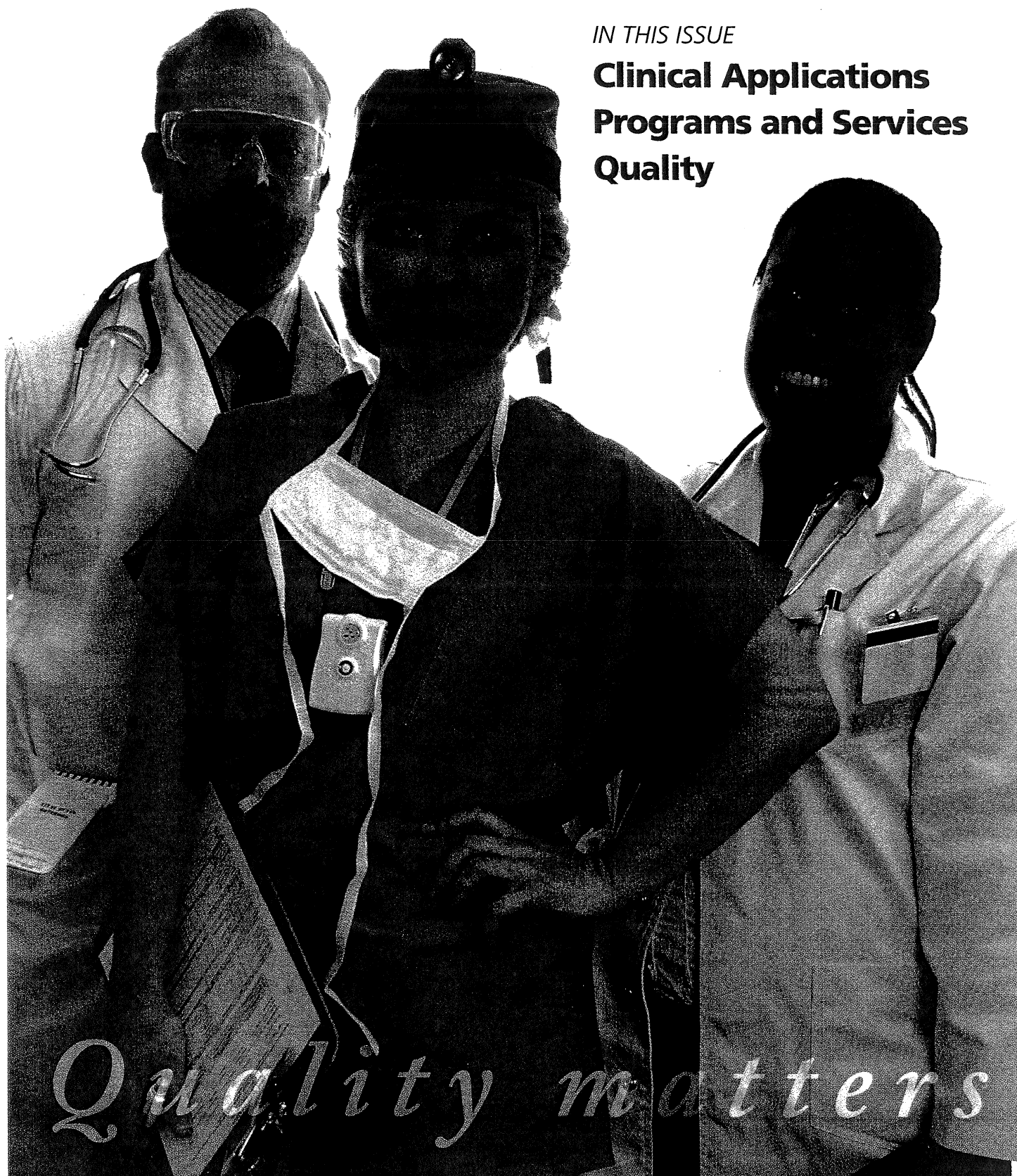


Perspectives ON PATIENT CARE

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Programs and Services
Quality**



