MODELING HEALTH: HOW HEALTH SYSTEMS CAN TAKE ACTION TO REDUCE SUGARY DRINKS
Moderator:

Kristen Sullivan, M.P.H., M.S.
Director, Nutrition & Physical Activity,
American Cancer Society

Presenters:

Dariush Mozaffarian, M.D.
Dean, Friedman School of Nutrition Science and Policy,
Tufts University

Julie Ralston Aoki, J.D.
Director, Healthy Eating & Active Living Programs,
Public Health Law Center
Nutrition, Chronic Diseases, and COVID-19

Dariush Mozaffarian, MD, DrPH
Dean
Jean Mayer Professor of Nutrition & Medicine

American Cancer Society, Public Health Law Center
July 21, 2020

Nutrition
and
COVID-19

sites.tufts.edu/nutritionadvisory
Fleischhacker et al., AJCN 2020

IMMUNITY
Bending the curve, including decreased spread and reduced severity of infection and hospitalization from COVID-19

FOOD INSECURITY
Addressing the tremendous rise in food insecurity from lost jobs and closed schools

CO-MORBID RISKS
Rapidly improving metabolic risks like diabetes and cardiovascular disease, from which the great majority of US deaths suffer and major risk factors for poor outcomes from COVID-19

SENIORS
Addressing hidden hunger, poor access, and nutritional deficiencies which precipitate older Americans to COVID-19 infection and death

DISPARITIES
Understanding and tackling the intersections of risk among the most vulnerable

SUPPLY CHAINS
Ensuring stable production and supply chains from farms to tables of nutritious and affordable foods, while reducing food waste and protecting food system workers

JOBS & THE ECONOMY
Improving the economic resilience of our farmers, rural communities, and restaurants

PUBLIC OUTREACH & ENGAGEMENT
Developing and disseminating timely, accurate information on each of these issues through effective communications and engagement approaches

SCIENCE
Accelerating discoveries on each of the issues above
Americans Are Sick – Really Sick

• More Americans are sick than are healthy
  • Half of adults have diabetes or prediabetes.
  • More than half have cardiovascular disease, causing 841,000 deaths each year – 2,300 deaths each day.
  • 3 in 4 adults are overweight or obese.

• Tremendous economic costs
  • Healthcare costs have skyrocketed from:
    • 5% to 28% of the total federal budget
    • 5% to 29% of total state budgets
    • $79 billion to $1,180 billion for US businesses
  • Annual costs: Diabetes, $335 billion. CVD, $351 billion. Obesity, $1.72 trillion.

Centers for Medicare & Medicaid Services, 2018
American Heart Association, Heart Disease and Stroke Statistics, 2018
The Milken Institute, America’s Obesity Crisis, 2018

Americans Are Sick – Really Sick

Considering blood pressure, glucose, cholesterol, and waist circumference, only 12% of U.S. adults are metabolic healthy

O’Hearn et al., submitted
Araújo et al., 2019
**Major Diet-Related Health Disparities**

- Analysis from New York City:
  - **Obesity** (BMI 30-40 kg/m²): 1.8-fold higher odds of hospitalization
  - **Severe obesity** (BMI >40 kg/m²): 2.5-fold higher odds
  - **Diabetes mellitus**: 2.2-fold higher odds
  - **Heart failure**: 4.4-fold higher odds
  - **Hypertension**: 1.8-fold higher odds

- Adjusted for age, sex, race/ethnicity, smoking, high cholesterol, chronic lung disease, asthma, coronary heart disease, chronic kidney disease, and cancer.

- Similar results in other U.S. cities, the U.K., Italy, China, Mexico: Diet-related chronic diseases linked to far higher risks of severe illness, hospitalization, and death from COVID-19.

Petrilli et al., BMJ 2020; Lighter et al., 2020; several other reports
Diet-Related Comorbidities: Severity of COVID-19

U.S National Data:

35-year old with obesity, diabetes, hypertension, cancer, or chronic lung disease

Risk of hospitalization: 75-year old with none

Risk of death: 65-year old with none

Biologic aging: + 30-40 years (!)

CDC Morbidity and Mortality Weekly Report (MMWR), June 15, 2020

Diet-Related Comorbidities: Mechanisms?

Reduced Immune Function
• Diabetes, hypertension, obesity, heart failure: all linked to ↓ innate and adaptive immune responses

Higher Systemic Inflammation
• Common thread of chronic systemic inflammation: pouring gasoline on a smoldering fire?

