HEALTHIER BEVERAGE ENVIRONMENTS IN HOSPITALS

A Learning Lab Approach Accelerates Systems Change

Sugary drinks are antithetical to health. As the largest source of dietary added sugar in the United States,[1] sugary drink consumption is linked to chronic conditions such as type 2 diabetes, hypertension, heart disease, dental caries, unhealthy weights, and premature death.

They are also a racial health equity issue. Black, Latinx, Indigenous, and people of color are targeted by the sugary drink industry and disproportionately experience diet-related chronic diseases.[2]

Food and beverage environments should support health. Hospital and health system food and beverage environments are particularly important because these organizations are major employers

and beacons of health in their community. In recent years, an increasing number of hospitals and health systems in the United States have stopped selling sugary drinks or reduced their availability in favor of healthier alternatives. The American Medical Association, American Heart

The Public Health Law Center and the American Cancer Society have partnered to develop resources to help organizations create healthier food environments, with a special focus on hospital and healthcare settings.

Association and American Academy of Pediatrics have added to the momentum by explicitly calling on hospitals to address sugary drinks.[3]

To contribute to this growing movement, the Public Health Law Center and American Cancer Society partnered to implement a 12-month Learning Lab for ten hospitals and health systems from across the country, which launched in November of 2019. Through peer learning and individualized technical assistance, the Learning Lab aimed to help these healthcare organizations develop a new policy or initiative that reduced or eliminated sugary drink sales and offerings in their facilities. The COVID-19 pandemic changed many aspects of the project, including the ability of many hospitals to prioritize a foodservice initiative. At the same time, the historic wave of protests that swept across the U.S. after the murder of George Floyd and other Black people brought renewed attention and urgency to addressing racism and anti-Blackness, which underpinned the disparate health and economic impact of the pandemic on Black, Indigenous, Latinx and other people of color. In the midst of these events, some organizations, with critical support from the Learning Lab, found momentum and capacity to move forward with developing a new healthy beverage policy.

This report describes the Learning Lab approach, how the project and participating organizations navigated the challenges posed by the COVID-19 pandemic, the project's impact, and future considerations for institutional healthy beverage work.

Why a Learning Lab Approach

Our Learning Lab, like a community of practice, used peer learning and mutual accountability to accelerate collective action on sugary drinks among a cohort of hospitals and health systems. Similar approaches have been used in the past to help hospitals create healthy beverage initiatives,[4] and this project sought to build on these successes. Each hospital/health system shared the common goal of creating a new policy or initiative to eliminate or reduce sugary drink availability and learned together about how to achieve that goal.

Peer learning took two forms: Learning Lab participants shared experiences and tips with each other, and external speakers from hospitals/health systems that had already created a healthy beverage policy or initiative provided lessons and considerations based on their experience. The Learning Lab had structured monthly meetings to facilitate both types.

In addition to fostering information exchange, the Learning Lab incorporated mutual accountability. At each monthly meeting, teams were asked to share recent progress or highlight a specific challenge they were facing. This type of regular sharing with peers created some

social pressure to demonstrate progress to the group. It also inevitably presented opportunities for shared learning when multiple teams raised similar issues or questions.

Although each hospital/health system in the Learning Lab shared a similar destination, each functioned within different organizational cultures, constraints, and challenges. A suite of common resources and tools — the Healthy Healthcare Toolkit[5] — was developed to support their work, and was supplemented with individualized technical assistance to help teams apply these tools within their unique organizational contexts.

Healthy Healthcare Toolkit

This toolkit helps organizations create healthier food environments. It focuses on beverages and healthcare settings, though many of the principles and approaches outlined in it also can be applied to other organizational settings.

