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Retail food reform: How to effectively bridge what we say and what we do in our hospital settings

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Abstract

Hospital leaders in Eastern Ontario, Canada, have acknowledged the critical role of food to health and the need for progressive change that goes beyond personal responsibility paradigms. The Healthy Foods in Champlain Hospitals program aims to create supportive, healthy nutrition environments in hospital retail food settings. Twenty independent hospital corporations have collectively initiated a plan to transition cafeteria, vending, franchise, and volunteer operations towards healthier offerings. Hospitals are actively implementing a set of progressively phased, evidence-based nutrition criteria, which cover food and beverage categories, preparation methods, product placement, and provision of nutrition information. Implementation strategies and successes, as well as challenges and limitations, are discussed.

Introduction

Dietary factors account for the greatest disease burden in Canada,[1] with unhealthy dietary habits estimated to have caused 64,000 deaths in 2010.[2] The economic burden of unhealthy eating is equally concerning, estimated at $6.6 billion in Canada annually, including direct healthcare costs of $1.3 billion.[3]

Our daily food decisions, such as what and how much we eat, are significantly influenced by our surroundings.[4] Although individuals tend to attribute their behaviour to intent and personal choice, a number of subconscious elements have been documented to influence our dietary behaviours.[4] With the proliferation of highly processed, nutrient-poor foods, individuals are left to navigate environments that undermine their ability to be personally responsible.[5] The urgency to address the implications of unhealthy eating across the population requires a progressive approach, one that moves beyond individual-level choice and education models to a re-engineering of our environments towards optimal, healthier defaults.[6]

In recent years, healthcare institutions in Canada and internationally have been scrutinized for inconsistent modeling of health-promoting behaviours, in particular, the onsite availability of unhealthy foods and beverages.[7,8] To date, there has been a lack of concerted, collective leadership among the hospital community to serve foods that reflect evidence-based nutrition.[7]

Beyond the moral argument for hospitals to demonstrate leadership on this issue, there is an important business case to be made. Healthy, supportive workplace cultures can help prevent costs related to absenteeism, reduced productivity, increased insurance premiums, prescription drug use, as well as rates of injury and disability and early retirement.[9]

In 2013, a group of hospitals in the Champlain region of Eastern Ontario, Canada, mobilized on a plan of action to address hospital retail food environments. The Champlain region is defined geographically by the boundaries of the Champlain Local Health Integration Network (LHIN). The region boasts a population of approximately 1.3 million residents, representing diverse socio-economic demographics as well as urban and rural geographies. Each of the 20 hospitals in Champlain is an independent corporation governed by its own board of directors. Collectively, these facilities span the full continuum of service (eg, specialty care, academic, community). The range in size and scale of hospitals is reflected in all manner of service provision, including food (see Table 1).

Implementation process

The Healthy Foods in Champlain Hospitals (Healthy Foods) program was initiated by the Champlain Cardiovascular Disease Prevention Network (CCPN), a multi-sectoral partnership established in 2006 to "develop integrated, innovative, high-quality, evidence-based policies and programs that will improve the cardiovascular health of Champlain

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Table 1. Summary of food service operations in Champlain hospitals

Number of hospitals with an annual operating budget of:[a]	
<$20 million	5
$20 million-$99 million	7
$100 million-$250 million	7
>$1 billion	1
Number of cafeterias:	
Self-operated	17
Managed by external provider	4[b]
Number of food and beverage vending machines per site:	
0	1
1-2	5
3-5	9
6-14	4
15 or more	4
Number of franchise operations:	
Tim Hortons™	7
Second Cup™	2
Pizza Pizza™	1
Mr. Sub™	1
Starbucks™	1
Number of volunteer-run operations which sell food:	
Gift shops	17
Cafes	5

Abbreviations: FY, fiscal year; LHIN, Local Health Integration Network.
[a] Derived from hospital-based funding allocation FY15-16, as sourced from Hospital Service Accountability Agreements with the Champlain LHIN.
[b] Each site is managed by a different provider (eg, Aramark, Carillion, Marek, or Sodexo).

residents.''[10] The CCPN is a unique entity with a track record for adopting system-wide approaches on a number of important areas including smoking cessation and sodium reduction. The CCPN secretariat is housed at the University of Ottawa Heart Institute.

