Healthcare Food Environments: Policies and Current Practices

Using Policy and Environmental Approaches to Improve Healthcare/Worksite Environments MWWI meeting webinar December 2, 2010

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Presentation Overview

- I. Background on healthcare environment work
- II. Description of Studies and Methodology
- III. Policy Tracking
- IV. Environmental assessments
- V. Conclusion and recommendations

Studies and Methodology

- The California Endowment's Healthy Eating Active Communities Program (HEAC)
 - 6 low-income California communities
 - Improving access to healthy food and physical activity opportunities
 - Working in multiple sectors:
 - Schools
 - Neighborhoods
 - After school programs
 - Healthcare facilities

HEAC Healthcare Sector Logic Models

INTERVENTION	TARGET POPULATION	EXPECTED CHANGE	EVIDENCE OF CHANGE
What are you trying to do?	Who are you trying to	What do you think will happen as a result of your	How do you know the
	affect?	intervention?	change has happened?
		Health Care	1
	GOAL: Engage local h	ealth care systems in diabetes and obesity prevent	ion
	Health care	Health care providers will incorporate the	Provider survey shows
	direct service providers	following into well child care and all medical	providers are assessing,
· · · · · · · · · · · · · · · · · · ·	Promotoras	visits for school-aged children:	counseling and referring
	Community health	1) Assess obesity risk factors (i.e. BMI, physical	appropriately
assessing risk factors, using key	outreach workers	activity level, eating habits)	
prevention messages and making		2) Incorporate the following prevention	Appropriate provider
appropriate referrals to community		messages into patient counseling: increase	resource and referral
programs.		physical activity, cut down on soda and juice	guides are developed
		drinks, eat 5 helpings of fruits and vegetables	identifying appropriate prevention and weight
		daily, cut back on T¥ and video games 3) Refer patients to range of community	management programs
		programs (i.e. recreation programs, weight	management programs
		management programs, nutrition programs,	
		promotoras and community health outreach	
		workers)	
		-oriens,	
mprove the environment of health	Health care direct	3A) Health care agencies have organizational	3A) Environmental
are facilities to promote healthy	service providers	policies in place to promote healthy eating and	assessment demonstrate
eating and physical activity for		physical activity	changes in nutrition and
employees and clients.			physical activity
			environment.
			Policy audit/tracking

HEAC Healthcare Sector Strategies

- Healthy eating and physical activity policies
- Breastfeeding policies
- Onsite nutrition and physical activity programs for staff
- Onsite farmers markets and CSA programs
- Tool kits for healthcare providers (with assessment tools, sample policies, examples of wellness programs)
- Changing clinical practices to prevent childhood obesity
- Healthcare providers as advocates

Evaluation of HEAC Healthcare Sector

- Policy Tracking
- Environmental Assessments
- Healthcare Provider Survey
- Healthcare Stakeholder Survey
- Public Health Department Survey

Policy Tracking

- Administrative Components of Policies
 - Jurisdiction of policy
 - Party responsible for implementation
 - Monitoring systems
 - Adoption/Implementation Status
- Beverage Standards contained in policies
- Food Standards contained in policies

Summary of Administrative Components of Policies

Six unique policies were identified across the HEAC sites that were relevant to public health departments or healthcare institutions.

- Four of six policies had county-wide coverage
- Two policies were relevant to specific healthcare institutions
- Four policies had been adopted and two policies were in draft form
- Four policies had unspecified plans for monitoring policy implementation
- All policies had food and beverage standards for vending machines
- Two policies had standards for foods and beverages in cafeterias
- One had standards for foods and beverages served at meetings and used for fundraisers

Beverage Standards Contained in Policies

The following beverage standards address beverages offered for sale in vending machines only.

For all policies:

- The percentage of beverages that must adhere to the standards is 50%
- Soda is not allowed in any policy
- Diet sodas are allowed in four of the policies
- Only low-fat or no fat milk is allowed in all policies
- Flavored milks are allowed in four of the policies
- Sports drinks are not allowed in two counties and there are restrictions on sports drinks in the remaining counties
- Three of the policies allow only 100% juices without added sweeteners. The remaining policies allow juice drinks that contain at least 50% juice.
- Water is allowed, most specify no additives or sweeteners may be added.
- Sweetened coffee and tea drinks are allowed to varying degrees across policies.

Summary of Food Standards Contained in Policies

The following food standards address foods offered for sale in vending machines only.

