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Creating and Sustaining a Healthy Food Environment in Hospitals Contracting with a Food Service Management Company

Kathryn M Kolasa PhD, RDN, LDN, Professor Emeritus, Brody School of Medicine at East Carolina University

3080 Dartmouth Drive, Greenville, NC 27858

252-917-1290

No fax. Call if needed and will supply a fax number

kolasaka@ecu.edu

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Author Bio: Kathryn M Kolasa is professor emeritus, Brody School of Medicine at East Carolina University and contributed editor for Nutrition Today.

Abstract

This paper updates an article published in *Nutrition Today* in 2010, "Moving toward healthier eating environments in hospitals" (1). It seeks to provide advocates for healthy food environments who are employed by a hospital with a contract food service, with suggestions of the roles they can play in initiating and/or maintaining a healthy food environment. These suggestions come from the literature as well as interviews with professionals engaged in creating and sustaining an environment where the healthy choice is an easy choice --in the face of competing priorities and realities

Introduction

Almost weekly I read a headline in the media or a food service trade magazine touting a hospital's effort to provide a healthier food environment by throwing out fryers, banning sugary drinks, eliminating Trans fats, sponsoring Meatless Mondays, holding cooking demonstrations, serving locally grown produce, committing to plant-based eating, and the like. The American Medical Association's House of Delegates grabbed headlines in June 2017 by calling for hospitals to serve healthier food to patients and employees (2).

This paper is a follow up to an article in *Nutrition Today* I coauthored in 2010 titled "Moving toward healthier eating environments in hospitals (1)." It seeks to provide clinical nutrition dietitians (RDNs), employee wellness professionals, nurses, and other advocates for healthy food environments who are employed by a hospital with a contract food service operation, with suggestions of how they can play a role in initiating and/or maintaining a healthy food environment in their workplace. The suggestions come from review of the literature and interviews with hospital administrators, food service management professionals, chefs, dietitians and wellness professionals who have been engaged in creating and sustaining an environment where the healthy choice is an easy choice --in the face of competing priorities and realities. The focus of this paper is on the nutritional quality of food and beverages and not factors such as conserving natural resources, advancing social justice or animal welfare, which some also consider to be critical for a healthy food environment.

Background

Early success.

The Red Apple Program. My first encounter with hospital food services as a faculty member and advocate for healthy eating was in 2003 when Vidant Medical Center (VMC), the teaching hospital for my employer the Brody School of Medicine, joined NC Prevention Partners (NCP) Winner's Circle Healthy Dining Program. Prevention Partners later developed a comprehensive healthy food environment initiative in partnership with the NC Hospital Association to establish healthy food environments in all NC hospitals. In 2008 VMC became a Center of Excellence for healthy food environment. Those early days are chronicled elsewhere (1, 3-6). The healthy eating program came on the heels of voluntary removal of all tobacco from the 127 acute care hospitals in North Carolina—a triumph for public health advocates in a state where many hospitals were “built on tobacco” profits. The NCP/NCHA program, supported in part by a 3 year grant from The Duke Endowment, guided all 127 acute care hospitals in the state to establish a healthy food environment. Hospitals earned “Red Apple” status when they successfully implemented five principles: Access, Pricing, Marketing, Benefits, and Education. That translated into 200,000 hospital employees across the state having access to delicious, affordable and healthy foods at their workplace. It also offered insurance benefits and incentives and education to improve nutrition behaviors. We believed that with more than 500,000 meals served each week through the state's hospitals, that the Red Apple Project had changed norms so that the default food choice was and would continue to be a healthy one in vending machines and eateries (5-6). The Red Apple Project received one of eight Healthy Living Innovation Awards from US DHHS in 2011. In 2012, my hospital, VMC, a corporate policy that requires 75% of the foods and beverages sold in hospital eateries and vending machines and 60% of items provided by caterers and/or purchased with hospital funds meet healthy criteria, be labeled at the point of service and be priced to encourage purchase. It was important to the stakeholders that the policy retained customer choice (3). However, it didn't turn out to be so simple.

