Public Health Law Center
AT WILLIAM MITCHELL COLLEGE OF LAW

Health Care Without Harm

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

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 how healthcare facilities are uniquely situated to both lead and benefit from healthy beverage programs.

worksites and healthcare, as key strategies for reducing and preventing obesity.[1] 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.[2] 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.[3]

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.[4] 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

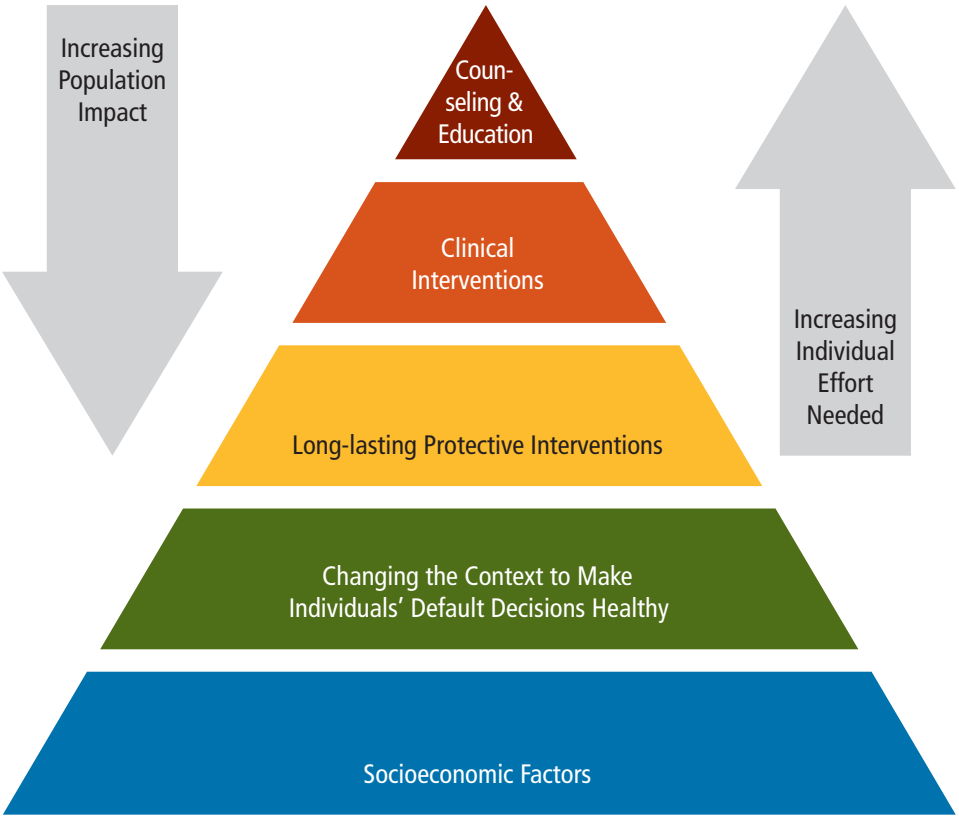

FIGURE 1:
The Health Impact Pyramid.
Interventions that affect socioeconomic factors (such as poverty, education, housing, racism, and other inequities) are likely to have the greatest public health impact.

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."[5] 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.[6] 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.[7] 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.[8]

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.

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.[9] 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

This and other fact sheets and case studies 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.

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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

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.cdph.ca.gov/SiteCollectionDocuments/StratstoReduce_Sugar_Sweetened_Bevs.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].

2 Minn. Dep't of Health, The Minn. Plan to Reduce Obesity and Obesity-Related Chronic Diseases. *passim* (2008), http://www.health.state.mn.us/divs/hpcd/chp/cdrr/obesity/pdfdocs/obesityplan20090112.pdf.

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

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

5 Minn. Task Force on Childhood Obesity, Recommendations to Prevent and Reduce Childhood Obesity in Minn. 31 (2007), http://www.health.state.mn.us/divs/hpcd/chp/cdrr/obesity/pdfdocs/childhoodobesityrecommendations.pdf.

6 *See, e.g.*, Peter Cram et al., *Fast Food Franchises in Hospitals*, 287 JAMA 2945 (2002); Christine McDonald et al., *Nutrition and Exercise Environment Available to Outpatients, Visitors, and Staff in Children's Hospitals in Canada and the United States*, 160 JAMA Pediatrics 900 (2006); and Hannah B. Sahud et al., *Marketing Fast Food: Impact of Fast Food Restaurants in Children's Hospitals*, 118 Pediatrics 2290 (2006).

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).

9 Thomson Reuters, Sicker and Costlier: Healthcare Utilization of U.S. Hospital Employees 1 (2011), http://img.en25.com/Web/ThomsonReuters/H_PAY_EMP_1108_10237_HHE_Report_WEB.PDF.