

HEALTHY CHOICES IN HOSPITAL VENDING MACHINES AND CANTEENS?



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Abstract

Chronic diseases such as diabetes, heart disease, cancer and chronic lung disease are responsible for the majority of deaths and disabilities in developed and in most developing countries. Confronting this global epidemic requires society-wide interventions – including in workplaces and health-care settings. As part of this effort, hospitals could be taking a lead in providing appropriate food and beverages to visitors and hospital employees, as well as patients: this article is a call to action to create healthier food environments in hospitals.

Hospitals are bearing the brunt of treating chronic non-communicable illnesses such as diabetes, heart disease, cancer and chronic lung disease – diseases that are responsible for over 60% of deaths and disabilities in developed and in most developing countries.¹ Many of these deaths could be delayed or entirely prevented by tackling three risk factors: lack of physical activity, poor diet and tobacco use.² However, the epidemic of chronic disease is fast increasing, and the costs to individual sufferers, their families and to health systems are overwhelming³ (see Box 1).

This epidemic is largely due to the changing environment in which we live, which has increased exposure to the risk factors for the diseases. As of earlier this year, for the first time ever, more people live in cities than in rural areas; in urban areas, the opportunities for physical activity may be few. Most societies are undergoing a nutrition transition, moving away from traditionally prepared food towards diets that are high in fat, sugar and salt (HFSS). Encouraging healthy lifestyles in the face of such pressures is not easy, and educating people about the risks is often not enough – individuals must have both the desire and the means to make healthy choices.

Structural interventions across multiple settings are required to support healthy decision-making. Hospitals – as a place of

work, and as a location visited by millions of patients and their families – are an important site for interventions promoting healthy choices.

The food environment in hospitals

The quality of the food available in hospitals is a vital part of the care of patients: good nutrition can promote a speedy recovery, and healthy, freshly prepared options should be available to all patients.⁸ However, as hospitals and health care centres are at the forefront of health care, they should be encouraging primary as well as secondary prevention – in other words, taking the lead in providing appropriate food and beverages to visitors and hospital employees.⁹ It is this aspect of the food environment – a particular problem in developed

countries, and a growing concern in developing countries – that is the subject of this article.

Offering unhealthy HFSS food in hospitals can serve to exacerbate a lack of awareness of the health implications of poor diet and obesity – but in some hospitals, the urgent need to generate substantial income can lead to the catering and retail franchises going to the highest bidder, who may not be offering the most healthy choices in the canteens, vending machines and shops.

Visiting hospitals

Hospitals and health care centres are locations visited by a very broad cross-section of society and, as such, they are in a position to reach much of the population with health-promotion

Box 1 | The burden of chronic disease

- ✦ Mexico has the highest rate of diabetes of any large country (6.5 million diabetics in a population of 100 million).⁴
- ✦ CVD treatment cost the UK health service £16 billion in 2004.⁵
- ✦ The proportion of the disease burden (measured in disability-adjusted life years, DALYs) from non-communicable diseases in developed countries is around 85% in adults and is increasing in other regions – the proportion in middle-income countries has already exceeded 70%.⁶
- ✦ Globally diabetes cases are predicted to rise from 246 million today to 380 million by 2025.⁷

messages, including those who might not otherwise be reached – particularly the socioeconomically disadvantaged. Messaging can take the form of health education (e.g. health-promotion posters), or may be more subtle: hospitals are places dedicated to health, and the whole environment should therefore reflect the importance of healthy living. In this context, providing only HFSS food and drink options is entirely inappropriate, and sends a very ambiguous message.

“It is difficult for me to comprehend why many hospitals provide food and drink for their staff, patients, and visitors, much of which is almost the opposite of what the medical profession encourages us all to eat in order to be healthy. I simply cannot understand it” – Outside member of the advisory boards of several major US hospitals.

Hospitals as employer

Hospitals and health-care centres are a major employer worldwide. As employees often spend as much as 60% of their waking hours in their place of work, the food options made available to them by employers can greatly impact upon their diet and long-term health. This is particularly true of large institutions such as hospitals, where there may be no local food outlets other than those provided on-site. The UK’s National Health Service, for example, is one of the largest employers in the world, employing over a million people – but 45% of NHS employees are lower earners.¹⁰ Healthy options should be easily available – and affordable.

As an example, at night, many hospital canteens are closed, leaving vending machines as the only place to purchase food – employees on the night shift (and overnight visitors) should have healthy vending options available for them.

The good health of health-workers is also important for setting an example to the local communities within which they are based – for example, nurses are often key to promoting health messages. However, a recent survey of 100 nurses in a major South African hospital found that 74% were overweight or obese – a figure about the national average – which sends out a very mixed signal about the importance of maintaining a healthy weight.

Box 2 | Integrated best practice in Denmark

Sygehus Vendsyssel, a public hospital in northern Denmark, is targeting primary prevention at employees and visitors as well as patients. The initiatives are all coordinated at executive level – without this high-level support “the rooting of practices and priorities in health promotion won’t happen”, according to the hospital’s chief, Ingeborg Thusgaard.

- ✦ There is a complete ban on smoking in the hospital.
- ✦ The central canteen, open to employees and visitors, codes healthy food options with a green ‘traffic light’.
- ✦ Vending machines sell only salads and sandwiches.
- ✦ High HFSS products are sold only in the hospital’s kiosk, and this is currently under review.
- ✦ High-sugar soft drinks are available to undernourished hospital patients on prescription.
- ✦ New patients’ nutritional needs are assessed and appropriate advice given on recommended behavioural change. Screening for smoking, alcohol use and physical activity is to be added in 2007.
- ✦ Employees are offered fitness facilities and sport classes, and can consult a dietician during work hours, free of charge.
- ✦ At staff meetings, cake has been replaced by fruit.
- ✦ Everyone visiting the hospital premises is invited to take a walk around specially marked routes.

