain ≤230mg sodium per serving.
- Drinking water, preferably chilled tap, must be offered at no charge at all meal service events.

#### Above Standard:

- For beverages with more than 40 calories per serving, only offer servings of 12 oz. or less (excluding unsweetened milk and 100% juice).
- At least 75% of beverage choices (other than 100% juice and unsweetened milk) must contain ≤40 calories per serving.
- Offer as a choice a non dairy, calcium fortified beverage (such as soy or almond beverage); these beverages must not provide more sugars than milk (thus must be 12 g sugar per 8 oz. serving or less), must provide about the same amount of protein (at least 6 g per 8 oz. serving) and calcium (250mg per 8 oz. serving), and must provide less than 5 g total fat (equivalent to 2% milk).
- Offer at least one low sodium vegetable juice (≤140mg sodium per serving).
Sample Healthy Beverage Standards

The Robert Wood Johnson Foundation’s Healthy Eating Research Program convened a panel of experts to develop healthier beverage recommendations, tailored by age group. The recommendations are summarized below:11

- **Water:** Require access to free, safe drinking wherever beverages are sold or served. Provide water with no sweeteners or carbonation for preschool aged children (ages 2 to 4 years old); with no sweeteners (whether caloric or non-caloric) for older children; and with no caloric sweeteners for teens and adults ages 14 years old and up.

- **Milk:** Only unflavored, low-fat and fat-free milk, and soy beverages (calcium and vitamin D fortified) in no more than 8 to 12-oz. portions for children and youth; for adults, milk should be low-fat and fat-free milk, or soy beverages (calcium and vitamin D fortified), with no more than 130 calories per 8 oz. in no more than 12-oz. portions. Flavored milk is not considered a healthier beverage for preschool-aged children, and is not recommended for older children. But if offered to older children, it should be fat-free or low-fat with ≤130 calories/8 oz.

- **Juice:** All juice should be 100% fruit or vegetable juice or fruit juice combined with water with no added sweeteners for children under 13 years old, and no added caloric sweeteners for other age groups. Recommended portion sizes range from 0 to 4 oz., up to 8 oz., depending on age. Sodium limits also vary by age group, from <70 mg of sodium per portion for preschoolers, to <100 mg per portion for children ages 5 to 10 years old, to <140 mg for all others.

- **Other beverages:** For children ≤13 years old, no other beverages are considered healthier options for consumption; for all other age groups, any other beverages should be ≤40 calories/container (and only non-caffeinated, non-fortified beverages for youth 14 to 18 years old); for adults, coffee or tea beverages made with milk should be made with low-fat or fat-free milk with no added caloric sweeteners in no more than a 12-oz. portion.

- All beverages served to children and teens ≤13 years old should be free of synthetic food dyes, stimulants (e.g., caffeine), and other additives (e.g., electrolytes, artificial flavors).

### Conclusion

Clear definitions of important terms (such as “healthy beverage”) and specific nutritional standards are keystones to any healthy beverage policy. Another step is deciding how to apply these standards to the various locations within an organization where beverages are sold or provided. More information about developing and implementing a healthy beverage policy is provided in the other resources that are part of this series. In addition, detailed sample healthy beverage policies for healthcare facilities are included in a toolkit developed by the Illinois Public Health Institute and Health Care Without Harm.12

### Additional Resources

The other resources in this series can be found on the Public Health Law Center’s website at [www.publichealthlawcenter.org](http://www.publichealthlawcenter.org) and at Health Care Without Harm’s website at [www.healthyfoodinhealthcare.org](http://www.healthyfoodinhealthcare.org).

The Commons Health Hospital Challenge program, led by the Institute for a Sustainable Future, also has resources and technical assistance geared towards communities, clinicians and Minnesota hospitals committed to leading obesity prevention efforts in their communities. Health Care Without Harm, through its national Healthy Food in Health Care Program, provides technical assistance and educational programming to support a national network of healthcare organizations in creating healthy food and beverage environments in their facilities. The American Heart Association also has several policy position statements on obesity prevention, and related resources to support healthy food and beverage environments in a variety of settings.
This publication was prepared by the Public Health Law Center at William Mitchell College of Law, St. Paul, Minnesota, and Health Care Without Harm, with assistance from Jamie Harvie with the Institute for a Sustainable Future.

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The Public Health Law Center provides information and technical assistance on issues related to public health. The Public Health Law Center does not provide legal representation or advice. This document should not be considered legal advice. For specific legal questions, consult with an attorney.

Endnotes

1 Ctrs. for Disease Control and Prevention [CDC], The CDC Guide to Strategies for Reducing the Consumption of Sugary Drinks (2010).


7 Jennifer A. Nettleton et al., Diet Soda Intake and Risk of Incident Metabolic Syndrome and Type 2 Diabetes in the Multi-Ethnic Study of Atherosclerosis (MESA), 32 Diabetes Care 688 (2009).


Healthier Beverage Policies & Drinks with Artificial Sweeteners

Hospitals implementing healthy beverage policies are replacing sugary drinks\(^1\) with healthier beverage options in their vending machines, soda fountains, catering services and other food services. These institutions are quickly faced with questions about whether to include beverages that have been sweetened with artificial or non-caloric sweeteners. Tap water and unsweetened lowfat/nonfat milk are still the healthiest replacements for sugary drinks and contribute to the body’s daily nutrient needs. Unsweetened coffee and tea, and 100% fruit or vegetable juices (in appropriate serving sizes and with sodium limits, as applicable) also rank high as healthy beverage options. A review of model beverage standards\(^2\) reveals that many model standards include another option — low or no calorie beverages, which may include so-called

The Public Health Law Center has created a series of resources designed to inform and support efforts to promote healthy beverage choices within workplace settings, with a special focus on healthcare. This fact sheet answers some of the commonly asked questions about artificial sweeteners.
“diet” drinks (drinks sweetened with non-caloric or artificial sweeteners). Many institutions are choosing to include “diet” drinks as replacements for sugary drinks, with the rationale that they would like to offer the widest range of low/no-calorie beverages as possible and “diet” drinks are preferable to sugary beverages in terms of calorie and carbohydrate intake.

