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EXECUTIVE SUMMARY

Chronic diseases are increasing in the American population, leading to skyrocketing healthcare costs, often paid by taxpayer dollars and burdening employer-sponsored insurance plans. Lifestyle modification can greatly reduce the incidence and severity of these diseases, leading many worksites to consider wellness initiatives. Hospitals are a natural environment to implement employee wellness policies which, unlike wellness programs, do not necessarily require ongoing funding, and can provide passive benefits to hospital employees, patients and visitors. Hospitals almost always have a mission statement related to health improvement and are one of the largest employers in many American communities.

NC Prevention Partners (NCP) is a non-profit organization working to reduce illness and death attributed to tobacco, poor nutrition and physical inactivity in North Carolina. NCP focuses on comprehensive wellness assessments for worksites, including hospitals, and has been successful in improving the 'healthy food environments' in many hospitals throughout the state of North Carolina, now expanding in future states, including South Carolina.

Using both qualitative and quantitative research, this paper will describe, examine, and compare the implementation of hospital nutrition wellness policies and environments in the 'Red Apple Project' in North Carolina and 'Working Well' in South Carolina by providing key differences and lessons learned for future expansion of NCP's work.

Key informant interviews were conducted with staff members from NCP and SCHA who were or are heavily involved with these healthy hospital initiatives. Additionally, reports were obtained from NCP and SCHA, providing data regarding numbers and dates of hospitals earning Red or Gold Apples, criteria used to qualify hospitals for such awards, and data about the types of hospitals.

The reach and rates of uptake differed between the two states' campaigns; however they both reached similar types of hospitals. In NC, only two out of 95 hospitals were unable to maintain Red Apple status, showing that sustainability is not at risk, despite evolving higher standards required by NCP.

Recommendations for future expansions into other states include continuing to partner with state hospital associations, providing tailored messaging to key stakeholders, guiding hospitals to focus on one wellness area at a time, and providing additional resources to smaller hospitals, and those without contract foodservice management.

EMPLOYEE WELLNESS POLICIES IN HOSPITALS

The leading causes of death and disability in our nation are directly impacted by modifiable lifestyle choices. Such chronic diseases, including obesity, diabetes and cardiovascular disease, have led to significant increases in healthcare costs, much of which is paid for by taxpayer-funded Medicare and Medicaid¹. Worksite wellness initiatives have received much attention in recent years, as a potential way to improve employee health and productivity, and reduce healthcare and absenteeism-related costs.

However, there is mixed evidence on the success of worksite wellness programs in obesity and cardiovascular disease reduction as it relates to cost, return on investment and sustainability². Programs that include group classes, individual counseling, and employee challenges, for example, may be expensive to implement and not attract the employees who could most greatly benefit from chronic disease risk reduction. Worksite wellness policies, on the other hand, can circumvent these concerns. They do not necessarily require ongoing funding like a program would, and can provide passive benefits to hospital employees, patients and visitors.

Hospitals are a natural environment to implement employee wellness policies. Not only do they have missions focused on improving community health, hospitals are also one of the largest employing sectors in the nation, with nearly 5.5 million employees³. Any change made at the institutional or environmental level within a hospital can have an impact on not only employees, but patients and visitors as well. Additionally, many hospitals have the resources needed to successfully implement comprehensive wellness strategies, such as on-site nutrition and health professionals to provide education and care. For self-insured hospitals, the ability to decrease healthcare claim costs for employees is a large source of motivation, in addition to improving employee morale, recruitment, and limiting turnover.

It is important to note that the wellness policies discussed in this paper are organizational policies rather than governmental. They are created by hospital administration, often with the support of the organization's wellness director and/or team, and are frequently linked to employee benefits by human resources. An example of a nutrition-related wellness policy could be a 'healthy meeting policy' that provides guidance for food and beverages served at meetings, or a policy that specifies how foods should be labeled or presented in the hospital cafeteria.

State hospital associations, which represent member hospitals, work to promote access to, delivery and quality of health care within their respective states. In terms of worksite wellness, hospital associations are critical in promoting and networking among hospitals for technical support and resources, reducing the workload for member hospitals who want to achieve improvements in their wellness policies and environments.

The recent federal legislation regarding health care reform also impacts worksite wellness policies, whether directly or indirectly. For example, the 2010 Affordable Care Act (ACA) will require worksites to accommodate employees with reasonable space and time for breastfeeding or pumping⁴. Recognizing the cost-savings of many wellness initiatives focusing on prevention, the ACA will also provide grants to small businesses enabling them to create and implement worksite wellness programs, adherent to specific guidelines. While not directly related to worksite wellness, the ACA also mandated menu labeling for chain restaurants with more than 20 locations. This could lead to changes in cultural norms and education around calorie labeling, perhaps increasing comprehension and support for menu labeling within worksite cafeterias. Many of these federal ACA changes will not take effect until 2014, but still represent a shifting focus to good public health and prevention.

In 2010, the National Center for Chronic Disease Prevention and Health Promotion, as part of the Centers for Disease Control and Prevention (CDC), convened an expert panel on nutrition, physical activity, tobacco and breastfeeding-related policies and environments in hospitals. Following this two-day meeting, the panel's recommendations and approaches were summarized in a publication entitled "Healthy Hospital Choices"⁵. Fifteen recommendations were provided among five sessions. Session 1 is most relevant to this policy brief. Entitled "Food and Beverage Environments", the panel's recommendations were as follows:

1. Hospitals and public health practitioners can collaborate to establish healthy food/beverage standards and measures addressing employee, community and environmental health for hospital venues.
2. Hospitals can support food and beverage environmental change strategies (e.g., access, pricing, product placement, and menu labeling strategies).
3. Public health practitioners can help develop a publicly available healthy food and beverage environment scan toolkit.