Vascular Endothelial Dysfunction
• Non-pulmonary effects: Acute kidney injury (37% of hospitalized, 90% of ventilated patients), stroke, vasculatures in children

Increased Risk from Underlying Drivers
• Poor quality diets: ↓ in immune-relevant nutrients
• Physical inactivity: ↑ inflammation, ↓ overall immune function

Reduced Ventilatory Reserve (obesity)
• ↓ pulmonary function (seen with influenza)

Hirsch 2020; Ackermann NEJM 2020; O’Hearn et al., submitted
“Best Buys” for an Enabling Environment

<table>
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SSB Excise Taxes

A national SSB sugar tax ($0.01 per tsp):

- 1.85M fewer CVD events
- 0.55M fewer diabetes cases

Govt and industry costs: $3B

Tax revenue: $42B

Healthcare savings: $107B

Liu et al, Circulation 2020
**Nutrition Assistance Programs: Leveraging SNAP**

<table>
<thead>
<tr>
<th>F&amp;V Incentive (30% subsidy)</th>
<th>F&amp;V Incentive (30% subsidy) + SSB Restriction</th>
<th>SNAP Plus Healthy foods (30% subsidy) Unhealthy foods (30% disincentive)</th>
</tr>
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<tbody>
<tr>
<td>Prevent 300,000 lifetime CVD events</td>
<td>Prevent 800,000 lifetime CVD events</td>
<td>Prevent 940,000 lifetime CVD events</td>
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<tr>
<td>ICER: $550k/QALY at 5 yrs</td>
<td>ICER: $158k/QALY at 5 yrs</td>
<td>Cost-savings: $10B at 5 yrs</td>
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<td>$66k/QALY lifetime</td>
<td>$5k/QALY lifetime</td>
<td>$63B lifetime</td>
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Liu et al, Plos Medicine 2018  
www.food-price.org

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**Financial Rewards for Tackling Obesity and Diabetes**

- **Market expansion**: New efforts for greater public knowledge and understanding of the benefits and value of healthier foods.
- **Tax policy**: Tax strategies and other economic incentives across sectors (agriculture, retail, manufacturing, restaurant, healthcare, wellness) for R&D, marketing, and sales of healthier, more accessible foods.
- **Healthcare, life insurance, nutrition assistance**: Leverage healthcare, insurance, food assistance dollars to support effective nutrition products and interventions.
- **ESG, mission-driven investment**: Encourage and convene investment standards and vehicles for food-related companies centered on health and equity.
- **Catalyze entrepreneurship**: Develop and support a national strategy to build an ecosystem of evidence-driven innovation for a healthier food system.
- **B-corporations**: Encourage and highlight B corporation status across sectors to recognize and reward integration of social and environmental priorities.
- **Opportunity zones**: Expand and encourage opportunity zone incentives for food, nutrition, and wellness investments to improve equity and reduce disparities.
Business Innovation/Disruption: Science & Mission

Kraft-Heinz / 3G

Tufts Food & Nutrition Innovation Council
A healthier, equitable, and sustainable food system: true profits for all

Discover
Incubate
Connect
Inform
Advance
Build

Beyond Meat

$300M annual sales
$0 profits
$8 billion market cap

>70% decline in stock,
$15B write-off

@DMozaffarian

“Best Buys” for an Enabling Environment

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@DMozaffarian

www.food-price.org
Food is Medicine: Medically Tailored Meals (MTMs)

- Providing home MTMs to chronically ill, food insecure patients dramatically reduces hospitalizations, ER visits, nursing home admissions, and costs.
- Using the 2011-2015 Massachusetts All Payers Database, MTMs:
  - Reduced hospital admissions by 49%
  - Reduced nursing facility admissions by 72%
  - Net savings: $9,036 per patient per year
  - Number needed to treat (NNT): 2 per saved hospital admission, 1.1 per saved nursing facility admission

Food is Medicine: Produce Prescriptions

<table>
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<td>175,000 meals per year, $60 per meal, $2,400 per patient per year.</td>
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Clinical Results (over 18 months)

- ≥40% decrease in the risk of death or serious complications*

Financial Results (over 18 months)

- 80% drop in costs for our pilot patients
- $240,000 per member to $48,000 per member per year

Percent Decrease from Baseline to Current by Measure

- A1c: 17.8%
- Glucose: 26.9%
- Cholesterol: 9.8%
- LDL: 12.2%
- Triglycerides: 16.4%