Federal regulations permit the use of some artificial sweeteners in food and beverages, and some national authorities recognize that artificially sweetened drinks can be a useful alternative to sugary beverages as a calorie reduction strategy. Research on the overall health impacts of consuming artificial sweeteners (including impacts related to obesity concerns as well as chronic disease risk) remains inconclusive. In a 2012 analysis of available research, the Centers for Disease Control and Prevention (CDC) noted that while switching from sugary to “diet” drinks as a calorie reduction strategy may contribute to short term weight loss,

3 “it is unclear if long-term consumption leads to weight loss, weight maintenance or even weight gain.”

While there can be positive calorie reduction benefits in switching from sugary to artificially sweetened beverages, a growing body of research suggests that a simple net calorie calculation may not tell the whole story. The potential weight loss and other health impacts of “diet” drink consumption appear to be more complex and warrant continued research.

**What Are Artificial Sweeteners?**

For purposes of this document, we use the phrase “artificial sweeteners” to refer to all substances that are added to food and drinks to make them taste sweeter, without adding other nutrients or calories (or few calories). Some experts also refer to these as “nonnutritive sweeteners” or low calorie or non-caloric sweeteners. The term as used in this document includes sweeteners derived from stevia

In 2012, the American Heart Association and the American Diabetes Association issued a Scientific Statement on artificial sweeteners, which they refer to as “nonnutritive sweeteners.” They examined the question of whether artificial sweeteners reduce caloric intake, suppress appetite and/or reduce weight. They noted the lack of data on the impact of artificial sweeteners and concluded that the research to date is inconclusive: “The evidence reviewed suggests that when used judiciously, [nonnutritive sweeteners] could facilitate reductions in added sugars intake, thereby resulting in decreased total energy and weight loss/weight control, and promoting beneficial effects on related metabolic parameters. However, these potential benefits will not be fully realized if there is a compensatory increase in energy intake from other sources.”
or “sugar alcohols.” Most artificial sweeteners have a higher intensity of sweetness per gram as compared to sugar, offering roughly 150 to over 600 times the sweetness of sugar with no or few calories. Artificial sweeteners are used in “diet” and other beverages and food products to reduce the number of calories and carbohydrates in these products.

How Are Artificial Sweeteners Regulated?

Under federal law, substances — including artificial sweeteners — may only be used in food or beverages if the use is permitted by the U.S. Food and Drug Administration (FDA) through a food additive regulation or if the use is “generally recognized as safe” (GRAS). The FDA has issued food additive regulations for at least seven artificial sweeteners: acesulfame-potassium, aspartame, mannitol, neotame, saccharin, sucralose, and xylitol. These food additive regulations specify how these substances may be used in food — in what types of food, in what quantities, and for what uses. The FDA has also designated uses of certain artificial sweeteners as GRAS. Over a dozen companies have submitted notices to the FDA that they have determined that stevia-based sweeteners are GRAS, and the FDA has not questioned these determinations.

What Are the Recommended Practices Around Children and Artificial Sweeteners?

Artificially sweetened beverages are not generally recommended for children. The Robert Wood Johnson Foundation’s Healthy Eating Research Program convened an expert panel to develop a set of healthy beverage guidelines. These guidelines do not recommend beverages with added sweeteners (whether caloric or non-caloric) for children under 14 years old. For older youth, the only consensus is that water and milk continue to be the best healthy options. The Institute of Medicine recommended standards for foods and beverages sold or served in schools include artificially sweetened beverages only as an option for high school aged youth, after the school day ends. U.S. Department of Agriculture (USDA) regulations do not allow drinks with added sugars, nor artificially sweetened drinks, to be sold at all in elementary and middle schools, or through the National School Lunch and Breakfast programs. However, the USDA will continue to allow artificially sweetened beverages to be sold in high

What Does “Generally Recognized as Safe” Mean When It Comes to Food Safety?

In most cases, food companies are responsible for deciding whether the use of a substance in food is “generally recognized as safe” or GRAS. In the past, the FDA has affirmed the GRAS status of many substances added to food but due to lack of resources, the FDA announced in 1997 that it would no longer review GRAS affirmation petitions and instead would accept GRAS notifications submitted by manufacturers or other interested parties and respond with a “no questions” letter, a letter stating there is an insufficient basis for the GRAS determination, or a letter ceasing review at the company’s request. Under the current system, companies are not required to notify the FDA about their GRAS determinations, though they often do so.
Do “Diet” Drinks Really Help with Weight Loss?

Research on the implications of using artificially sweetened beverages as a substitute for sugary drinks and dietary aid is not conclusive. Research has consistently shown, and most authorities agree, that individuals who switch from sugary to artificially sweetened drinks do reduce their calorie intake from beverages. However, some research findings also indicate that individuals drinking artificially sweetened beverages may still end up consuming many additional calories through other food and beverages, ultimately nullifying the overall calorie reduction achieved by drinking a “diet” beverage.

A growing, but not definitive, body of research suggests the possibility that drinking beverages with artificial sweeteners may actually be detrimental to reducing preferences for sugary foods. Sweet cravings are a natural human tendency and the amplified sweet taste of artificially sweetened beverages may over time enhance a person’s inclination for sugary and sweet-tasting foods or beverages, ultimately nullifying the overall calorie reduction achieved by drinking a “diet” beverage.

What Does the Research Indicate about Other Health Risks Associated with Artificial Sweeteners?

The National Cancer Institute states that “there is no clear evidence that the artificial sweeteners available commercially in the United States are associated with cancer risk in humans.” In 2012, the Academy of Nutrition and Dietetics published a position paper on the use of nutritive and nonnutritive sweeteners which states that “consumers can safely enjoy a range of nutritive sweeteners and nonnutritive sweeteners
When consumed within an eating plan that is guided by current federal nutrition recommendations, such as the Dietary Guidelines for Americans (DGA) and the Dietary Reference Intakes.\(^3\) With respect to other possible associations with chronic disease risk, emerging research shows mixed results.\(^3\) Additional high quality, long term research is needed in this area.