These recommendations were partially informed by the work of a public health nonprofit organization in North Carolina, NC Prevention Partners (NCP), as well as other hospital success stories, and are now used to inform the hospital industry at large about the importance of healthy hospital policies and environments.

ROLE OF NC PREVENTION PARTNERS

NC Prevention Partners (NCP) was created in 1998 as a statewide non-profit organization with the goal of reducing illness and death attributed to tobacco, poor nutrition and physical inactivity⁶. NCP's 'Healthy NC Hospitals' initiative began in 2006, when the Duke Endowment provided funding for NCP to partner with the North Carolina Hospital Association (NCHA) and work towards tobacco-free policies and campuses. Nutrition was the next focus with additional funding in 2008 for the statewide 'Red Apple Project'.

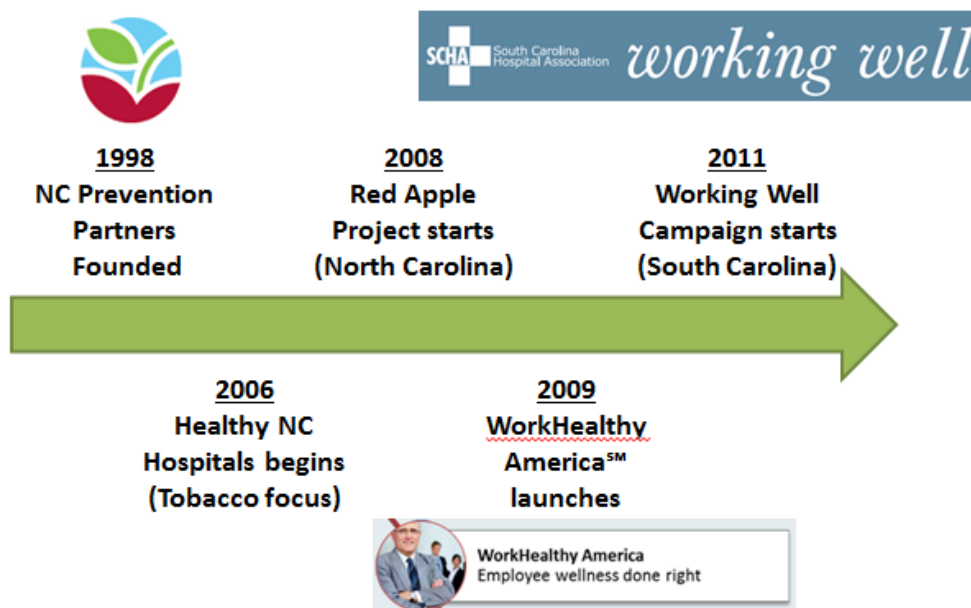


Figure 1: Timeline of Key NCP Accomplishments

In 2013, NCP now has a comprehensive wellness assessment for worksites, including hospitals, branded as WorkHealthy AmericaSM. Within WorkHealthy AmericaSM, there are four modules to assess a worksite's environments and policies regarding tobacco, nutrition, physical activity, and culture of wellness. In each module, questions are asked of the organization, and weighted according to the latest

available evidence. At the completion of each module, the organization's score is presented as a letter grade, "A+" through "F". In addition to the baseline assessment, NCPP follows-up with each organization for site visits and technical assistance, and requires annual reassessments to ensure long-term, sustainable wellness solutions. Currently, NCPP recognizes the following awards for eligible hospitals:

- Gold Apple – Nutrition
- Gold Star – Tobacco
- Gold Medal – Physical Activity
- Gold Heart – Patient Tobacco Cessation

Through these assessments and tailored recommendations, NCPP aims to assist organizations in establishing effective wellness policies, benefits and environments that will improve the health of all employees. Although completely voluntary, NCPP's hospital initiatives have had a high level of participation, partly due to industry competitiveness, promotion from the North Carolina Hospital Association, and annual awards and recognition for high-achieving hospitals. Demonstrating its outstanding reach, NCPP has engaged all acute-care hospitals within North Carolina, and has also had the opportunity to expand to hospitals and other worksite organizations in South Carolina and New York, with plans for future expansion in additional states.

NC PREVENTION PARTNERS' INITIATIVES IN HOSPITALS ACROSS NORTH AND SOUTH CAROLINA

This paper will describe, examine, and compare the implementation of hospital nutrition wellness policies and environments in the 'Red Apple Project' in North Carolina and 'Working Well' in South Carolina, providing key differences and lessons learned for future expansion of NCPP's work.

The process of data collection for this paper's examination and comparison required both qualitative and quantitative research. Key informant interviews were conducted with staff members from NCPP and SCHA who were or are heavily involved with these healthy hospital initiatives. Additionally, reports were obtained from NCPP and SCHA, providing data regarding:

- The number of NC and SC hospitals achieving Red or Gold Apple status and respective award dates;
- The questions included on the WorkHealthy AmericaSM nutrition module and their scores;

- Database report on every WorkHealthy AmericaSM assessment taken online from NC and SC hospitals since 2009.

