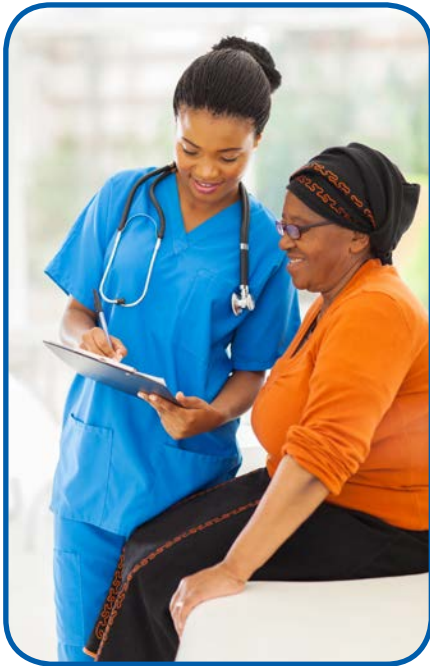


DNPAO State Program Highlights: Obesity Prevention in Health Care Settings



The Centers for Disease Control and Prevention (CDC) and state health departments collaborate in a number of areas to prevent and control obesity and other chronic diseases. These areas include nutrition, physical activity, and breastfeeding. This highlight focuses on the Colorado Department of Public Health and Environment's (CDPHE) coordinated efforts to implement strategies to make the hospital environment healthier.

This state was selected because its efforts include

- **Comprehensive Change**—activities enable the alteration of broader societal trends and support existing or provide more opportunities to improve health in hospital settings.
- **Collaboration**—the state health department played a major role in working with partners and local communities to move activities forward.
- **Significant Reach**—activities have the potential to affect a large proportion of the intended target population.
- **Replicability/Transportability**—activities can be duplicated and similar effects be achieved by other similar entities.
- **Potential for Sustainability**—activities can endure without continued financial and programmatic investment.

The Colorado Healthy Hospital Compact at a Glance

The Colorado Healthy Hospital Compact was formed as a collaborative organization dedicated to protecting and promoting the health of patients and their families, visitors, and staff by improving hospital environments. Participation allows hospitals to engage with communities, collaborate with other hospitals in a noncompetitive environment, achieve recognition, and be centers of wellness.

CDPHE played a vital role in convening partners to help develop the Compact. This broad collaboration among public health practitioners, nonprofit health partners, and health care staff as well as support from leadership across these partners was required to move efforts forward and develop standards for the Compact. It created the necessary synergy of talent, resources, and purchasing power. As efforts progress, CDPHE continues to play a major role in the Compact by providing staffing and technical assistance to develop healthier food environments and encourage breastfeeding efforts. Today 10% of Colorado's hospitals have joined the Compact and many more have expressed interest in participating in programs the Compact offers.

Participation

The process to join the Compact is simple and designed to minimize cost and time barriers to participation. To participate in the Compact, the hospital will

1. Submit a signed commitment from hospital leadership.
2. Identify a person to guide the work and serve as a liaison to CDPHE and Compact partner hospitals.
3. Form a steering committee to manage Compact activities.
4. Designate at least one program area for initial focus: food, beverages, marketing or breastfeeding.
5. Provide quarterly progress reports to hospital leadership.
6. Participate in an annual review to measure progress and compliance with Compact standards.

Programs

The Compact consists of four programs, each with standards designed to improve food and beverage environments or support breastfeeding. Hospitals select and implement as many standards as they deem feasible. Points are allocated for each standard based on importance and difficulty. There are 25 points available for each program. Hospitals achieve bronze, silver, gold, or platinum recognition based on cumulative points. Participating hospitals must select at least one of the following programs:

1. The Healthier Food Program covers all areas where staff, patients, families, and visitors are served or sold food, excluding independent contractors representing chain restaurants. This program's 10 standards cover meals, snacks, and side items. Hospitals can also earn points for removing deep-fat fryers and *trans* fats.
2. The Healthier Beverage Program covers all areas where staff, patients, families, and visitors are served or sold beverages. There are four standards in this program, which are tiered at different levels of reducing availability of and access to sugar sweetened beverages (SSB). Hospitals that meet 100% of the beverage standards have satisfied all standards in this program.
3. The Marketing Program consists of 12 standards in 3 categories: product placement, promotion, and pricing. Standards include favorable pricing, merchandising, and signage for healthy items.
4. The Breastfeeding Policy and Support Program covers hospital breastfeeding education, practices, and policies. The program's four standards are met when a hospital has achieved Certified Baby-Friendly Hospital™ designation. While only the state's 50 maternal hospitals can achieve all four standards, the first 3 standards—breastfeeding policy, staff education, and breastfeeding promotion and support—provide a pathway for Colorado's other hospitals to move toward baby-friendlier environments.



Verification and Recognition

Hospitals complete an assessment with documentation after implementing each program to determine their level of accomplishment and recognition. Documentation varies and may include hospital policies, meal plans, menus, and photographs. The verification process was designed to be flexible enough to accommodate different hospital practices and rigorous enough to ensure validity. CDPHE provides support to hospitals



to complete assessments and gather required documentation, and verifies all documentation received. CDPHE currently conducts this work alone, but as interest in the Compact grows they are considering long-term plans for verification. CDPHE also has been instrumental in providing public recognition for program implementation and accomplishment by organizing recognition events. CDPHE also coordinates opportunities for collaboration and learning that includes hosting webinars across different topic areas to help participants learn about different efforts as well as to encourage peer-to-peer networking so participants may learn from one another.

Lessons Learned

1. **Resistance to Change.** Hospitals may experience resistance to change that affects implementation. Although the Compact aims to make the healthy choice the easy choice, customers may feel limited in their food and beverage options. CDPHE has learned that using a clear and consistent communication strategy to reinforce the reasons for such changes helps with the transition.
2. **Revenue Loss.** Hospitals may have concerns over revenue loss. However, early Compact data show that eliminating products such as candy bars and SSB does not reduce revenue for hospitals or vendors. Sharing this data is useful to help relieve this common fear. Applying pricing, placement, and promotion strategies is also a useful way to boost profits. For example, the implementation of vending machine price differentials of a 25 cent increase for beverages that do not meet the healthier beverage standards or a 25 cent decrease for beverages that do, decreased the units sold, but increased revenue gained.
3. **Vendor and Supplier Engagement.** CDPHE engaged with a broad group of stakeholders early on, but food and beverage vendors and suppliers were not at the table. They learned that including them was fundamental to developing feasible standards and learning about available healthier products. By including vendors and suppliers in the discussion, CDPHE and partners were able to take steps to increase the availability of products that meet the Compact's standards while also addressing vendors' and suppliers' concerns.
4. **Data Collection.** Data collection may also challenge hospitals. Some food service data collection methods are limited and some vendors are unable or unwilling to share sales information. Vending machines can identify individual products sold, but point of sale registers may not be able to differentiate SSB from those that are not. Because of such barriers, CDPHE is working with hospitals to identify and implement improved data collection systems that track items sold in order to more thoroughly gather, analyze, and ultimately share such data with hospitals, vendors, Compact partners, and the public.

Accomplishments to Date

The Compact was launched in November 2014 and 10% of Colorado's hospitals had joined within the first 6 months. Many other hospitals have expressed interest in joining. By the end of 2015, 9 of 14 Compact partner hospitals had made changes in one or more program areas and achieved an overall recognition level of bronze or higher. Two hospitals have achieved gold status through multiple program efforts including significantly reducing SSB. One hospital completely eliminated SSB in the cafeteria and vending machines.

Conclusion

The accomplishments of the Colorado Healthy Hospital Compact and promise of improved health outcomes is encouraging to CDPHE and the partners that made the Compact a reality. The Compact is a work in progress, but participating hospitals have taken steps to improve their hospital environments. Patients, staff, and visitors have better access to healthier food and beverages and breastfeeding support. Momentum is expected to increase as more hospitals become involved and CDPHE and its partners become more familiar with the availability and pricing of healthy food and beverage options. Addressing real or perceived barriers, involving more hospitals, and navigating food and beverage standards and suppliers are CDPHE priorities as efforts progress.



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