



HEALTHY HOSPITAL CHOICES

Promoting Healthy Hospital Food, Physical Activity, Breastfeeding and Lactation Support and Tobacco-free Choices: Recommendations and Approaches from an Expert Panel



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The findings and conclusions in this report are those of the authors and do not necessarily reflect the official position of the Centers for Disease Control and Prevention.

The opinions and recommendations offered during the expert panel meeting are those of the panel group and do not reflect the official position or priorities of their affiliated organizations.

Abstract

The mission, influence and reach of hospitals make them natural leaders for worksite wellness and community-wide health promotion. As major employers and flagship health organizations within communities, hospitals can influence community norms by adopting model policies and practices that promote the health of employees and patrons of their own organization. In August 2010, the Centers for Disease Control and Prevention/Division of Nutrition, Physical Activity and Obesity convened an expert panel on policy and environmental approaches to improve food, physical activity, breastfeeding and tobacco-free environments in hospitals. The panel was tasked with identifying strategies to improve these environments for employees, patients and visitors and recommending how to incorporate these strategies into hospital community outreach efforts. This article summarizes the proceedings of the meeting and presents recommendations for action for hospitals and/or public health practitioners.

Background

Modifiable risk factors for chronic diseases, including high blood pressure, tobacco use, and obesity lead to a significant number of preventable deaths annually in the United States.^{1,2} Medical care costs associated with obesity were estimated to be as much as \$147 billion per year in 2008.³ Amongst U.S. employees, the annual costs associated with lost productivity from obesity were estimated at \$73 billion in 2008.⁴ Thus, addressing chronic diseases through prevention warrants action, particularly among healthcare stakeholders who have an employee base and provide care for patients. Hospitals and healthcare staff are uniquely positioned to act as role models in the prevention of chronic disease.

Supporting health-promoting environments in hospitals provides an ideal opportunity to advance health and prevent chronic diseases for patients, employees and visitors. In 2009, there were more than 5,700 hospitals registered with the American Hospital Association, including over 2,900 non-government, non-profit community hospitals.^{5,6} Annually, there are more than 37 million inpatient admissions, 118 million emergency department visits and 481 million outpatient visits to hospitals in the U.S.⁵ Nearly 5.3 million individuals are employed in U.S. hospitals, including full- and part-time support staff, administrative staff and health professionals.⁵

There are several considerations to support health-promoting environments. First, individual hospitals may serve anywhere between several hundred thousand to 1 million meals per year to employees, patients and visitors.⁷ Each of these meals represents the opportunity to promote a healthy food choice. Second, improving employee health has the potential to mitigate healthcare costs, reduce absenteeism and improve worker productivity.⁸ Third, breastfeeding can benefit employers through reduced employee absenteeism and lower healthcare costs.⁹⁻¹⁰ Surveys indicate that personal breastfeeding experiences increase physician counseling practices related to breastfeeding among their patients.¹¹ This provides a unique opportunity for hospital leaders to promote breastfeeding and lactation support at multiple levels. Finally, comprehensive tobacco-free programs have been shown to improve tobacco-cessation and replacement therapy for employees and patients, respectively.¹²

Currently, not all hospital environments are health-promoting. A recent study conducted as part of the evaluation of The California Endowment's Healthy Eating, Active Communities (HEAC) Program in California found that most hospitals, clinics and public health institutions had a predominance of high energy dense foods and sugary drinks in their vending machines and few had policies in place to limit unhealthy options.¹³ Many hospitals have fast-food restaurants on their premises. A survey of 104 U.S. pediatric hospitals, conducted from 2004-2005, indicated that 89% had some form of fast-food outlet on their campuses.¹⁴ There may also be a "healthy food vacuum," for third-shift workers who may not have access to healthier options available in cafeterias during regular business hours. A recent study among employees of a large Philadelphia hospital indicated more than half of their respondents did not meet recommended levels of leisure time physical activity, surpassing the 43% of adults who do not meet recommendations nationally.^{15,16} Similarly, while breastfeeding initiation and maintenance is often advised for patients, many hospitals may not offer lactation support for their employees or visitors. In 2011 the Society for Human Resources Management reported that only 28% of employers offered an on-site lactation room and only 5% offered support services.¹⁷ Finally, there is also room for improvement regarding 100% tobacco-free campus policies and integrated employee tobacco cessation services in hospital settings. A 2008 survey by the Joint Commission, a national healthcare certifying and accrediting body, found that 45% of participating, accredited hospitals have a smoke-free campus policy.¹⁸ Although this percentage has increased in recent decades, much work remains.