‘RED APPLE PROJECT’ IN NORTH CAROLINA

The ‘Red Apple Project’ was a statewide initiative conducted by NCPP in partnership with the North Carolina Hospital Association (NCHA) from 2008-2010 that aimed to help hospitals achieve a healthy food environment. This campaign was the precursor to the current Gold Apple awards and WorkHealthy AmericaSM wellness assessment, and focused on implementing a healthy food environment in each NC hospital. The 5 core principles of a healthy food environment, as defined by NCPP’s Red Apple Project, are very similar to the recommendations laid out by the CDC in Healthy Hospitals Choices, and are as follows⁷:

NCPP’s Principles of a Healthy Food Environment	
1	Provide access to healthy foods at all times using standard nutrition criteria
2	Promote healthy items with pricing incentives
3	Use marketing techniques, including nutrition labeling, to educate and encourage healthy items
4	Provide preventive benefits and wellness incentives to encourage long-term behavior change
5	Implement education campaigns to promote healthy foods to staff and visitors

Table 1: Principles of a Healthy Food Environment

By 2011, NCPP had engaged all North Carolina acute-care hospitals and had led over 90 to Red Apple status. Today, the standard has been set even higher and is now re-named the Gold Apple, challenging worksites to continue new wellness initiatives and improvements. Achieving a grade A in the WorkHealthy AmericaSM nutrition module is the central requirement to achieve this standard, in addition to verification documentation and telephone or on-site review. The standards set by NCPP also evolve as the evidence behind nutritional science, policy and worksite wellness develops. In fact, a new and updated nutrition module will be released in the summer of 2013, reflecting updated science for which nutrition policies and interventions have the highest level of evidence.

Lessons learned from Red Apple Project in NC

Anne Thornhill, NCPP Director for National Expansion, was the leader of the Red Apple campaign and provided insight regarding key strategies for success. She believed that the Red Apple Project was so successful because there was “leadership engagement at the state level” in addition to “tailored

engagement at the hospital level ... and peer-to-peer support / benchmarking”⁸. NCPP developed case studies, best practice sharing and ‘Centers of Excellence’ to promote hospitals’ success and share with others. NCHA was also an active partner with NCPP to engage their member hospitals and enhance communication within the industry.

Thornhill also noted three key stakeholder groups within the hospital setting that needed to be supportive of nutrition policy and environmental change. These groups include hospital executives (Chief Executive Officer, Financial Officer, Operations Officer, Human Resources, etc.), the food service director and staff (whether self-managed or through a contract food service management company) and the wellness team. Earning trust and support from each stakeholder group was critical, even though their motives, concerns and priorities were not the same. For example, executives “tended to care about risk of revenue loss, employee satisfaction and community relationships”, Thornhill learned⁸. Revenue generation was also a concern for food service, in addition to customer service. Wellness teams, on the other hand, were focused on “employee engagement, cross-promotion of existing [wellness] initiatives, and often distracted by issue fatigue”⁸. In order to appeal to these diverse groups, NCPP developed messaging for each group, tailored to their individual concerns.

Stakeholder Group	Priorities
Executives	Revenue, Employee Satisfaction, Community Relationships
Food Service Department	Revenue, Customer Service
Wellness Team	Employee Engagement, Existing Wellness Initiatives

Table 2: Red Apple Project – Stakeholders and Priorities

In addition to diverse concerns within a hospital, there is diversity between hospitals. Thornhill noted that larger sized hospitals, particularly those with food service management contracts, could respond to the Red Apple Project’s requests more quickly in developing a healthy food environment, often due to existing systems and infrastructures. For example, many contract food service companies develop nutrition and wellness initiatives for their clients that address certain elements of the healthy food environment such as menu labeling with nutrition information or healthy identification icons. Smaller hospitals with self-managed food service, on the other hand, required more time to create new infrastructure. However, when these hospitals were successful in achieving the Red Apple standard, they generally had more “meaningful employee engagement” and “greater representative diversity within the hospital” says Thornhill⁸. This is critical for long-term success, as NCPP requires annual re-

assessment for their evolving, evidence-based standards. A challenge for many hospitals in this re-assessment is maintaining changes in the foodservice department, due to changes in contracts and management personnel. For this reason, comprehensive policy change is recommended by NCPP to avoid the conflicts of waning enthusiasm or competing priorities and challenges.

During the course of the 'Red Apple Project', there were 95 Red Apples awarded to hospitals throughout the state, with a wide geographical distribution⁷.

EXPANSION INTO SOUTH CAROLINA: THE 'WORKING WELL' CAMPAIGN

The Working Well campaign, a collaboration between NCPP and the South Carolina Hospital Association (SCHA), began in 2011 with a 3-year funding agreement. As opposed to the Red Apple Project, which was funded specifically to focus on hospitals' healthy food environments only (the nutrition component of worksite wellness), Working Well brought the entire WorkHealthy AmericaSM wellness assessment to hospitals, thus requesting action in all four areas of worksite wellness (nutrition, physical activity, tobacco, culture of wellness)⁹. Therefore, SC hospitals were eligible to work towards multiple types of awards, such as the Gold Apple, Gold Star, Gold Medal and/or Gold Heart. This paper, however, is only focused on hospitals earning the Gold Apple award (nutrition component).