Sustainability

Transition to the Gold Apple Recognition. With continued funding from The Duke Endowment in 2012 (7), Prevention Partners extended the healthy hospital initiative to include physical activity and a culture of wellness and extending it beyond the North Carolina borders. During this time, the assessment

process and technical assistance were coded into software products called “Work Healthy America” with modules and the “GOLD APPLE” recognition reflecting the highest standard for a healthy food environment. This program, rather than being offered free to the participating hospitals, was subsidized for three years with 1/3 funds contributed by The Duke Endowment, 1/3 funds raised by Prevention Partners, and a requirement for 1/3 of the cost to be covered by hospitals. Hospitals were provided with anticipatory guidance that grant support would end but that Prevention Partners would continue to offer the service for an annual licensing fee. Not surprisingly, without grant funds, the number of participating hospitals dropped, particularly among the smaller rural hospitals. This occurred during a challenging financial environment for hospitals, food service management companies and nonprofits that continues today. Fifty eight of the hospitals (45%) continued to be engaged. More than half (53%) of the hospitals continued to improve and ultimately achieved the highest healthy food environment and nutrition policy standards. The visibility and progress of healthy environments in NC Hospitals that fueled interest elsewhere is detailed in two documents about healthy workplaces (8-9). Prevention Partners suspended direct operations in February 2017 after 19 years of advocating for prevention policies and practices. It is currently offering nonexclusive, perpetual licenses to its software to organizations with interest and infrastructure to create healthy environments.

Today, it’s not clear how many of those 127 North Carolina hospitals continue to meet the NCPP/NCHA red or gold apple standard. With time, changes in hospital leadership and/or food service management companies, some of the RDNs and wellness specialists who were originally involved suggest the healthy food programs are not as robust. Many agreed that the calorie labeling remains the most persistent element of the comprehensive program. One interviewee remarked that creating and sustaining healthy food environments is more complicated than sustaining smoke free environments which seem to sustain themselves over time. Sustaining healthy food environments, on the other hand, requires continual support from hospital leadership, staff, and possibly external advocates or recognition programs.

Efforts by other organizations to create healthy food environments. Other organizations have created guidelines and toolkits for hospitals and other worksites. Some of the groups with published work include the Centers for Disease Control (10-11), the American Heart Association (12), New York City (13),

Partners for Healthy America (14), Health Care without Harm (15), Physicians Committee for Responsible Medicine—Food Initiative (16), Healthier Hospitals (18), MaineHealth (19), and the Federal Government (20). These resources address almost all aspects of food and beverage eating in the hospital as a workplace, including vending, catered meals, meetings, and snacks. Some include standards for patient meals. For example, The Partnership for a Healthier America's Healthier Food Initiative (PHA) is an ongoing program that boasts approximately 700 hospital partners (10 percent of all hospitals nationwide) that have committed to standards (15, 21). They include calorie labeling at point of purchase; only promotion of healthy food, beverage and meal options; only health promoting food and beverages options displayed within 5 feet of cash register; offer at least one children's and three adult wellness meals; at least 60% of entrees and sides offered are healthy; no fryers or fried products; fruit and vegetable purchases total 10% or more of total food purchases, healthier beverage purchases total 80% or more. Hospitals contract with PHA agreeing to provide data that are analyzed by a third party to show accountability. Two large FMS companies, Sodexo and Morrison, participate (21-22). The American Heart Association's Healthy for Life 20 by 20 initiative (23) seeks to reduce calories, saturated fat and sodium levels 20 percent and increase fruits, vegetables and whole grains by 20 percent. The program includes community education and awareness. Aramark, another large FMS, has joined forces with AHA for this program. The literature has an array of best practices along with the barriers to and facilitators of implementation (24-27). For example, the U.S. General Services Administration's guidelines for wellness and sustainability requirements for contracts at federal facilities. They included increasing the offering of healthier and sustainable food and beverage choices, eliminating industrially produced Trans Fats, decreasing the sodium content in available foods and allowing people to make informed choices about what they are purchasing and eating through labeling of menu items (20). However, a casual walk through various federal facilities leaves an observer with the impression that the guidelines are not uniformly followed. Every time a vending machine is stocked, a meal catered, a new food service employee brought on or a myriad of other factors that go into providing a healthy food environment there is an opportunity for the policy to fail if there isn't ongoing assessment and monitoring.