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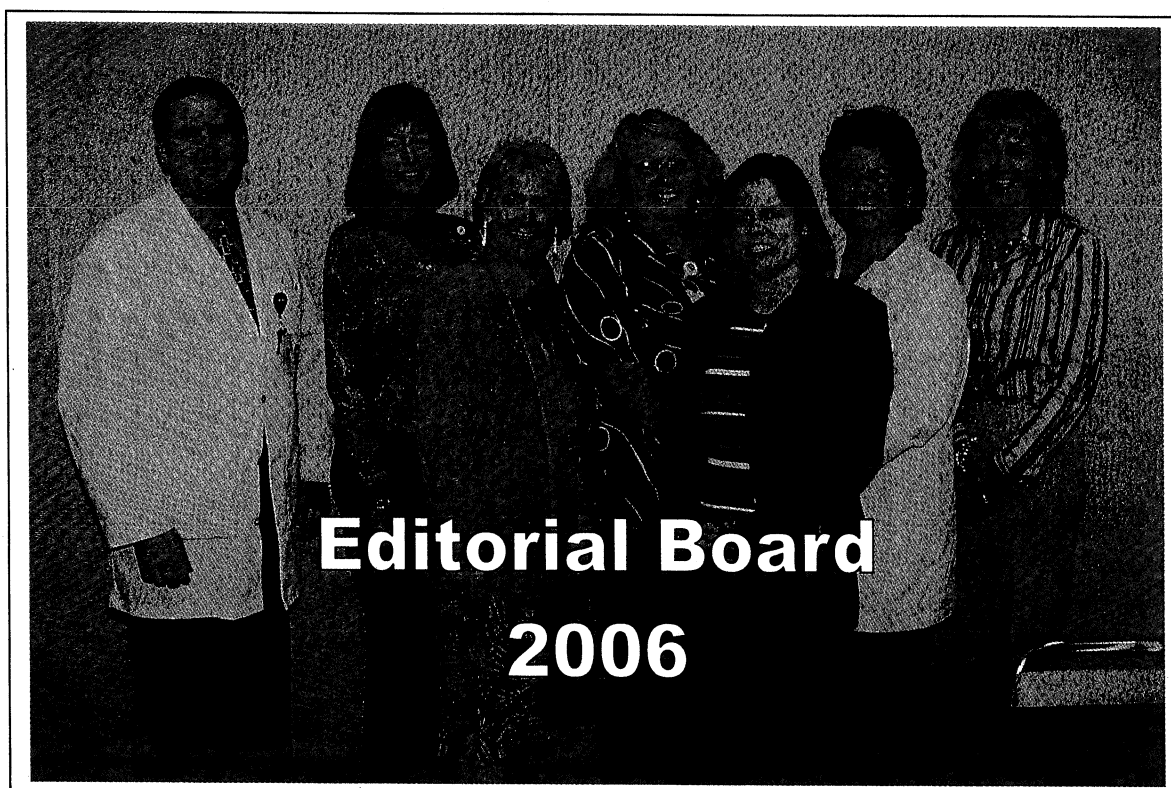
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Healthy Hospital Food Environment: The PCMH Story

Kathryn Kolasa PhD RD LDN, Scottie Gaskins MAEd, Jeff Dial MPH MS CHE, Amanda Holliday MS RD LDN, Russ Currie BS, Preston Comeaux III MHA BS BSN RN, and Roger Robertson MPH MS

The prevalence and cost of obesity

North Carolina has a plan to prevent overweight, obesity and related chronic diseases (Caldwell and coworkers, 2006). In North Carolina, 35.9% of adults are overweight and 21.8% are obese. Policy experts estimate that this costs North Carolina (NC) more than \$24.1 billion dollars a year (or \$6.80 per day for every man, woman and child in the state) in medical care and lost productivity. The NC plan suggests that to reverse the rising tide of obesity and chronic disease, we need to create opportunities for every North Carolinian to make healthy food choices and be physically active wherever they live, learn, earn, play and pray.

Unfortunately, ViQuest Rewards has documented that the rates of obesity are even higher among the University Health Systems (UHS) family than in the rest of our community. Based on a sample of 3,495 UHS employees, 41% are obese (Body Mass Index (BMI) greater than 30) and another 30% of employees are overweight (BMI 25-30). Pitt Partners in Health estimates that 33% of Pitt County adults are overweight and 29% are obese. Additionally, we know that up to 50% of PCMH employees have elevated systolic blood pressure, 53% have high-risk lipids, 22% could be classified as having metabolic syndrome, 81% report poor nutrition, and 45% are sedentary.

