How to Use Webex

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All participants are muted. Type a question into the Q & A panel for our panelists to answer. Send your questions in at any time.

This webinar is being recorded. If you arrive late, miss details or would like to share it, we will send you a link to this recording after the session has ended.
Introductions

Julie Ralston Aoki
Staff Attorney,
Public Health Law Center
(St. Paul, MN)
Introductions

Laura Oliven Silberfarb, MPP, Principal, Oliven Policy Solutions (Minneapolis, MN)
Introductions

Kathryn Grover
Director, Nutrition Services,
Nationwide Children’s Hospital
(Columbus, OH)
Introductions

Nan Peterson, MS, RN
Director for Child Health Advocacy, American Family Children’s Hospital (Madison, WI)
Webinar Objectives

Participants will learn about:

• Research on associations between sugary drink consumption and cancer, diabetes, heart disease and other chronic diseases, as well as obesity
• A new healthy eating policy assessment tool designed for hospitals, and how to use it
• Policies and strategies that hospitals can implement to model and promote healthy eating behaviors for patients, staff, and community members
• Why and how hospitals are choosing to model healthy food environments for their communities
Acknowledgements

- Minnesota Cancer Alliance
- Minnesota Department of Health, Cancer Policy Division
- Blue Cross and Blue Shield of Minnesota
- American Heart Association
- Kansas Hospital Association
- Stacia Clinton, Health Care Without Harm
- Jamie Harvie, Institute for a Sustainable Future
- Katie Bishop, Center for Science in the Public Interest
- Park Nicollet Better Eating Collaborative
What’s a “sugary” drink?*

Beverages sweetened with added sugar including:

• Soft drinks
• “Fruit” drinks, punches and ades
• Sports drinks
• Energy drinks
• Flavored milks
• Teas and coffee drinks with caloric sweetener

*Drinks labeled as 100% fruit juice are not considered sugary drinks, although portion control is important for 100% juice.
Sources of Added Sugars in Americans' Diets

- Soda, energy drinks, and sports drinks - 35.7%
- Fruit drinks - 10.5%
- Tea - 3.5%
- Grain and dairy-based desserts - 19.4%
- Candy - 6.1%
- Ready-to-eat cereal - 3.8%
- Sugars and honey - 3.5%
- All other foods - 17.5%

1950s Serving Size

Thank you, Dr. Nancy Van Sloun!
Sugary drinks are associated with increased risk of:

- Type 2 diabetes
- Cardiovascular disease
- Stroke
- Metabolic syndrome (includes high blood pressure, high triglycerides and insulin resistance)
- Pancreatic cancer
- Endometrial (uterine) cancer
- Nonalcoholic fatty liver disease
- Poor oral health
Sugary drinks and Type 2 diabetes

• Drinking one 12 oz sugary drink/day can increase the risk of diabetes by 22% (Romaguera, Diabetologia, Apr. 2013)

• Drinking 1-2 sugary drinks/day increased the risk of diabetes by 26% (Malik et al, Diabetes Care, Nov. 2010)

• Worldwide population study showed that greater sugar availability is associated with higher diabetes prevalence – suggesting that 25% of diabetes worldwide is explained by sugar. (Basu et al, PLoS, Feb. 2013)
Diabetes onset now occurring earlier

• 23% of all teens in the U.S. are diabetic or pre-diabetic
  (May et al, Pediatrics, May 2012)

• People with diagnosed diabetes incur average medical expenditures of about $13,700 per year, of which about $7,900 is attributed to diabetes.
Sugary drinks and metabolic syndrome

• Meta-analysis from 2010 showed that drinking 1-2 SSBs/day increased the risk of metabolic syndrome by 20% (Malik et al, Diabetes Care, November 2010)
Sugary drinks and cardiovascular disease

• Men who drank 1 sugary drink/day had a 20% higher risk of heart disease compared to men who did not drink sugary beverages (de Koning et al, Circulation, April 2012)

• Women who drank 2 or more sugary drinks/day have a 35% higher risk of heart disease, and women who drank 1 per day have a 23 % increased risk. (Fung et al, Am J Clin Nutr, April 2009)
Sugary drinks and obesity

• **Children**
  – 1 or more sugary drinks/day = 55% more likely to be overweight or obese (Morenga et al., Brit Med J, Jan. 2013)

• **Adults**
  – 1 or more sugary drinks/day = 27% more likely to be overweight (Babey et al., UCLA Center for Health Policy Research and California Center for Public Health Advocacy, 2009)
Consumption of sugary drinks has been associated with at least 20% of the increase in weight in the U.S. since 1977

Unhealthy has become status quo.