Recently, several organizations have recognized the potential impact of hospitals as role models and are working to improve hospital environments. For example, Kaiser Permanente established farmers markets at many of its locations and promotes physical activity by connecting hospital walking and biking paths to those in the community being served.¹⁹ As part of a commitment to promote food system sustainability, over 340 hospitals have signed the Healthy Food in Healthcare Pledge sponsored by Health Care without Harm.²⁰ In recent years, Oklahoma University Medical Center opened several well-equipped lactation rooms inside its facilities, which are available for use any time by employees and visitors.^{21,22} In North Carolina, all 127 acute care hospitals across the state are engaged in the Healthy NC Hospital Initiative, working with the statewide public health nonprofit NC Prevention Partners, in partnership with the NC Hospital Association, to establish 100% tobacco-free campuses, cessation systems, healthy food and active environments and a culture of wellness.²³ This initiative is expanding to other statewide and municipal hospital associations, as well as interested health systems across the country.

With various environmental efforts taking place independently, the need to learn from them and determine barriers and critical success factors at a national level is clear. To this end, the Division of Nutrition, Physical Activity and Obesity (DNPAO, Centers for Disease Control and Prevention) convened a meeting of expert healthy hospital researchers and practitioners. The expert panel meeting was to serve as an initial step in promoting and supporting a comprehensive healthy hospital environmental initiative for chronic disease prevention.

The initiative intends to support hospitals as role models in worksite wellness with respect to healthy food and beverage access and promotion, opportunities for physical activity, support for breastfeeding and providing tobacco-free environments and effective cessation treatments for employees, patients and community members.

Methods

In August 2010, 20 people participated in a two-day expert panel meeting. Participants included a diverse group of experts with extensive backgrounds in changing food procurement practices, developing hospital policies and community interventions, working on hospital workforce wellness programs and implementing step-by-step changes in hospital environments. Experts were invited and chosen based on their research and practice expertise and organizational affiliation. DNPAO staff organized the meeting and developed the framework through which the expert panel could make recommendations. Prior to the meeting, 12 of the panel members were chosen to provide presentations, and participated in topic-specific conference calls to discuss their presentation objectives and goals. Lastly, a member of the CDC facilitator cadre external to DNPAO was identified and informed of the meeting objectives and goals. The facilitator provided input into the structure of the meeting to help achieve these objectives and goals.

The pre-meeting discussions were used to develop a specific charge to the panel to elicit a discussion from which a concrete set of actionable items for hospitals and public health could be developed. The specific charge to the panel was as follows:

1. What have been the successes and barriers in promoting healthy hospital food, physical activity, breastfeeding and lactation support and tobacco-free environments for staff, visitors and outpatients?
2. What are the leverage points and strategies that will be required to promote and implement best policy and practice strategies at a national level?
3. What are the top priorities and strategies to develop a monitoring system for hospital policy and environmental changes and their effects over time?

Day one of the meeting included four panel sessions on policy and environmental approaches to promote healthy behaviors (i.e., food and beverage, physical activity, breastfeeding and lactation and tobacco-free settings). Of note, the panel on breastfeeding and lactation support only focused on strategies to promote opportunities for employees and visitors because the inpatient population is currently being addressed by CDC's National Survey on Maternity Practices in Infant Nutrition and Care.²⁴ A fifth session explored strategies to disseminate best practices and monitor developments over time. Each session included presentations and recommendations by 3-4 select panel members with expertise in that area. The remainder of the panelists was present throughout this time and participated in the facilitated discussion session. The facilitated discussion sought to bring forth existing barriers and leverage points to be taken into account when proposing recommendations for both hospitals and public health.

