

Healthy Eating Environments Policy Consultation Feedback

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On behalf of the:

Healthy Eating Environments Policy Project Team

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1.0 Overview

The WRHA is developing a Level 1 policy (Appendix A) to be implemented in all WRHA facilities in order to create healthy food environments that promote and protect health. Patient and resident food services are out of scope of this policy.

The regional policy development process within the WRHA follows a prescribed process that requires stakeholder consultation. In consultation with our executive sponsors, key stakeholders for this proposed policy were identified (Appendix B). From August through December 2015, stakeholder consultations occurred to gather feedback on the draft Healthy Eating Environments Policy and Standards.

2.0 Methods

Three types of consultations were conducted- in person consultations, email consultations and an online survey. Appendix C provides an overview of all the consultations completed.

2.1 In Person Consultations

A standard list of questions was used to interview key informants of highly impacted stakeholders during a 1 to 1.5 hour set meeting (sites and contracted food services) or existing meeting (dietitian groups and committees)(Appendix D). At least two members of the Healthy Eating Environments (HEEP) Project Team attended each consultation. All hospital sites were visited in person for these meetings (except for the Churchill Health Centre). All personal care homes were invited to attend one consultation session. Third party vendors who provide commercial food services to our sites were offered individual meetings with members of the HEEP Project Team. Various regional dietitian practice councils were consulted based on their expertise in providing feedback on the nutrition standards that would accompany the policy. Several committees were also identified as highly impacted groups, and deemed to benefit from an in person consultation. The feedback from each meeting was gathered and reported as meeting minutes. Overarching key themes emerging from consolidation of these documents were identified.

The following sites or groups were consulted **in person** between September and December 2015:

Sites:

- Churchill Health Centre (by phone)
- Concordia Hospital
- Deer Lodge Centre
- Grace Hospital
- Health Sciences Centre
- Misericordia Health Centre

- Pan Am Clinic
- Rehabilitation Centre for Children (by phone)
- Riverview Health Centre
- St Boniface General Hospital
- Seven Oaks General Hospital
- Victoria General Hospital

Contracted Food Services:

- Aramark (Concordia GH, Victoria GH, Misericordia HC)
- Compass Morrison (St Boniface Hospital, Seven Oaks GH, Grace GH)
- Food Systems Management (Riverview HC, Pan Am Clinic)
- Pepsi (regional contract)
- Quality Vending (regional contract)

Dietitian Groups:

- Acute Care Practice Council
- Clinical Leadership Meeting
- Long Term Care Practice Council
- Primary Care Practice Council
- Public Health Nutrition Practice Council

Committees:

- Facility and Support Services
- Healthy Eating Environments Stakeholder Advisory Committee
- Joint Administration Directors/Chief Financial Officers
- Patient and Family Advisory Council
- PCH Executive Directors Council

2.2 Email Consultations

Stakeholders that were identified for consultation (Appendix A), but not included in the in person consultations, were contacted by email (Appendix E). Stakeholder contacts and their group members were asked to complete a survey via Survey Monkey to identify who they were representing, state whether or not they supported the policy as written, and provide comments on behalf of their group by September 14, 2015. Survey Monkey responses were then collated and summarized.

The following groups were consulted **by email** on August 24, 2015:

- Aboriginal Health Services
- Allied Health Leadership Council

- Cancer Care Manitoba
- Human Resource Leadership Team
- Nursing Leadership Council
- Nutrition and Food Services
- Occupational and Environmental Safety and Health
- PCH Executive Directors Council
- People, Program and Policy group
- Purchasing/Logistics
- Regional Ethics Council
- WRHA Site Policy Representatives
- Volunteer Services

2.3 Online Survey

It was decided among our HEEP Project Team members that a survey was warranted to capture the feedback of the key users of our commercial food services. An online survey via Survey Monkey was administered to capture the views of staff and volunteers regarding the current commercial food services at their site(s) and their opinions on the proposed policy (Appendix F). A survey link was distributed directly by email to some staff through their responsible VP/Directors. Other staff completed the survey through a link that was provided in Health Care Connection. Some employees within the region also completed a paper survey. Medical students and nursing students from the Faculty of Health Sciences at the University of Manitoba were surveyed via a link to Survey Monkey by email through their faculty administration (Appendix G). A brief version of the survey was offered to customers of our hospital cafeterias via a paper-based version available at the point of sale that was later entered into Survey Monkey by Population and Public Health administrative staff (Appendix H). Survey Monkey responses were collated and summarized by group and site.