In 2012, the CCPN underwent a strategic renewal process in which hospital food was prioritized as an area for exploration. An expert task group was struck, and a report of recommendations to inform a Champlain-wide strategy was generated.[11] The focus was on retail food—that is, cafeterias, vending, franchise, and volunteer operations—recognizing this work could inform future efforts in patient food and other healthcare settings.

The report was presented to all Champlain hospital CEOs in September 2012. Seven leaders came forward to initiate a Leadership Task Force (LTF) to translate the recommendations into action. A number of foundational activities were completed between January 2013 and March 2014. Foremost among these was to define ''healthy'' foods and beverages by establishing a set of nutrition standards. A group of dietitians from public health and hospitals was struck to lead this work. Progressive policies in neighbouring settings (eg, Ontario Ministry of Education Food and Beverage Policy) and jurisdictions (eg, Capital Health Nova Scotia Healthy Eating Strategy; New York City Healthy Hospital Food Initiative) informed this process. An audit of retail food services was conducted in seven sites to benchmark current practice against the nutrition standards. This informed a multi-year implementation plan in which the nutrition standards were translated into phased bronze, silver and gold benchmarks that hospitals move through over time (see Table 2). By March 2014, the Healthy Foods program was formalized, and efforts were undertaken to recruit additional hospitals.

A ''Hospital Declaration''[12] outlining the vision, goals, and responsibilities associated with program participation was established. The CEO from each of the initial seven hospitals, alongside the Champlain LHIN CEO and CCPN Chair, signed off in April 2014. Funding from the Champlain LHIN allowed for centralized implementation supports; most substantial among these was a regional dietitian to support hospitals with menu analysis and product sourcing. A tool kit comprising common branding and messaging to enable consistent communication across hospitals was generated. Presentations to the hospital CEOs, chiefs of staff, and the LHIN board were delivered to solicit engagement. By December 2014, six more hospitals signed on. Remaining hospitals ($n = 7$) were recruited through a highly effective peer-to-peer strategy whereby LTF members reached out to their colleagues at non-participating hospitals to describe the program, assess barriers, and motivate their participation. By July 2015, all 20 Champlain hospitals (spanning 23 sites) were signed on and actively implementing the bronze standards.

Results

Hospital progress is monitored through regular on-site audits, which are conducted by the regional dietitian. To date, 21 of the 23 sites have met the bronze benchmark. Figure 1 highlights the implementation of select bronze criteria over time. A discussion of setting-specific results, as well as some of the commonly cited implementation tactics, is presented below.

Cafeterias

Cafeterias have collectively seen the most dramatic transformation. The decommissioning of deep fryers was a particular challenge, considering 65% of cafeterias were still operating fryers at the outset.[13] To implement this change, some sites found it easier to decrease the usage slowly over a period of months, whereas others selected a date and turned it off at once. A few hospitals used it as an opportunity to engage staff in a fun way; one site, for example, repurposed the fryer into a planter to grow herbs that would subsequently be used in cafeteria meals. For other changes, such as introducing reduced sodium soups and healthier snacks, some sites conducted staff surveys and taste testing sessions to ensure suitable alternatives were in place prior to the removal of items.

Vending machines

Traditional vending machines are dominated by nutrient-poor packaged products and high-calorie beverages. In December

Table 2. Nutrition standards: Key areas of focus

The nutrition standards for the Healthy Foods program cover a broad range of food and beverage categories, as well as stipulations for preparation methods (ie, no frying), product placement (ie, healthy snacks only at point-of-purchase), and provision of sodium and calorie information.