It is easy for Americans, regardless of age, race, gender or socio-economic status, to be overweight. The evidence is clear that adults who eat more than five meals away from home per week are at risk of

increased weight unless they consciously monitor their intake. The typical female hospital employee needs about 2,000 calories and the typical male about 2,400. Most American adults consume an average of 2,700 calories per day; that's up 530 calories since 1970. The 2005 Dietary Guidelines for Americans notes the typical woman has 265 discretionary calories that can be spent on snacks, drinks, desserts and other 'fun' foods. The allowance for men is 360 calories.

The call for healthy worksites

UHS agreed to be a partner in the *"Eat Smart, Move More: North Carolina's Plan to Prevent Overweight, Obesity and Related Chronic Diseases"* (Caldwell et al, 2006). The plan encourages worksites to adopt policy and environmental changes to support healthy goals (Table 1). It's not surprising that UHS would be interested in helping its employees improve their eating habits since the health consequences of obesity and the commonly occurring conditions such as cardiovascular disease, cancer, diabetes, and Chronic Obstructive Pulmonary Disease often stem from unhealthy diet, excess weight and sedentary lifestyle (BCBSNC, 2005). Studies show that for every dollar employers invest in health promotion and wellness programs, from \$1.49 to \$4.91 is saved. Obesity related health problems are estimated to cost North Carolina businesses \$5,000 per employee per year. Besides savings, hospitals with healthy cafeteria initiatives report improved employee

morale (Dawson et al, 2006, IATP, 2005).

Pitt County Memorial Hospital (PCMH) has programs to teach employees and their families the knowledge and skills to change their eating and physical activity patterns. ViQuest offers departmental classes on requested nutrition topics, weight management programs for adults and children, one on one nutrition counseling for employees, physical activity and weight challenges, daily healthy eating emailed messages, and other opportunities to learn how to eat smart and move more. However, it takes more than knowledge for individuals at work to make healthy choices. The environment must support healthy eating and physical activity (Caldwell et al, 2006). The Centers for Disease Control recommends interventions result in easy, ubiquitous access to affordable, healthful foods in the workplace (Katz et al. 2005). Even so, there are no universally accepted guidelines or criteria to describe a "healthy hospital food environment". The authors of this paper have been developing an understanding of what constitutes a "healthy hospital food environment" and recommending policy and environmental changes for PCMH.

Changing food policies and environments is complex. In addition to health, other factors to be considered include impacts on both employee preferences and revenues generated to support hospital projects. There are practical matters as well, such as availability of healthy products for vending and ability to produce healthy foods that employees enjoy.

This paper describes PCMH's efforts to create opportunities for every employee and visitor to have opportunities to make healthy food choices.

While there is growing consensus describing a healthy school food environment, a "healthy hospital food environment" is yet to be defined (CSPI, 2006). First, we completed a literature review to understand how PCMH might respond to the 2004 call from the American Medical Association (AMA) for health promoting foods in hospitals and other health care facilities (Landers, 2006). The AMA encouraged that healthy food options be available, at reasonable prices and easily accessible on hospital premises. They also urged health care facilities, like PCMH, that contract with outside food vendors to select vendors that share their commitment to the health of their patients and community. Second, we queried other hospitals in the southeast on how Volunteer Services that manage gift shops, candy carts, vending machines and coffee shops are addressing the challenge. Many hospital food venues generate revenues for hospital projects.

Third, we documented the healthy food and beverage options sold throughout the PCMH campus.



Those areas included the PCMH cafeteria, Medical Staff dining room, catering, and A Child's Place day care (food is catered by ARAMARK), Java City (a joint venture of the Service League of Greenville and ARAMARK), vending machines (operated by the Service League of Greenville), lobby coffee shop (managed by FoodMasters and operated by the Service League of Greenville), the gift shop and "goody" or "candy" cart (operated by the Service League), and ViQuest's food cart, food and drinks served during after-school and summer camp care, and at the "Q shack" at Rock Springs pool (operated by ViQuest Center).