According to the South Carolina Hospital Association, the key features of Working Well include⁹:

1. Focus on policy, environment and systems level
2. Enhance, align and sustain current wellness initiatives
3. Recognize the cost of doing nothing
4. Create a culture of wellness
5. Make the healthy choice the easy choice
6. Take care of your most valuable asset – your employees

SCHA hired a full time manager, Jen Wright, who assisted with campaign activities such as hospital recruitment, site visits, webinars and communication. 2011 celebrated not only the kick-off for Working Well, but also the first Gold Apple awards. In 2013, SCHA continues to recruit and engage new hospitals throughout the state, with 51 hospitals already engaged and having completed the WorkHealthy AmericaSM assessment.

Wright mentioned that SCHA's respected industry role and leadership assisted in the success of the campaign. "Hospitals already viewed SCHA as a reliable and valuable partner through our other service

areas, especially our quality initiatives, so when Working Well was introduced the way it was, it was viewed in the same way” noted Wright¹⁰. SCHA also led by example, completing the WorkHealthy AmericaSM modules for their own organization and including employee wellness in their strategic plan.

During the two years of Working Well’s existence, there has been success at a variety of hospitals. Additionally, Working Well has also been identified as a best practice strategy in 2012 for South Carolina’s Community Transformation Grant, and is now included for communities to select as their worksite wellness strategy.

Wright shared that there is not a clear advantage for large versus small hospitals, rural versus urban, community or academic. However, she does believe there to be a difference in whether a hospital self-manages their food service operations or uses a contract management company. Currently, 80% of the South Carolina hospitals who have been awarded Gold Apples use contract food service management companies, including the first three Gold Apple award recipients¹⁰. Wright noted “that the self-managed [hospitals] have a more difficult time [meeting the nutrition standard] since they are creating the infrastructure... contract companies already have the infrastructure that meets the standard”¹⁰.

NCPP, as part of the WorkHealthy AmericaSM program, does not in itself provide any of this infrastructure or programming to hospitals, but can link hospitals to organizations, resources or companies that can meet their needs. This echoes the same ‘advantage’ that NCPP found in NC hospitals; it seems to be advantageous for a hospital to partner with an organization, such as a contract food service management company, that can provide these nutrition wellness initiatives. The largest food service management companies in US hospitals are Aramark, Sodexo and Morrison Healthcare, which provide services to over 2,000 hospitals nationwide^{11, 12}, and do recognize the important role they can play in hospital wellness. For example, Morrison Healthcare recently announced a new partnership with Partnership for a Healthier America, a nonprofit devoted to engaging the private sector in efforts to reduce childhood obesity. Morrison has promised to implement standards for nutrition labeling, healthy food marketing, wellness meal offerings, elimination of deep fat fryers, and increases in percentages of fruits, vegetables, and healthy beverages sold¹³. While many of these strategies target patient meals, they will also extend to the availability, pricing, and marketing of foods in the cafeteria, which affects the health of employees, staff and visitors. Initiatives like these go hand in hand with wellness assessments and recommendations by NCPP and assist hospitals in creating long-term wellness solutions.

COMPARING THE RED APPLE PROJECT IN NC TO WORKING WELL IN SC

Differences in requirements due to timing of initiatives

The Red Apple Project, in 2008, was NCPP's first initiative related to healthy food environments in hospitals. During those initial years, the only requirements needed by NC hospitals to earn the Red Apple project were implementing all five principles of a healthy food environment (see Table 1). In 2011, when WorkHealthy AmericaSM (WHA) was released, hospitals now had to meet the 'standard' by earning an "A" in the Nutrition module of WHA. In addition to the principles of a healthy food environment, the WHA nutrition module also introduced important policy level requirements for individual hospitals like:

- Implementing a Healthy Food Policy
- Including Medical Nutrition Therapy as an insurance benefit for all employees

Due to the progression and expansion of the Red Apple Project to become Gold Apple awards in multiple states (including North Carolina), there is a slight difference in the requirements met by 'early' NC Red Apple winners to current Gold Apple winners. Despite these differences, hospitals are asked to continue to meet the higher standard, as annual re-assessments are required to maintain their Gold Apple status. Therefore, early Red Apple winners who are now Gold Apple winners have had to meet the ever-raising bar in WHA. Figure 2, below, graphically displays the requirements, contrasting those from the original Red Apple Project to the current Gold Apple awards in both states.