“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.”
using policy, systems, and environmental (PSE) change to promote health
Policy, systems, and environmental change:

• Providing access to free, safe drinking water
• Limiting access to sugary drinks
  Promoting access to and consumption of healthy drinks
• Using pricing strategies to make healthy products more attractive
Why hospitals are choosing to lead

• support patients, staff, and visitors who want to be healthy
• model healthy behaviors to promote community health
• use their economic power in health-positive ways
• promote a healthier workforce
Sugary drink reduction efforts

Health-care settings

Worksites, public places, individuals
Healthcare food environment—why it matters

- **Junk food is ubiquitous, even in hospitals:** 79% of CA hospitals in study had vending machines, with soda and candy most common. (Lawrence et al., Pediatrics 2009)

- **People think if it’s in a hospital, it can’t be that bad:** Presence of fast food within hospital was associated with more positive perceptions of fast food (including healthiness) among parents at the hospital. (Sahud et al., Pediatrics 2009)

Photo courtesy of the Commons Health Hospital Challenge/Jamie Harvie
Spring 2010: phased out sales of sugary drinks
  • Including patient menus, catering, cafeteria, and vending
• CEO leadership
• To date--revenue neutral
  • sales went to non-sugary drink alternatives
• Reducing serving size for 100% juice

For more info, see Health Care Without Harm and Center for Science in the Public Interest report:  http://cspinet.org/reports/hospitalreport.pdf
2012: Commons Health Hospital Challenge

• Phase out sales of sugary drinks within one year
• Applies to dining rooms, cafeterias, vending, patient meals, onsite food court vendors
• Sugary drinks = any drink that contains added sugar (natural or manufactured)

http://www.commonshealthchallenge.org/
Healthier Hospitals Initiative—Healthier Food Challenge

• Balanced Meals Pledge
  o decrease purchases of meat by 20% from baseline within three years

• Local/Sustainable Food Pledge
  o increase purchases of local/sustainable food by 20% annually OR increase purchases to 15% of total food purchases within three years

• Healthy Beverages Pledge
  o increase healthy beverage purchases by 20% over baseline year, OR 80% of beverage purchased for use throughout the hospital (patient, retail, vending, and catering) are healthy
Healthy Hospital Food Initiative

- Nutrition labeling for all meals at point of service
- Food marketing and healthy food and beverage promotion
- Children’s wellness meals for patients and guests with favorable pricing
- Wellness meals – three daily for patients and guests, with favorable pricing
- General menu - healthy entrees and sides, 60%
- Eliminate fryers by 2017
- Increase “healthier” beverages to 80% of beverage dollar purchases, hospitalwide
- Increase percentage of fruits and vegetable dollar purchases by 20%

Thanks to Laura Oliven Silberfarb
Hospitals that have gone sugary drink free:

- Aug. 2010: Cleveland Clinic (OH)
- Jan. 2011: Gifford Medical Center (Randolph, VT)
- April 2011: Carney Hospital (Boston, MA)
- Jan. 2012: Dartmouth Hitchcock Medical Center (Lebanon, NH)
- April 2012: Vanguard Medical Center (Chicago, IL)
- Sept. 2012: Seattle Children’s Hospital (WA)
- Sept. 2012: St. Luke’s Hospital (MN)
- Nov. 2012: Mercy Children’s Hospital (Kansas City, MO)
- 2013: Grand Itasca Clinics & Hospital (MN); Cook County North Shore (MN); Lakeview Memorial (MN); Essentia St. Mary’s (MN); Nationwide Children’s Hospital (OH); ProMedica (OH/MI); Indiana Health System; U of MI Health Systems;
- 2014 Baldwin Medical Ctr (WI); Dayton Children’s Hospital (OH) . . .
A CDC-supported strategy . . .