Results: defining a healthy hospital food environment

The literature review yielded many organizations calling for “healthy eating in workplaces”. Some groups have set criteria. One group that advocates for rural communities published the stories of hospitals that are bringing fresher, healthier food choices to their patients, staff and communities (IATP, 2005). The Institute for Agriculture and Trade Policy reports that even beyond the obvious nutritional and health and environmental benefits, hospitals that increased access to healthy food, have gained positive publicity, differentiation from competitors, better employee morale, added patient satisfaction, more visible nutrition education and improved community relations. They suggest that the significant purchasing power of hospitals can bring about change by hosting farmer’s markets, by purchasing locally grown foods and improving nutritional quality of food in vending machines.

The “Healthy Hospital Food Initiative” called for hospital food service to have a daily salad bar (to include beans), to serve fresh fruits and vegetables (when possible from local farmers), offer healthier versions of prepared food products, offer vegetarian meals and soups, keep high fat ad-ons like cheese or bacon optional, emphasize whole grains over refined grains, experiment with healthy world cuisine options, and offer nutrition information at the point of sale

(Physicians Committee for Responsible Medicine, 2005).

In 2006, the Food and Drug Administration commissioned a study on “Away from Home Foods” (Keystone Center, 2006). The experts recommended that there be a shift in food promotions to focus on less-calorie dense foods including fruits, vegetables, no fat milk products, whole grains, and foods low in saturated fat. And, to shift the prevailing value away from large portions to appropriate portion sizes for differing populations or from “more food” to “better quality food”. They suggested the use of pricing approaches that make smaller sizes and lower calorie options more appealing. Like the “Healthy Hospital Food Initiative”, Keystone recommends “easy-to-use” nutrition information at the point of purchase.

The North Carolina FIT Together program sponsored by the Health and Wellness Trust Commission created a FIT Community designation (2006). The application to qualify as a FIT Community asks several questions about healthy eating in the workplace. Do the four largest employers in the community a) have a coalition or advisory boards that address healthy eating, b) promote healthy eating through routine communication, c) promote healthy eating behaviors through structured ongoing programs (e.g. healthy cooking, label reading), d) require healthy options at company sponsored events and meetings and in vending machines on company property, d) have healthy options available in cafeterias and other food venues, e) label healthy options, and f) have microwaves and refrigerators in employee break rooms. FIT Together has also launched a “Workplace Health Gauge”, This tool, developed, in cooperation with Blue Cross and Blue Shield of North Carolina, asks if a) if the workplace offers onsite weight loss

programs; c) about the type of vending, cafeteria and catering choices; d) about foods and beverages served at company sponsored activities, and e) accessibility of nutrition counseling (North Carolina Health and Wellness Trust Commission, 2006).

Defining a healthy snack

There is no consensus in what factors make a snack "healthy". North Carolina public health officials supported the development of criteria for "healthy snack foods" as part of the Winner's Circle Program (WC) in 2002. The criteria have changed several times. WIC now defines a healthy snack as having less than 30% fat AND less than 480 mg sodium AND no more than 35% sugar by weight. For dairy snacks, 4 oz. servings must have at least 120 mg. calcium, a 6 oz. servings at least 150 mg. calcium, and 8 oz. servings at least 245 mg. calcium (North Carolina Prevention Partners, 2006). These criteria are consistent with the Dietary Guidelines for Americans and the American Heart Association's prevention guidelines. Many schools and worksites adopted these criteria and that has encouraged snack manufacturers to develop products for vending that meet them. There are other examples of less strict criteria for snacks. For example, 12 hospitals in San Antonio, Texas, defined "healthiest" and "healthier" snacks. A "healthiest" snack has 3 gms or fewer total fat per serving, 30 gms or less of carbohydrate per serving, and fruit in any form. They defined "healthier" snack in the same way except allowing up to 5 gms of fat per serving. The "healthiest" beverages were 1 percent and nonfat milk of any flavor, plain water, and juice (at least 50% fruit or vegetable). The "healthier" beverages included flavored or vitamin enriched water, and those that were 12 oz. servings with fewer than 50 calories

(IATP, 2005). Their criteria for beverages included water and flavored water with fewer than 50 calories per 8 oz serving OR skim or 1% milk OR at least 50% juice and fewer than 12 oz OR, sport drinks with fewer than 100 calories and less than 12 oz servings AND no added herbal supplement. None of the volunteer groups, auxiliaries or service leagues that we contacted had developed or adopted policies for the beverages or food they sold on hospital campuses.