Steps to help you promote and/or sustain a healthy food environment in your hospital.

Study CDC's tool kit (10). The CDC tool kit is a detailed guide that can inform those working toward a healthy food environment. It outlines six major actions. 1. Engage stakeholders and partners. Where staff are unionized, engaging union leadership is critical. 2. Form a Team. 3. Conduct a policy and environment assessment. 4. Assess needs, and identify goals. 5. Develop implementation and maintenance plans. 6. Evaluate. Rather than repeat that information I will provide some additional insights or suggestions.

Gain an understanding of the contractual obligations your hospital has with food service vendor(s).

As part of the process of engaging stakeholders and partners, the clinical dietitian, wellness specialist, physician or nurse advocating for healthier foods for employees and patients' needs to have a basic understanding of the types of arrangements made between hospitals and food service vendors (28). Generally the RDNs and other advocates for healthy hospital environments don't have an understanding of the details of the contract(s) between the hospital and the food service management company (FSM), and the hospital and any additional vendors at the facility. The contracts may dictate what can be done. It is usually the responsibility of the hospital executive team to provide the details of the desired framework for a healthy eating environment for the FSM and key stakeholders and to negotiate a contract that includes the desired measures.

Hospitals contract out their food service operations because of the advantages they offer. Many hospital administrators regard feeding patients as complicated and expensive, and requiring considerable expertise. The administrators may not feel they have the expertise or skill set to effectively manage a self-operating food service program. They prefer to contract the services out rather than trying to do in house. A FSM can meet the obligation of providing food for patients, employees and visitors to the hospital campus at a predetermined cost. Another advantage of contracting with a FSM is the economy of scale it brings to the operation as well as services. The FSM expertise can include handling operational issues, quality control, customer satisfaction, and staffing responsibilities. Additionally, a contract with a FSM may be attractive if the FSM is willing to capitalize structural improvements to the kitchen(s) and eateries as part of the deal. However, there are disadvantages of contracting with a FSM. First and foremost, this is a contractual arrangement which may limit the authority, responsibilities and costs of the contractor. These include loss of some control over the food service operation, expenses and divided loyalties of the staff who work for both the FMS and the hospital (28). In some facilities, the retail operations are viewed as a way to reduce the expense of

feeding patients or a way to improve the quality of food provided to patients. One vendor may provide food to the patients, operate the cafeteria and other eateries and vending. While in other facilities a group like the Volunteer Services or a hospital foundation may hold the contract for vending or coffee kiosks or other eateries and use the profits for charitable purposes within the hospital. In some facilities, a vending company or a separate franchisee of a large chain (e.g. McDonalds, Dunkin Donuts, and Au Bon Pan) holds a separate contract with the hospital with separate terms.

Agreements with FSM and Hospitals

Advocates for a healthier food environment will be in a better position to identify opportunities and barriers to changing food and beverage environments if they understand what type of agreements with FSMs are in place. The two basic types of management agreements or contracts are “management fee” or “profit and loss”, with many hybrids of these in place today (29-30).

Management fee contracts. Management fee contracts require the FSM to provide a foodservice program specified by the hospital administration. In return they are paid a management fee, typically based on a percentage of revenues. With this type of contract, a portion of the FSM’s profits may come from food purchases and there is an incentive to increase sales.

The most basic management fee contract has the lowest risk to the FSM and the highest risk to the hospital if expenses exceed revenues—say if business is very slow but the company must still keep the operation going days, nights and weekends with high fixed costs. The FSM is guaranteed a fee for services unless it performs poorly, or if the contract is re-negotiated or terminated. There are various limitations on these types of arrangements today, typically a budget adherence feature, where the FSM must maintain a budget so that expenses are below the total revenues, while it also includes clauses to push the FSM to continuously work toward increasing revenues. Historically, hospital subsidized the food service, however, this appears to be changing. Hybrids of this arrangement include guaranteed break-even arrangements, where the FSM takes a risk of covering any losses, either with a subsidy “cap” or splitting of any losses with the hospital. During negotiations the hospital and the FMS may determine the estimated subsidy, administrative and management fees and if the total food service operation exceeds the total gross sales the amount of the deficit to be paid by both parties will be outlined.

