Hospital Sugary Drink Policy Interviews Final Report

March 2018
The primary objective for this research was to explore the needs and challenges that hospitals might face in adopting a policy to eliminate or reduce sugary drinks, so that ACS might identify ways to support our hospital partners.

Questions the interviews sought to answer included:

• What barriers exist to implementing a sugary drink policy?
• Who are the key players at hospitals that will be important to get on board when developing and implementing a policy? (Who is most and least likely to be supportive and why?)
• What drivers are most motivating in terms of getting all constituents on board?
• What similar initiatives have hospitals tried in the past, and why were they successful (or not)?
• What needs will hospitals have when developing, communicating, and implementing a policy?
• How can ACS help?
We spoke to professionals at hospitals both with and without a policy that eliminates sugary beverages.

Hospitals with a policy that eliminated sugary drinks

Hospitals that took steps to reduce (not eliminate) sugary drinks
In many cases, we spoke to multiple people within a given hospital or health care system. Participants had titles such as:

- Director of Clinical Nutrition
- Senior Manager, Food and Nutrition
- Director of Nutrition Services
- Senior Director, Support Ops
- Program Manager
- Corporate Director of Dietetics, Nutrition, & Environmental Services
- Clinical Nutrition Manager
Key Findings
Decision making, barriers, and implementation
Regardless of whether or not they had a policy to eliminate sugary drinks, these hospitals were all taking steps to improve the overall ecosystem, such as:

- Getting rid of fryers
- Using more locally sourced food
- Reducing prices on healthier options
- Using behavioral economics to drive planograms
- Reducing portion sizes
- Red-yellow-green color coding systems
- Encouraging movement and exercise
Often, reason for reducing or eliminating the sale of sugary drinks (along with other changes) came down to a desire to ‘walk the walk’ in terms of healthy behaviors.

- Children’s hospitals in particular were often driven by a need to not just teach healthy eating but to create an environment where healthy eating was easy.

Other hospitals were particularly focused on **employee wellness**.

- This was often the case when the policy was driven by the employee wellness group rather than nutrition.
- Only one hospital had specific employee health goals related to driving down their insurance costs (they were self-insured).
Sometimes, the idea comes from a vocal person at the top.

- This clearly makes the idea of a policy an easier sell.
- Nutrition and wellness staff were usually easy to bring on board with a motivated executive.

More often, however, the idea came from someone in nutrition, wellness or food service.

- Sometimes, participation in outside multi-hospital workgroups made a difference.
- When the decision maker is not the champion, those who are spearheading the policy need to ‘sell’ it to the executive leadership, a task that varied in its difficulty.

“I don't think you can go sugar-sweetened beverage free without the top level saying ‘This is what we need to do.’”

“And I will say [we] had vocal champions in [our] grassroots efforts. I mean it really was 3 or 4 physicians that led the entire initiative to get started.”
In some cases, the hospital team started the process of implementing a healthier hospital by taking an assessment test created by outside 3rd party.

- The CDC offers one such tool.

When a hospital received a negative outcome from an assessment tool, it was often an impetus to make changes, including changes to beverage offerings.

- The tool also served as a quantitative documentation of poor quality that could be used to sway leadership.
Almost all of the hospitals that successfully eliminated or reduced sugary drinks worked with a multi-disciplinary team of hospital employees.

- The team was critical in getting leadership to approve the change, particularly when physicians were on the team.
- The team was also helpful in terms of the implementation and rollout.

Team members often included people from nutrition/dietitians, wellness, food service, nursing, medical staff, operations, HR, and marketing.

“Our committee owns it, so it’s a partnership between wellness, food and nutrition services and then the support of our senior team I think has really helped us really be successful.”

“I started reaching out to many other disciplines. I think we had at least 12 different disciplines from somebody in electronic medical records, somebody in outpatient areas, somebody in inpatient areas, physicians, social workers, psychology.”
Most of the hospitals that did not fully eliminate sugary drinks **had considered** it, but have decided against it for now.

- Most felt like taking steps to reduce sales and consumption was the right place for their hospital to be in at that time.

Many hospitals without a policy **had taken steps to reduce the sale of SSBs** without eliminating them entirely.

- Dictating a certain percentage of sugary beverages was common, as was changing placement or sizing of sugary drinks and water, to nudge consumers toward healthier choices.

“**What I’ve done is I’ve just given my vending operator [guidelines] and said, “I expect to have 35% of my vending options to be green or yellow.”**”

“**We also instituted a size change, so they’re not allowed to sell 20 ounce sodas anymore. They can only sell 16 ounce. I realize that’s not a huge difference, it’s only four ounces, but at the same time, it’s a big difference.”**”
### Barriers to sugary drink policy adoption

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<th>Revenue</th>
<th>Employee satisfaction</th>
<th>Patient/visitor satisfaction</th>
<th>Personal choice</th>
<th>Competitive set</th>
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<td>A number of hospitals saw cafeteria sales as a profit source and were loathe to give up revenue from sugary drinks. When food service is run by an outside vendor such as Aramark, those vendors also expressed concern.</td>
<td>Given that employees are by far the biggest customers at a hospital cafeteria or vending machine, there was substantial concern about making them unhappy.</td>
<td>Some hospitals— but not all— were concerned with patient satisfaction surveys. This concern is more prevalent in competitive markets. Some also worried that in times of stress, it was wrong to take away SSBs from visitors.</td>
<td>For some, there was a negative reaction to the idea of taking away someone’s personal choice-making autonomy. These hospitals preferred to use strategies to nudge people toward better choice rather than taking away their choice.</td>
<td>A few hospitals took the position that they wanted to see what happened in their market, or with other hospitals that rolled out such a policy, before doing so themselves.</td>
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“Visitors would be disappointed, but employees, people just have to have their soda. A huge percentage of our business is our employees.”