**What Approach Should Institutions Use in Developing Their Healthier Beverage Policies?**

Hospitals can choose from a variety of approaches with respect to artificially sweetened beverages. Most continue to offer artificially sweetened drinks, but do not include them in the category of a “healthy” beverage; some of those who do so may deliberately choose to refer to their policies as a “Beverage Policy” rather than a “Healthy Beverage Policy.” Another option is to continue to offer artificially sweetened beverages in certain outlets such as cafeterias, but not in vending machines or gift stores, for example. Similarly, a number of hospitals use a “red, yellow, green” labeling system that includes artificially sweetened beverages as a “yellow” option in all outlets, and may give these products less favorable pricing or placement compared to “green” options such as water or unsweetened milk. And of course, a hospital could choose to not sell beverages with artificial sweeteners and focus only on healthy offerings, such as tap water, infused water, bottled water, carbonated waters, low- and nonfat milk, 100% juices, and unsweetened coffee and teas.\(^4\) These are all valid choices; which one is the best depends on the culture and dynamics of the institution.
Conclusion

The healthiest beverage choices continue to be water and low and nonfat milk. Although the federal government and expert panels have deemed some artificial sweeteners safe from a food safety perspective, the science is not conclusive when it comes to other health impacts from drinking artificially sweetened beverages. It is important to note that when it comes to sugary beverages, the science is clear that they have contributed to the obesity epidemic, and also are linked with serious chronic diseases including diabetes and heart disease. For this reason, the Public Health Law Center has developed a number of resources to support efforts to promote healthy beverages and reduce sugary drinks within hospital and worksite settings, which are available at www.publichealthlawcenter.org.

Endnotes

1 Ctrs. for Disease Control and Prevention [CDC], The CDC Guide to Strategies for Reducing the Consumption of Sugary Drinks 4 (2010), available at http://www.cdc.gov/HealthyYouth/healthyweight/obesity/sugarydrinks/StrategiesForReducingSugaryDrinks.pdf. The CDC defines “sugar sweetened beverages” to include soft drinks (soda or pop), fruit drinks, sports drinks, tea and coffee drinks, energy drinks, sweetened milk or milk alternatives, and any other beverages to which sugar, typically high fructose corn syrup or sucrose (table sugar), has been added.

3 Deborah F. Tate et al., Replacing Caloric Beverages with Water or Diet Beverages for Weight Loss in Adults: Main Results of the Choose Healthy Options Consiously Everyday (CHOICE) Randomized Clinical Trial, 95 Am. J. Clinical Nutrition 555, 555 (2012), available at http://ajcn.nutrition.org/content/95/3/555.full.pdf+html.


Federal regulations define “nonnutritive sweeteners” as “[s]ubstances having less than 2 percent of the caloric value of sucrose per equivalent unit of sweetening capacity.” 21 C.F.R. § 170.3(o)(19) (2014).


7 Christopher Gardner et al., supra, note 6.

8 Id. at 517.


13 21 C.F.R. § 180.25 (2014) (food additive regulation permitting uses in foods other than meat and poultry).

14 21 C.F.R. § 180.37 (2014) (interim food additive regulation permitting use in “special dietary foods” including beverages, pending further study).


See, e.g., 21 C.F.R. § 184.1835 (2014) (affirming certain uses of sorbitol, a “sugar alcohol” as generally recognized as safe). For more information about the FDA’s GRAS process, see GAO GRAS Oversight Report, supra, note 10.

19 A search of the FDA’s GRAS notices inventory database for the word “stevia” returned 18 records indicating that the FDA had no questions for each notice. See U.S. Food & Drug Admin. [FDA], GRAS Notices: Stevia, http://www.accessdata.fda.gov/scripts/fdcc/?set=GRASNotices&sort=GRN_No&order=DESC&startrow=1&type=basic&search=stevia (last visited Mar. 28, 2014).

20 Christine Munsell et al., Perceived Healthfulness of Sugary Drinks for Children: A Survey of Parents, Table 3 (2014) (manuscript under review) (on file with the Public Health Law Center). Parents are also ambivalent about artificial sweeteners — in a recent study, 59% of parents of children ages 2 to 17 years old who were surveyed reported concern about artificial sweeteners in their children’s drinks.
Healthier Beverage Policies & Drinks with Artificial Sweeteners


25 Nonetheless, a recent study by the Pew Charitable Trusts found that an estimated 1,000 chemicals have been self-af-fermed as GRAS by manufacturers without notice or review by the FDA. The PEW CHARITABLE TRUSTS, Fixing the Oversight of Chemicals Added to Our Food: Findings and Recommendations of Pew’s Assessment of the U.S. Food Additives Program 5 (2013), available at http://www.pewhealth.org/uploadedFiles/PHG/Content_Level_Pages/Reports/Food-Additives-Capstone-Report.pdf


28 Gardner et al., supra note 6, at 513. Acad. of Nutrition & Dietetics, supra note 7. See, e.g., Sara N. Bleich et al., supra note 27.

29 David S. Ludwig, Artificially Sweetened Beverages: Cause for Concern, 302 JAMA 2477, 2477-78 (2009).


32 Acad. of Nutrition & Dietetics, supra note 7, at 739.


34 Baldwin Area Medical Center in Baldwin, Wisconsin decided to stop selling all sugary drinks and artificially-sweetened beverages as well. Emily Miels, Baldwin Area Medical Center Drops Sugary and Artificially Sweetened Beverages, Leader-Telegram (June 4, 2014), http://www.leadertelegram.com/news/front_page/article_944c2a86-ec6a-11e3-8062-0019bb2963f4.html?mode=story.
Frequently Asked Questions
About Healthy Beverage Programs

Being prepared for tough questions from employees, visitors and the media is an important part of getting buy-in and creating sustainability for your organization’s efforts to implement a sugary drink or healthy food policy. Below are some frequently asked questions and common concerns that your organization may encounter as you promote your new policy.

