HEALTHY BEVERAGE HOT SPOTS
Identifying & Utilizing the Institutional Access Points

Beverages are offered through a variety of access points in hospitals and other worksites.

Understanding where, how, and what drinks are available through these access points is a key first step to developing an effective healthy beverage policy or initiative. In general, beverages are offered through five types of locations or access points:

- Cafeterias and non-contracted retailers
- On-site contracted retailers (such as Au Bon Pain, Dunkin’ Donuts, or McDonald’s)
- Vending machines
- Catering and hospitality
- Patient services

The Public Health Law Center and the American Cancer Society have partnered to develop resources to help organizations create healthier food environments, with a special focus on hospital and healthcare settings. This fact sheet, which is part of a larger toolkit, identifies the key access points for drinks within a healthcare facility or other organization.
To better understand the different characteristics of each access point, hospitals should audit their food and beverage environment. A hospital could use a ready-made assessment tool (see tools below) or create their own. Audits may also be integrated into broader assessments of worksite health and wellness policies. Each access point presents unique opportunities and challenges for implementation, and 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.

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**Cafeterias and Non-Contracted Retailers**

Retail meals typically comprise the majority of a hospital’s food service business, often through cafeterias. As hospitals develop their healthy beverage strategies, hospitals should consider whether their retail food services are self-operated or contract-managed by an outside company. If the hospital uses a contracted arrangement, a thorough review of the existing contract should be conducted, noting any requirements or standards that may already provide some flexibility in making food and beverage orders. See the section on “On-site Contracted Retailers” for more information about implementing a healthy beverage policy in facilities with contracted vendors.

If the facility’s cafeteria is self-operated or allows for flexibility, there are several approaches that can be explored. The hospital could remove sugary drink offerings completely or use pricing strategies and other environmental interventions to encourage purchases of healthy offerings. One way is to change the placement of healthier beverage options in the cafeteria. For example, one study found that by adding baskets of bottled water throughout a hospital cafeteria and placing water at eye-level in coolers, sales increased 25%.

Another approach is to price bottled water or other healthier beverage products more competitively with sugary drinks. People often respond to sugary drink price increases by
reducing consumption. This is especially true for lower-income, price-sensitive consumers, who represent the same population who is more likely to consume sugary drinks. However, pricing policies should also consider how consumers might substitute between different beverage products. To incentivize purchases of healthier beverages over sugary drinks, revenue from price increases on sugary drinks can be used to help offset lower prices for healthier options such as water or unflavored milk. For more information on the dynamics of economic impact of healthy beverage policies, see Healthy Beverage Policies, Healthy Bottom Lines.

Cafeterias can also implement point-of-sale education or promotional activities to encourage healthier choices. One effective strategy is to use a traffic-light approach where green is used to indicate the healthiest available choices, yellow is used to indicate items to be consumed in moderation, and red is used to indicate unhealthy items that should rarely be consumed, such as sugary drinks. Organizations can then develop a range of communications tools using the traffic light framework, including signage, shelf tags, table-top tents, flyers, and other education handouts. When a children’s hospital in California adopted this approach, it observed a 36% reduction in monthly beverage sales from “red drinks” and a 241% increase in monthly sales of “green drinks” over a 12-month period. Other interventions, such as posting calories and assigning nutrition rating scores, have also been effective.

The most effective strategies, however, are often those done in combination. For example, 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%. A similar multi-pronged, phased intervention in the main cafeteria of Massachusetts General Hospital combined traffic-light labeling (phase 1) with a
reconfiguration of product placements (phase 2) so that green beverages were located at eye level and yellow and red beverages were located below eye level. Evaluations of these interventions found that red beverage sales decreased 16.5% during phase 1 and further decreased 11.4% in phase 2, and food and beverage choices improved among employees from all racial and socioeconomic backgrounds. Research also found that these improved food choices were sustained two years later, equating to an estimated 4.4lb weight loss when assuming no compensatory changes in diet or activity.

Information and examples of guidelines and standards can be found in Healthy Beverage Policies: Key Definitions and Sample Standards of this toolkit

Food Service Guidelines for Federal Facilities, Centers for Disease Control and Prevention

Sample point-of-purchase traffic light poster and brochure, Healthy Kansas Hospitals

On-site Contracted Retailers

In addition to cafeterias, many hospitals also have on-site retailers, such as small cafés or franchise restaurants, including fast food restaurants. Hospitals enter into licensing agreement with on-site retailers for various reasons, such as having a predictable revenue stream or to offer food and beverage options when the cafeteria is closed. However, there has been mounting pressure in recent years from public health advocates for hospitals to reassess their relationships with fast food restaurants and other contracted retailers. Many advocates, staff, and leadership have come to view allowing a fast food restaurant to operate within a hospital as a public health contradiction, and as contributing to the unhealthy food environment that has been observed in many hospitals. As a result, many hospitals have severed ties with restaurants such as McDonalds and Wendy’s. (A similar movement has also been underway in Europe.) In their place, hospitals forged new contracts with other fast-casual vendors such as Au Bon Pain and Panera Bread, to offer healthier food and beverage options.