“We’ve been unsuccessful making any move due to the barriers of contract company involvement and then these worries that people are gonna be upset and bottom line concerns.”

“We’re a self-help organization where we’d rather infuse it in and have that healthy choice rather than say, ‘You must do this,’ or ‘You must do that.’ We don’t want to be handing down what people should do. We want to give people more opportunity to make good choices.”

“It just turns out that all of the Trauma 1 hospitals across the Metro are the ones that have not gone there yet. They’re curious why. Why are those the hospitals that haven’t taken that leap? And that’s kind of held them up to investigate that further.”

“There’s a ton of fear that not selling junk is going to decrease profit. And most places do show that they do take a dip in profit at first. So it’s kinda hard to argue that point, and you have to be ready as an organization to wade through that loss of revenue.”
Those hospitals who successfully overcame the myriad barriers to adoption typically had a number of factors that helped.

- **Tools**, such as the CDC Environment Scan, that demonstrated the need for change.

- A **champion** at a high level, to take on the risk of loss of revenue or satisfaction

- **Literature and evidence** to support the decision

- **Examples of peer experiences** – i.e. other hospitals have done this

- A **strong hand with vendors**, to make it clear that they need to make a change

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“**There is absolutely zero doubt in my mind that the first thing you have to do is have the CEO be a passionate advocate. Without that you’re going to lose, you’re going to lose.**”

“**What we said is, ‘No, we’re a healthcare system. We’re not a gas station. We’re not a restaurant.’ We recognize that this is ethically the right direction we need to move in, so now you can find this product or you might not be a part of this market.**”
All hospitals made exceptions when sugary drinks were *clinically indicated*.

- Even then, some did try to nudge patients toward making healthier choices by modifying menus.

All hospitals also allowed anyone to bring in sugary drinks from outside the hospital.

One hospital was unable to remove sugary drinks from franchises such as Chik Fil A and Starbucks located within the hospital, due to existing contracts.

“Removing sugary beverages from our patients is something else entirely. When we look at diabetic, clear liquid diets...in general for patients, you can’t yank all the sugar out or we’re pulling all of the calories out of the diet and they become nutritionally inadequate.”
All the hospitals agreed that good communication is an essential part of rolling out a policy.

• A number of hospitals with policies involved the marketing team early on, to inform employees and visitors not just that the policy was going into effect, but why it was done

• One hospital had people from the team that led the initiative go around to each department to talk about the change and why it was being made.

• It was also important to train public-facing staff about how to talk to visitors who asked questions about the policy.

“Every single week there was something going out to staff about "better for you" eating so that it wouldn't be a surprise when we made a lot of changes as our cafeteria opened. We did stuff on our TV monitors. Really any communication channel that already existed within our organization, we were putting information out there on nutrition.”

“One of the things key in the success of this program, in continuing to move it forward, is education to the staff...The staff was heavily trained in talking points and what to say and what not to say when we started this program.”
Initial reactions were often negative

“In the beginning we came across as preachy and judgmental. The person who was my admin at the time ... looked at me one day and said, ‘They’re coming for us fatties next.’”

“I’ve had grandmothers, I’ve had 80-year-old women curse me out. I had a woman who was 80 who I thought honestly was going to punch me.”

“And as we went through this journey, there was a lot of backlash. My vending revenue dropped by almost 70%.”

“I mean, it was an ugly two to three weeks where I did not want to check my email every day because it was just getting bombarded by people cussing at me, telling me how dare I do this, this is ridiculous. You know, they’ll never come shop at my cafeteria again.”
Respondents whose hospitals have a policy reported that they got a **lot of pushback** about continuing to allow artificially-sweetened beverages.

- Some also said that customers saw hypocrisy in continuing to offer high-sugar foods.

> "You know one of the things that we haven't done that well is really define why sugar sweetened beverages and not other items. So I've got a Pepsi machine sitting next to a snack machine. The Pepsi machine has water and artificially sweetened beverages. The snack machine was Milky Ways and Three Musketeers."

> "If I had more options, I would love to leave the artificially sweetened [drinks] out because I think it gives ... for the people who are unhappy... Why are you trying to give my kid cancer? Why are you selling the poison and not selling things that are natural?"
Those hospitals who focused more on **new options and choices** had more success and less blowback than those who did not.

- These hospitals worked hard to introduce new food and drink options and promoted them to get people excited about new offerings.

Most hospitals also found that their **revenue bounced back**. Similarly, negative reactions from employees tended to dissipate after the initial change.

- Not everyone’s revenue returned completely to pre-change levels, but most were happy with the outcome.

“**How do we kind of buffer the blow with, “Oh, we got all these new products and we’re going to be running this and we’re going to be doing the food here and now we got this meal program.”**

“**Initially, we did drop in sales because of that...it was about 9 months [for revenue to come back].**”