Why focus on sugary drinks? What about french fries, ice cream, and candy — they are all unhealthy.

About 16% of Americans’ calories come from added sugars, and 46% of these added-sugar calories come from soda, energy drinks and sports drinks (36% combined) and fruit drinks with added sugar (10%).

Even though these drinks have a lot of calories, they won’t fill you up like the calories in solid food.

Researchers have found significant evidence linking sugary drink consumption to obesity and other health-related issues.

National health scientists have identified consumption of sugary drinks as “the single largest contributor of calories and added sugars to the American diet.” Indeed, increased sugary drink consumption is believed likely to account for at least 20% of the weight gained by Americans during the past 40 years.

The Public Health Law Center has created a series of resources designed to inform and support efforts to promote healthy beverage choices within Minnesota workplace settings, with a special focus on healthcare. This fact sheet provides responses for the questions that have typically come up when healthcare organizations have implemented healthy beverage programs.
Isn’t it wrong for hospitals and other healthcare institutions to deny patients foods that may provide them comfort in a time of stress?

Healthcare institutions and providers are on the front lines of the chronic disease burden of the obesity epidemic. The role of hospitals within the community is to model healthy behaviors. Creating a treatment environment that is free of unhealthy food and beverage exposure should be a priority. Many providers will be willing to sacrifice easier access to sugary drinks in an effort to promote patient health. Healthcare institutions can reserve the right to provide sugary drinks to patients in unique clinical situations of need.

Sweetened beverages such as soda can be used to treat hypoglycemia. What are alternatives?

One hundred percent fruit juice provides just as much sugar as a soda and is a fast-acting source of glucose for someone whose blood sugars are low.

Many patients use ginger ale for nausea management. What are alternatives?

Ginger is a widely used remedy for nausea. Any product containing real ginger can help to settle an upset stomach, such as ginger tea, ginger snaps, or crystallized ginger. Most ginger ales on the market today actually don’t have much, if any, real ginger in them. Other dietary tips for nausea management include:

- snacking on crackers, toast, dry cereal
- eating more frequent small meals and snacks
- eating bland foods that don’t have a strong odor and avoiding fatty spicy foods
- smelling a fresh lemon

Don’t sports drinks provide sugars and electrolytes that are important for staying hydrated?

Intense marketing has led many to believe that sports drinks are necessary to remain healthy and safe during exercise. The truth is that for the general population, consuming adequate amounts of water followed by a nutritious meal is effective in replenishing electrolytes lost during exercise. Water, which is needed by every system in your body to function properly, is the optimal beverage to choose to stay hydrated.

What about the fact that many healthcare providers rely on the caffeine in soda to stay alert during long shifts?

Individuals may still bring soda or other sugary drinks onto hospital property. However, coffee and tea are also caffeine sources if that is what is preferred. There are also many ways to increase alertness that don’t depend on caffeine (and that offer additional health benefits) including:

- getting a good night’s sleep
- exercising, being active
- eating regular meals and not skipping meals, especially breakfast
- relaxing, meditating
- drinking plenty of water

The role of hospitals within the community is to model healthy behaviors. Creating a treatment environment that is free of unhealthy food and beverage exposure should be a priority.
What about diet drinks? Aren’t artificial sweeteners helpful for weight control?

Artificial sweeteners are sugar substitutes that provide sweetness but virtually no calories.

Under federal law, substances — including artificial sweeteners — may only be used in food if the use is permitted by the Food and Drug Administration (FDA) under a food additive regulation or if the use is “generally recognized as safe” (GRAS). In most cases, manufacturers are responsible for making their own GRAS determinations. While the FDA has the authority to review these GRAS determinations, due to limited resources it rarely does so. There have been concerns about possible negative health effects from consuming artificial sweeteners, and specifically about increased cancer risk. The National Cancer Institute states that “there is no clear evidence that the artificial sweeteners available commercially in the United States are associated with cancer risk in humans.” However, diet sodas, like regular sodas, can contain caffeine and phosphoric acid, a combination that increases the risk of bone loss.

Diet beverages can also have a sweeter taste than sugary drinks. Because human preferences for sweet foods and drinks can increase with exposure, researchers have theorized that regular consumption of artificially-sweetened drinks have the potential to lead to weight gain, instead of weight loss. Therefore, diet drinks are not the best substitutes for sugary counterparts, and drinks that are naturally free of added sugars would be better choices for frequent consumption.

Being healthy is all about balancing calories in and calories out. Aren’t soda and other sugary drinks fine as long as individuals properly manage their calories?

Managing calories consumed in food and beverages and those burned off in physical activity is the key to maintaining a healthy weight. People who drink a lot of soda or other sugary drinks, however, tend to have a hard time finding this balance. These drinks typically contain a lot of calories (without much, if any nutrients), and result in extra calories consumed on top of a meal or snack. Practically speaking, to burn off the calories in one 12 ounce regular soda, an adult would have to walk for 30 minutes at a brisk pace.

Shouldn’t we educate people about healthy eating, not force them to behave in a certain way?

Education is an important part of any effort to get people to change their behaviors, but it is often not very effective when it’s the only strategy. To achieve
real change, education must be accompanied by environmental changes that make healthy choices the easy choices, such as making healthy options easily available, making unhealthy options less readily available, and making healthy options more affordable than unhealthy ones. A study conducted in two Boston teaching hospitals indicated that an educational campaign decreased purchases of sugary drinks in hospital cafeterias only when it was tied to an increase in sugary drink prices.\textsuperscript{13}

How should community-based organizations respond to concerns that limiting sales of sugary beverages will hurt an important source of revenue for them, especially when they are already struggling for funding?

When community-based organizations choose to provide healthy food and beverage environments for their clients, staff, and visitors, they affirm their commitment to the health of their communities. Increasing their revenue streams should not require sacrificing the health of their constituents. This is a message that community members will be able to appreciate and embrace.