Access to healthy options

An argument put in favour of HFSS foods in hospitals is that they are often cheaper than healthier options, and are therefore affordable to all who visit. While socioeconomic disadvantage is a source of health inequalities in society more widely, this should be tackled – not perpetuated – in health care settings, perhaps by providing subsidised healthy foods.

It should be recognised, of course, that not all hospitals provide food for patients or visitors, particularly in developing regions. Where this is the case, family

members are expected to provide food for patients – and whenever possible clear advice should be given on the importance of good nutrition for the overnourished as well as the undernourished.

What can be done? A call to action

There are a number of practical steps that could be considered by hospital managers, government and supplier companies to create a healthy food environment in hospitals. Significant recent advances in the school food environment¹² could be replicated in

Box 3 | Community Interventions for Health

The CIH project¹¹ is an initiative of the Oxford Health Alliance, which seeks to use the same methodology to reduce the risk factors in four settings – schools, workplaces, communities and hospitals/health-care centres – in sites in countries as diverse as China, India, Mexico and the UK. A major component of CIH is to promote healthier practices by educating clinicians and hospital management teams to improve the hospital food environment.

health care settings.

- ✦ Facilitate healthy choices by strongly promoting the healthiest options. Vending machines can include healthy snacks and drinks (such as nuts, seeds, water and fruit juice), which should be more prominently displayed than the HFSS products.
- ✦ Government can encourage hospitals to develop standards on the availability of healthy foods (as often already exist for food hygiene) – including reviewing the requirements for franchises for canteens, shop vendors and vending machines.
- ✦ Encourage self-regulation of the suppliers of vending machines and canteen food, as has happened in the United States around vending machines in schools.¹³
- ✦ Provide incentives (e.g. franchises) to food companies that are reformulating/developing healthier products.
- ✦ Provide food that is culturally appropriate.
- ✦ Provide clear nutritional information on all canteen food – this will encourage consumers to consider their food choices more carefully.
- ✦ Consider subsidising healthy foods available to employees and visitors – this is particularly important for the low-paid and in areas of economic deprivation.
- ✦ Work with new partners to procure good-quality foods. For example, the Slow Food Movement is active in hospitals in countries as diverse as Italy and Brazil, reconnecting people with the importance of a healthy diet and sustainable food provision.
- ✦ Provide clear nutrition guidance for family members who bring food to patients.

Conclusion

Hospitals are an important environment in which to encourage healthy eating – among patients and also among hospital employees, whose lifestyle choices may lead to their falling ill from preventable chronic diseases in the future. While there is a great diversity in the nutrition issues faced by hospitals in different parts of the world, it is also clear that the global availability of cheap, HFSS foods is becoming endemic and will contribute to increasing obesity and consequent health problems. Where better to promote health than in places that exist to improve the health and wellbeing of the people who step through its doors?

Change requires effort from all parties – government, hospital managers and health care professionals, service companies, multinational food and beverage companies, patients' organisations and NGOs¹⁴ – to work together to create a healthy food environment in hospitals and in the wider community. □

Authors

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References

- ¹ World Health Organization: <http://www.who.int/chp/en/index.html>
- ² 'If these risk factors were eliminated, at least 80% of all heart disease, stroke and type 2 diabetes would be prevented; over 40% of cancer would be prevented': WHO, *Preventing Chronic Diseases: A Vital Investment* p. 18 (http://www.who.int/chp/chronic_disease_report/en/index.html).
- ³ See also Suhrcke et al., *Chronic Disease: An Economic Perspective* (Oxford Health Alliance, 2006).
- ⁴ See, for example, *The Economist*, 11 August 2007: http://www.economist.co.uk/world/international/displaystory.cfm?story_id=9616897
- ⁵ Health Economics Research Centre, Oxford University: <http://www.herc.ox.ac.uk/pubs/bibliography/Luengo-Fernandez2006>.
- ⁶ Mathers et al., 'The global burden of disease in 2002: data sources, methods and results' (WHO, 2003): <http://www.who.int/healthinfo/paper54.pdf>
- ⁷ International Diabetes Federation: <http://www.idf.org/home/index.cfm?unode=3B96906B-C026-2FD3-87B73F80BC22682A>
- ⁸ There are, of course, occasions when energy-dense foods are appropriate – for undernourished patients or for those on treatments such as chemotherapy.
- ⁹ See, most recently, *Not What the Doctor Ordered: How Junk Food in Hospitals and Sports Centres is Undermining the Drive for Healthier Living*, The Soil Association (UK): <http://www.soilassociation.org/vending>
- ¹⁰ 'Realigning food procurement in the public sector', NHS 2004: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4115780.pdf
- ¹¹ <http://www.oxha.org/initiatives/cih>
- ¹² For example, Jamie Oliver's efforts in the UK: <http://www.jamieoliver.com/schooldinners>
- ¹³ The Alliance for a Healthier Generation (a partnership between the Clinton Foundation and the American Heart Association) has facilitated change in the US school food environment, by working to create guidelines for healthy school beverages and foods. These guidelines have been adopted by the American Beverage Association and PepsiCo, Coca-Cola and Cadbury Schweppes, the largest beverage suppliers in the US, as well as the Campbell Soup Company, Dannon, Kraft Foods and Mars.
- ¹⁴ To use UK NGOs as an example: The Soil Association, The King's Fund, Slow Food (global), Health Care Without Harm (which has three chapters: US/Canada, Europe, and Global South).