The following groups were consulted **by survey** in November 2015:

- WRHA staff
- WRHA volunteers
- University of Manitoba students
 - medical residents (all years)
 - medical students (all years)
 - nursing students (Years 2, 3 & 4)
- Customers of hospital cafeterias

3.0 Results

3.1 In Person Consultations

Seven themes were identified from the in person consultations:

- Recognition of Need/Value
- Financial Impacts
- Availability of Choices
- Scope
- Environmental Context
- Barriers
- Regional Supports

3.1.1 Recognition of Need/Value

There was overwhelming support for the “spirit” of the policy, and the need to make some changes in order to lead by example. It was perceived that increased healthy choices would be well received at most sites; in particular there was concern about the lack of healthy options available for night staff, especially in vending. Stakeholders were less confident about how to go about doing this in a fiscally responsible way; however, there seemed to be support in principle for phasing in the guidelines.

3.1.2 Financial Impacts

Financial impacts were identified from the lens of the hospital administration, third party contractors and customers. From the hospital administration’s perspective, there is concern about lost revenue for the hospitals (in particular, Tim Horton’s brings in good revenue) and, in some cases, further operating losses. There is also concern about higher prices for the consumer. Healthier options typically cost more. If prices increase, customers may go elsewhere; on the other hand, it is not ethical to subsidize food and operate in the red just to support this policy. Finally, there is concern about the risk and possible losses that food contracting companies are liable for. The WRHA does not want to get back into the business of commercial food sales if contractors are not able to turn a profit.

3.2.3 Availability of Choices

One of the themes that emerged the strongest is availability of choices. There is concern that the new policy will reduce already limited choices. Adding healthy choices was easily agreed on by all, whereas removing anything from a limited menu was less supported. It is a common perception that Tim Horton’s products would likely not fit under any of the serving sizes or sugar/fat content restrictions. There is a strong push to keep Tim Horton’s because simply “people want Tim’s!”, but uncertainty in how it can conform to the standards. There was fear that removing unhealthy options from the hospital

will not stop people from eating unhealthy as they will go offsite. This will result in lost income for the hospital because it goes to a competitor. Finally, it was felt that the customers we are dealing with are adults and should not have their choices taken away- this is in contrast to the school context.

3.3.4 Scope

The scope of the policy has been discussed in detail, as it pertains to specific sites and services. Long term care facilities are concerned about this being a Level 1 policy due to the impact of the policy to their already stretched budgets, and about this being a policy *per se*. Fundraising was also raised as a point of concern, with United Way mentioned as a common fundraiser, in particular. Currently, many fundraisers organized by staff and volunteers sell baked goods and other foods that do not fit within the standards. These events are limited throughout the year, and there is concern that fundraising revenues would greatly decrease without these offerings. There was also concern about staff celebrations being in scope, as these are common at every site but relatively infrequent. Food provided can vary from offsite catering to pot-lucks. There is an expectation that these types of celebrations are considered one of the few rewards we can provide to staff, and that applying strict guidelines to these events will decrease the attendance. Finally, gift shops were reported to be a good source of income for some sites, particularly the confectionary sales, and there is concern about the financial impact to the foundations that typically operate the gift shops. There was also concern that sick patients or residents shouldn't be denied their favourite candy.

3.3.5 Environmental Context

Overall, it was felt that food preferences are changing over time to support healthier choices, but we need to go slow with any changes we make to keep pace with the trend and not get too far ahead of what's palatable for customers (i.e., the healthy food market is currently a relatively small niche). All three third party contractors are working towards offering more healthy options. Most notably is Compass Morrison's Grab & Go product line. As well, Aramark has a similar program (but it is not as well developed), and Food Systems Management is a leader in healthier options in schools. Many of the consulted groups were aware of attempts by schools and elsewhere to implement similar changes. More often than not, though, examples were given of failures not success stories. Although there are some clear positive experiences elsewhere, there is a common perception that this is a money losing venture. Finally, we are also living in a complex food environment with choices that abound everywhere. This is of concern to hospital sites if we are going to limit our choices, as customers are free to visit competitors nearby and there is perceived lost revenue from doing this.