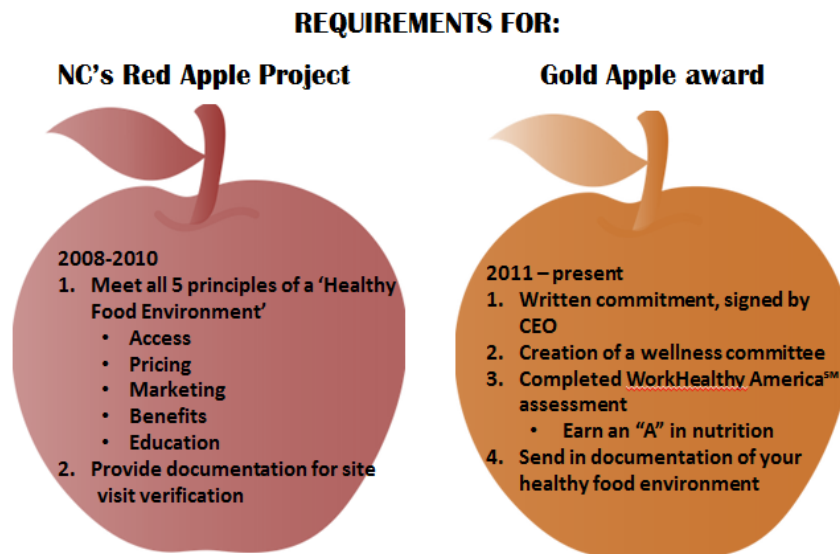


Figure 2: Requirements for Red and Gold Apple Awards

Rates of Uptake

The rate of uptake is an important quantitative measure of the performance of these initiatives. Figure 3 shows the rates of uptake for the two campaigns: The Red Apple Project in North Carolina, and Working Well in South Carolina, and measures the number of awards given for the initial two years. In both states' campaigns, there was a 6-8 month time period before any awards were earned, likely the time during which hospitals were working to make changes to their food environments and policies. After that time period, there is a steady growth from both states, although slower in SC. This could possibly be attributed to the fact that the Working Well campaign charged hospitals with achieving standards in nutrition, physical activity, tobacco and culture of wellness, whereas the Red Apple Project in NC targeted nutrition alone. This means that while NC hospitals were only working towards the Red Apple, SC hospitals were focusing efforts in a wide variety of wellness targets to work towards the Gold Apple, Gold Star, Gold Medal or Gold Heart (representing achievements in nutrition, tobacco, physical activity or patient tobacco cessation, respectively). Another contributing factor to a slower rate of uptake in SC is that the Gold Apple is a higher standard, so arguably more time-consuming to reach than the Red Apple.

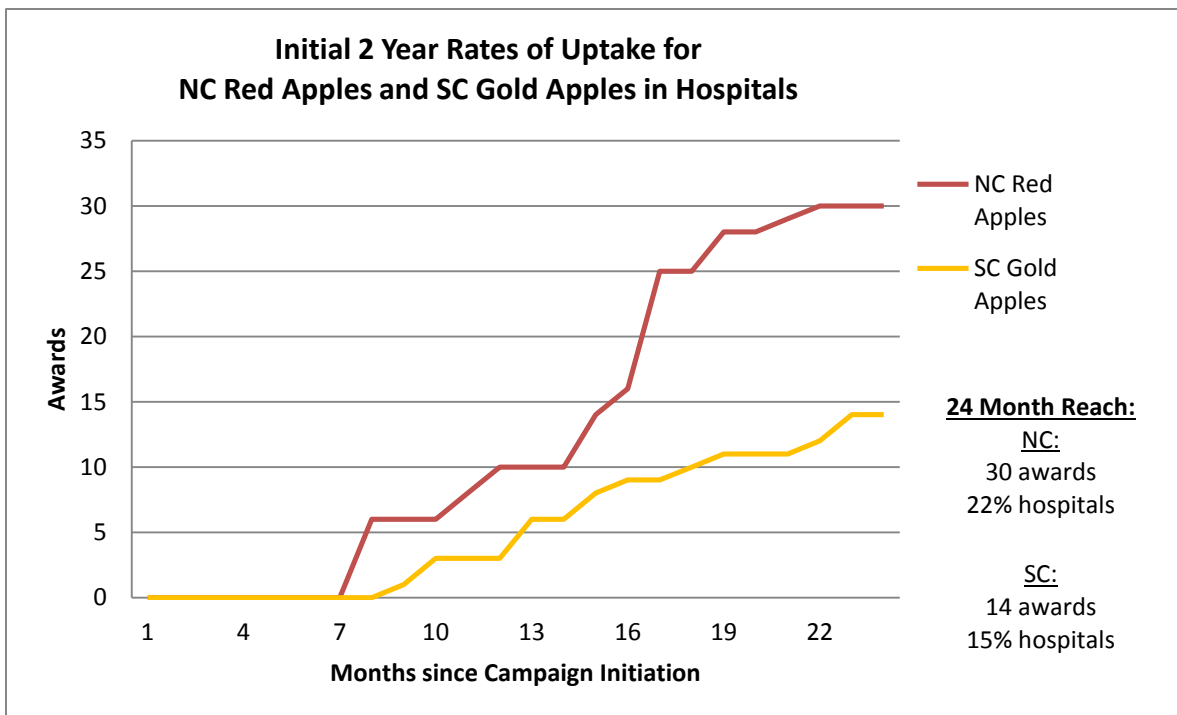


Figure 3: Comparing initial 2 year rates of uptake between NC and SC Hospitals

It is also important to note that there are 50% more hospitals in NC than in SC (137 and 91 members of their respective state hospital association, respectively); therefore you would expect a higher number of NC hospitals to achieve the award by the end of the 24 month period. Looking at this uptake data by percentage of member hospitals, the Red Apple Project awarded 22% of NCHA member hospitals within the first 24 months, while Working Well awarded the Gold Apple to 15% of SCHA member hospitals. This represents a slightly lower reach in SC, but again this paper is not including other awards that the hospitals might have achieved in other non-nutrition areas.

Regarding the rate of uptake, it is interesting to note that these campaigns tended to have months where many more awards were given, rather than a consistent slope month to month. Sharp increases in awards often correlate to deadlines for recognition, such as NCPP's annual meeting each June which explains the large jump in NC Red Apples earned in month 17 on the graph.