Sugar-Sweetened Beverages, Obesity, and Cancer: What is the problem and what can we do?

OVERVIEW

The obesity epidemic in America is apparent. Since 1980 the adult obesity rate has doubled and now almost two-thirds of Minnesota adults are overweight or obese. Although many factors influence rates of obesity and overweight, sugary drinks play a significant role. Sugary drinks have become a regular and large contributor of calories to our daily diet. The added calories from sugar-sweetened beverages (SSBs) are strongly associated with weight gain and obesity. Obesity is a significant risk factor for many chronic conditions, including diabetes, cardiovascular disease, and cancer. While incidence rates for many cancers are declining, the incidence rates for several cancers associated with obesity are increasing.

The Centers for Disease Control and Prevention (CDC) and the Institute of Medicine (IOM) have each studied evidence-based strategies to reduce and prevent obesity. Both concluded that reducing consumption of SSBs is a key strategy for reducing obesity. They recommend public health, education, and health practitioners as well as persons in government, business and industry work within settings and across settings to reduce consumption of sugar-sweetened beverages. In Minnesota, large scale changes are being explored within schools, hospitals, and communities. Future efforts can build upon those initiatives as well as draw upon other recommended strategies.

http://mncanceralliance.org/policy-advocacy/sugar-sweetened-beverages
Healthy Beverages in Healthcare Toolkit

- Guide
- Fact sheets
- Case studies

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 factors related to current beverage vendors and the selections they offer. This is why it is important

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.
Healthy Healthcare

Minnesota Healthy Beverages in Healthcare Resources

As employers and healthcare providers, healthcare organizations hold a significant investment in the health of their employees and patients. They also have a key leadership role to play in helping to create healthier communities by modeling policy, systems, and environmental 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.

The Public Health Law Center, in partnership with Health Care Without Harm and the Minnesota Cancer Alliance has created a series of resources designed to inform and support efforts to promote healthy beverage choices and reduce consumption of unhealthy products within workplace settings in Minnesota, with a special focus on healthcare settings. Although the series focuses on beverages, many of the principles and approaches can also be applied to the food environment.

These resources are designed to support healthcare organizations in taking up the call to reduce and eliminate sugary drinks, and promote healthy offerings, within their campuses.

Building Blocks for Success—A Guide For Developing Healthy Beverage Programs
This guide describes the key components for successful healthy beverage programs.

Sickly Sweet—Why the Focus on Sugary Drinks
This fact sheet explains how sugary drinks contribute to obesity.

Healthcare Can Lead the Way—Making the Healthy Choice the Easy Choice
This fact sheet explains how healthcare facilities are uniquely situated to both lead and benefit from healthy beverage programs.

Healthy Beverage Programs, Healthy Bottom Lines
This fact sheet discusses some of the common misperceptions about the potential financial impact of healthy beverage programs.

http://www.publichealthlawcenter.org/resources/healthy-healthcare
TRUSTEES

You are here: Minnesota hospital trustees 》 Education 》 Board Videos

Trustees

Board Certification

Education

Conferences/Regional Meetings

Board Videos

BOARD EDUCATION VIDEOS

Minnesota Hospital Association understands that trustees have busy schedules and it’s not always feasible to travel for professional development. In response to member requests, MHA has developed a series of 10-minute board education videos on a variety of important topics for hospital trustees.