3.3.6 Barriers

Barriers were specifically asked about in all site interviews. There was concern about both the length and provisions of existing contracts. The current contracts that are in place were deemed at least a partial barrier, with some sites being locked into their contract for up to 10 years. It was felt by most

sites that they could work with their third party contractors to revise the menu offerings over time. Existing menus were also identified as a barrier. Currently not many products come with nutrition analyses and how to achieve and fund this was a concern expressed by sites, dietitians and food contracting companies. Serving sizes, especially related to Tim Horton's, emerged again as a theme. Finally, there were some perceived barriers with being able to meet the policy criteria around locally procured foods and environmentally friendly packaging. Contracts for food suppliers (e.g. Sysco) are not set up to source foods that are locally procured. It was felt that environmentally friendly packaging would need to be addressed regionally. Also, the description for what is "local" or "environmentally friendly packaging" needed further clarification, as sites and food contracting companies were not sure if they were meeting this guideline currently.

3.3.7 Regional Supports

Regional supports were felt to be important by all groups consulted. A regional communication strategy with specific products, such as posters, was felt to be very important. A high importance was also put on branding healthy options in order to achieve success. Branding needs to educate and motivate the consumer to choose healthier options. This could be a sticker that labels a product as a "WRHA Healthy Choice", for example. Further support/direction for how the policy could be phased in was also requested. What foods at Tim Horton's follows guidelines? How could a regional team support consultation about implementation options?

3.2 Email Consultations

Forty-nine responses via Survey Monkey were received representing all groups consulted by email. Approximately 60% of respondents supported the policy as written. An additional 29% of respondents supported the policy with some suggested changes. Twenty-five respondents provided comments. The suggested changes included the modification of the level of the policy, and revised wording or additions to the policy document. There were other more general comments provided, which paralleled many of the themes that were outlined in the previous section.

3.3 Online Survey

There were a total of 2938 responses to our survey from staff, volunteers, students and visitors.

3.3.1 Staff and Volunteers

There were a total of 2643 responses from WRHA staff and volunteers (2507 online, 136 paper). Staff and volunteers from a range of workplaces responded, with the majority from hospitals and health centres (Table 1). The responses from a hospital or health centre are further broken down in Table 2.

Table 1. Staff and Volunteer Response by Place of Work

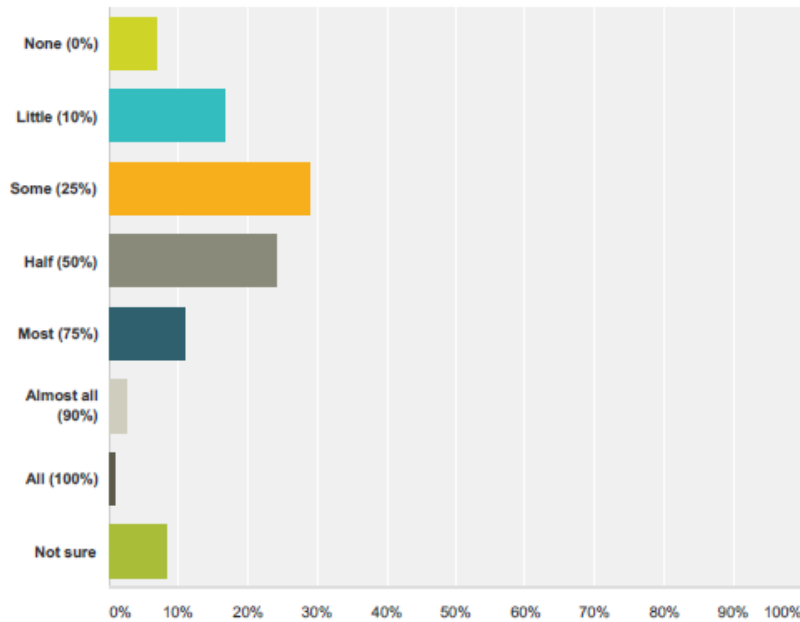
Place of Work	Percent of Respondents
Hospital/Health Centre	67
Community	14
Corporate	6
Personal Care Home	4
Community Health Agency	1
Churchill	1
Other	7