Hospital Characteristics

The following data describe hospitals in both NC and SC who have been awarded either the Red Apple or Gold Apple, and were taken from NCPP's database of WorkHealthy AmericaSM (WHA) assessments. To date, there have been 95 NC hospitals and 14 SC hospitals which have been given these awards. Due to the nature of this data collection, this data may not reflect hospitals who won their awards prior to WHA. However, those hospitals, assuming compliance with annual reassessments, should still be included in WHA assessments from following years.

Figures 4 and 5, below, describe the structure and size of hospitals who have won these awards, compared to those who have completed the WHA assessment but have not won the award, based on available data. Hospital structure is fairly similar between both states' *awarded* hospitals, with approximately 70% being private, non-profit entities (Figure 4). Very few (less than 10%) of hospitals were governmental or public, and the rest were categorized as 'other' (21% in NC, 23% in SC).

Interestingly, however, there is a significant proportion of the *non-awarded* hospitals in both states which classify themselves as private, *for-profit* organizations (11% in NC, 28% in SC), including almost one-third of the non-awarded, participating SC hospitals. More focused research may be needed to ascertain why for-profit hospitals are not receiving these awards. It may be due to differing priorities within the organization, less targeted outreach by NCPP, or another confounding factor unique to this type of hospital structure.

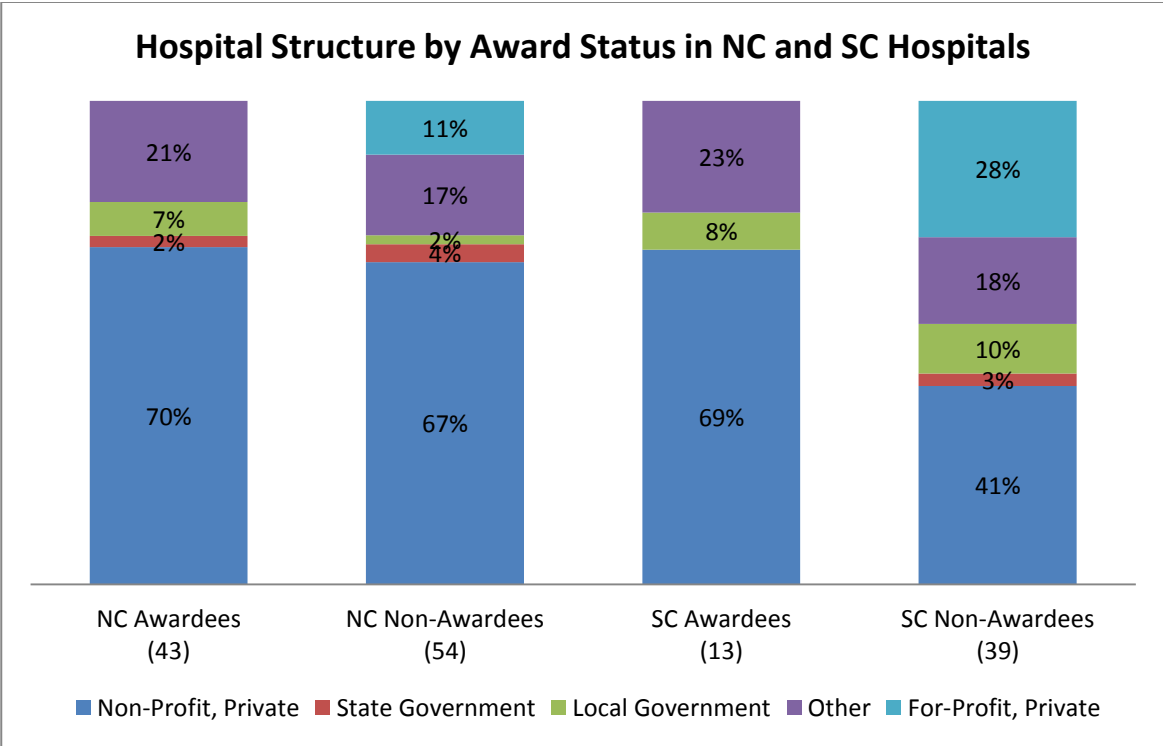


Figure 4: Hospital Structure by Award Status

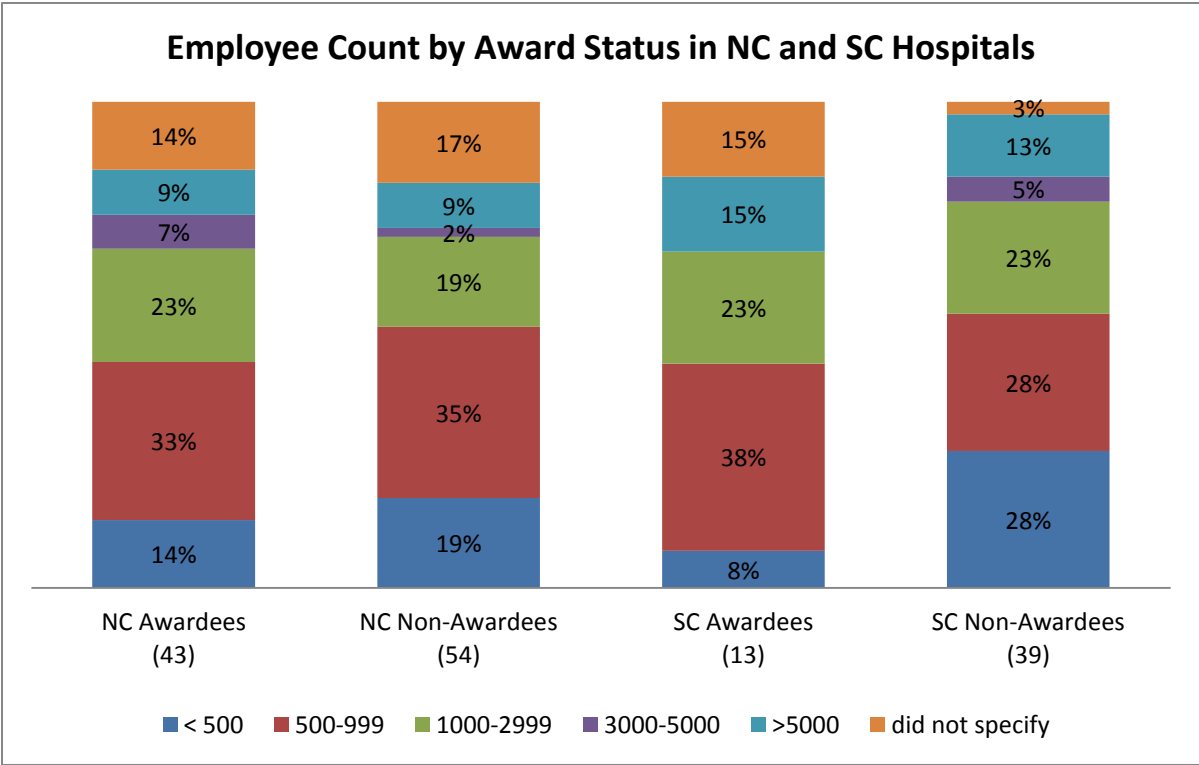


Figure 5: Employee Count by Award Status

Regarding employee count, there is a fairly similar number of large and small hospitals receiving these awards, although more small hospitals (<500 employees) are in the *non-awarded* group in each state (14% vs. 19% in NC, 8% vs. 28% in SC). This may indicate that smaller hospitals have limited resources and require more assistance and time in order to achieve various nutrition wellness standards, an important consideration for future expansion of NCPP's work.

Sustainability

As mentioned previously in this paper, the Red and Gold Apple initiatives by NCPP were always intended to produce long-term, sustainable wellness solutions for hospitals. For this reason, annual reassessments are a critical component to ensuring that actions taken by hospitals are maintained, as well as new actions taken. Anne Thornhill mentioned that this is especially important in the foodservice management and operations of hospitals, as health and wellness-focused initiatives often come and go, as well as foodservice directors, each with his or her own priorities. Using the data provided for this paper, there seem to be only two NC hospitals which achieved an "A" grade on the WHA nutrition module, only to lose this status in following years. One such hospital was a medium-sized, non-profit hospital who earned an "A" in 2010, but only a "B" in 2013. A second hospital earned the Red Apple award during the initial campaign, but was unable to earn an "A" in the nutrition module when WHA was released in 2011. However, compared to 93 other hospitals that have been able to earn and maintain their status, it is clear that NCPP is successful at creating sustainable nutrition wellness policies and environments, through tailored support and resources.