* Tufts Gerald J. and Dorothy R. Friedman School of Nutrition Science and Policy

https://www.geisinger.org/freshfoodfarmacy
https://catalyst.nejm.org/prescribing-fresh-food-farmacy/
Food is Medicine: Rapidly Accelerating Actions

- **2018 U.S. Farm Bill**: $25 million to test Produce Rx in healthcare
- **2018 State of California**: $6 million to test Medically Tailored Meals (MTMs) in Medicaid
- **2019 Kaiser Permanente**: *Food for Life*, major new focus on food insecurity (CalFresh, MTMs, community interventions)
- **2019 John Hancock**: *Aspire*, first life insurance program for patients with diabetes, partnering with Google’s Verily
- **2020 Massachusetts**: New bill *Food and Health Pilot Program*, to test MTMs, medically tailored produce, and produce Rx (H.4278, S.2453)
“Best Buy” Policy and Systems Strategies

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Food/Nutrition and Immunity

• Promising evidence that multiple natural compounds from foods could improve the immune response against and/or reduce the severity of COVID-19 infection
  - e.g., Vit A, C, D, E, B-6, folate, selenium, zinc, iron, flavonols, food extracts (gogi berry, elderberry, green tea, turmeric)

• This includes complementary evidence for:
  - Specific activity against COVID-19 proteins
  - Augmented cell-mediated immune function and resistance to viral respiratory infections
  - Reduced ROS, inflammation, cytokine storm, lung injury
  - Improved vascular endothelial function
  - Improved clinical outcomes from viral respiratory infections in human randomized controlled trials.

• Very attractive safety profiles

Mozaffarian & Meydani, in preparation
Federal Nutrition Research: Investments

Making evidence-based nutrition science a federal priority is a gateway to a healthier century for all
Key Options to Strengthen Federal Nutrition Research

Cross-governmental
- A new Office of the National Director of Food and Nutrition (OND-FN)
- A new US Global Nutrition Research Program (USGNRP)
- A new Associate Director for Nutrition Science in the White House Office of Science and Technology Policy (OSTP)
- A new US Task Force on Federal Nutrition Research

Within NIH
- A new National Institute of Nutrition (NIN)
- A new National Center for Nutrition Research (NCNR)
- A return of the Office of Nutrition Research (ONR) into the NIH Office of the Director
- Development of new trans-NIH initiatives in nutrition research

Within USDA
- Increased investment in nutrition research across the USDA Research, Education, and Economics mission area
- Expanded USDA research to improve public guidance and education
- Innovative USDA research to strengthen benefits of nutrition assistance programs

A Growing Coalition of 75+ Organizations Stand in Support

| Academy of Nutrition and Dietetics (AND) | Healthy Food America | PepsiCo |
| Acasti Pharma | HumanCo | PowerPlant Ventures |
| American Academy of Pediatrics (AAP) | Hunger Free America | Produce for Better Health |
| American Cancer Society (ACS) | Institute of Food Technologists (IFT) | Foundation |
| American Cancer Society Cancer Action Network (ACS-CAN) | January, Inc. | Resnick Center for Food Law and Policy, UCLA School of Law |
| American College of Lifestyle Medicine (ACLM) | John Hancock | The Rockefeller Foundation |
| American Diabetes Association (ADA) | Juice Press | The Rudd Center for Food Policy & Obesity, University of Connecticut |
| American Public Health Association (APHA) | KIND Snacks | Sage Mountain Farm |
| American Society for Parenteral and Enteral Nutrition (ASPEN) | Manna Tree Partners | Share Our Strength |
| Angiogenisis Foundation | The Milken Institute | Society for Nutrition Education and Behavior (SNEB) |
| Association of Public and Land-Grant Universities (APLU) | Mission: Readiness | Tangelo |
| Azuluna | McCormick Science Institute | Teens for Food Justice |
| Brightseed | National Association for the Advancement of Colored People (NAACP) | Trust for America’s Health (TFAH) |
| Center for Health Law and Policy Innovation, Harvard Law School | National Association of Nutrition and Aging Services Programs (NANASP) | 2RHealth |
| Center for Science in the Public Interest (CSPI) | National WIC Association | Union of Concerned Scientists (UCS) |
| Community Servings | Novo Nordisk | Urban School Food Alliance |
| DayTwo | The Obesity Society | The Well |
| Defeat Malnutrition Today | Ocean Spray | Wholesome Wave |
| The diaTribe Foundation | Partnership for a Healthier America (PHA) | World Central Kitchen |
| Elysium Health | | World Food Policy Center, Duke University |
| End Allergies Together | Feed the Truth | |
Time to #FixFood