Profit Loss contracts. As the FSM accepts more risks, the type of contract becomes a profit loss arrangement. There are many variations. The basic profit and loss contract is very similar to a lease arrangement; however, the hospital typically pays for all overhead (heat, light, space, maintenance and upkeep) and capital expenditures (equipment, furnishings). In this arrangement, the FSM takes most of the risks of losses but it has the greatest opportunity to maximize its profit. That depends upon whether a profit split or profit cap arrangement has been established that outlines how much of the profit after operational costs goes to the FSM and to the hospital. Profit and Loss contracts usually require the FSM to provide a foodservice operation that includes specific programs and operating methods to maximize efficiency and control cost. The FSM receives payment for this service in the form of profits that are generated by the foodservice operation. There is a base budget that includes food, labor, benefits, and supplies usually built on projected patient days. There may be exclusions from the contract such as capital equipment or nourishments kept on the patient floors. The contract will include a price per patient per day for providing the food. With this type of arrangement it is likely that the FSM will have substantial control of the pricing of what is served in the retail cafeterias and eateries (30). The FSM will attempt to keep participation high in the eateries and try to cater to preferences. They may also try to limit hours or offerings for second or third shifts and weekends and limit any services that might be considered as “extras”.

While the advocates may want specific nutritional standards, the FSM may have policies for food and beverage procurement and nutritional standards as well as other performance expectations of its own. Food service management professionals interviewed believe that the more restrictive the guidelines the greater the risk of losing customers, resulting in declining revenues. The advocate for healthy food environments will be in a better position to understand what changes are possible if they understand if there are negotiated guarantees such as patient satisfaction scores, Full Time Equivalents in staffing and/or retail sales. If the FMS does not meet the negotiated benchmark, they may be required to pay a penalty. If they exceed the benchmarks they may receive a bonus. The top level FSM staff at the hospital also may receive incentives for patient satisfaction, reduction of injuries, low employee turnover and meeting the “bottom line”. To seemingly complicate the implementation of a healthy food environment, the hospital, in addition to agreements with a FSM, a hospital may lease space to a fast food or other operator with a variety of conditions. Be aware of length of contract and prepare for the next opportunity to impact its provisions. Advocates for a healthy food environment might find the tool

provided by the U.S. Government called EXCEED to be helpful. The tool can inform even non-governmental agencies on how to include strong policy language into legal documents with FSM and other vendors (20).

Identify what the foodservice management company and other vendors on your campus can realistically do.

Recognize barriers. While some hospital administrators may appreciate the connection between their mission of promoting good health and healing with providing health promoting foods and beverages on their hospital campus, some interviews report that's not the case. However, administrators may have other considerations including employee morale and public opinion. While the trade magazine Food Management (www.food-management.com) regularly prints stories about hospitals improving availability, accessibility and consumption of healthier food and beverages, there is opposition to elimination of sugary drinks and fryers and "comfort foods" from facilities. A few interviewees for this paper reported that there had been no advocacy for healthier choices at their facility by dietitians or wellness professionals. While many CEOs support a healthy food environment program because "it's the right thing to do", there may not be a business reason to do so. One of the most significant barriers to creating and maintaining a healthy food environment is inertia of various sectors of stakeholders to change. The FSM companies want to follow proven programs and systems for financial protection. The groups who control vending and gift shops may fear loss of sales affecting the programs their revenues fund. The vending companies themselves—many who are "mom and pop" operations—too may fear losing money. Families and other customers want comfort food to ease their worries about their relatives or friends who are hospitalized. The advocates for change want to mandate the healthier food environment but may also want someone else to deal with the nitty gritty details of the implementation. The hospital itself may be facing financial challenges that prevent any investment in a healthier food environment or risks that might decrease revenue channeled to the general fund. Additionally, the administrators who are likely to receive the negative reactions to change may decide that the pain of change—especially if it includes taking something away—might not be worth it. Many interviewees who worked toward implementing a healthy food environment on the heels of the removal of tobacco products heard staff complain that they took away their cigarettes and now they were taking away the food they love.