Additional Resources

This fact sheet is part of a series designed to support efforts to develop healthy beverage programs in hospitals and other healthcare settings. The entire series can be found on the Public Health Law Center’s website at www.publichealthlawcenter.org and at Health Care Without Harm’s website at www.healthyfoodinhealthcare.org.

The Commons Health Hospital Challenge program, led by the Institute for a Sustainable Future, also has resources and technical assistance geared towards communities, clinicians and Minnesota hospitals committed to leading obesity prevention efforts in their communities. Health Care Without Harm, through its national Healthy Food in Health Care Program, provides technical assistance and educational programming to support a national network of healthcare organizations in creating healthy food and beverage environments in their facilities. The American Heart Association also has several policy position statements on obesity prevention, and related resources to support healthy food and beverage environments in a variety of settings.

Last updated: March 2013

This publication was prepared by the Public Health Law Center at William Mitchell College of Law, St. Paul, Minnesota, and Health Care Without Harm, with assistance from Jamie Harvie with the Institute for a Sustainable Future.

The Public Health Law Center thanks Michelle Strangis, Policy Coordinator for the Minnesota Department of Health’s Comprehensive Cancer Control Program, for her review and comments.

The Boston Public Health Commission Healthy Beverage Toolkit was utilized with permission in the development of these resources.

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The Public Health Law Center provides information and technical assistance on issues related to public health. The Center does not provide legal representation or advice. This document should not be considered legal advice. For specific legal questions, consult with an attorney.
Endnotes


4 Inst. of Medicine, Accelerating Progress in Obesity Prevention, Solving the Weight of the Nation 167 (2012). See also 2010 U.S. Dietary Guidelines, supra note 1, at 29.


8 21 U.S.C. § 321(s). See also U.S. Gov’t Accountability Office, Food Safety: The FDA Should Strengthen its Oversight of Food Ingredients Determined to be Generally Recognized as Safe (GRAS) 4-5 (2010).

9 Id., at 8-14.


Food and Beverage Pledges for Hospitals and Healthcare Systems

This fact sheet provides information about various national and regional hospital and healthcare pledge programs aimed at promoting healthy food and beverage environments. For each program, the following information is provided in the table below:

- an explanation of the commitments—with a focus on the beverage-related commitments;
- contacts and useful links; and
- a list of participating hospitals or states where there are participating hospitals.

Some pledge programs are specifically designed for hospital participation while others are more general. Hospitals that have made commitments that go beyond minimum standards in the pledge programs are also identified. A national pledge for individual healthcare practitioners is included as well. There are also many varieties of “Rethink Your Drink” and other types of individual pledge programs or media campaigns; however, the table below focuses on voluntary pledge programs specifically aimed at promoting systemic change in and across healthcare and worksite environments.
<table>
<thead>
<tr>
<th>Program Name</th>
<th>Key Points/Commitments</th>
<th>Contact Information</th>
<th>Participating Hospitals</th>
</tr>
</thead>
</table>
| **Healthier Hospitals Initiative (HHI)—Healthier Food Challenge** | **Beverage Commitments:** \(^2\)  
- Increase healthy beverage* purchases by 20% over a baseline year, OR  
- Increase healthy beverages to 80% of total beverage purchases for use throughout the hospital (patient, retail, vending, and catering)  

*Healthy beverages = water (seltzers and flavored waters), 100% fruit juice (4 ounces), 100% vegetable juice (<140 mg sodium), milk (unflavored AND Certified Organic or rBGH-free), non-dairy milk alternatives (unsweetened), teas and coffee (unsweetened with only naturally occurring caffeine).  

**Food/Other Commitments:**  
In addition to the Healthy Beverage commitment, the HHI Healthier Food Challenge program offers two other levels of food-related commitments:\(^3\) Balanced Meals (decrease purchases of meat by 20% from baseline within three years); and Local/Sustainable Food (increase purchases of local and/or sustainable food by 20% annually OR increase local and/or sustainable food purchases to 15% of total food purchases within three years).  

HHI also offers other pledge categories designed to promote healthier healthcare systems, including: Engaged Leadership, Leaner Energy, Less Waste, Safer Chemicals, and Smarter Purchasing. | Health Care Without Harm  
Stacia Clinton  
Healthy Beverage Program Lead  
Healthy Food in Health Care Program  
sclinton@hcwh.org  
(978) 660-2537 | HHI Healthier Food Challenge Participants:  

**Supporting Organizations:**  
Include 5 state hospital associations (CA, MI, NH, OH, VT)  

*MN Hospitals:  
Ridgeview Medical Center (Waconia)
<table>
<thead>
<tr>
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</thead>
</table>
| **Hospital Healthy Food Initiative**<sup>4</sup>  | **Beverage Commitments:**<sup>5</sup>  
- Limiting unhealthy beverages to a maximum of 20% of drinks available in the hospital  
- Increase the percentage of “better-for-you beverages” to 80% of overall beverage purchases by Dec. 31, 2015  
  - Water (includes fruit-flavored seltzers)  
  - 100 percent fruit and vegetable juice (4 ounce serving or less AND less than 140 mg sodium)  
  - Milk (unflavored) and dairy alternatives (unsweetened)  
  - Teas and coffee (unsweetened with naturally occurring caffeine)  
  - Non-caloric beverages (fewer than five calories per serving)  
- Make tap water or access to water stations available where possible  
**Food Commitments:**<sup>6</sup>  
- provide labeling with calorie counts for all food and beverages in cafeterias and on patient menus;  
- create “wellness meals” for cafeteria and patient menus that meet defined nutritional profiles and price those meals equal to or less than the cost of other meal options;  
- remove all deep-fat fryers and deep-fried products from hospital cafeterias and patient menus;  
- market only healthy food and beverage items in cafeterias;  
- meet defined nutritional standards for 60% of entrees and side dishes; and  
- increase fruit and vegetables to 10% of total food spending, or increase spending on fruits and vegetables by 20% per year. | **Partnership for a Healthier America**  
Susan Roberts  
sroberts@ahealthieramerica.org  
(202) 842-9001 ext. 202 | At least 17 hospital systems, including over 500 hospitals in more than 23 states:  
Arkansas, California, Colorado, Delaware, Florida, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Michigan, Minnesota*, Missouri, Nebraska, North Dakota, Ohio, Oregon, Pennsylvania, Tennessee, Washington, Wisconsin<sup>7</sup>  
*MN Hospitals:  
- Albany Area Hospital and Medical Center (Albany)  
- Lakewood Health Center (Baudette)  
- St. Francis Medical Center (Breckenridge)  
- St. Gabriel's Hospital (Little Falls)  
- St. Joseph's Area Health Services (Park Rapids)  
- Gunderson Clinics (Harmony, Houston, La Crescent, Spring Grove, Winona) |
## Program Name