• Beverage Policies & Drinks with Artificial Sweeteners
• Building Blocks for Success: Developing Healthy Beverage Policies & Initiatives
• Food & Beverage Pledges & Policies for Hospitals & Healthcare Systems
• Frequently Asked Questions about Healthy Beverage Initiatives
• Healthcare Can Lead the Way: Making the Healthy Choice the Easy Choice
• Healthier Beverage Environments in Hospitals
• Healthy Beverage Hot Spots: Identifying & Utilizing the Institutional Access Points
• Healthy Beverage Policies, Healthy Bottom Lines
• Healthy Beverage Policies: Key Definitions & Sample Standards
• Sickly Sweet: Why Focus on Sugary Drinks?
• Thirsty for Health — Tap Water & Healthcare

Recruitment

Selecting the Learning Lab cohort was a critical first step. Organizational change initiatives, like creating a new healthy beverage policy, require buy-in and concerted action across multiple departments, and the Learning Lab sought to support hospitals/health systems that were institutionally well-positioned to undertake this type of initiative. Targeted outreach to prospective participants was done through existing healthcare relationships of the American Cancer Society and supplemented with a call for applications through additional networks of contacts. Prospective participants completed a short online application and were primarily evaluated based on three institutional readiness criteria:

- past action(s) related to creating a healthy food environment;

- an active wellness committee or similar entity; and

- commitment to participate in the Learning Lab by at least two key organizational stakeholders from the following areas: (1) C-Suite or other organizational leader, such as a board member; (2) food services director, or similar position; or (3) wellness director, or similar position.

Other factors were also considered when evaluating applicants, including their scores on a modified version of the OR4KT survey, which assesses organizational readiness for knowledge translation in healthcare organizations,[6] demographic and public health indicators of the applicant's community (e.g., obesity and cancer prevalence), and other institutional characteristics (e.g., affiliation with a larger health system).

The Cohort

Ten hospitals/health systems from seven states (Illinois, Minnesota, Missouri, New Jersey, New York, North Carolina, and West Virginia) were selected to participate in the Learning Lab. Almost all were located in predominantly urban areas, and many were large organizations. Seven of the 10 participants were health systems or hospitals affiliated with a larger health system, with an average of 1,369 beds (range: 53-4,191) and 17,372 employees. Eight ranked as a top 20 employer in their state. Importantly, all Learning Lab participants demonstrated institutional readiness. All had previous or ongoing healthy food environment efforts, and most had an active wellness committee (seven of 10 organizations) and strong institutional commitment as evidenced by the representatives they designated for their teams. See Table 1 for more details.

Table 1: Organizational Characteristics of Learning Lab Participants

Org.	Team of ≥2 Key Org. Leaders	Past Healthy Food Action	Active Wellness Committee	Affiliation with Larger Health System	Top 20 Employer in State	Number of Employees	Readiness Score (15–75)
1	✓	✓	✓	✓	✓	21,000	75
2	✓	✓	✓	✓	✓	14,418	57
3	✗	✓	✗	✗	✓	7,362	57
4	✓	✓	✓	✓	✓	31,510	63
5	✗	✓	✗	✗	✗	3,700	58
6	✓	✓	✓	✗	✗	4,000	60
7	✓	✓	✓	✓	✓	7,000	52
8	✓	✓	✗	✓	✓	70,000	63
9	✓	✓	✓	✓	✓	12,000	70
10	✓	✓	✓	✓	✓	19,000	68

Technical Assistance

Technical assistance (TA) took several forms. First, the monthly Learning Lab meetings were opportunities to identify new TA needs and respond to existing ones. During each meeting, teams shared their recent progress and current challenges or questions, which formed the basis for group discussion. When a question necessitated follow up research, such as to identify tools for conducting a food and beverage environmental scan or to identify effective strategies for promoting water, the results were disseminated to either the specific team that made the initial TA request, or all teams depending on how specific the question was to a particular hospital/ health system.

