









# **HEALTHY BEVERAGE POLICIES CASE STUDY**

# Holy Name Medical Center



### Holy Name Medical Center

stopped offering and selling sugary and artificially sweetened beverages throughout its facilities on July 7, 2020. This case study showcases how they developed this new policy and highlights key lessons for hospitals and health systems that are considering similar initiatives.1

#### **HOSPITAL PROFILE**

- Located in Teaneck, New Jersey (Bergen County)
- 361 bed, private, not for profit, acute care facility; admits about 32,000 patients each year
- 4,900 employees
- Food service managed by Sodexo



#### **Initiative Timeline**

#### 2015-2019: Laying the groundwork.

Several years of food environment improvements preceded the hospital's sugary drink reduction effort. These included eliminating deep fat fryers from its cafeteria, reducing the number and location of cafeteria soda fountains, and promoting healthy drinks through an employee newsletter. The cafeteria also introduced healthier food options using the Mediterranean diet as a framework following an internal study of hospital employees, which evaluated health changes associated with different dietary patterns.



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.

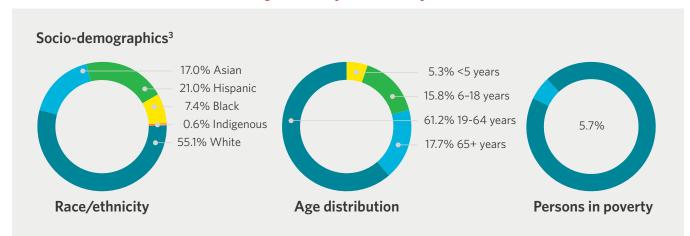


October 2019: Coalescing. Holy Name joined the Learning Lab convened by the Public Health Law Center and the American Cancer Society along with nine other hospitals and health systems, with a goal of developing a new sugary drink policy.<sup>2</sup> Holy Name assembled a team of administrative clinicians, food service representatives, and the organization's director of human development. This team met regularly, participated in monthly Learning Lab meetings, and conducted internal research to inform their direction, particularly on product placement, pricing and education strategies.

**March 2020: Priming.** In conjunction with National Nutrition Month, the team held education and promotion activities related to healthy drinks, including an exhibit highlighting the amount of sugar in different beverages. They also offered tastings of healthy beverages to showcase product alternatives and gather feedback.

March–July 2020: Pivoting. Holy Name was at the epicenter of New Jersey's COVID-19 outbreak, requiring the hospital to redesign its facility and procedures as a result. This included transforming the cafeteria and shifting their focus to immediate food assistance. During this time, hospital leadership made the commitment to provide complimentary meals to all employees and their families, which was supported, in part, through donations from area restaurants, organizations, and companies.

#### **COMMUNITY CHARACTERISTICS: Bergen County, New Jersey**



#### Sugary Drink Consumption and Health Risks<sup>4</sup>

- 19% of county residents consume a sugary drink on five or more days each week; this nearly doubles for people who are Hispanic (37.4%) or Black (37.3%).
- 1 in 4 county residents have been diagnosed with either diabetes (11.5%) or prediabetes (11.2%).
- More than half of county residents are either overweight (33.2%) or have obesity (22.8%).





May 2020: Reengaging. After the hospital's initial surge of COVID-19 patients, the team restarted its healthy beverage effort. They organized a two-week "Sugar Buster Challenge" to reengage employees and raise awareness around sugar-related dietary changes. Participating employees received a two-week meal plan, healthy recipes, a shopping list, and daily nutritional tips.

**July 2020: Transforming.** When it was time for Holy Name to resume normal cafeteria operations after nearly five months, it did so without sugary drinks. Instead, it used the opportunity to introduce new, healthier food and beverage options, such as salad and grain bowl options and healthier beverages, as well as contact-less service, which included a new app called Grab n Go that allowed employees to order food for pick up later.



## **Key Policy Points**<sup>5</sup>

- **Purpose:** The policy is grounded in the organization's mission to support disease prevention and promote healthful practices.
- Definitions: The policy defines healthy beverages as:
- ° Water: plain, sparkling, naturally flavored.
- Unsweetened milk and milk alternatives (plant-based milks)
- ° Juice: 100% fruit or vegetable juice
- **Scope:** The policy applies to sugary and artificially sweetened beverages offered or sold in the cafeteria, vending machines, at catering events, and on inpatient menus. For inpatient menus, sugary and artificially sweetened beverages are still available upon request or order by a clinician.
- **Alternatives:** In all locations, sugary drinks have been replaced with a variety of naturally flavored waters, seltzers, and unsweetened teas.