When relationships need to be reevaluated or ended, hospitals should review leases and agreements with on-site retailers because the contract terms will likely influence the timeframe for implementing a new policy. When feasible or necessary, hospitals may opt to terminate a contract with a vendor. Otherwise, as was the case for the Cleveland Clinic, an organization may choose to make changes when the contract expires. This approach could provide an opportunity to implement an education campaign before changes are visible. If a hospital has multiple contracts of varying duration, extending some contracts may allow a more synchronized transition.
Vending Machines

Nearly one in three Americans will buy food or beverages at one of the seven million vending machines in the United States each day. In 2018, 6.2% of these vending machines were in hospitals or nursing homes. Vending machines are a common source of worksite food, and
cold beverages comprise the largest share of machines (44%) and of vending machine sales (31.2%).23 As such, ensuring wide availability of healthy choices in vending machines can yield healthier product purchases.24 Recent research has also found consumers are accepting of vending machine interventions that make unhealthy products less available25 and healthy products more available.26 For example, two years after the implementation of healthy vending standards for vending machines located in government-owned or leased buildings in Philadelphia, the proportion of all beverage sales that were for healthy products increased by 10% (36% to 46%).27

Institutional healthy beverage policies should consider four issues: product, price, placement, and promotion.28 In other words:

- **Product**: What products are offered in a single machine? How many brands of a product category are offered in a single machine? How many vending machines are within a facility by product category (i.e. food versus beverages)? To what extent are product offerings considered healthy?

- **Price**: What is the price of products? How does the cost of products in one category compare to the cost of products in another? How are healthy options priced in comparison to unhealthy options?

- **Placement**: Where are products positioned within a single machine (i.e. slotting position)? Where are vending machines placed within a facility?

- **Promotion**: What type of nutrition information or educational content should be available at vending machine locations? What other advertising content should be featured at vending machine locations? What products are featured on the machine’s wrap or front panel?

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**Tools**

- *Beverage Vending Machines Standards and Implementation Guides*, New York City Food Standards
- *Healthy Beverage and Food Policy and Practice Toolkit*, Boulder County Public Health and partners
- *Healthy Vending Toolkit*, St. Mary’s Health Care System
- *Model Beverage and Food Vending Machine Standards*, Center for Science in the Public Interest
Hospitality and Catering

Hospitals also offer patients, visitors, and staff food and beverages in a variety of non-retail settings. Many facilities, for example, offer snacks and/or beverages in waiting areas to enhance patient and visitor experiences. Many hospitals also have refrigerators on patient floors stocked with snacks and beverages for patient use that also may be used by staff and visitors. These specific access points can also play a role in reducing sugary drink consumption overall, and hospitals should consider if and how a healthy beverage policy or initiative applies to these areas. For example, if sugary beverages are stocked in refrigerators on patient floors in case needed for clinical use, one strategy for reducing use by staff and visitors is to stock generic or less popular brands. Hospitals might offer complimentary food and beverages in waiting areas, but ensure the offerings adhere to healthy nutrition standards. Hospitals also could pursue non-food-related features to waiting areas to improve patient experience.

Many institutions also offer catered meals on various occasions for staff and visitors, including for meetings, seminars such as Grand Rounds, or other continuing education trainings. Because of their flexibility, catering programs are ideal candidates for applying healthy food and beverage standards. 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 also offering water infused with fruits or herbs as an elegant beverage option that promotes increased water consumption. A facility might choose to offer minimally pre-sweetened beverages upon request. 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.

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; or
- Marketed or promoted on vending machines or coolers, or through promotions or special events on institutional property.
The policy should also clarify whether the guidelines apply to potluck lunches, birthday parties, or other special events on institutional property.

**Tools**

- Guidelines for Offering Healthy Foods at Meetings, Seminars and Catered Events, University of Minnesota, School of Public Health
- Healthy Catering Vendor Toolkit, Kaiser Permanente
- Healthy Meeting Toolkit, Center for Science in the Public Interest
- Healthy Meeting and Event Guide, University of California, Berkeley
- Healthy Workplace Food and Beverage Toolkit, American Heart Association

**Patient Trays and Inpatient Kitchens**

Patient food 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.
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 opportunities 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 needing to amend the contract.
- If not, the vendor may still be willing to work with the organization to provide healthy choices.

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 they all end at the same time to provide a smooth transition.
- Or, 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.
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

The other resources in this series can be found on the Public Health Law Center’s website at publichealthlawcenter.org. The Healthy Healthcare Toolkit includes:

- Beverage Policies & Drinks with Artificial Sweeteners
- Building Blocks for Success: Developing Healthy Beverage Policies & Initiatives
- Food & Beverage Pledges & Policies for Hospitals & Healthcare Systems
- Frequently Asked Questions about Healthy Beverage Initiatives
- Healthcare Can Lead the Way: Making the Healthy Choice the Easy Choice
- Healthy Beverage Hot Spots: Identifying & Utilizing the Institutional Access Points
- Healthy Beverage Policies, Healthy Bottom Lines
- Healthy Beverage Policies: Key Definitions & Sample Standards
- Sickly Sweet: Why Focus on Sugary Drinks?
- Thirsty for Health — Tap Water & Healthcare

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Endnotes


16 For examples of hospitals that have removed McDonald’s restaurants from their premises, see Ctr for Science in the Public Interest, Examples of Hospitals with Healthy Food and Beverage Policies at 5, https://cspinet.org/sites/default/files/attachment/examples-of-healthy-hospitals.pdf (last updated July 27, 2018).


26 Joseph Viana et al., Healthier Vending Machines in a University Setting: Effective and Financially Sustainable, 121 APPETITE 263, 266 (2018).