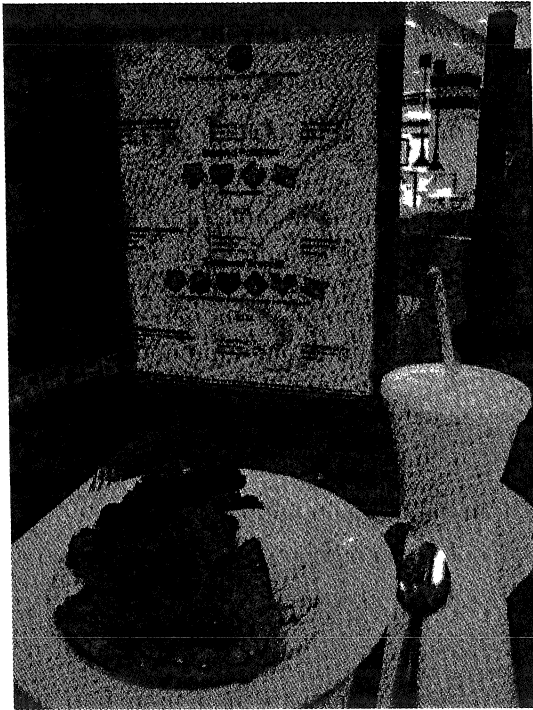
Policy makers have had significant discussion about the appropriate content of vending machines for schools and a variety of criteria have been used (CSPI, 2006). Pitt County Schools and many other districts in North Carolina adopted the WC criteria in 2002. In 2005, the North Carolina's legislature passed a regulation that was calorie based. By the 2006-2007 school year, 75% of snacks sold in North Carolina public schools must have no more than 200 calories per pack (GS 115c-264).

The WC program has qualified a long list of "healthy snacks". Table 2 lists some favorites. Several snack food and beverage companies have developed "healthier for you" products. Companies like Lance (the primary snack vendor at PCMH) have a few "Snack Right" items (<http://www.lance.com>). PepsiCo (<http://www.smartspot.com>) has a "SmartSpot" program. Products carrying the spot have a label explanation. Nabisco products that carry a "Sensible Snacking" flag are packaged in "100 calorie packs" or have set criteria, as well (www.nabisco.com/sensiblesnacking).

PCMH as a Leader

PCMH started in 2003 a Nutrition Initiative, which began to create a supportive environment for policy changes that encourage healthy eating

initiatives. Some of the actions taken helped Pitt County earn the North Carolina Health and Wellness Trust Commission's honorable mention as a "Fit Community" in 2006. Some of the activities are described below.



The PCMH cafeteria

There are about 3,000 transactions per day from the cafeteria, Medical Staff dining area, and catering. In 2003, PCMH became a Winner's Circle (WC) restaurant and began identifying healthier choices of entrees, side dishes and snacks. In 2005, ARAMARK introduced its "Just4U" program that includes nutrition information at point of service. Icons point to food items that are heart healthy, calorie controlled, carbohydrate controlled and other descriptions. Some items carry more than one icon. The recipe portfolio continues to expand. The staff had rigorous training in how to

prepare and serve items that display icons, ensuring the products served meet the criteria listed. Pamphlets and brochures explaining the program are in the cafeteria. The cafeteria continues to using the Winner's Circle designation of "fork and star" on healthy snacks. The cafeteria began offering "Heart Healthy FRIDAYS" in 2005. Those meals have fewer than 30% of calories from fat, fewer than 10% of its calories from saturated fat, fewer than 20 mg. of cholesterol per 100 gms of food; and fewer than 480 mg. of sodium per serving. In June 2006, the cafeteria began offering a "Daily Healthy Meal". There also is a salad bar and at least one vegetarian non-cream base soup offered daily. Additionally, fresh fruit and healthy snack items have been conveniently placed at cash registers. Most of the opportunities for selecting healthy options are in the cafeteria and the medical staff dining room during the first and second shifts.

