



MICHIGAN HEALTH & HOSPITAL ASSOCIATION

Advocating for hospitals and the patients they serve.

Healthy Food Hospitals Campaign **FREQUENTLY ASKED QUESTIONS**

(Updated: 1/30/12)

Background

As directed by the MHA Board of Trustees, the association regularly pursues activities and campaigns under the “Community Health Improvement” strategic platform. Within this platform, the MHA has successfully led voluntary statewide smoke-free hospital campus and industrial trans fat elimination campaigns, both of which provided healthier hospital environments for patients and staff and garnered positive responses from communities, legislators, the media and others.

Childhood obesity is quickly rising as one of the most important, costly and complex public health threats to the nation. Currently, one in three children in the U.S. is overweight or obese. Michigan is the 10th most overweight state in the country, with an adult obesity rate of 29.4 percent and 12.4 percent of children age 10 to 17. Obesity costs the U.S. health care system \$14 billion per year in direct health care costs. According to the Healthy Kids, Healthy Michigan initiative, Michigan’s annual medical cost associated with obesity is more than \$3 billion. **In response to this trend, and in an effort to help hospitals lead by example and continue to be part of the solution to a healthier Michigan, the MHA Board directed the association to launch a voluntary statewide campaign that calls for the multifaceted adoption of healthy eating experiences for hospital patients, employees and visitors.**

The ***Healthy Food Hospitals*** campaign gives Michigan hospitals the opportunity to model exemplary food service choices and nutritional selections to support the health of all those who walk through their doors. The heightened emphasis and understanding of healthy eating is also designed to inspire such choices by patients and others *after* they leave the hospital. The initiative encompasses four steps or “stars:” the first two stars emphasize children’s health, while stars three and four benefit all age groups. **The combined implementation of all four stars displays the importance of healthy eating, weight management and the modeling of healthy food environments.**

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Frequently Asked Questions

Q: Why is the MHA leading an initiative related to healthy eating, with an emphasis on children?

The MHA Board identified “Community Health Improvement” as one of the association’s four strategic platforms for health care reform. In addition, the MHA vision statement advises that “we will promote better health within our communities.” In that vein, obesity rates are rising dramatically in Michigan and poor eating habits are one of the principal causes. This initiative provides Michigan hospitals with a set of tools to lead their community in minimizing the presence of unhealthy food environments that contribute to the poor health of many Michigan residents. The MHA believes the health care setting offers a unique opportunity to model healthy eating, while also using the purchasing power of the sector to support a healthy, local and sustainable food system.

Q: Why was each star chosen?

★ **Star 1: Default nonselect pediatric patient menus for children 2-18 to meet the American Heart Association (AHA) guidelines.** (Recommendations should be met as guidelines for the day.)

Rationale: By defaulting pediatric patient menus to meet the AHA guidelines, hospitals are able to use this “teachable moment” while impacting the content of the food served to pediatric patients in the hospital. Following the AHA guidelines helps ensure that children receive the proper amount of fiber, fat and sodium. The advisory committee determined the AHA standards use the best peer-reviewed research and, therefore, are the most appropriate and supportable.

★★ **Star 2: Transition to healthy beverages.** The default choice on pediatric patient menus/trays should be milk. When juice is served, only 100 percent juice should be served. When serving milk, serve recombinant bovine growth hormone (rBGH) free milk and nonfat (skim) or low-fat milk when deemed medically appropriate and use Bisphenol A (BPA) free containers and/or reusable cups. The healthy beverage transition should also be applied to adults when applicable.

Rationale: According to the American Academy of Pediatrics, drinking too much juice, particularly sugar-sweetened juice, can contribute to obesity, the development of cavities (dental); diarrhea; and other gastrointestinal problems, such as excessive gas, bloating and abdominal pain. Juice also ruins the appetite of a child. Nutrients provided through fruit are better obtained from whole fruit.