Benchmark	Total number of criteria	Key areas of focus
Bronze	24	• Providing calorie and sodium information for entrees and soups • Increasing availability of whole grains, vegetables, and fruit • Removing deep fryers and all fried foods • Reducing the variety of chocolate, chips, coated granola bars, candy, and pretzels • Reducing sodium in soups (50% of soups contain ≤480 mg sodium, with no soup to exceed 800 mg sodium per 250 mL) • Decreasing portion sizes of high-calorie beverages (defined as those containing >25 calories per 355 mL) • Removing all products containing artificial trans fats
Silver	41	• Expanding provision of calorie and sodium information to include snacks and baked goods • Further increasing availability of whole grains, vegetables and fruit, specifically in entrees • Further reducing sodium in soups (75% of soups contain ≤480 mg of sodium, with no soup to exceed 800 mg per 250 mL) • Reducing processed meats (eg, bacon, ham, and luncheon meats containing nitrates) to no more than once per week • Reducing high-fat cheeses • Introducing sodium targets for entrees • Introducing nutrient targets for snacks, baked goods, and desserts (≤250 calories, ≤10 g fat, ≤15 g sugar, ≤200 mg sodium) • Removing high-calorie beverages
Gold	42	• Further reducing sodium in soups and entrees • Removing chocolate, chips, coated granola bars, candy, and pretzels • Removing processed meats • Beverages will centre around water, milk and milk alternatives, vegetable juice, 100% fruit juice, coffee, and tea

2014, only 35% and 15% of the vending machines assessed met the bronze requirements for reduced portion size of high-calorie beverages and reduced proportion of chocolate, candy, chips, coated granola bars, and pretzels, respectively. Although 96% are now in compliance with these standards, the availability of diverse, healthier products remains a challenge. Some sites have opted to purchase and operate cold vending machines, such that healthier items such as sandwiches, fruit, and yogurt can be stocked. This approach also diminishes the vigilance required in ensuring external suppliers do not reintroduce unhealthy products.

Volunteer-run operations

Twenty sites have a gift shop or cafe that is managed by the hospital auxiliary or volunteer association. They sell a selection of prepackaged snacks and beverages, many of which required reduction or removal at bronze. Ninety-five percent have made this transition; however, access to healthier alternatives remains a concern, particularly in settings where low product volume needs are incompatible with minimum ordering requirements. To alleviate this, some auxiliaries have established connections with their food service departments to increase access to procurement networks and/or share product orders.

Franchises

The 12 franchises operating in seven sites represent the greatest hurdle to full implementation of the nutrition standards, due in large part to the limited degree to which product offerings can stray from established menus. In the short term, a set of "bronze-modified" criteria were executed in all franchise operations; for example, introducing fruit and redistributing the variety of less healthful baked goods and desserts.

Discussion

Strengths

The Healthy Foods program is a unique example of innovation and leadership among and across 20 independent healthcare organizations. Leaders have acknowledged the value of a voluntary but supportive approach. Shared accountability has been garnered through a clear and common vision, consensus-based decision-making, and facilitative approaches to reduce implementation barriers. Participation and engagement at LTF