Prior to the "Just4U" rollout ARAMARK surveyed about 500 PCMH employees about their dining styles. Those who responded could be categorized as Health Focused Females (23%), Upscale Carb Counters (23%), Downscale Health Riskers (12%), Indulgent Super Size Guys (15%), Menu Indifferent Men (16%), and Nutrition Curious Women (19%). In 2006, an ARAMARK survey of 650 cafeteria customers found that 32% attempt to limit fat, 28% to monitor sugar intake, 22% to limit carbohydrates, and 26% to control or monitor health issues such as diabetes or heart disease. These data suggested that healthy options are important to some employees but need to be visibly promoted for most employees to consider choosing them. The dining styles survey will be repeated in 2008. In 2005, ViQuest Rewards began promoting the healthy options in the cafeteria through short

email messages. Additionally, PCMH administration agreed that patrons should be given an incentive to select the "Daily Healthy Meal", and supported giving a free beverage (diet fountain drinks, tea, coffee or skim milk) to those who selected the meal.

The ARAMARK catering menu has the healthier options noted, however; no strict criteria are used to define them and there is no policy about foods served at meetings. ARAMARK also caters the food served at A Child's Place. In 2005, the ViQuest dietitian and ARAMARK improved the selections offered. The day care is participating in the Nutrition and Physical Activity Self Assessment for Child Care (NAP-SACC) program. The program focuses on ensuring that children have the opportunity for healthy eating and physical activity. Childcare staff identifies practices that can be changed to improve eating habits. (Physical Activity and Nutrition Branch, 2006).

Other food and beverages environments

The Service League of Greenville manages the hospital coffee shop, gift shop, goody or candy cart, and Java City. Proceeds from these operations are used to support hospital projects. Java City serves specialty coffees, pastries and fresh fruit. Many of these items are high in calories. Coffees can range from 98-256 calories per 12 oz. with as much as 4 gms of fat. Nutrition information is available at the cash register to help customers make "smart" selections. ViQuest Rewards has highlighted ways to enjoy "skinnier" treats with sugar substitutes, sugar free flavor shots, skim and reduced fat milk through routine suggestive e-mail tips.

PCMH coffee shop

In 2006, the coffee shop underwent a significant renovation. On

re-opening more healthy options were available including: salads with fat free dressings; veggie sandwiches and turkey subs made with fat free mayonnaise; turkey and tuna sandwiches made on wheat bread;; grilled chicken breast sandwich; turkey dogs; fat free yogurt; fat free chips; sugarless gum; diet Snapple; fruit cups; fresh fruit; skim and 2% milk; diet sodas; and unsweetened tea. The sandwiches are made fresh daily. At the time of this survey, staff is planning signage to help customers identify those healthy options.

Vending machines

There are more than 90 vending machines in 50 locations on the PCMH campus managed by the Service League of Greenville. There were 124 beverage slots (also called facings) in the cafeteria and another 627 throughout the campus. There was diet soda at every location filling about 40% of the slots. Water, available at only about 60% of the locations, was usually in one slot. Most of the machines had 20 oz. bottles or 12 oz. cans.

There were 35 slots for snack foods in the cafeteria and an additional 780 snack slots throughout the campus. Our August 2006, audit found no snacks met the Winner's Circle criteria. While there were a few lower fat items, none met the sodium limit. PCMH Administration accepted a recommendation that water and two healthy snacks be available at all vending locations. ViQuest has healthy snacks available on its food cart and at the "Q-Shack". It is ViQuest policy that the dietitians, guided by the Winners Circle criteria, approve food and drink items sold by ViQuest.