Dairy cows are often given rBGH to increase milk production for long periods of time. This is harmful because it can increase antibiotic resistance in humans and elevate levels of another growth hormone, insulin-like growth factor 1 (IGF-1), which is present in both cows and humans and can enter the body by consuming milk. In excessive amounts, IGF-1 has been linked to

increases in breast, prostate, colon, and other cancers in humans and to the incidence of at least 16 harmful diseases or conditions in cows. In 2008, the American Nurses Association adopted an official position statement opposing rBGH, and the past president of the American Medical Association (AMA) asked each AMA member to serve only rBGH-free milk in their hospitals.

According to testing in 2007 by the U.S. Centers for Disease Control and Prevention, 93 percent of Americans age 6 and up were exposed to BPA, while children had the highest overall exposure or level of BPA. Sources of BPA have been linked to formula feeding (BPA-lined formula containers), baby bottles and sippy cups, and many scientific studies have linked BPA exposure to obesity, even at low levels.

☆☆☆ **Star 3: Label nutritional content in cafeteria offerings.**

Rationale: Studies show parents will make smarter meal choices for their children when nutritional content is provided. A number of hospitals across the country have started to label cafeteria options and more than 20 states are considering policy that will require restaurants to label menus. California approved its menu-labeling law in July 2009. Effective Jan. 1, 2011, California restaurants are required to provide calories, saturated fat, carbohydrates and sodium for all standard menu items directly on menus and indoor menu boards. Also, the Affordable Care Act requires restaurants to provide nutritional information if they are part of a chain with 20 or more locations.

☆☆☆☆ **Star 4: Healthy eating starts with a healthy food system.** In an effort to provide an ongoing, evolving resource to hospitals to continue modeling healthy food environments, the following commitment is recommended. Sign the resolution of support for the Michigan Good Food Charter challenging institutions, and thus hospitals, to commit to purchase at least 20 percent Michigan grown and produced or processed foods. It is also recommended that hospitals sign the Health Care Without Harm Healthy Food Pledge if they have not already done so.

Rationale: Michigan is the second most agriculturally diverse state in the nation, and yet 59 percent of state residents (distributed across each of its 83 counties) live in communities that have inadequate access to the food they need for a healthy daily diet. Only about 14 percent of Michigan's farmers markets accept Bridge Cards for food purchases, making it easier to buy food from another continent than from a farmer in the local community.¹ Thus, the Michigan Good Food Charter has developed a vision for Michigan's food and agriculture system to increase its current contribution to the state's economy, protect the state's natural resource base, improve residents' health and help generations of Michigan citizens to thrive.

Q: Why does this initiative contain “green” or “environmentally friendly” elements?

The *Healthy Food Hospitals* campaign was developed by the Healthy Food Work Group which is a subcommittee of the MHA Michigan Green Health Care Committee. This committee of hospital members recognizes the interconnection between health and the environment and strives to encourage sustainability initiatives that improve both human and environmental health. The

committee is comprised of pediatric dietitians, room service managers, directors of nutrition and environmental services, Healthy Food in Health Care program coordinators, clinical nutritional managers and senior directors of hospitality services from several Michigan hospitals.

Health care facilities across the nation are recognizing that the food system — how food is produced and distributed — is misaligned with dietary guidelines and is largely reliant on methods of production and distribution that harm public and environmental health. Many hospitals have removed deep fryers from their kitchens, established farmers markets and replaced unhealthy snacks, and more are buying fresh food that is grown in sustainable ways in the local community. By adopting healthy food purchasing policies, health care organizations are demonstrating a commitment to “first, do no harm” and treating food and its production and distribution as preventive medicine that protects the health of patients, staff and the community.

Contact Hillary Bisnett, Michigan’s Healthy Food in Health Care Regional Coordinator, at Hillary@ecocenter.org or (734) 761-3186 ext. 127 for more information on each of the initiative’s stars.

Q: Why wasn’t “consume less than 300 mg per day of dietary cholesterol” listed in the star details for Star 1? It is one of the key recommendations from the Institute of Medicine (IOM) dietary guidelines along with total/saturated/trans fat and sodium listed.