Table 2. Staff and Volunteer Response by WRHA Hospital and Health Centre

Site	Percent of Respondents
Health Sciences Centre	33
St Boniface General Hospital	17
Grace Hospital	11
Victoria General Hospital	9
Misericordia Health Centre	7
Concordia Hospital	7
Seven Oaks General Hospital	5
Riverview Health Centre	5
Deer Lodge Centre	4
Pan Am Clinic	1

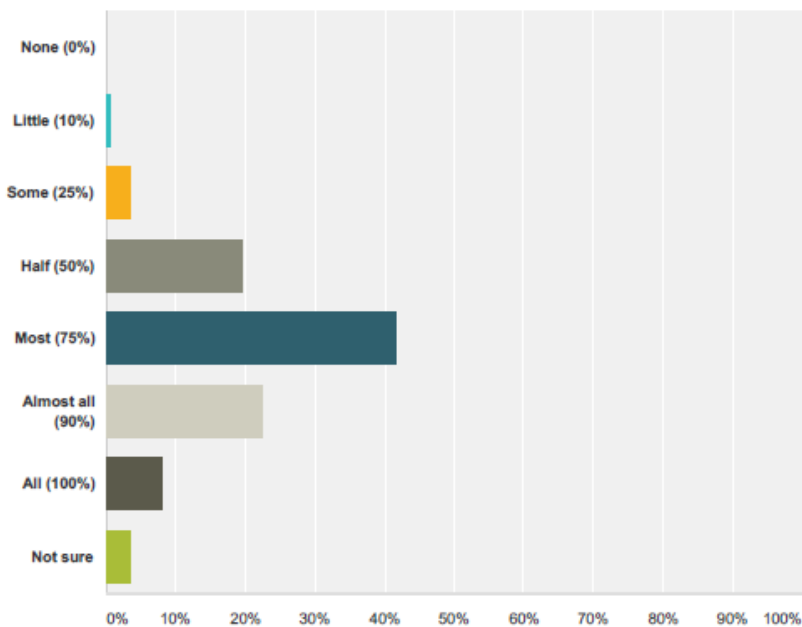
The majority of staff and volunteer respondents (53%) felt that at least some (25-50%) food available for purchase at our sites is “healthy food”. However, approximately 25% of respondents felt that little or no (0-10%) healthy options are available. Less than 15% of respondents felt that “most” or “almost all” food available for purchase is healthy (Figure 1).

Figure 1. Staff and volunteer perception of the proportion of healthy food **currently available** for purchase at WRHA sites



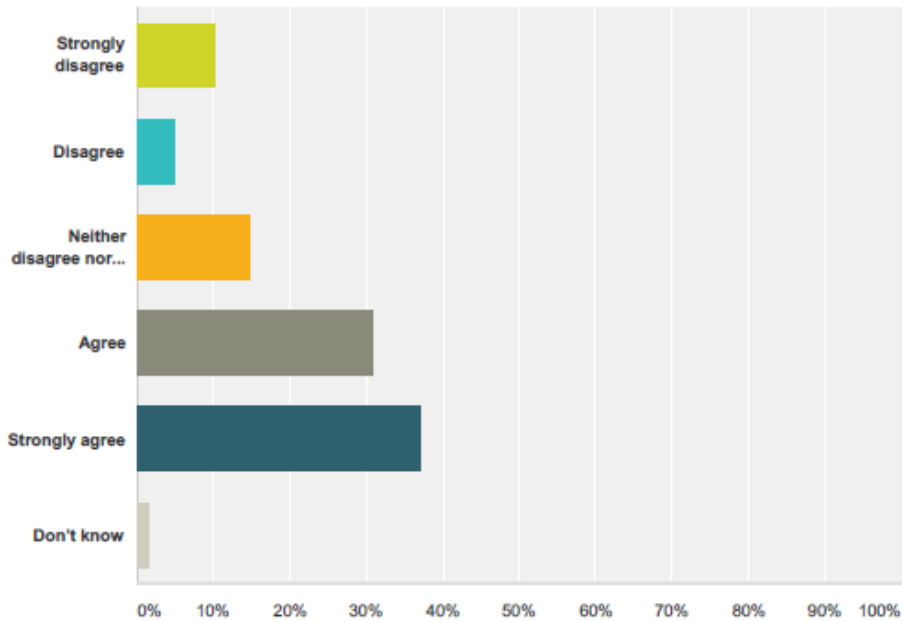
Almost three quarters (72%) of staff and volunteer respondents felt that most or all (75-100%) foods available for purchase at our sites should be healthy (Figure 2).