### Commons Health Hospital Challenge

- **Minneapolis**
- **Beverage Commitments:**
  - Phase out sales of sugary drinks within one year. Applies to:
    - dining rooms
    - cafeterias
    - vending
    - patient meals
    - onsite food court vendors
  
  *Healthy beverages = Water, seltzers, sugar-free or diet drinks, unsweetened coffee and teas, all milks, soymilk beverages, 100% fruit and vegetable juices*

- **Food/Other Commitments:**
  - Challenge participants can also pledge to expand local and sustainable food purchases to 20% of food and beverage purchasing dollars by 2020 and to adopt the World Health Organization's Baby-Friendly Hospital Guidelines. Participants can make a single commitment, or any combination they choose.

### Karat Gold Partnership

- **Kansas City, MO**
- **Beverage Commitments:**
  - Eliminate beverages with added sugar from vending machines
  - Install water coolers in large meeting rooms rather than offering bottled water
  - Purchase bottled water primarily for disaster preparedness and emergency situations
  - Purchase only tea approved by the Ethical Tea Partnership as environmentally sustainable and socially just

- **Food Commitments:**
  - The Karat Gold Partnership includes a collection of voluntary commitments designed to increase purchasing of foods grown or raised within 250 miles of Kansas City. The commitments include adopting local food purchasing best practices and sustainable food service best practices, as designated by the program.

## Contact Information

### Institute for a Sustainable Future

- **Commons Health Hospital Challenge**
- **Jamie Harvie**
- **info@isfusa.org**
- **(218) 525-7806**

### Greater Kansas City Food Policy Coalition

- **Beth Low, Director**
- **bethlow@kcfoodpolicy.org**

### Downloadable pledge:


## Participating Hospitals

### At least 5 Minnesota hospitals:

- St. Luke's Hospital and Clinic (Duluth)
- Grand Itasca Clinics and Hospital (Grand Rapids)
- Essentia Health (Duluth)
- Cook County North Shore Hospital (Grand Marais)
- Lake View Memorial (Two Harbors)

### At least 9 participants, including two hospitals in Kansas and Missouri
### Regional Healthy Beverage Programs for Organizations

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<tr>
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</thead>
</table>
| **Healthy Beverages in Hospitals Campaign**  
(Boston, MA) | **Beverage Commitments:**  
Participating hospitals are using a variety of healthy beverage strategies, including:  
• Labeling*  
• Pricing  
• Product arrangement  
• Education  
• Elimination/replacement strategies  
*Most follow a Red, Yellow, Green schematic per City of Boston Healthy Options Beverage Standards:  
• Red=soda, energy, and fruit drinks  
• Yellow=diet soda, low-calorie, low-sugar, 100% juice  
• Green=water, seltzer, skim or 1% milk | **Boston Public Health Commission**  
Anne McHugh,  
Director  
Chronic Disease Prevention and Control  
chronicdisease@bphc.org  
(617) 534-5690 | At least 9 hospitals and 3 health centers in Boston, MA |
| **Howard County Unsweetened**  
(Maryland) | **Beverage Commitments:**  
■ Generally replace sugary drinks with water, low-calorie, or no-calorie drinks  
■ Supply better beverage choices at:  
• meeting and events  
• vending machines  
• cafeterias  
• break rooms  
■ Encourage healthier options by making them more numerous and/or less expensive than sugary drinks  
■ Include signage to direct people to the healthiest choices available  
■ Educate members/employees/visitors  
■ Support public policies to reduce sugary drink consumption | **Better Choices Coalition**  
Online e-mail submission form:  
[www.hocunsweetened.org/contact-us](http://www.hocunsweetened.org/contact-us)  
(443) 766-1217  
Online pledge:  
[www.hocunsweetened.org/contact-us](http://www.hocunsweetened.org/contact-us) | List of participating organizations is not available. This program appears to be designed for a variety of workplace settings, and not specifically just hospitals. |
<table>
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<tr>
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<th>Participating Hospitals</th>
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<tbody>
<tr>
<td><strong>Healthy Hospital Food Initiative</strong></td>
<td><strong>Beverage Standards</strong> 17</td>
<td>New York City Dept. of Health and Mental Hygiene Online email submission form for health department generally: <a href="http://www.nyc.gov/html/mail/html/maildoh.html">www.nyc.gov/html/mail/html/maildoh.html</a></td>
<td>Over 30 hospitals in New York City, NY</td>
</tr>
</tbody>
</table>
| (New York City)                           | Vending:  
|                                            | ■ In vending machines, all but two slots must contain beverages with 25 calories or less per 8 ounces  
|                                            | ■ Two slots must contain unflavored, unsweetened water (or seltzer water if a drinking fountain is nearby)  
|                                            | ■ Water and seltzer must be placed at eye-level  
|                                            | ■ Promotional materials should advertise only water or beverages with 25 calories or less per 8 ounces  
|                                            | ■ High-calorie (more than 25 calories per 8 ounces) drinks must be placed farthest from eye level  
|                                            | ■ High-calorie drinks must be in serving sizes of 12 ounces or smaller  
|                                            | ■ All calorie information must be posted  
|                                            | Café/Cafeteria:  
|                                            | ■ Water must be made available at no charge  
|                                            | ■ At least 75% of all beverage options must be low calorie beverages (beverages that contain 25 calories or less per 8 ounces)  
|                                            | ■ All high calorie beverages must be 16 ounces or less  
|                                            | Patient Meals:  
|                                            | ■ All beverages, except 100% fruit juice or milk, must be ≤ 25 calories per 8 ounces  
|                                            | ■ Juices must be 100% fruit juice  
|                                            | ■ Milk must be 1% or non-fat, and unsweetened  
|                                            | ■ Fluid milk substitutes (e.g. soymilk) must be unflavored  
<p>|                                            | <strong>Food Commitments:</strong> The program also provides standards for food in cafeterias, vending machines, and on patient trays.                                                                                                                                                        |                                                                                                           |                                                |</p>
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| **Healthy Beverage Environment**    | **Beverage Commitments:**  