Presentations during monthly Learning Lab meetings were also responsive to TA needs. Hospital teams identified priority topics and issues through a survey and one-on-one outreach calls, which were conducted before the first Learning Lab meeting. These identified priority topics, such as "building internal support/buy-in," "communications and policy roll-out," and

"navigating revenue/financial concerns" became themes for meetings, and guest speakers who had experience working on similar hospital initiatives were identified who could speak to these themes and share their learnings.
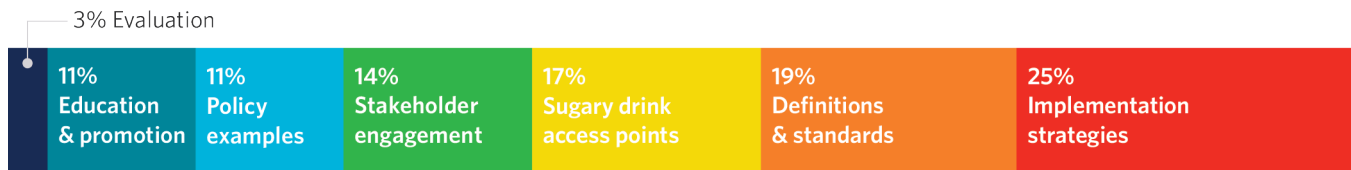
Second, TA was provided through direct channels between the Public Health Law Center and each hospital/health system team. This included periodic check-in calls and email communication where specific TA needs were identified and responded to either in real time or through subsequent communication (e.g., research memo). In some cases, Public Health Law Center staff were integrated into a hospital/health system's internal project management processes or facilitated connections between hospital/health system teams and relevant external experts. The tools and educational materials in the Healthy Healthcare Toolkit also were used to meet TA needs.

Throughout the project, hospital teams sought assistance on a range of topics. Questions about implementation strategies were most common, and focused on issues such as optimal timing to roll-out an initiative across multiple facilities or how to manage consumer pushback. Other common questions related to product definitions and standards, and how to apply them to different sugary drink access points, such as on-site retail vendors, vending machines, or catering guidelines (Figure 1). For example, several hospitals asked about coffee shops, including

how to navigate these when they are controlled by an external retail vendors (e.g., Starbucks) versus an in-house foodservice operation, and how their definitions and standards might include or exclude certain drinks sold at these venues.

Many hospitals in the Learning Lab also had a specific interest in real-world examples, whether examples of policies from other organizations, or example talking points and educational materials. For example, one hospital asked, "Are there any lessons learned from when the policy is announced and education begins and the [amount] of time before the policy is put in place?" True to the peer learning model of the project, examples from other organizations were a compelling source of information for hospitals to understand and evaluate potential options to pursue, and to help build internal buy-in by highlighting initiatives from peer institutions.

Figure 1: Top Question Types from Learning Lab Hospitals[7]

3% Evaluation

11% Education & promotion	11% Policy examples	14% Stakeholder engagement	17% Sugary drink access points	19% Definitions & standards	25% Implementation strategies

Pivoting in Response to the COVID-19 Pandemic

By March 2020, it became clear that the COVID-19 pandemic would require the project to shift direction. As cases began rising in the US, all the hospitals and health systems in the Learning Lab were planning for or responding to a surge of patients with COVID-19. Some were even at the shifting epicenters of the pandemic. Acknowledging that the pandemic was the top priority for hospitals at the time, and likely for the duration of the project, we considered how to move forward by asking one key question: would existing project expectations of hospitals in any way draw attention and resources away from their COVID-19 response? We gathered feedback from hospital teams during our March 2020 Learning Lab meeting and through individual outreach.

Ultimately, like many other projects in 2020, the project pivoted. Individual TA was still offered to those hospitals that were able to move forward with their policies or initiatives. However, in lieu of our Learning Lab meetings, we hosted a four-part webinar series to promote hospital healthy beverage initiatives more broadly with public health and healthcare stakeholders. These webinars focused on:

- why sugary drink consumption continues to be an important public health challenge, with a focus on the intersections between COVID-19 outcomes and diet related chronic diseases;[8]

- how other hospitals have implemented and evaluated sugary drink initiatives;[9]

- the role of partnerships between hospitals and state and local health departments, state hospital associations, and other national organizations in healthy food policy initiatives;[10] and

- how hospitals can catalyze broader change in their communities by becoming advocates for state and local policy change, or by helping fellow employers implement similar initiatives.[11]