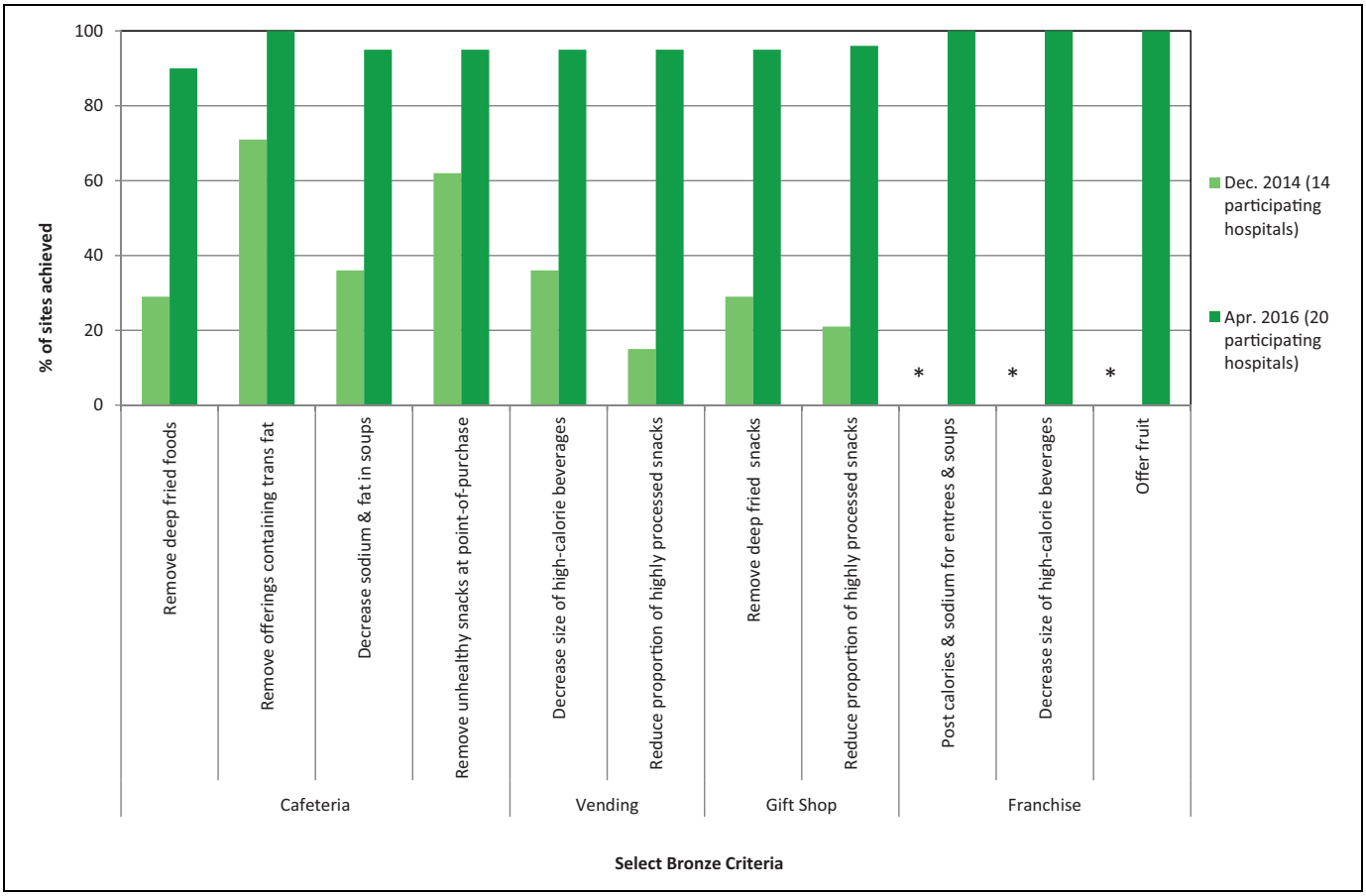

Figure 1. Implementation of select bronze criteria, by retail setting, across Champlain hospitals over time. *Not assessed.

meetings, which occur quarterly and include senior representation from all hospitals, remains strong. The leadership and financial support afforded by the Champlain LHIN in championing a health-promoting program that some may consider to fall outside its traditional mandate is worthy of recognition.

The role of the CCPN as a coordinating agency is of significant value. It affords capacity to translate the nutrition standards into practice. It also enables ongoing momentum and accountability to the program. The CCPN staffing complement dedicated to the Healthy Foods program includes a part-time program manager and full-time registered dietitian. The dietitian conducts regular in-person visits (audits) with all hospitals to assess progress; these data are compiled and reported regionally at LTF meetings. Having a third-party assessor ensures consistent application of the nutrition standards and eliminates any biases associated with self-reported data. The dietitian also facilitates cross-sharing of effective strategies and tools (eg, product lists), which hospitals have found valuable.

Challenges and limitations

At the outset, hospitals expressed concern regarding the potential for revenue losses. Hospital food service is not historically a profit-generating enterprise; in 2012, over 80% of Champlain hospitals reported that their cafeteria services broke even or ran a deficit in the preceding fiscal year.[13] Phasing program implementation was done intentionally to help mitigate any negative financial impact, as sites are afforded time to plan for capital investments as necessary (eg, deep fryer removal) and source alternative products that staff and patrons will enjoy. Although it is too soon to determine regional trends, anecdotally we know that sites have not borne undue financial hardship as a consequence of participating in the program. Leaders must continue to position the program as a long-term investment in employee health and explore innovative practices that support healthy food service business models.