Discussion: UHS has a goal

In Fiscal Year 2007, PCMH has a stated goal to "implement a plan to

improve nutritional status for PCMH staff and community". The goal will be measured by the number of nutritional programs provided to PCMH Staff and visitors; the number of healthy food options in the cafeteria; and the collaboration with ViQuest on community nutrition awareness. The goals for Health Access extended the PCMH goals to UHS regional hospitals. Our study has found that PCMH is already acting on most of the recommendations made for healthy away-from-home foods. The impact of these changes on the prevalence obesity for PCMH employees and visitors is not yet known. Research is needed to determine what types and intensity of interventions in the workplace are effective in preventing obesity (Katz et al, 2005).

Next steps

The UHS Nutrition Initiative is seeking the input from employees. Is the current environment appropriately supportive of healthy eating? Do employees and visitors have adequate opportunity to select foods and beverages that will help them achieve and maintain a healthy weight in all locations and on all shifts? All foods and beverages can fit into a health promoting diet. The UHS Nutrition Initiative does not expect that every employee would select a "healthy" food or beverage 100% of the time. Not every food choice needs to be low fat, "diet", unsweetened or high fiber. How should PCMH define a "healthy vending machine snack"? How many slots or facings should have "healthy snacks" and water in them? Should vended snacks have a 200-calorie per pack cap, just like the schools? What size beverages containers should be available? Should water be priced less than soda or juice? If vending healthy foods and drinks results in reduced

revenue for hospital projects, is that an acceptable outcome? Should high fat items such as fried chicken and pizza be less prominently displayed in the cafeteria? Should healthy items be sold at a discount? Should PCMH adopt as policy the "Guidelines for Healthy Foods and Beverages at Meetings, Gatherings and Events" (PAN, 2006)? Should ViQuest host a seasonal farmer's market on the PCMH campus? And most importantly, how can the hospital encourage employees to eat smart and move more to prevent obesity and related chronic diseases?

Conclusion

PCMH has assessed its food environment and has made significant strides to ensure healthy eating options are available to its employees. It remains unknown if the intensity of these interventions is sufficient to help employees achieve a healthy weight and prevent obesity related chronic diseases. PCMH is providing leadership in creating a North Carolina where people view Eating Smart as a normal part of everyday living.

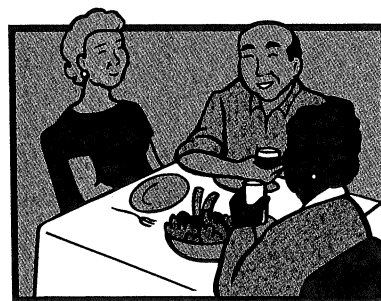


Table 1. Goals from North Carolina Plan to Prevent Obesity and Related Chronic Conditions (2006)

1. Increase opportunities for all North Carolinians for healthy eating and physical activity by fostering supportive policies and environments.
2. Increase the number of North Carolinians who are at a healthy weight.
3. Increase the number of all North Carolinians who consume a healthy diet.
 - a. Increase the number who will consume 5+ servings of fruits and vegetables each day
 - b. Increase the proportion of North Carolina infants who are breastfed for at least 6 months
 - c. Decrease the number of North Carolina adults and children who eat fast food more than once a week.
 - d. Decrease the proportion of North Carolina adults and children who typically consume more than one 12 ounces sugar sweetened beverages in a day
 - e. Increase the percentage of North Carolinians who will prepare and eat their main meal at home at least 5 times a week.

Table 2. Sample of favorite snacks meeting Winners Circle criteria

Moon pies (a variety of flavors)	Orville Redenbacher Smart Pop
Baked Doritos Cooler Ranch (and other flavors)	
Baked Lays KC Masterpiece Barbeque (and other flavors)	
Rold Gold Classic sticks	MJMs All Sports Bites
Otis Spunkmeyer reduced fat cookies (several flavors)	
Pepperidge Farm Parmesan gold fish	

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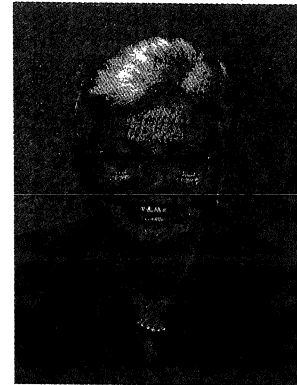
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WINNER'S CIRCLE

Where Nutritious Meets Delicious