Hospitals and Healthy Beverage Choices

Dr. Ed Ehlinger, commissioner, Minnesota Department of Health

Dec. 18, 2013

Watch Video

http://www.mnhospitals.org/trustees/education/board-videos
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Public Health Law Center
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651-290-7532
Hennepin County Healthy Hospital Assessment

Funding provided by the Centers for Disease Control and Prevention through a Hennepin County Public Health Department Community Transformation Grant

June 2014
Healthy Hospital Assessment Goals

- Identify policies and strategies that hospitals use to promote healthy nutrition environments for patients, staff, and visitors
- Share findings and other information on model and innovative strategies
- Identify opportunities to further promote healthy hospitals

This was a joint project of the Hennepin County, Minneapolis, and Bloomington public health departments.
Eight Hospitals in Hennepin County

Abbot Northwestern Hospital
Children’s – Minneapolis
Fairview Southdale Hospital
Hennepin County Medical Center
Maple Grove Hospital
Methodist Hospital
North Memorial Medical Center
University of Minnesota Medical Center, Fairview (East and West Banks)

5,005 total licensed beds
29,458 total employees

Largest hospital served nearly 1.6 million meals
Policy and Practice Assessment - Not Food and Beverage Inventory

- Developed an original survey tool to collect information on hospital policies and practices influencing the nutrition environment.
- Collected data through in-person interviews in hospitals.
- Created hospital summary reports reviewed and approved by each hospital.
- Issued summary report available on Hennepin County website.
Making the Connection

- Sent advance letter from the public health department
- Followed up with calls and emails
- Interviewed nutrition directors and directors of hospital operations
- Connected with health system representatives and employee health staff in some hospitals
<table>
<thead>
<tr>
<th>Hospital Policy and Practice Levers</th>
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</thead>
<tbody>
<tr>
<td>Healthy meal policies</td>
</tr>
<tr>
<td>Trans fat policy</td>
</tr>
<tr>
<td>Fried food policy</td>
</tr>
<tr>
<td>Pricing, placement, signage</td>
</tr>
<tr>
<td>Nutrition labeling</td>
</tr>
<tr>
<td>Healthier beverage policy</td>
</tr>
<tr>
<td>Healthy vending policy</td>
</tr>
<tr>
<td>Healthy meeting policy</td>
</tr>
<tr>
<td>Sodium policy</td>
</tr>
<tr>
<td>Farm to hospital policy</td>
</tr>
</tbody>
</table>
Hospital Nutrition Outlets

Retail Outlets
- Cafeteria
- Cafes/coffee shops
- Pharmacy
- Gift shops
- Vending

Non-Retail Outlets
- Patient meals
- Doctor dining
- Catering
Example from survey:
Excerpt from policy matrix. The full survey may be found in Appendix I in the report on the Hennepin County website, at http://www.hennepin.us/~/media/hennepin.us/residents/health-medical/documents/Healthy%20Hospital%20Assessment%20Report%20-%20Revised%20June%20202014.pdf
Understanding the Operational Control of the Food Outlet

**Food service** — Six hospitals use contractors (Sodexo or Aramark) for patient meals, catering, doctor dining cafeterias, other retail outlets

**Vending** — All hospitals use contractors for their vending outlets

**Gift shops** — Six run by hospital foundations

**Pharmacies** — Administered independently by hospitals

**Outside food vendors (e.g., Subway)** — Four hospitals
Some Hospital Nutrition Outlets Are Governed by the “Parent” Health System

- Comprehensive food policy requiring that 30% of food sold or served meets specific nutrition standards
- Uniform food and beverage benchmark policy for vending in all hospitals
- Healthy meal guideline governing the daily healthy meal option
Healthy Food Policies

- Healthy Meal Option
- Trans Fat Elimination
- Fried Food
- Sodium
- Pricing and Placement
- Nutrition Labeling
Healthier Beverage Policy Approaches

- Four Hospitals with Benchmarks:
  - 75% non-SSB (all retail, including vending)
  - 50% water or diet (all retail, including vending)
  - 50%-90% over three years (two hospitals) (vending only)

- Three Catering Limits

- Two Size Limits (12 oz.; 20 oz.)