Day two began with the panelists being asked to reflect on the information presented the previous day and provide comments on all of the recommendations. This included, but was not limited to, identifying previously unrecognized strategies or barriers that needed to be addressed and partnerships that needed to be developed. Then, the panelists used a ranking system to prioritize three strategies in each session topic area. That is, each panelist was given 3 votes for each topic area and asked to allocate the votes as they saw fit to the strategies or approaches of most importance. Votes were then tallied and strategies ranked.

The meeting notes were professionally transcribed and summarized. The meeting summary, including a consolidated list of expert panel recommendations, was provided to panelists for review. In addition, the meeting summary and recommendations were shared with DNPAO leaders and staff.

Recommendations

After discussion, the expert panel generated 15 total recommendations to be considered by hospitals and public health practitioners. The recommendations are provided below and the summary points from the presentations are provided in Table 1.

SESSION 1: **Food and Beverage Environments**

Recommendations

1. Hospitals and public health practitioners can collaborate to establish healthy food/beverage standards and measures addressing employee, community and environmental health for hospital venues.
2. Hospitals can support food and beverage environmental change strategies (e.g., access, pricing, product placement and menu labeling strategies).
3. Public health practitioners can help develop a publicly available healthy food and beverage environment scan toolkit.

Discussion

Currently, individual hospitals decide what percentages of healthy food and beverages they will offer in their facility, and what counts as “healthy.” Establishing a toolkit to measure hospital food and beverage policies and environments would help develop hospital standards and reporting. As information about the healthfulness of hospital food and beverage environments is available, it should be shared openly within the organization or with the public as a quality indicator. A national hospital environment initiative should promote a healthy and sustainable food system everywhere food and drinks are offered in the hospital. Overall, hospitals have the potential to be large food procurers and powerful community citizens, employers and role models by providing the healthiest food venues possible for their employees and community. Improving hospital food and beverage environments should consider practices that are environmentally responsible such as serving locally-produced foods that are free of unnecessary additives.

Additionally, a clear business case for food and beverage environmental change is needed to persuade hospital administrators to make these changes a priority. Emphasizing employee satisfaction and behavior and clinical costs could help make the case for environmental and policy change versus exclusively programmatic approaches targeting individual employees. While traditional return on investment (ROI) data may be relevant, it is also suitable to use other indicators, including market differentiation, branding and maintaining a positive reputation.

Session 2: Physical Activity

Recommendations

1. Hospitals can create model policies and plans for the use of open spaces to promote physical activity and connectivity between institutions.
2. Hospitals and public health practitioners can collaborate to promote physical activity and use of the built environment with point-of-decision prompts and informational signage (walking trail, stairwell, and buddy groups).
3. Hospitals can develop a menu of model human resource policies (flexible physical activity time, active meetings, incentives and amenities for active commuting).

Discussion

Adding wellness to the agenda is a major barrier to implementing physical activity policies and practices. A national healthy hospital environment initiative should highlight effective interventions that integrate individual and environmental approaches. Linking hospitals to community resources like recreation centers, trails and opportunities for active commuting can be mutually beneficial to the hospital and community. Hospitals may also benefit by marketing a healthy environment to employees and the community at large. It is important to keep in mind that one size does not fit all; rural and urban communities vary significantly in transportation and community assets. Creating a menu of model policies will allow hospitals to adopt them according to their organizational structure, community needs and available resources. It was also noted that effective wellness programs need well-led, well-staffed and well-supported worksite wellness delivery teams.

Session 3: Breastfeeding and Lactation Support

Recommendations

1. Public health practitioners and hospitals can establish and implement a marketing campaign to increase knowledge and awareness around breastfeeding that targets administrators, management, and staff at all levels.
2. Hospitals can promote policies and environmental approaches to provide space, time and support for employees and visitors to breastfeed or pump breast milk.
3. Hospitals can create guidelines for the provision of private space and use of break time for milk expression for hospital staff.