Engage stakeholders and Influence decision makers. The RDN, wellness professional and nurse who seeks to improve the hospital's food environment need to be involved in creating a culture of wellness—changing the hospital culture around food. They need to find a way to influence decision makers. Both research (25-26) and experience suggest that leadership support is critical, although it takes more than the hospital CEO agreeing that providing healthy food is a good idea. To be successful, the organization also needs an operations person—someone who is responsible for making the healthy food environment happen.

If the hospital leadership is not on board or the potential financial risks too great it may be best to wait until conditions improve. Instead the advocates would focus on educating the leadership and other stakeholders. If the advocate for a healthy food environment doesn't have direct access, it will be necessary to educate someone who will be a champion... perhaps a physician colleague who you can prepare to spread the message. You might find a gastroenterologist, or an oncologist or family physician who remembers the horrible diet they consumed while students and residents but now appreciate the science linking poor diet and chronic disease. The physician might be a member of the American Medical Association and willing to takes its recently passed resolution on healthy foods in hospitals (2) to the hospital's leadership or Board of Directors.

RDNs not only need to advocate for a healthier food environment but may need to provide knowledge and skills for the implementation of a program that leads to real outcomes, not just public relations stories. Researchers report that the RDN's help is critical for nutrition education and demonstrating how having a healthy food environment keeps people healthier in the community. RDNS can be involved in cooking demonstrations, staff training, and labeling and menu planning for successful programs (25). These need to be identified as job responsibilities in the RDN's job description with adequate time allocated to those activities.

Advocates might wish to present the case to the whole executive leadership at a meeting, but although more time consuming, it may be more realistic to meet one on one with leaders. Ask for a meeting to share your state's obesity plan, the American Medical Association's resolution, examples of other healthy food environments in hospitals—especially hospitals in the same market, or other document

that helps tell the story. Talk about the retail food experience as part of “patient experience” for the family (31).

Be ready with.....

- A business case that demonstrates how healthy food and beverage policies can improve employee health and reduced health care related costs. Include published examples of neutral or positive impact on revenues (7, 12, 32). Provide examples of hospital policies and contract language. Bring stories of how modifying health risk factors leads to higher productivity, fewer days of work missed, lower insurance costs. Hospitals often have a department of Systems and Procedures or Planning that may be able to help develop the case. To get started it is useful to create a SBAR, a brief document outlining the Situation (e.g. need for improvement in the food environment), the Background (e.g. the state of employee wellness, the movement to provide healthy food and beverages in the hospital retail environment), Assessment (e.g. how many healthy options are available to customers at all hours of the day and night), and Recommendation (e.g. type of healthy food environment program to pursue).
- A discussion of how the hospital might demonstrate community benefit by leveraging the hospital’s infrastructure and capacity to influence those residing, working or visiting the hospital food service operations (34).
- A clear understanding of what foods and beverages are currently offered in eateries and vending on the hospital campus for all shifts. Conduct an environment assessment using a tool provided by the CDC (27). Dietetic, public health, medical and wellness students, interns or residents have been instrumental in conducting these assessments in many facilities. At a minimum, conduct a brief assessment of the eateries and vending that impact the largest number of people.
- A description of the effort you would like to undertake to include: 1) the problem you are addressing such as the obesity rate of employees or the inability of employees with diabetes to adhere to their therapeutic eating plans when dining at the hospital through all shifts; 2) the strategies to address the problem including the resources needed; 3) the plan for educating the employees; 4) an evaluation plan to document the program’s effectiveness.
- A list of priorities for the menu changes that would improve employee health based on local employee wellness statistics. For example if the number of employees with diabetes mellitus is high, ensuring there are choices that meet a diabetes meal plan would be important. Provide

the hospital leadership with the results of employee biometric screenings (e.g. BMI, percent of employees with high blood pressure).