- Two – no healthier beverage policy
Healthy Food Vending

- **Four Benchmark Policies**
  - 30% healthy food guideline
  - 50% with pricing and placement
  - 50 to 90% over three years (two hospitals)

- **One contractor healthy vending program**

- **Three hospitals – no policy (one adopting soon)**
Other Hospital Policies

- **Healthy Meeting Policy**
  - Meeting Policy

- **Farm to Hospital Policy**
  - Farmers Markets
  - Gardens
  - CSAs
Summary Results

- Healthy Meal Option
- Trans Fat Elimination in-house meals
- Sodium Policy
- Fried Food Policy
- Pricing and Placement
- Menu Labeling
- Healthy Food Vending
- Healthy Meeting
- Farmers Markets
- Healthier Beverage Benchmark
- Sugary Drink Free
Barriers

- Profit and Contractual Requirements
- Marketplace Demand
- Food as Comfort
- Foundation Control of Food Outlet
Benefits of a Healthy Hospital Assessment

Provides information for the health department, the hospitals and the public

Makes a connection to key hospital stakeholders

Generates interest by the hospitals and the public

Identification of TA needs

Creates a basis for funding and other opportunities
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Khatidja Dawood, MS
Hennepin County Public Health Department
khatidja.dawood@co.hennepin.mn.us

Hennepin County report available at:
http://www.hennepin.us/~/media/hennepinus/residents/health-medical/documents/Healthy%20Hospital%20Assessment%20Report%20Revised%20June%202014.pdf
Healthy Changes at Nationwide Children’s

Ban on sugar sweetened beverages
“All Politics is Local”
-Former Speaker of the House Tip O'Neill

- The Healthy Choices for Healthy Children (HCHC) legislation
- Removing all sweetened beverages from schools
- NCH partnered business community to gain bi-partisan support
- The bill was signed at Nationwide Children’s Hospital
If we support removing all sweetened beverages from schools

—Why not our hospital?
Proposed NCH Plan

- Eliminate all sugar sweetened beverages from NCH facilities including
  - Cafeteria, Catering, Gift Shops
  - Food Court (includes Subway and koko’s)
  - All Vending (including off sites)
  - Patient and Family Food Menus

- Exceptions
  - Physicians/ residents/ nurses may order soda for patients (clinical reasons)
  - Families, Visitors, staff may bring soda to campus
Proposed Timeline

• October 5: Management Committee Update

• October: Solicit staff input regarding proposal

• Late 2010: Employee Communications
  • Internal communication in StatChat & Employee Activities email
  • Education Tables in Food Court & Cafeteria
  • Spotlight Article
  • Online messaging noting change for patient families

• Late 2010/Early 2011: Family/Visitor Communications
  • Website
  • Posters in waiting rooms, cafeteria, food court
  • Fliers with patient meal deliveries

• First quarter 2011: Eliminate sugar-added beverages
Soda Consumption

A child who drinks 1 can of soda everyday for one year will:
• Consume 33.25 lbs of sugar
• Consume 54,750 calories with little or no nutritional value
• Gain 16.5 lbs without offsetting physical activity

Every can of soda requires a child to walk 45 minutes to burn the associated 150 calories

NCH patients, visitors and employees consume 42,594 lbs of sugar annually* or……

*Based on regular soda sales
The weight of 21 Volkswagen Beetles in sugar
Tooth Decay and Soda

- Tooth decay in teeth of children 2 to 5 years old increased from 24 to 28 percent in the last decade.
- Children who consume more soda and sucrose, are at much greater risk of decayed, missing and filled teeth.
NCH Employee Wellness

• Over 60% of NCH employees are overweight or obese.

• Our top five chronic employee disease costs linked with obesity.¹

• Healthiest way to reduce calorie intake is to reduce one's intake of added sugars, fats, and alcohol. (USDA Dietary Guidelines for Americans, 2005)
Communication: Food Court Display

Sugar Sweetened Drinks
- the NOT so sweet facts

According to the American Academy of Pediatrics, sweetened drinks are the primary source of added sugar in the daily diet of children.

Each 12-oz serving of a carbonated, sweetened soft drink contains the equivalent of 10 teaspoons of sugar and 150 calories.

ONE CAN of regular soda per day for ONE YEAR  = 33.25 pounds of sugar & 54,750 calories

To promote health and well-being for our patients, families and staff, we no longer offer sugar-sweetened beverages that have no nutritional value, for sale or with in-patient meal service.

