Healthy Food and Drink Choices for Staff and Visitors in SA Health Facilities Policy

Evaluation

Site self reporting conducted December 2011- February 2012

Summary report of findings

Compiled by Dr Narelle Berry and Cathy Ward

Health Promotion Branch

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Background

Over half of South Australian adults and a quarter of South Australian children are overweight or obese. The implications of this are major and detrimental to the wellbeing of individuals, communities, the health care system and the South Australian economy. It is now well known that there is a strong link between overweight and obesity along with poor diet and not enough physical activity and chronic conditions such as diabetes, cardiovascular disease, stroke and some cancers. Overweight and obesity can also increase the risk of other health issues such as poor mental health.

As outlined in the *South Australian Strategic Plan* (SASP) [1], the South Australian Government is committed to preventing overweight and obesity through key action areas in the *Eat Well Be Active Healthy Weight Strategy 2011-2016*[2]. The strategy identifies that overweight is a complex issue which is influenced by many social, behavioural and environmental factors both directly and indirectly. The educational, workplace and community settings in which we live, work, are educated, cared for and spend our leisure time have a major impact on our health. The South Australian Government is taking the lead to make the healthier choice the easier choice, whilst providing the leadership for all government health facilities to promote and support healthy eating.

Around 32,500 staff are employed in the SA health sector and there are a large number of visitors associated with more than 1.5 million patients in SA hospitals and clients who use other health facilities. A pre policy SA Health staff electronic survey conducted in 2008 indicated a high level of support, for SA Health to take the lead in becoming a role model by providing and promoting healthy food and drink options in its health facilities to staff, visitors and the general public. In September 2006 the Minister for Health requested a review of the types of foods available in hospital canteens and on-site vending machines in order to identify whether healthy eating options were available to staff and visitors. In response to this review it was recommended that a policy be developed to ensure that healthy choices are always available and promoted in all SA Health facilities. The Health Promotion Branch (HPB) based in the SA Health's Department for Health and Ageing was allocated the task of developing the policy. Following extensive consultation including the public release of a discussion paper, the Healthy Food and Drink Choices for Staff and Visitors in SA Health Facilities policy was released on1 April 2009. At the time South Australia was the fourth state to develop such a policy with Queensland, New South Wales and Western Australia having

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[1] South Australia Strategic Plan (2011)
http://saplan.org.au/pages/download-the-plan

[2] Eat Well Be Active Healthy Weight Strategy 2011-2016
http://www.sahealth.sa.gov.au/wps/wcm/connect/e8f366804951e78bb999fb3b73084503/EWBA-Strategy-PHCS-HealthPromotion-20111207.pdf?MOD=AJPERES&CACHEID=e8f366804951e78bb999fb3b73084503

released similar policy strategies. Underpinned by the National Health and Medical Research Council's Australian Dietary Guidelines[3], SA Health's policy was modelled on similar food category systems and nutritional standards used in the equivalent interstate policies particularly Queensland Health's *A Better Choice - Healthy Food and Drink Supply Strategy* (2007). In addition it was aligned with the SA Government's Right Bite Healthy Food and Drink Supply Strategy 2008[4]. The expected outcomes of the policy are to:

- increase the range, number, availability and promotion of healthier food and drink choices (GREEN category foods /drinks)
- decrease the availability and promotion of energy-dense, nutrient-poor food and drinks (RED category foods/drinks)
- increase the availability of healthy food and drinks after hours.

Under this policy RED (unhealthiest) category foods and drinks are restricted to a maximum of 20% displayed in cafeterias, restaurants, kiosks, staff dining rooms and vending machines whether hospital, volunteer or privately run and no RED category foods and drinks are allowed for fundraising or when catering for meetings or functions.

The policy does not apply to food and drinks that staff bring from home for personal use or to meals and snacks provided by a health service to inpatients, Meals on Wheels or nursing home residents.