- **Economic Incentives**
  - Leverage SNAP incentives/disincentives for healthier eating
  - SSB excise taxes (combined with healthy food incentives)
  - Insurance and worksite wellness programs

- **Food is Medicine**
  - Leverage power and resources of healthcare
  - MTMs, Produce Rx, nutrition education for providers, EHR

- **Research, Innovation, & Entrepreneurship**
  - National Institute of Nutrition (NIN)
  - Office of the National Director of Food and Nutrition (ONDFN)
  - Catalyze national entrepreneurship and innovation with tax policy, ESG metrics

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Mozaffarian D, NAIC Rising Health Care Costs: Drivers, Challenges, Solutions 2018
Fleischhacker et al., AJCN 2020
Mande et al., 50th Anniversary White House Conference Report 2020

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It’s time for a national “moonshot” to fix our food system. We must leverage food as medicine, incentivize and shift to real food, build a strong public health and food infrastructure, and rapidly expand critical nutrition research. “A massive campaign on diet would save lives and change the course of our nation’s health forever.”

**NUTRITION.TUFTS.EDU**
The fight against COVID-19 — a need for 'soft power' in health care

BY DIASHEH MOZAFFARIAN AND JAMES STARBUCK, OPINION CONTRIBUTORS — 02/06/20 02:21 PM EST
THE VIEWS EXPRESSED BY CONTRIBUTORS ARE THEIR OWN AND NOT THE VIEW OF THE HILL

• The U.S. healthcare system is analogous to the U.S. military’s “hard power” — the advanced, highly trained, highly resource-intensive, highly effective, acute response to a military crisis (or in this case, the threat of COVID-19).

• American healthcare’s “hard power” is immense, powerful and effective: arguably the best in the world. Yet, U.S. health outcomes lag behind all other high-income nations, while we spend far more dollars on medical care than any country.

• What is the U.S. missing? Healthcare “soft power.” For the military, soft power is our nation’s investments in and structures for diplomacy, economic development, trade, foreign aid, sanctions, promotion of education, women’s rights and democracy.

• A major re-alignment is needed to invest in healthcare “soft power:" a proactive, vigorous, coordinated, and well-funded public health infrastructure, education, surveillance, scientific research, school, workplace, and community design, food policy, and more.

LEGAL TECHNICAL ASSISTANCE

- Legal Research
- Policy Development, Implementation, Defense
- Publications
- Trainings
- Direct Representation
- Lobby

7/22/2020
COVID-19 RACIAL INEQUITIES

Adjusted for age, other racial groups are this many times more likely to have died of COVID-19 than White Americans

Reflects mortality rates calculated through July 7.

<table>
<thead>
<tr>
<th>Race</th>
<th>Multiplicity</th>
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<tr>
<td>BLACK</td>
<td>3.8</td>
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<tr>
<td>INDIGENOUS</td>
<td>3.2</td>
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<tr>
<td>PACIFIC ISLANDER</td>
<td>2.6</td>
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<tr>
<td>LATINO</td>
<td>2.5</td>
</tr>
<tr>
<td>ASIAN</td>
<td>1.5</td>
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Indirect age-adjustment has been used.
Source: APM Research Lab • Get the data • Created with Datawrapper
AHA/AAP Policy Recommendations

- Raise price of sugary drinks, including through excise taxes
- Curb marketing of sugary drinks to children and adolescents
- Federal nutrition assistance programs (SNAP, WIC, etc.) should ensure access to healthy foods/beverages and discourage sugary drink consumption
- Consumers should have access to credible nutrition information on nutrition labels, restaurant menus, and advertisements
- Adopt policies that make healthy beverages the default (i.e. city/state/federal food service guidelines; default beverages in kids’ meals, etc.)
- Hospitals should serve as a model and implement policies to limit or disincentivize purchase of sugary drinks.
ACS HOSPITAL PROJECT: MOTIVATION FOR POLICY CHANGE

Often, reason for reducing or eliminating 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 lead by example.

“Ethically, we're a healthcare organization. We have both the capacity and the need, I guess, to demonstrate what healthful eating and healthful habits look like. If we're not doing that and we're expecting our patients to go home and do the things that we're not demonstrating, it's just a mismatch.”

Other hospitals were particularly focused on employee wellness.

- This was often the case when the policy was driven by the employee wellness group.