Discussion

While the Healthy People 2010 objective for breastfeeding initiation²⁵ has been met, objectives for duration and exclusivity have not. A strategy to achieve this goal in worksites is to make them more conducive to lactation practices for their employees. Hospitals could create work environments that promote breastfeeding and lactation support for their own staff with the goal of meeting the Healthy People 2020 objectives.²⁵ The Department of Labor is in charge of implementing section 7 of the Fair Labor Standards Act which was signed into law in 2010 and

requires employers to provide a reasonable break time and provision of space for employees to express breast milk.²⁶ Hospitals can use existing design specifications to create ideal pumping rooms, making private breastfeeding spaces a benchmark in their facilities while encouraging breastfeeding throughout all hospital areas. Policies and practices could then be put into place to support visitors who intend to breastfeed or pump milk.

In addition, a marketing campaign to increase knowledge of breastfeeding benefits and support in the workplace is warranted. Messages aimed at hospital CEOs, administrators and staff can increase knowledge about the importance of encouraging breastfeeding practices anywhere in the facility and the solutions to barriers.

Session 4: Tobacco Cessation and Control

Recommendations

1. Hospitals can establish 100% tobacco-free campuses.
2. Public health practitioners can support healthcare institutional initiatives to establish comprehensive employee-focused cessation systems, including insurance coverage for cessation.
3. Hospitals can establish an employee-focused cessation structure and promote system-level change to effectively treat tobacco use.

Discussion

Providing a completely tobacco-free environment is a clear-cut way for hospitals to role model good health practices. The Joint Commission reports a rise in the adoption of smoke-free campus policies; as of February 2008, 45 percent of hospitals had adopted such a policy.¹⁸ A multi-level approach is needed to boost that percentage. Systems-level change requires a shift in attitude and standards of care. Gaps in hospitals' adoption of tobacco-free campus policies may be closed using methods of accreditation and recognition by national organizations such as the Joint Commission. In addition to implementation of these policies, national efforts should support hospital initiatives that establish comprehensive cessation coverage for all employees. Individual, group and telephone counseling is effective for increasing tobacco use cessation. Quit lines are available in every state, but the services vary greatly and utilization of these services remains low.²⁷ State-wide public policy efforts and leveraging health reform funding should be considered in states where gaps remain.

Session 5:

Dissemination and Surveillance

Recommendations

1. Public health practitioners and hospitals can develop collaborative research on changes in policy and environment measures and health outcomes.
2. Public health practitioners can develop monitoring systems to track changes in hospital policies and environments over time.
3. Hospitals can create standards and guidelines to promote policy and environmental changes that support healthy choices for employees and patients.

Discussion

Making sustainable improvements to hospital wellness culture requires buy-in at all management and staff levels. This may be accomplished successfully by tailoring messages differently to administrators, existing wellness teams and end users. Collaboration between hospital teams and leadership and public health can help develop a monitoring system to gauge and track the effects of policy and environmental changes. These collaborations can also develop easy-to-use tools that benchmark changes in hospital policies and environments and provide actionable items for improvement. Hospitals involved in adapting or creating tools may help engage other hospital leaders and foster solid relationships early in the process of making changes to the environment. Additionally, collaborative research efforts with public health that highlight best practices and the positive effects of environmental change will support all parties in making the case for a culture of health.

Themes

Several overarching themes emerged from the panelist presentations and group discussions (Table 2). Throughout the meeting, participants consistently promoted comprehensive, population-level environmental intervention strategies over individual behavior change programs. Panelists gave examples of healthy food pricing and point-of-purchase promotion that could benefit entire populations within the hospital system. Overall, the panel thought it was important to establish model standards and policies that could be applied across institutions. One example was to create a model human resource policy that provides amenities for active commuting, that institutions could adapt and implement.

Additionally, a theme emerged around engaging stakeholders at every level. It was agreed that executives, wellness teams, contractors, community members and front-line employees all play an important role as facilitators or barriers to employee wellness efforts. In particular, the importance of leadership backing and participation recurred throughout every panel discussion. Participants agreed that administrators are critical in funneling resources toward employee health promotion efforts and their support should be garnered early on. Furthermore, there is a key role for hospital leaders and public health in supporting and participating in chronic disease prevention collaboratives to promote community health.

Panelists also consistently mentioned creating a tangible business case for hospital environment change as an important way to get buy-in at multiple levels. A strong business case requires finding a common language between business and public health. Panelists offered an example of framing employee health as a core business strategy by using employee retention, productivity and absenteeism rates to argue for a positive overall ROI. Aligning health with business objectives could help hospitals engage in health promotion for their staff, patrons and community.