For all policies:

- The percentage of foods that must adhere to the standards is 50%
- Foods must contain no more than either 30% or 35% of calories from fat
 - No more than 10% of calories may come from saturated fat
 - Trans fats are not allowed
- No more than 35% of weight from sugar is allowed
- Sodium standards are addressed in all policies but limits vary between policies
- Two policies require foods to have at least 2 grams of fiber. Fiber is not addressed in other policies
- Two policies have set calorie limits on the foods in vending machines. Three policies do not specify any calorie requirements.

Environmental assessments

- 19 health care facilities in 6 HEAC sites:
 - 8 Hospitals
 - 7 Clinics
 - 4 Health Departments
- Data collected Fall 2006 and Fall 2008
- Foods and beverages observed in vending machines, gift shops, snacks carts, and cafeterias
- Food and Beverage Analysis and Monitoring System (FoodBEAMS)

FoodBEAMS!

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		Home	Data Collection			
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		Venue Name	Location	Vending Machine	Alexander Payne	not started
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	Jels and Asso	ociates. All rights resen	/ed.			Contact FoodBEAM

Vending Machines in Health Care Settings

Vending machines are located in a variety of locations



Types of Beverages in Vending Machines in Health Care Settings:

Hospitals and TOTAL



* Percentages may not add to 100% due to rounding

Advertising on Beverage Vending Machines, by Health Care Setting:



SB965 Standards

• SB 965 California School Beverage Standards

- Though it was developed for schools, SB965 can be used to evaluate healthy beverage choices for all ages
 - Juice: \geq 50% juice, no added sweeteners
 - Milk: ≤ 2% fat
 - Water with no added sweeteners
 - Sports drinks (Gatorade, Powerade, etc.)

Percent of Unhealthy & Healthier Beverages in Vending Machines in Health Care Settings



Percent of BEVERAGES that Adhere to the CA Standards for Schools, from 2006 to 2008

Type of facility	Percent of beverages that adhere to policy	
	2006	2008
Hospital	24%	27%
Clinic	14%	15%
Health Depart.	40%	42%
Total	26%	28%

Distribution of Most Common Foods in Vending Machines in Health Care Settings



SB12 Core Standards

- SB 965 California School Food Standards
- Snacks must meet 35/10/35 standard
 - \leq 35% of calories from fat,
 - ≤ 10% of calories from saturated fat, and
 - \leq 35% sugar by weight,
 - No more than 250 calories total.
- Entrees must have less than 36 percent of calories from fat, and be no more than 400 calories total.

Percent of Healthier Vending Machine Foods in Health Care Settings:



Percent of FOODS that Adhere to the CA Standard for Schools, from 2006 to 2008

Type of facility	Percent of foods that adhere to policy	
	2006	2008
Hospital	19%	30%
Clinic	14%	21%
Health Depart.	19%	19%
Total	19%	27%

High vs. low/medium intensity

- Healthcare institutions that implemented a policy (high intensity)
- Healthcare institutions that did very little or no work on making these types of changes (low/medium intensity)
- The adherence rates to SB12 and SB965 were then compared

Change in Healthy Beverages in High vs. Low/Medium Intensity Institutions, from 2006 to 2008

Adherence to SB965	Percent of Beverages Total		
	2006	2008	
Low/Medium	22%	21%	
High	27%	30%	

Change in Healthy Foods in High vs. Low/Medium Intensity Institutions, from 2006 to 2008

Adherence to SB12	Percent of Foods Total		
	2006	2008	
Low/Medium	12%	20%	
High	19%	31%	

Conclusions

- Slight increase in the percentage of beverages that adhered to beverage standards
- Greater increases in adherence to nutrition standards were seen for the foods sold in health care vending machines, particularly for clinics and hospitals.
- Neither vending machines for foods nor beverages met the 50% adherence rate set by many of the policies

Challenges

- HEAC sites changed focus of healthcare sector work
- Some sites may have made greater changes in cafeteria foods and beverages.
- Gradual phase in period for nutrition standards, policies may not have been fully implemented.
- Time needed to change longstanding practices.

Recommendations

- Identify institutions, organizations, and partners for implementing and sustaining the environmental and policy changes
- Ensure buy-in/support from management and worksite staff
- Ensure policies are comprehensive and cover all locations where foods and beverages are sold
- Strengthen policies to require 100% adherence of foods and beverages to policy standards
- Ensure that policies have an implementation and monitoring component built in to evaluate the policy over time
- Market healthy items and consider pricing incentives to promote purchase of healthier items.

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