
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

## GOAL: Engage local health care systems in diabetes and obesity prevention

<table>
<thead>
<tr>
<th>INTERVENTION</th>
<th>TARGET POPULATION</th>
<th>EXPECTED CHANGE</th>
<th>EVIDENCE OF CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure health care providers are emphasizing prevention of pediatric overweight and obesity in their clinical interactions by assessing risk factors, using key prevention messages and making appropriate referrals to community programs.</td>
<td>Health care direct service providers, Promotoras, Community health outreach workers</td>
<td>Health care providers will incorporate the following into well child care and all medical visits for school-aged children: 1) Assess obesity risk factors (i.e. BMI, physical activity level, eating habits) 2) Incorporate the following prevention messages into patient counseling: increase physical activity, cut down on soda and juice drinks, eat 6 helpings of fruits and vegetables daily, cut back on TV and video games 3) Refer patients to range of community programs (i.e. recreation programs, weight management programs, nutrition programs, promotoras and community health outreach workers)</td>
<td>Provider surveys show providers are assessing, counseling and referring appropriately. Appropriate provider resource and referral guides are developed identifying appropriate prevention and weight management programs.</td>
</tr>
<tr>
<td>Improve the environment of health care facilities to promote healthy eating and physical activity for employees and clients.</td>
<td>Health care direct service providers</td>
<td>5A) Health care agencies have organizational policies in place to promote healthy eating and physical activity.</td>
<td>5A) Environmental assessment demonstrates changes in nutrition and physical activity environment. Policy audit tracking</td>
</tr>
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*Note: The table above outlines the intervention, target population, expected change, and evidence of change for the HEAC Healthcare Sector Logic Models focusing on diabetes and obesity prevention.*
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!
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

N = 8 Hospitals

- 100% juice: 4%
- Sweetened juice drink: 6%
- Unsweetened coffee/tea: 7%
- Milk: 8%
- Soda: 28%
- Energy drink: 6%
- Sports drink: 8%

N = 19 Total (all facilities)

- Water: 11%
- Milk: 9%
- Soda: 26%
- Sweetened coffee/tea: 17%
- Sports drink: 6%
- Sweetened juice drink: 5%
- 100% juice: 3%
- Energy drink: 5%

* Percentages may not add to 100% due to rounding
Advertising on Beverage Vending Machines, by Health Care Setting:

Hospital (40 VM)

- Soda: 55%
- Water: 12%
- Sports Drinks: 7%
- Juice & Juice Drinks: 3%
- Other: 23%
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: $\leq 2\%$ fat
- Water with no added sweeteners
- Sports drinks (Gatorade, Powerade, etc.)
Percent of Unhealthy & Healthier Beverages in Vending Machines in Health Care Settings

Hospital
n=1031

Health Dept.
n=99

Clinic
n=59

Total
n=1189
Percent of BEVERAGES that Adhere to the CA Standards for Schools, from 2006 to 2008

<table>
<thead>
<tr>
<th>Type of facility</th>
<th>Percent of beverages that adhere to policy</th>
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<tr>
<td></td>
<td>2006</td>
</tr>
<tr>
<td>Hospital</td>
<td>24%</td>
</tr>
<tr>
<td>Clinic</td>
<td>14%</td>
</tr>
<tr>
<td>Health Depart.</td>
<td>40%</td>
</tr>
<tr>
<td>Total</td>
<td>26%</td>
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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
    - ≤35% of calories from fat,
    - ≤ 10% of calories from saturated fat, and
    - ≤ 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:

Hospital n=1019 slots

Yes 30%
No 70%

All Facilities n=1325 slots

Yes 27%
No 73%
Percent of FOODS that Adhere to the CA Standard for Schools, from 2006 to 2008

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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

<table>
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<th>Adherence to SB965</th>
<th>Percent of Beverages Total</th>
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<tr>
<td></td>
<td>2006</td>
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<tr>
<td>Low/Medium</td>
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<tr>
<td>High</td>
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Change in Healthy Foods in High vs. Low/Medium Intensity Institutions, from 2006 to 2008

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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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