An implementation period of 18 months allowed for health regions (now restructured and renamed to local health networks) sites and services to progress through self determined planned stages including the establishment of implementation committees, assessments of their current situation, development of action plans, phasing in required changes and the promotion of successful change. Implementation was oversighted by an SA Health Statewide Implementation committee, regional and site level committees, and supported through dedicated funding to employ regional level project officers. A centrally based Dietitian provided policy interpretive and change management advice, coordination and developed policy specific resources.

Regions reported on their progress at the end of September 2009 and the policy became mandatory on 1 October 2010.

As part of pre-planned policy evaluation activities, site mandatory self reporting utilising a reporting questionnaire template was undertaken December 2011 – February 2012.

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[3] Australian Government Department of Health and Ageing and the National Health and Medical Research Council. Dietary guidelines for Australians: A guide to Healthy Eating, reprinted 2005. http://www.nhmrc.gov.au/publications/synopses/_files/n31.pdf

[4] SA Government's Right Bite Healthy Food and Drink Supply Strategy 2008 http://www.decd.sa.gov.au/eatwellsa/

This report describes the method for the site reporting conducted December 2011- February 2012 and summarises the results and overall findings.

Reporting Objectives

As part of the evaluation framework the main objectives of the mandatory self reporting activity were to:

- understand barriers and facilitators to the adoption of the policy across SA Health
- seek feedback on the implementation process from sites and
- assess the extent to which the policy has been embedded in the organisational policies and practices.

Methods

Site Reporting

A reporting template was developed in consultation with a representative from both country and a metropolitan LHN. The mandatory site reporting template was distributed to all sites via the Local Health Networks' Chief Executive Officers and the Executive Directors of the Department of Health Divisions at the end of November 2011. Due to some delays with the distribution of the template to some sites, the reporting period was extended. All reports were submitted by the end of February 2012. One additional report was received from one site after the data analyses had been completed however the comments from the report were able to be included in the thematic analysis.

For the purpose of this reporting a site was described as a hospital, a local health network head office, a community health service, a state wide service (e.g. Pathology SA), a division of the Department of Health and each GP Plus Centre or Super Clinic.

Data Analysis

The responses to each question were tabulated using the statistical package SPSS v.19.The proportion of respondents who answered each question is reported. All comments within each question were thematically analysed and summarised by the Health Promotion Branch staff.

Results

Site details/ demographics

Table 1. Proportion of respondents by site or service

	N	%
Hospital	68	61.3
Community Health Service	23	20.7
Division of Dept of Health	7	6.3
GP Plus Centres or Super Clinic	5	4.5
Other –includes community rehabilitation, mental health and aged care services	5	4.5
Statewide Services	2	1.8
Local Health Network Head Office	1	0.9
total	111	100

Response: Out of an anticipated 120 responses, 111 were received. (Table1)
Six key identified sites that failed to submit a report included 1 major hospital, 1 rehabilitation service, one division of Department of Health and 3 statewide services.

Respondents by Local Health Network

Table 2. Proportion of respondents by LHN

	N	%
Country Health SA LHN	64	57.7
Southern Adelaide LHN	14	12.6
Central Adelaide LHN	14	12.6
Northern Adelaide LHN	11	9.9
Department of Health	6	5.4
Women’s and Children’s Health Network	1	0.9
SA Ambulance Service	1	0.9
Total	111	100

Food Outlet - Descriptors

Food outlets

Approximately 60% of respondents indicated they had a food outlet(s), with an average of 1.5 outlets per site. Of those outlets, 41% were vending machines of which approximately 77% were run by external contactors. Approximately 29% of outlets were cafeterias or staff dining rooms, the majority (97%) of which were run in-house. The remaining outlets consisted of shops (such as kiosks, coffee shops and mobile trolleys) (13.9%) and other outlets such as newsagents (16.4%), these outlets were mostly run in-house or by volunteers. (Tables 3 and 4)

Table 3. Proportion of outlets by type

	N	%
Vending machine	50	41.0
Cafeteria (includes staff dining rooms)	35	28.7
Other (includes newsagent and 'other')	20	16.4
Shops (includes kiosk café, coffee shop and mobile trolley)	17	13.9
Total	122	100