Finally, the most prominent theme to surface was that of “culture change,” specifically the notion of moving beyond wellness programs in hospitals to a complete “culture of health.”²⁸ Moving to a culture of health or wellness involves a fundamental shift toward health promotion as part of the daily practice of the organization and engages people at every level. The recent shift of tobacco norms was used to illustrate the comprehensive change that is warranted. It is also crucial to understand and adapt strategies according to the unique characteristics of the hospital setting. There was consensus among the expert group that hospitals should be leading the way by making these fundamental changes and in doing so providing examples of ideal health-promoting environments. Hospitals, which are open 24 hours every day with a variety of employees and shifts, face a challenge to create an environment for overall employee wellness. These factors should be taken into account as strategies are implemented. Panelists also agreed that moving toward a culture of health and wellness in hospitals will require strong commitment, consistent effort and a multi-faceted approach.

Conclusion

In recent years, a greater appreciation for the role of environment in determining population health has broadened chronic disease prevention and health promotion efforts. This shift in focus toward environmental and policy approaches was echoed throughout the expert panel meeting, illustrated by the recurring discussion of creating a “culture of health” and shifting norms within hospitals. Assembling the expert panel was an important first step in determining how CDC can facilitate this work. First, it brought together field leaders to network, share evidence and think about healthy hospital partnerships on a national level. While it is clear that innovative work is happening in several hospitals across the country, it seems to be occurring without coordination and lacks a venue for peer-to-peer networking. Second, the meeting gave CDC an opportunity to learn from practitioners and researchers the best methods for moving hospitals to action and supporting them in creating their own unique wellness culture. Finally, the meeting met its main objective of eliciting concrete recommendations required to promote and support policies and practices at a public health level.

Table 1

Panel Session	Expert Presentations: Summary Points
Food/Beverage	<ul style="list-style-type: none"> ■ Health sector and public health have an opportunity to address the nation’s chronic disease burden and health care costs by promoting healthy hospital food environments. ■ Healthy food is to be defined not only by nutrition standards but also by an economically & environmentally sustainable food system. ■ Current food environment measurement tools should be further adapted for hospitals. ■ Food policies should cover all venues, including cafeterias, vending machines, snack carts and gift shops.
Physical Activity	<ul style="list-style-type: none"> ■ Promote trails, public spaces and use of hospital facilities for physical activity opportunities. ■ Create policies that promote access to facilities and time for physical activity during all hospital shifts. ■ Connect physical activity strategies to emerging evidence and national efforts to combat obesity.
Breastfeeding	<ul style="list-style-type: none"> ■ Breastfeeding is encouraged by most major health agencies. ■ Hospitals are a unique setting in that they can support breastfeeding for employees, patients and visitors. ■ Hospitals should support breastfeeding by providing break rooms and time for expressing breast milk for employees and, where possible, for visitors.
Tobacco Cessation & Control	<ul style="list-style-type: none"> ■ Customary hospital practices and resistance from employees and patients who smoke may pose barriers to efforts to implement tobacco-free hospital campus policies, but these barriers can be overcome with careful planning and preparation. ■ A tobacco control model can incorporate Joint Commission performance measures and achieve a high level of compliance to effective policies and practices. ■ Coverage of tobacco cessation treatments varies by health insurance plan and availability of services varies across communities.
Dissemination & Surveillance	<ul style="list-style-type: none"> ■ Successful strategies to improve hospital environments include identifying partners, such as public health, with clearly defined wellness goals, tailoring messages and garnering executive endorsement. ■ Healthcare providers can be engaged as effective advocates to disseminate and make changes to nutrition and physical activity environments within their own institutions. ■ Demonstrating linkages to other hospital priorities and creating a recognition system is a key element. ■ A national assessment tool and indicators for large scale success will help in disseminating best practices.

Table 2

Meeting Themes

- Promote comprehensive, population-level approaches over individual behavior change programs.
- Establish model standards and policies to be adapted and applied across institutions.
- Obtain leadership backing and engage stakeholders at all levels.
- Create a tangible business case, common language between business and public health.
- Create a culture of health.

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