- A plan for monitoring adherence and the resources needed to implement that plan and recommendation that the healthy food environment be codified in hospital policy and outlined in FMS contracts.
- A description of Recognition Programs available for achieving a healthy food environment. While the “Gold Apple” program which was a motivator for some administrators no longer exists, there are other efforts. The American Heart Association has a Workplace Health Achievement Index that recognizes companies for specific achievements (33). Some corporate FSM have made commitments to healthy food initiatives. Ask that your hospital be one of their accounts that are involved in The Partnership for a Healthier America’s Hospital Healthy Food Initiative, or the American Heart Association’s 20/20 commitment (21-23).

Implement or sustain a healthy option.

Building and sustaining a voluntary healthy food environment is more complex than building and sustaining a tobacco free environment. Best practices and lessons learned from the tobacco free journey don’t necessarily apply to food and beverages. Just as the small steps approach is successful with many patients attempting to change their dietary behaviors, so too is changing the culture of the hospital food environment. If the hospital culture is not ready for a large scale change in food and beverage offerings or the current contracts aren’t re-negotiable, begin the process with small changes. And likewise, for those hospitals that had robust programs, advocates need not mourn the loss of a comprehensive program but celebrate the improvements that have been sustained through changes in vendors or hospital leadership, and build on those practices. Advocates who strove for and achieved a hospital policy were dismayed to learn that having a hospital policy is not sufficient to sustain the efforts. All interviewees agreed that monitoring of the program is necessary and penalties for lack of adherence are needed in the contracts negotiated. Table 1 has suggestions offered by interviewees for making incremental steps to initiate or sustain elements of a healthy food environment through transitions. Additionally, education of employees and the hospital

leadership about the role hospitals have in serving as role models for businesses and the communities they serve is key.

SUMMARY

For those advocates interested in creating and sustaining a healthy food environment, study the toolkits that outline the steps. Stay tuned for new developments. Know what the barriers are by understanding the contracts between the hospital and a FSM and other vendors of food and beverages. Find a champion to help engage stakeholders and influence decision makers. Implement at least one strategy that has the potential to make a positive difference in the quality of the diet of customers of the retail food and beverage operations. Sustain support by continually educating employees and hospital leadership.

Table 1. Suggestions for incremental steps

- Build a relationship with the FSM managers and executive chef, find a common ground
- Take care not to reinforce the belief that eating healthy is expensive. RDNs educate the chef that to be healthy and delicious doesn't mean it has to be gourmet or use exotic, expensive ingredients. Demonstrate healthy cooking that is approachable and easy for the community to try at home.
- Use traffic light coding with current offerings to highlight better choices for hospital employees (34)
- *Create a kiosk to cater to the interests of staff and visitors who can afford dishes with trendy ingredients
- Implement or maintain calorie labeling at point of service
- Reduce the number of less healthy items creating less competition for the purchase of healthy items.
- Some suggest making "stealth" changes to existing menu items where it is feasible to swap less healthy ingredients for healthier ones. Others suggest creating awareness to the changes and the reasons behind changes is key to success.
- Explore how your hospital might participate in the program where the corporate company has already announced a commitment to a program like Partnership for Healthier America (21-23).
- Offer free drinking water in pitchers in eateries
- Offer Meatless Mondays
- *Offer fresh fruit Fridays
- Make some dishes from scratch

- Change portion size, if even so slightly. Offer half portions or small plates

- *Offer an everyday yogurt bar with fresh cut fruit, seeds, and nuts

- If there are multiple eateries, implement healthy food environment in at least one

- Limit less healthy items at cash registers

- Eliminate 32 ounce cups

- *Place healthier items at eye level*Monitor with tools like "Healthier by Design Hospital Café Scorecard"

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CALL OUTS:

The American Medical Association's House of Delegates grabbed headlines in June 2017 by calling for hospitals to serve healthier food to patients and employees

Guidelines and toolkit for hospitals and other worksites have been published

It is usually the responsibility of the hospital executive team to provide the details of the desired framework for a healthy food environment

Advocates for a healthier food environment will be in a better position to identify opportunities and barriers to changing food and beverage environments if they understand what type of agreements with FSM are in place

Building and sustaining a voluntary healthy food environment is more complex than building and sustaining a tobacco free environment