# **Ingredients for Success**

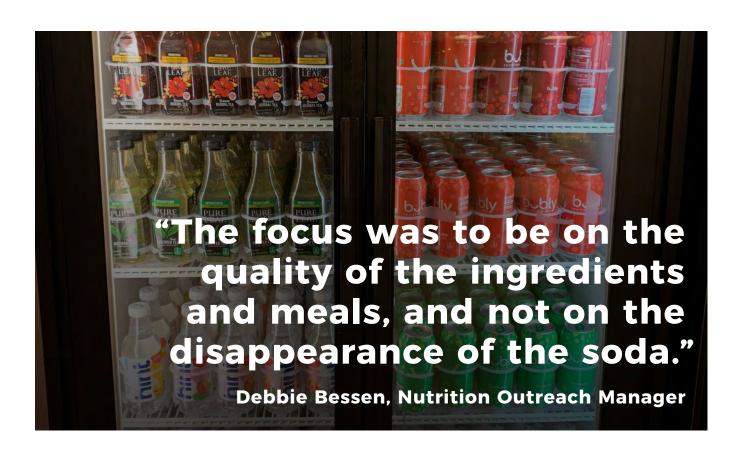
- **Building momentum:** The hospital's previous healthy food environment work laid a foundation for its future action on sugary drinks. As such, removing sugary drinks was framed as an incremental step rather than a big leap.
- Early engagement with foodservice vendor: An early priority for Holy Name was to engage
  with its food service vendor, Sodexo. Doing so helped the team manage concerns, such as
  possible decreased customer satisfaction and potential lost revenue, and develop buy-in for
  the initiative.
- Feedback mechanisms: Addressing feedback was another important component of Holy Name's change management process. Initially, this helped the team in developing the policy. Later, the team developed talking points to manage push back, such as a criticism from an administrative doctor who stated that "no good studies supported the ban of artificial sweeteners," and questions from staff about why the hospital was "selling cookies but not soda."
- Commitment from C-Suite: Commitment from organizational leaders, particularly Mike Maron, the hospital's chief executive officer, was critical. It reinforced how the new policy



- aligned with the organization's larger mission and helped overcome key hurdles, such as staff criticism and financial impact.
- Creating opportunity out of adversity: Despite being at the epicenter of NJ's COVID-19 outbreak, the hospital saw an opportunity. Its cafeteria was modified during its initial response, and much like a redesign, provided an entry point to introduce changes.

#### **Additional Resources**

- Holy Name was featured on a <u>recent webinar</u> co-hosted by the Public Health Law Center and the American Cancer Society discussing innovative approaches to healthier beverages in hospitals.
- Other healthy healthcare resources are available at the Public Health Law Center's website, publichealthlawcenter.org, including its <u>Healthy Healthcare Toolkit</u>, a guide to helping organizations create healthier food and beverage environments.





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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**

- 1 For more information about developing a healthy beverage initiative, see *Healthy Healthcare*, Public Health Law Center, https://www.publichealthlawcenter.org/topics/healthy-eating/healthy-healthcare.
- 2 For more information about the Learning Lab, see *Healthier Beverage Environments in Hospitals: Using A Learning Lab Approach to Accelerate Systems Change*, Public Health Law Center (2021) <a href="https://www.publichealthlawcenter.org/topics/">https://www.publichealthlawcenter.org/topics/</a> healthy-eating/healthy-healthcare.
- 3 *QuickFacts: Bergen County*, New Jersey, United States Census Bureau, <a href="https://www.census.gov/quickfacts/bergencountynewjersey">https://www.census.gov/quickfacts/bergencountynewjersey</a>.
- 4 *Community Needs Assessment*, Holy Name Medical Center (2019) <a href="https://www.holyname.org/includes/files/HN-MC-CHNA-2019.pdf">https://www.holyname.org/includes/files/HN-MC-CHNA-2019.pdf</a>.
- 5 The final policy is available upon request from the Public Health Law Center.