The MHA Healthy Food Work Group chose to follow the American Heart Association’s dietary guidelines when creating this initiative, rather than those suggested by the Institute of Medicine (IOM). During the planning stages, dietitians from the MHA The Healthy Food Work Group discussed which guidelines would best meet the overall goal to model serving high fiber, whole grain, whole foods with the lowest possible amount of preservatives (sodium), encouraging hospitals to make changes in the food products they offer. The AHA guidelines were selected because they most closely illustrate the envisioned model. Cholesterol management is listed in the AHA’s “Life’s Simple 7” steps to health (listed below) and can be added by the individual hospitals if desired; but it is not a required criterion for Star 1.

1. don’t smoke
2. maintain a healthy weight
3. engage in regular physical activity
4. eat a healthy diet
5. manage blood pressure
6. **take charge of cholesterol**
7. keep blood sugar, or glucose, at healthy levels

Q: Are rBGH, described in Star 2, and rBST the same thing?

Yes. Recombinant bovine somatotropin (rBST) is another name for recombinant bovine growth hormone (rBGH). By either name, rBGH is a genetically engineered variant of the natural growth hormone produced by cows. The presence of the lower case “r” (standing for

“recombinant”) indicates that it is lab synthesized or a laboratory copy of the growth hormone cows naturally produce on their own. All milk contains natural levels of BGH, while milk from cows injected with the hormone is technically called rBGH milk.

Q: What happens if a child has a medical condition and cannot follow the healthy beverage initiative outlined in Star 2?

Patient safety and quality is a hospital’s top priority and many hospitals recognize that certain medical conditions may limit a facility’s healthy beverage initiative. Hospitals should not enforce the healthy beverage policies that are not in the best interest of the patient. The MHA recommends that hospitals adopt the following disclaimer to clarify their policies or develop a similar clarification statement:

“Pediatric patients determined to have medical conditions that contradict the consumption of 100 percent juice and nonfat or low-fat rBGH-free milk are not subject to this policy.”

Q: Regarding Star 2, how should a hospital deal with Styrofoam cups in regard to isolation trays (such as in the psychiatric unit)?

It is up to the individual hospital to decide when to make exemptions for the stars. The stars can be changed to fit individual hospital needs. When completing the evaluation forms online (<http://www.healthyfoodhospitals.org/evaluation.htm>), enter that information in the “challenges” section.

Q: Should AHA guidelines be followed for Star 3 also?

Star 3 is the most flexible star of the initiative and allows for creativity. Each hospital can use its own discretion to set what criteria are important to its staff, patients and visitors. Reference the speaker presentations under Star 3 on the “Hospitals Tools” tab of the *Healthy Food Hospitals* website (www.healthyfoodhospitals.org) to learn how other hospitals in Michigan and around the nation are labeling their menus.

Q: For Star 3, if a food item sold in the cafeteria has a nutrition facts panel already on it (such as a 6 oz container of yogurt or an individual bag of baked chips), do hospitals need to create a sign with the nutrition content to post in the cafeteria?

There is no need to post nutritional information for products that have labels displaying their nutritional facts. Nutritional labeling is necessary for items that do not currently have a label, such as baked goods or meals.

Q: Does Star 4 apply only to food that is grown/processed in Michigan, or does it also include supplies (i.e., paper products) that are manufactured in Michigan?

The initiative's goal is to combat obesity by modeling healthy food environments and does not include supplies and paper products as part of Star 4. Hospitals are encouraged to work with their distributors to buy Michigan-grown and -processed foods; many current labeling programs list only the manufacturer and do not take into account the source of the product ingredients. Star 4 is based on information available in the Michigan Good Food Charter (<http://www.michiganfood.org/>).

Q: How does the *Healthy Food Hospitals* campaign define local?

As understood and followed by hospitals that sign the [Health Care Without Harm Pledge](#), local is defined as food that is grown and processed within 200 miles of the hospital. There are many health, environmental and economic benefits to purchasing locally grown and processed foods. Hospitals close to state borders should not feel limited to sourcing items that are Michigan-grown and -processed and should focus on how their patients and staff can best reap the benefits of locally grown and produced food.