“I think the biggest driver was Employee Health and Wellness...that is 60+ percent of our customers in our cafeteria.”
SUGARY DRINKS: A HEALTH EQUITY ISSUE

- Type 2 diabetes
- Cardiovascular disease
- Stroke
- Metabolic syndrome
- Cancer
- Poor oral health
- Non-alcoholic fatty liver disease
- Depression and common mental disorder
- Hypertension
SUGAR DRINKS: A HEALTH EQUITY ISSUE

Percentage of US Adults Aged 18 or Older with Diagnosed Diabetes, by Racial and Ethnic Group, 2013-2015
2017 Diabetes Report Card

- American Indian/Alaska Native: 15.1%
- Asian: 8.0%
- Hispanic: 12.7%
- Black, non-Hispanic: 12.1%
- White, non-Hispanic: 7.4%

SUGARY DRINKS: A HEALTH EQUITY ISSUE

• African American youth see 2-3x more TV ads for sugary drinks compared to white youth.
• 8 out of 10 ads seen by Latin-x kids on Spanish-language TV promote fast food, candy, sugary drinks, and snacks.
• Lower income African American and Latin-x neighborhoods had more outdoor ads for sugary drinks than higher-income neighborhoods.
Those hospitals who successfully overcame 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

“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, 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.”
Barriers to sugary drink policy adoption

Revenue
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.

Employee satisfaction
Given that employees are by far the biggest customers at a hospital cafeteria or vending machine, there was substantial concern about making them unhappy.

Patient/visitor satisfaction
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.

Personal choice
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.

Competitive set
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.

“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.”

“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.”
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# Table 3: Suggested Vendor Talking Points

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<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>
</tr>
<tr>
<td>“We can advertise collaboratively on this initiative.”</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 initiative.”</td>
</tr>
<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>
</tr>
</tbody>
</table>

## Tools

- **“Healthy Food and Beverages” video and infographic, Allina Health**
- **Healthy Beverage Toolkit, Boston Public Health Commission**
- **“Hydrate for Health” presentation, Health Care Without Harm**
- **“Hydrate for Health” presentation talking points, Health Care Without Harm**
- **Healthy Kansas Hospitals Toolkit, Kansas Hospital Association:**
  - PowerPoint presentation
  - Communicating Food/Beverage Policy Changes
  - PowerPoint presentation template

Other communications examples are available from the Public Health Law Center.
HEALTHY HEALTHCARE TOOLKIT

SICKLY SWEET: WHY FOCUS ON SUGARY DRINKS?

Although many factors influence unhealthy weight and diet-related chronic diseases, sugary drinks play a key role.

Sugary drinks contribute to the global fat crisis, with rising numbers of individuals who are overweight and obese. This problem is not limited to developed countries; it is also prevalent in developing countries. Recent large-scale studies show that sugary drinks are a significant contributor to the global burden of obesity and related non-communicable diseases.

HEALTHCARE CAN LEAD THE WAY

Making the Healthy Choice the Easy Choice

Addressing diet-related chronic diseases requires a multi-faceted approach. Education is an important part of any effort to improve health, but education alone rarely results in behavior change. The environment in which people live and work plays a critical role in facilitating or hindering healthy choices.

HEALTHY BEVERAGE HOT SPOTS

Identifying & Utilizing the Institutional Access Points

Beverages are offered through a variety of access points in hospitals and other workplaces. Understanding where, how, and what drinks are available through these access points can help in developing effective beverage policies. Access points include

- Cafeterias
- Break rooms
- Vending machines
- Concession stands

HEALTHY BEVERAGE POLICIES

Key Definitions & Sample Standards

One of the fundamental steps in creating a healthy beverage initiative is developing a written policy that defines "healthy" beverages and sets clear, consistent standards. Beverage policies should include definitions for important terms or concepts such as "healthy beverage" or "sugar-sweetened beverage."
HEALTHY HEALTHCARE TOOLKIT

https://www.publichealthlawcenter.org/topics/healthy-eating/healthy-healthcare
JOIN US FOR THE NEXT WEBINAR

ELIMINATING SUGARY DRINKS IN A LARGE HEALTH SYSTEM: LEVERAGING DATA FOR SYSTEMS CHANGE

WED., AUGUST 26, 1PM CT

Laura A. Schmidt, Ph.D, M.S.W., M.P.H., Professor, School of Medicine, University of California, San Francisco

Elissa Epel, Ph.D
Professor, School of Medicine, University of California, San Francisco
CONTACT US

651.290.7532
Julie.RalstonAoki@mitchellhamline.edu
www.publichealthlawcenter.org
@phealthlawctr
facebook.com/publichealthlawcenter