When NCPP introduced the WHA assessment modules to worksites, and included the nutrition module as a requirement for receiving the Red or Gold Apple, hospitals were now asked to look at policy change in addition to creating a healthy food environment. Policies, such as a healthy catering or meeting policy, can last longer than a seasonal wellness promotion in a hospital's cafeteria and help shift the focus to sustainability.

SUMMARY OF FINDINGS AND RECOMMENDATIONS FOR FUTURE STATE EXPANSION EFFORTS

This paper has described, examined and compared the implementation of hospital nutrition wellness policies environments in NC and SC via NCPP's initiatives. While the reach and rate of uptake differed between the two states (see Figure 3), these hospital initiatives reached similar types of hospitals (see Figures 4 and 5). A slower rate of uptake in SC may be related to the broad focus of multiple wellness components simultaneously (nutrition, tobacco, physical activity) as compared to NC's Red Apple Project which had a nutrition-only focus. Therefore, for future states, it may prove beneficial to guide hospitals to focus on one area at a time, enabling success (award) sooner, which will in turn garner support and motivation for future wellness-related policy or environmental changes.

Working with state hospital associations proved to be a critical strategy, due to these organizations' respect within the industry, resources and communication channels. Additionally, both the NC and SC campaigns recognized that hospitals with contract foodservice systems seemed better equipped to make the necessary food environmental changes needed for Red or Gold Apple status. Therefore, it is recommended that NCPP promote resources for those hospitals without contract foodservice management.

'Gradually raising the bar'

The WorkHealthy America assessment modules were released in 2011, and graded worksites' wellness environments and policies based on the latest available scientific evidence. Due to the evolving fields of worksite wellness and public health nutrition, evidence-based recommendations have changed. For this reason, a newly updated nutrition module for WHA will be released in summer 2013, reflecting the most accurate evidence behind nutrition recommendations for worksite wellness. This includes new questions, updated assessment design, as well as new weightings for some questions (an increase or decrease, depending on current science). For example: the literature from behavioral economics provides strong support for interventions that make the healthy choice the 'default' or easy choice¹⁴, such as pricing and placement strategies in a worksite cafeteria¹⁵. Therefore, assessment questions regarding these strategies will have a higher weighting in the new module later this year. Hospitals may find that their grades change when they reassess in 2013 with the new nutrition module. However, this reemphasizes the importance of promoting resources regarding current, evidence-based strategies for sustainable wellness strategies.