- Check and repair all on-site water fountains  
- Distribute and post information about facility water fountain locations, the benefits of water, and the dangers of sugary beverages  
- Adopt a healthy beverage* policy that includes the King County Board of Health’s Healthy Vending Guidelines¹⁹ and connect it to the organization’s mission statement  
- Prominently place healthy beverages in vending machines, cafeterias, and places where food is sold  
- Eliminate super-size options and limit serving sizes of sugary drinks to 12 ounces or less  
- Make healthy beverages the default option served with any children’s menu items  
- Provide only healthy beverages at all organizational meetings, functions, conferences, and parties  
- Phase-out corporate sponsorships, advertisements, endorsements, and free giveaways from unhealthy food and beverage companies  

*Healthy beverages = water, low and non-fat milk, diet drinks, unsweetened coffee or tea, and small portions (6 ounces) of 100% juice  

| Childhood Obesity Prevention Coalition | info@copewa.org  
(206) 859-2500  
Downloadable pledge: http://copcwa.org/healthier-beverage-environments/ | Seattle Children’s Hospitals |
|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------|
| **Individual Healthy Beverage Pledge for Healthcare Professionals** | Online petition to show support for healthy beverages campaigns. Names are confidential. All data is aggregate.                                                                                     | Health Care Without Harm  
Online petition: http://org2.salsalabs.com/o/5140/p/di/a/action/public/?action_KEY=8358 | Over 500 signatures as of July 9, 2013 |
| Health Care Professionals say “No” to Sugar Sweetened Beverages |                                                                                                                                  |                                                                             |                                |
| (National)                           |                                                                                                                                                                                                                                                                                    |                                                                             |                                |

*(This program is aimed at a variety of organizational settings, including hospitals.)*
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<tr>
<td><strong>Individual Hospitals</strong></td>
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Several hospital systems have designed their own voluntary healthy food and beverage strategies. Many of these hospitals also participate in one of the national pledge programs described above, and have decided to go beyond the pledge commitments. The strategies vary, but the practices of eliminating sugary drinks at some or all service points, providing nutritional information at vending machines, and increasing the availability of “healthy” beverages (such as low or nonfat milk, unsweetened coffees and teas, waters and seltzers, and 100% juice) are typical across programs.

- Lucile Packard Children’s Hospital (Palo Alto, CA)
- San Mateo Medical Center (San Mateo, CA)
- Baptist Health South Florida (Miami and Southern FL) — six hospitals
- Vanguard Health (Chicago, IL) - four hospitals
- Indiana University Health (Indianapolis, IN) — two hospitals in system, extended to 12 other hospitals in the state
- Carney Hospital (Boston, MA)
- Fairview Hospital (Great Barrington, MA)
- University of Michigan Health System (MI) - all hospitals, health centers, administrative buildings, and the Medical School
- ProMedica (Northwest OH and Southeast MI) - All 11 hospitals in the ProMedica system
- Mercy Children's Hospital (Kansas City, MO)
- Dartmouth–Hitchcock Medical Center (Lebanon, NH)
- Cleveland Clinic (Cleveland, OH)
- Nationwide Children's Hospital (Columbus, OH)
- Dayton Children's Hospital (Dayton, OH)
- University of Pennsylvania Health System (Philadelphia, PA)
- Baylor Health Care System (Dallas/Fort Worth, TX) — over a dozen hospitals
- Gifford Medical Center (Randolph, VT)
- Seattle Children's Hospital (Seattle, WA)

*Indicates hospitals that have eliminated sugary beverages, whether at some or all service points. See endnotes for full details.

**Additional Resources:** This resource is part of the Public Health Law Center’s Healthy Beverages in Healthcare Toolkit. The full toolkit and individual factsheets are available for download at http://www.publichealthlawcenter.org/resources/healthy-healthcare.
This publication was prepared by the Public Health Law Center at William Mitchell College of Law, St. Paul, Minnesota. The Public Health Law Center thanks Stacia Clinton, with Health Care Without Harm, and Katherine Bishop, with the Center for Science in the Public Interest, for their review and comments on a draft of this fact sheet.

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Endnotes


2 The beverage commitment is supported by Health Care Without Harm’s Healthy Beverage Project. More information is available at http://www.healthyfoodin-healthcare.org/healthybeverage.php (last visited Oct. 25, 2013).

3 These levels of food-related commitments include one or more of the following policy pledges: Balanced Meals (within three years from baseline decrease meat purchases in pounds by 20% where meat includes beef, pork, poultry, and lunch meat, Healthy Beverages (as described in table), and Local/Sustainable Food (increase by 20% annually over baseline year the percentage of local and/or sustainable food OR increase within three years local and/or sustainable food purchases to 15% of total food dollar purchases as measured in dollars). The completion of one policy pledge is a Level 1 commitment, two policy pledges is a Level 2 commitment, and so on.