For more information visit www.NationwideChildrens.org

NATIONWIDE CHILDREN'S
When your child needs a hospital, everything matters.
Communication: Lobby Display

ONE CAN of regular soda per day for one year equals 33.25 POUNDS OF SUGAR (displayed below) and 54,750 calories.
Making Healthy Changes...

Be Sweet Smart: the following are all healthier alternatives to sugar sweetened drinks.

- water
- milk
- 100% fruit juices
- unsweetened tea

A child who drinks one can of regular soda per day for one year will consume 33.25 pounds of sugar and 54,750 calories.
Making Healthy Changes…

As part of our commitment to wellness, Nationwide Children’s is no longer providing sugar-sweetened beverages that have no nutritional value.

This change applies to inpatient room service and all outlets selling beverages on campus.

Staff, families and visitors may still bring their own beverages to campus.
Change in Beverage Sales After Implementation of Sugar Sweetened Beverage Ban in January 2011

<table>
<thead>
<tr>
<th>Beverage Type</th>
<th>2010 Sales (in Thousands)</th>
<th>2011 Sales (in Thousands)</th>
<th>Percent Change 2010 to 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coffee</td>
<td>$450</td>
<td>$450</td>
<td>18.61%</td>
</tr>
<tr>
<td>Juice</td>
<td>$300</td>
<td>$350</td>
<td>21.68%</td>
</tr>
<tr>
<td>Milk</td>
<td>$250</td>
<td>$270</td>
<td>7.34%</td>
</tr>
<tr>
<td>Pop/Soda</td>
<td>$400</td>
<td>$470</td>
<td>17.08%</td>
</tr>
<tr>
<td>Water</td>
<td>$425</td>
<td>$500</td>
<td>13.05%</td>
</tr>
</tbody>
</table>

* Percent Change 2010 to 2011
Other Changes

• Only fresh fruit and healthy snacks by cash registers
• No fryers in retail
• Nutrition information posted for most items
• Healthy option available at all stations
• Salad Bar (4 lettuces, over 30 toppings)
• And more
Soon to be Published

American Journal of Public Health

NCH Contact

Kathy Grover
Director, Nutrition Services
Email: Kathryn.Grover@nationwidechildrens.org
Phone: 614-722-1519
Hospitals and Healthy Eating: Making Connections, Modeling Health

Presentation objectives:

1. Describe key findings of *FOCUS on a Fitter Future*: two year project of Children’s Hospital Association
2. Follow the journey of the Farmers’ Market Café at American Family Children’s Hospital
3. Discuss challenges and successes of implementing healthy hospital improvements
Healthy Hospital Vision

“As a collective group of children’s hospitals, we have a responsibility to lead national efforts to foster a healthy hospital environment”

“Fill Better, Feel Better”
Children’s Mercy Hospitals and Clinics (Kansas City)

FOCUS on a Fitter Future
Healthy Hospital Committee (2013)
Assessment Process

- Agreed on process to conduct self-assessment
  - Aligned assessment tool with CHA by editing CDC standard
  - Trained on-site assessor
- Conducted cafeteria assessment
  - Initial assessment 2012
  - Reassessed in 2013
- Analyzed data
- Response Rate:
  - 2012 96% (n=24)
  - 2013 76% (n=19)
  - 100% of 2013 respondents engaged in food environment improvements (n=23)
Improvement Goal 1: Offer a Children’s Meal

- 24 hospitals agreed to offer a children’s menu by December 2013
- 44% fulfilled commitment by summer 2013
Improvement Goal 2: Eliminate Sugar Sweetened Beverages (SSB)

- 5 hospitals became (SSB) free
- The percent of hospitals who do not offer regular soda increased from 18% in 2012 to 29% in 2013
- 100% of hospitals agreed to eliminate or reduce SSB (n=23)
Improved Food Vending

Percent of “red” (unhealthy) items decreased over the time periods

<table>
<thead>
<tr>
<th>Year</th>
<th>Whoa</th>
<th>Go+Slow</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>57.4</td>
<td>42.6</td>
</tr>
<tr>
<td>2013</td>
<td>39.1</td>
<td>60.9</td>
</tr>
</tbody>
</table>