Recommendations

NCPP has already been in communication with additional states for expanding WHA, including New York, Virginia and Oklahoma. With a small staff centralized in Chapel Hill, NC, changes will be required in order to provide the same level of tailored support and resources to states in other parts of the country. Thus, collaboration with key partners, such as state hospital associations, will be even more important to ensure the viability of these programs. Table 3, below, summarizes some key recommendations for future state campaigns to consider in the implementation of nutrition wellness policies and environments in hospitals.

	Recommendations	NCPP	Member Hospitals	State Hospital Associations
1	Coordinate and collaborate with state hospital associations	X	X	
2	Earn support from hospital leadership early	X	X	X
3	Provide tailored messaging to each type of hospital department (foodservice, executives, wellness), using knowledge of differing priorities	X		X
4	Focus efforts to provide additional resources to hospitals without contract foodservice management	X		X
5	Guide hospitals to focus on one area at a time (nutrition, tobacco, physical activity)	X		X
6	Gradually raise the bar on standards needing to maintain award	X		
7	Conduct qualitative research to uncover potential barriers or differences in for-profit and small hospitals	X		X

Table 3: Recommendations for implementation in new states

In conclusion, nutrition wellness policies in hospitals are an important vehicle for sustainable health promotion of employees. They offer a broader reach than traditional wellness programs that often attract mostly healthy employees, and are limited in duration with high up-front costs. Policies and environmental change can promote and incentivize healthy behaviors for all employees passively, with minimal action and cost required. Through the Red Apple Project and Working Well campaign, NCPP has been able to engage hospitals throughout NC and SC and has awarded over 100 hospitals at the Gold Apple level. Annual wellness reassessments by hospitals and continued support and resources from

NCPP allow for a culture of wellness to develop and be maintained throughout these institutions. Additionally, insurance carriers and self-insured hospitals will soon be able to use employee health assessments and outcomes data from multiple years to evaluate the effects of these wellness policy and environmental change initiatives and potentially show a reduction of health care costs, claims, or absenteeism after such policies were adopted. As NCPP expands their hospital initiatives into additional states, considerations and recommendations have been developed in this paper to promote continued success.

REFERENCES

1. Finkelstein EA, Trogdon JG, Cohen JW and Dietz W. Annual medical spending attributable to obesity: Payer-and-service-specific estimates. *Health Affairs*. 2009;28(5):w822-w831
2. Thorndike, AN. Workplace interventions to reduce obesity and cardiometabolic risk. *Curr Cardiovasc Risk Rep*. 2011;5(1):79-85.
3. American Hospital Association. The Economic Contribution of Hospitals. <http://www.aha.org/research/reports/13econimpact.shtml>. Accessed February 26, 2013.
4. United States Department of Labor. Fact Sheet #73: Break Time for Nursing Mothers under the FLSA. <http://www.dol.gov/whd/regs/compliance/whdfs73.htm>. Revised December 2010. Accessed March 5, 2013.
5. National Center for Chronic Disease Prevention and Health Promotion. Division of Nutrition, Physical Activity, and Obesity. Healthy Hospital Choices: Promoting Healthy Hospital Food, Physical Activity, Breastfeeding and Lactation Support and Tobacco-free Choices: Recommendations and Approaches from an Expert Panel. <http://www.cdc.gov/nccdphp/dnpao/hwi/docs/HealthyHospBkWeb.pdf>. Accessed November 30, 2012.
6. NC Prevention Partners: Making Healthy Choices Easier for North Carolina. <http://www.ncpreventionpartners.org/dnn/AboutUs/HistoryMission/tabid/99/Default.aspx>. Accessed January 4, 2013.
7. NC Prevention Partners. Healthy NC Hospitals: Red Apple Project. <http://www.ncpreventionpartners.org/dnn/WhatWeDo/Programs/HealthyNCHospitals/RedAppleProject/tabid/306/Default.aspx>. Accessed January 4, 2013.
8. Thornhill, Anne. Personal interview. February 20, 2013.
9. South Carolina Hospital Association. Working Well. <http://www.scha.org/working-well>. Accessed February 10, 2013.
10. Wright, Jennifer. Personal interview. March 6, 2013.
11. Aramark Healthcare. <http://www.aramark.com/Industries/Healthcare/>. Accessed March 11, 2013.
12. Morrison Healthcare Overview. http://www.iammorrison.com/Healthcare_Overview.aspx. Accessed March 11, 2013.

13. Partnership for a Healthier America. PHA Announces New Partners: Morrison, Varsity Brands and Leading EHR Vendors. <http://ahealthieramerica.org/media/news-releases/#2981,news>. Published March 7, 2013. Accessed March 11, 2013.
14. Loewenstein G, Brennan T, and Volpp KG. Asymmetric paternalism to improve health behaviors. *JAMA*. 2007;28(20):2415-7
15. Thorndike AN, Sonnenberg L, Riis J, Barraclough S, and Levy DE. A 2-phase labeling and choice architecture intervention to improve healthy food and beverage choices. *Am J Public Health*. 2012;102(3):527-33