Applying Lessons from Challenging Times

The COVID-19 pandemic has created widespread, grievous challenges and hardships across populations and sectors, and has reinforced the need for more urgent action to address diet-related chronic diseases, particularly through a racial equity lens. Sugary drink consumption is a known risk factor for numerous chronic conditions, such as type 2 diabetes, hypertension, heart disease, and obesity,[12] and people with these same underlying health conditions are more likely to become severely ill or die from COVID-19.[13] Black, Indigenous, Latinx and other people of color disproportionately experience these health issues[14] due to structural racism and other forms of oppression that underpin prevailing racial health inequities,[15] including those seen with COVID-19.[16] Thus, the pandemic has reinforced for leaders working to improve hospital food and beverage environments that addressing sugary drink consumption is crucial for reducing racially inequitable health outcomes and underscores the importance of systems change for advancing health equity.

From a tactical perspective, the closures of foodservice venues in hospitals prompted by the pandemic also led to opportunities to make changes by leveraging the idea of a fresh start when the venues reopened. One hospital from our Learning Lab seized this opportunity and reopened its foodservice venues as sugary drink free after a nearly five-month closure. This hospital's experience is summarized in an accompanying case study.[17]

Future Directions and Considerations

- **Continued action:** Hospitals play a unique role in addressing sugary drink consumption and creating healthier food and beverage environments, and many are poised to act. Among a sample of our webinar attendees (n=118), which included public health and healthcare stakeholders, nearly two-thirds said they intended to act on a sugary drink policy or initiative within their organization. For 35% of the attendees, they believed this action would occur either immediately or within six months.

- **Using a cohort approach:** Cohort approaches can accelerate and diffuse systems change. However, a fundamental question is: among whom? Future projects that use a similar model should consider different approaches to cohort composition. For example, instead of a nationally representative group, a cohort could include only hospitals or health systems from a single state or region. This approach might work well in states that already have strong state- or local-level initiatives that support healthier foodservice. Alternatively, a cohort may include hospitals or health systems that may face greater resource constraints, such as those in rural areas, or public systems serving low-income urban communities.

- **Project timelines:** Hospital foodservice initiatives require both technical and adaptive change.[18] Product changes are a technical challenge, albeit a more complex one in large organizations with numerous vendor arrangements or small institutions that rely on a single distributor with limited product inventory. But maximizing the acceptability of these changes is an adaptive challenge, in part addressed by developing internal buy-in, engaging employees, patients, and visitors, and managing criticism. Organizations will differ in how much time they dedicate to technical versus adaptive changes (based on their size, culture, experience with foodservice initiatives, or other factors); however, insufficient attention to adaptive challenges can risk an initiative's sustainability. This was the experience of one health system in the Learning Lab. Several years ago, they rolled back an expedited attempt to remove sugary drinks because of employee criticism. For their second attempt, they looked to the Learning Lab to help develop a more thorough implementation plan.

- **Building the case:** Norms influence behaviors, whether by individuals or organizations. This was evident with several hospitals in the Learning Lab. Some asked, "Have other hospitals in my state done something similar?" Or "Do you ... know the number of health systems [in the U.S.] with a beverage policy of some sort?" There is a continued need to understand the landscape of healthy beverage policies and initiatives in the U.S., including their prevalence, reach, and variations in approaches. This information will inform the technical details of new policies or the messaging that hospitals use to gain buy-in from key stakeholders, particularly staff and senior leaders.

Conclusion

Hospitals and health systems should model health, including through the food and beverages they offer and sell to patients, staff, and visitors. Removing sugary drinks is one important way to demonstrate this commitment, and is a crucial strategy for addressing diet-related chronic diseases. A growing number of hospitals and health systems have stepped up with policies or initiatives that either end sugary drink sales in their facilities or dramatically reduce their availability. Cohort approaches, like the Learning Lab described here, can help accelerate the spread of these policies or initiatives across the country through collective learning and action. Although the COVID-19 pandemic has forced hospitals to shift priorities in the near term, continued adoption of healthy beverage policies and initiatives by hospitals and health systems over the long-term will be needed to make effective progress in reducing and preventing diet-related chronic diseases and associated racial health inequities.

The Public Health Law Center provides information and legal technical assistance on issues related to public health. The Center does not provide legal representation or advice. This document should not be considered legal advice.

Endnotes

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