Figure 2. Staff and volunteer perception of the proportion of healthy food **that should be available** for purchase at WRHA sites



More than 90% of staff and volunteer respondents believe that WRHA should be providing healthy eating environments for staff, volunteers, students and visitors. Over two thirds (68%) of respondents agree or strongly agree that the WRHA should have a Healthy Eating Environments Policy (Figure 3).

Figure 3. Staff and volunteer perception that the WRHA should have a Healthy Eating Environments Policy



3.3.2 Students

There were a total of 164 responses by medical students (38%), medical residents (33%), nursing students (17%) and other respondents, i.e. medical or support staff (13%).

Similar to staff and volunteer respondents, most student respondents (69%) felt that at least some (25-50%) food available for purchase at our sites is “healthy food”. However, approximately 23% of respondents felt that little or no (0-10%) healthy options are available. Less than 5% of respondents felt that “most” or “almost all” food available for purchase is healthy.

More than three quarters of student respondents (78%) felt that most or all (75-100%) foods available for purchase at our sites should be healthy. Approximately 95% of student respondents believe that WRHA should be providing healthy eating environments for staff, volunteers, students and visitors. Over three quarters (76%) of respondents agree or strongly agree that the WRHA should have a Healthy Eating Environments Policy.

3.3.3 Point of Sale

There were a total of 131 paper surveys received from staff (67%), visitors (19%), patients (5%), volunteers (5%) and students (2%) at the point of sale, with representation from all hospital sites that administered the paper-based survey. It is of note that there were only 26 responses from visitors, which is the only group that is not represented by the online survey.

Approximately half of customer respondents (51%) felt that at least some (25-50%) food available for purchase at our sites is “healthy food”. However, approximately one quarter (27%) of respondents felt that little or no (0-10%) healthy options are available. Less than 25% of respondents felt that “most” or “almost all” food available for purchase is healthy.

Almost two thirds (64%) of customer respondents felt somewhat or very dissatisfied with the amount of healthy food currently available at our sites. Over 80% of customer respondents felt that most or all (75-100%) foods available for purchase at our sites should be healthy, and agreed or strongly agreed that the WRHA should have a Healthy Eating Environments Policy.

4.0 Summary

We were successful in engaging all stakeholders we consulted in person (sites, contracted food services, dietitian groups, and select committees), by email (select clinical programs/services, support services and committees) and by survey (online and paper; staff, volunteers, students and visitors).

Seven themes emerged from our in person consultations- Recognition of Value/Need, Financial Impacts, Availability of Choices, Scope, Environmental Context, Barriers and Regional Supports. These themes were echoed in the feedback received from our email consultation. We received an overwhelming response to our online survey from the users of our food services (staff, volunteers, students and visitors). The survey suggested that there was concern about the current proportion of healthy food being offered for sale at WRHA sites, and there was strong support overall by all groups for the WRHA to adopt a Healthy Eating Environments Policy.

In conclusion, most stakeholders expressed a lot of support for the policy in principle, but many were at least somewhat concerned about financial and other barriers to implementing the policy. There was general consensus to phase in the policy to make it achievable and reduce barriers.

5.0 Next Steps

Feedback received from stakeholders is being incorporated into the next version of the Healthy Eating Environments Policy and Standards. The updated versions will be shared with members of our HEEP Stakeholder Advisory Committee for any further feedback. Once finalized, the revised documents will be submitted to the WRHA Regional Policy Committee for consideration.