A related challenge pertains to contractual obligations between individual hospitals and third-party operated franchises. The longer-term implications of these contracts require more time to transition, leaving hospitals open to criticism for inconsistency; for example, a franchise might still be selling deep-fried foods, which have already been removed from the cafeteria. Modified adjustments, as noted earlier, have been made and embraced on the understanding that a longer-term solution to bring all food services in line with the goals of the Healthy Foods program is ongoing. Hospital leaders remain committed to that process.

Challenges regarding access and availability of healthier product options will continue to influence implementation,

particularly at the silver level where a number of increasingly progressive nutrition criteria come into effect. For products (eg, beverages) or services (eg, vending) that sites contract externally, there is the added potential risk of losing service provision from contractors who fear that they cannot meet the requirements. These challenges speak to the importance of working collaboratively with food system stakeholders (eg, group purchasing organizations, distributors, vendors), as well as identifying and sharing viable alternatives across hospitals.

Implications

The unique implementation context in the Champlain region—specifically, the existence of CCPN—may implicate generalizability of the Healthy Foods program to other regions; however, the derived learnings suggest a high degree of relevance for hospitals and healthcare providers outside the region. Although it is not imperative that institutions address retail food as a collective, the Champlain experience suggests doing so affords several benefits. In the absence of a CCPN-type entity, health authorities, public health units, and/or existing collaboratives are all viable options to explore for support.

Strategies for success

Hospital leaders, food service staff, and other stakeholders have brought forward a number of perspectives as the program has evolved. The following strategies consistently emerge as key to our success to date:

Make healthy food a priority. Use relevant, local data to inform your case for action. Recognize the opportunity for change. Position as a matter of *how*, not *why*.

Define "healthy" at the outset. Your nutrition standards are your foundation. They provide the platform from which to communicate a clear and thoughtful plan for change over time. Engage dietitians to ensure consistency with best available nutrition evidence and promising practices. Define an ideal end state separate from the strategy to implement; *what* you want to see in the long term should not be compromised by the immediate challenges of *how* to get there.

Phase in changes over time. Be deliberate in your approach to transition incrementally. Strive for "progressive but realistic" improvements as a means of generating momentum and buy-in. As much as possible, coordinate the timing of your efforts consistently across all retail food settings (eg, cafeteria, vending).

Communicate often and broadly. Invest the time to understand the multiple players involved in food service provision and solicit their buy in early. On-the-ground implementers need to feel enabled and supported throughout the change process. Opportunities to recognize staff and communicate progress should be afforded regularly. Your voice as a healthcare leader is highly valued!

Change must be facilitated. Guidelines and policies have a tendency to sit on shelves unless they are brought to life. Understanding and applying the nutrition standards, and working through implementation barriers, requires dedicated capacity and time.

Frame healthy food as an investment in employee health. Consider food services in the broader context of a hospital-wide commitment to improving the health of staff, physicians, and volunteers. Financial gains and losses must be assessed with a broader lens on the implications for population health and our publicly funded healthcare system. Hospital leaders must not underestimate the value proposition afforded in being responsible role models for health in the community.

Moving forward

Hospitals are well positioned to sustain the Healthy Foods program, consequent to the leadership of healthcare champions and the foundation of change that has been laid to date. A number of complementary sustainability strategies are being explored, such as formalization of a Healthy Foods performance metric in Hospital Service Accountability Agreements. Our efforts are well aligned with current core provincial and national health policy mandates, such as Ontario's Patients First Strategy[14] and the Standing Senate Committee report on obesity in Canada,[15] both of which call on our health institutions to have a renewed focus on creating a culture of health and wellness in order to support Canadians' ability to make healthy choices. Demonstrating alignment with current and emerging health system priorities, such as those noted above, remains an important strategy for sustaining program relevance and priority here in Champlain and is recommended for health leaders seeking to build the case for healthy foods within their institutional strategic plans.

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