Champions for Children’s Health
## Improved Vending: Most Improved Hospitals

<table>
<thead>
<tr>
<th>Hospital</th>
<th>2012 % of vending that are “red” items</th>
<th>2013 % of vending that are “red” items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lucile Packard Children’s Hospital Stanford</td>
<td>51%</td>
<td>15%</td>
</tr>
<tr>
<td>Nationwide Children’s Hospital</td>
<td>34%</td>
<td>0%</td>
</tr>
<tr>
<td>Boston Children’s Hospital</td>
<td>85%</td>
<td>33%</td>
</tr>
<tr>
<td>Children’s Hospital Colorado</td>
<td>71%</td>
<td>32%</td>
</tr>
</tbody>
</table>
Increased Promotion of Healthy Items

Healthy promotions in the cafeteria increased from 2012 to 2013
Our Journey: Farmers’ Market Cafe
“...these factors result from interactions across a number of social, physical, and policy environments.”

- INSTITUTE OF MEDICINE
Change at the organizational level
Create a healthy food and beverage environment: Start over
Healthy Hospital Data

Assessment tool: Pre and post data
The Healthy Hospital 7 P’s

1. Policy
2. Product Offering
3. Placement
4. Preparation
5. Purchasing Practices
6. Pricing
7. Promotion
Farmers’ Market Café Renovation

--All food items meet “My Smart Choice” guidelines
--Removed all SSBs
--Added healthy Children’s Menu
--Added free “spa” water
--Healthy food messages on monitors
--REAP Partnership: buy fresh, buy local
Farmers’ Market Café Renovation

--Installation of water bottle filling station
--Removed candy (lots) from hospital gift shop
--Host site for weekly Community Supported Agriculture
Nutritional information
Strategies for success

• Secured champions
  – VP & CEO
  – Executive Chef
  – REAP

• Collaboration with Culinary Services staff

• Support of Wellness staff

• Engaged Patient and Family Advisory Council and Nursing Council

• Marketing Department support for development of materials
Challenges

- Budget
- Staff hardships
- Perceived revenue loss
- Pricing strategy
Lessons Learned

• Leadership commitment to change is critical
• Leverage the success of others & utilize evidence-based resources
• Communication, communication
• Once you make the big change, don’t underestimate the follow-up required:
  – Consistency of following the menu
  – Efficiency in making each salad/sandwich fresh
  – On-going training needs of staff
Stretch goals for this year.....
Healthy food choices at meetings and celebratory events
Feedback Summaries

- Patient and Family Advisory Council
- Tri-Unit Nursing Council
- FMC Survey
Acknowledgements
Focus on a Fitter Future IV Hospitals:

- Alfred I. duPont Hospital for Children/Nemour's Children's Clinics
- American Family Children's Hospital
- Arkansas Children's Hospital
- Boston Children's Hospital
- C.S. Mott Children's Hospital, University of Michigan
- Children's Hospital and Medical Center, Omaha
- Children's Hospital of Illinois
- Children's Hospital Colorado
- Children's Mercy Hospitals and Clinics
- Children’s National Health Systems
- Cincinnati Children's Hospital Medical Center
- Connecticut Children's Medical Center
- Dell Children's Medical Center
- Doernbecher Children's Hospital, Oregon University
- Floating Hospital for Children at Tufts Medical Center
- Florida Hospital for Children
- Helen DeVos Children's Hospital
- Kosair Children's Hospital
- Lucile Packard Children's Hospital at Stanford
- Mt. Washington Pediatric Hospital, Inc.
- Nationwide Children's Hospital
- Seattle Children's Hospital
- UCSF Benioff Children’s Hospital, Oakland
Acknowledgements

Thanks to:

The Farmers’ Market Café “Home Team”:

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• Christine Klann
• Amy Mihm
• Jeff Poltawsky
• Emily Wallace
• Megan Waltz
• Nathan Welke
• Amanda White
• John Williams

Contact: npeterson@uwhealth.org

REAP Colleague Theresa Feiner and all of our local farmers and purveyors
Next webinar:
Smoke-free Foster Care:
Tales from the Field
Tuesday, June 24, 2014
12 p.m. to 1 p.m. CT

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