Q: Where can I get a copy of the Michigan Good Food Charter?

To learn more about the charter or to download a full pdf version of the document, visit <http://www.michiganfood.org/>.

Q: Are milk and baked goods included in the criteria for Star 4?

When addressing criteria for the Star 4, it is recommended that, if the hospital is purchasing its milk directly from a farm, it is counted in the percentage. If not, then a facility should speak with its vendor to learn whether the milk is produced in Michigan and stays in the state to be aggregated and then distributed to the hospital.

For baked goods bought from a local shop, the facility would need to determine if 50 percent of the product, by weight, is from Michigan. Doughnuts, bagels and other baked goods may fit the criteria, but more information would need to be obtained from the company.

Q: Why wasn't breast-feeding encompassed in the four-star program?

The *Healthy Food Hospitals* campaign is focused on healthy eating environments for children and adults. For the purposes of this program, "childhood" begins at age two. However, the MHA encourages individuals to consider breast-feeding because, according to the Agency for Healthcare Research and Quality (2007), the risk for childhood obesity is reduced by 24 percent when a baby is breast-fed. For initiatives on breast-feeding exclusively, the Michigan

Breastfeeding Network and the Women, Infants and Children (WIC) program are excellent resources.

Q: Will implementing the four-star program cause a loss of revenue for the hospital?

The safety and health of Michigan's patients remains the number one priority for the MHA and Michigan hospitals. The cost and revenue as a result of the initiative will be unique for each participant. Hospitals are encouraged to work with their vendors to ensure that the goals of the program can be met in an affordable manner. The success of the smoke-free campaign and the trans fat initiative, which had similar concerns, serve as models for the *Healthy Food Hospitals* initiative. For example, many hospitals expressed that their group purchasing organization was a large resource when it came to accomplishing the elimination of trans fats. The push for healthier food and beverage options encouraged the group purchasing organization to adjust to hospitals needs and wants.

Q: What is the first step in implementing the four-star program in the hospital?

MHA members were provided learning opportunities and educational tools as part of the *four-star program* education forums hosted in March 2011. Numerous sample communications and schedules that inform hospitals about how to best implement the four-star program are available on the MHA *Healthy Food Hospitals* website (www.healthyfoodhospitals.org). Questions about any of the stars should be directed to Paige Hathaway at the email address and phone number listed below.

Q: What is the purpose of the “Evaluation” tab on the *Healthy Food Hospitals* website?

The “Evaluation” tab allows hospitals to report results to the MHA once it has successfully accomplished a star. It is used by the MHA to verify each hospital's status on the honor roll and to share best practices among hospitals. The form includes an open-ended text box to describe how the star was completed, any challenges faced and how long it took. The open evaluation process allows hospitals to be innovative and creative with their strategies to incorporate each part of the MHA initiative into their daily operations.

Q: How long will it take to implement the four-star program?

It is estimated that hospitals can complete each of the first three stars in six months, concurrently. Participating hospitals should complete the first three stars by January 2013. The fourth star has a longer time frame and must be completed by 2020. However, the process will be unique for each hospital.

Q: Why was the title *Healthy Food Hospitals* used for the campaign?

The campaign gives Michigan hospitals the opportunity to model exemplary food service choices and nutritional selections to support the health of all those who walk through their doors. The implementation of the four stars displays the importance the hospital places on healthy eating, weight management and the modeling of healthy food environments. The *Healthy Food Hospitals* name also serves as an honor for the hospitals that participate in the initiative. By completing all four stars, participating hospitals are on the right track to encouraging healthy eating within their facility.

MHA Staff Contacts

Members with questions regarding this initiative may contact one of the following MHA staff members:

- *Healthy Food Hospitals* initiative: Paige Hathaway · phathaway@mha.org · (517) 886-8267
- MHA Strategic Planning: Brian Peters · bpeters@mha.org · (517) 886-8223
- Media: Linda Dicks · ldicks@mha.org · (517) 703-8646

ⁱ Michigan Good Food Charter. Accessed on July 20, 2010. Available at: www.michiganfood.org