5 Becoming a partner hospital facility or system with the Partnership for a Healthier America’s Hospital Healthy Food Initiative requires a three-year commitment to all of the beverage and food pledges listed above. Partnership for a Healthier America, Hospital Healthy Food Initiative, Hospital Overview Memo (copy on file with the Public Health Law Center).

6 Partnership for a Healthier America, Hospital Healthy Food Initiative, Healthy Food Commitment template (copy on file with the Public Health Law Center).

7 Partnership for a Healthier America, Hospital Healthy Food Initiative Details (Oct. 16, 2012) (copy on file with the Public Health Law Center).


Food and Beverage Pledges for Hospitals and Healthcare Systems


The Karat Gold Partnership offers three levels of commitment (14 Karat Gold, 18 Karat Gold, 24 Karat Gold). The minimum commitment (14 Karat Gold level) is to increase purchasing of foods grown or raised within 250 miles of Kansas City by 2%, or by five items, or to maintain at least 50% purchasing from local producers; and to incorporate three new local food purchasing best practices and at least 1 new sustainable food service best practice. Id.


For activity summaries that include helpful information about the variety of strategies used by the hospitals to implement the goals, see Boston Pub. Health Comm’n, Healthy Beverages in Hospitals Campaign, id.


The NYC Healthy Food Initiative provides standards tailored to each of four types of outlets (cafeterias/cafes, beverage vending, food vending, and patient meals) that hospitals can implement in a step-wise fashion. The full sets of standards for each outlet are available at id.


The Seattle/King County Public Health Department’s Healthy Vending Toolkit is available at http://www.kingcounty.gov/healthservices/health/nutrition.aspx.

Lucile Packard Children's Hospital Food and Beverage Policy includes restrictions on beverages available in cafes, cafeterias, and vending machines. The policy is available at http://www.banpac.org/toolkit_HFBPE/section7/lcpb_food_pol_2012.pdf.

San Mateo Medical Center’s elimination of sugary drinks is part of a larger food service makeover. Sugary drinks were eliminated from vending machines only. Vending machine sales remained stable after the phase-out; cafeteria sales experienced a $350 per day increase. Get Healthy San Mateo County, Healthier Hospital Cafeteria Food at SMMC Boosts Profits, Pleases Patrons, http://gethealthysmc.org/sites/default/files/docs/WorkplaceWellness/San%20Mateo%20Medical%20Center%20Case%20Study.pdf (case study).

15 Baptist Health South Florida instituted “Wellness Advantage Meals,” which include spring water as part of their patient meal service. CTRS For Disease Control And Prevention, Healthy Hospital Practice To Practice Series (P2P) 2, available at http://www.cdc.gov/nccdphp/dnpao/hwi/downloads/p2p/P2P_Food_Issue2.pdf.

Vanguard Medical Group of Chicago has pledged to “refine its choices, eventually phasing out diet drinks and sweetened juices until it offers only unsweetened drinks or those that contain less than about a teaspoon of sugar per 12-ounce serving” over a 12-month period. Monica Eng, [Chicago Hospital Group to Drop Sugar–Sweetened Drinks], Chicago Tribune (April 24, 2012), available at http://www.chicagotribune.com/business/ct-biz-0425-hospital-sugar-ban-20120424,0,4379382.story.

Indiana University Health system will no longer offer sugary drinks in cafeterias, vending machines, and gift shops. However, on-site vendors, such as McDonald’s, can still sell them. Shari Rudavsky, Ind. Hospitals’ RX: No Sugary Drinks, USA Today (May 16, 2013), http://www.usatoday.com/story/news/nation/2013/05/16/hospitals-no-sugary-drinks/2192673/.

26 Fairview Hospital eliminated sugary drinks through a step-wise process beginning with price increases for sugary drinks, which eventually led to a soda sales phase-out in the cafeteria, catering, vending machines, and patient menus. The next step will be reducing portion sizes of the 100% juices offered. Sugary drinks are still offered upon physician’s recommendation in patient meals. Inst. For a Sustainable Future, Fairview Hospital—SSB Elimination Case Study (Aug. 22, 2010), http://www.powerprism.org/Alliance-FairviewHospitalSSB.pdf.

27 As of mid-November 2013, the UMHS no longer sells regular soda and other sugary drinks in vending, cafeteria and patient care areas, both on and off the medical campus. The UMHS is part of the Healthier Hospitals Initiative. New Healthy Beverage Initiative For All UMHS Locations (Oct. 1, 2013), http://medicine.umich.edu/medschool/about/news/new-healthy-beverage-initiative-all-umhs-locations.


29 Mercy Children’s Hospital is part of the Partnership for a Healthier America’s Hospital Healthy Food Initiative, which requires limiting “unhealthy beverages” to 20% of beverage purchases. Mercy Children’s has gone further by eliminating sugary drinks from hospital vending machines, cafeterias, and gift shops. The Daily Briefing, Missouri Hospital Bans Soda, Sugary Drinks (Nov. 7, 2012) http://www.advisory.com/Daily-Briefing/2012/11/07/Missouri-hospital-bans-soda-sugary-drinks (last visited Oct. 29, 2013).


33 The hospital announced as of May 1, 2014, it will stop selling sugar-sweetened beverages and sports drinks at all of its locations. Press Release, Dayton Children’s Hospital, Dayton Children’s Hospital to stop Selling Sugar-Sweetened Beverages on Campus (Mar. 13, 2014), http://www.childrensdayton.org/cms/media_releases/sugarsweeteneddrinks/index.html.


37 Seattle Children’s Hospital sugary drink restriction is part of a larger “Mission: Nutrition” initiative encompassing both food and beverages. Sugary drinks containing more than 10 calories per 8 ounces serving are not offered in the cafeteria, gift shop, and vending machines. On-campus vending machines not owned by Seattle Children’s are not covered by the policy. Seattle Children’s Hospital, Mission: Nutrition, Frequently Asked Questions About the Cafeteria, Vending and Gift Shop Food and Drink Changes (Sept. 2012), http://www.seattlechildrens.org/pdf/mission-nutrition-FAQ.pdf.