Table 4. Proportion of outlets by who runs them

	In-house catering		Volunteers		Social Club		Externally contracted	
	N	%	N	%	N	%	N	%
Cafeteria	33	97.1	0	0	0	0	1	2.9
Shops	3	18.8	8	50.0	0	0	5	31.3
vending machines	6	12.5	1	2.0	4	8.3	37	77.1
Other	7	35.0	6	30.0	3	15.0	4	20.0

Food Outlet - Compliance

When assessing the compliance of these outlets to the policy, respondents were asked to identify whether outlets were compliant (i.e. displaying 20% or less RED category food). Of those who responded 76% of identified outlets were reported as compliant with the policy. All cafeterias indicated they were compliant and approximately two-thirds of shops, vending machines and other outlets were compliant.

Those outlets that identified as being run by in-house catering and social club groups were the most compliant (86% and 100% respectively) whereas outlets that were run by volunteers and external contractors were less compliant (57% and 62% respectively).

Based on comments provided from those who indicated that they were not yet compliant with the policy, the most common response was that the outlets were still reducing red items or were having difficulties communicating requirements to external contractors, although the number of these comments was small. (Tables 5-7)

Table 5. Proportion of outlets compliant by outlet type

	Compliant	
	N	%
Cafeteria	32	100
Shops	10	62.5
vending machines	31	66
Other	14	70

Table 6. Proportion of outlets compliant by who runs the outlet

	Compliant	
	N	%
In-house catering	38	86.4
Volunteers	8	57.1
Social Club	7	100
Externally contracted	30	65.2

Table 7. **Themes identified from comments *(compliance)***

Theme	Number of comments	% of themed comments
Still reducing RED category items or stock	9	36.0
Difficulties in communicating requirements to or awaiting companies to address	5	20.0
In discussions with private or external contractor	3	12.0
Problems with changing snacks and cakes	3	12.0
Company advertising to be removed	2	8.0
Slow or no progress	2	8.0
Was compliant but started reverting back to more RED	1	4.0
Total	25	100.0

Removal of unhealthy food and drinks from sites

Table 8 reports on the extent to which unhealthy food has been removed from meetings, functions and events, fundraising and patient/client education programs.

When asked to report on the extent to which RED foods and drinks have been removed from SA Health meetings/functions/events and staff training centres, approximately 78% indicated that these foods had been completely removed, with a further 15.5% indicating that they were almost there. Of the 28 comments received, 13 indicated they were compliant or almost there, with four reporting occasional non -compliance by providers or staff with catering and three indicating that ongoing education was being provided to staff and/or managers.

When asked to report on the extent to which RED foods had been removed from fundraising, give-aways, prizes and gifts, approximately 79% indicated that this had been completed with a further 9.6% indicating that they were almost there. Few comments were received relating to this with only three indicating that fundraising still needed to be addressed

When asked to report on the extent to which RED foods had been removed from patient/client education programs or support groups approximately 62% indicated that this had been completed with a further 14% indicating they were almost there.

Table 8. Extent to which RED category items food has been removed

	Completed		Almost there		Started		Not at all		Not Applicable		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
Meetings, functions & events	86	78.2	17	15.5	5	4.5	2	1.8	0	0	110	100
Fundraising	82	78.8	10	9.6	3	2.9	9	8.7	0	0	104	100
Patient/client education programs	66	61.7	15	14	1	0.9	0	0	25	23.4	107	100

Exemptions

Table 9. Proportion of respondents who have an exemption process in place

	N	%
Process in place	30	27.8
No process in place[5]	78	72.2
Total	108	100

Approximately 28% of respondents indicated that there was a process in place. (Table 9.) It should be noted that several sites reported that they were not aware of an exemption process or form however during the implementation phase all metropolitan health regions developed a form and made them available on their intranets. The central Department of Health (DH) decided that no exemptions would be granted for DH activities as a leadership statement.

Number and types of exemptions requested

A total of 27 exemptions were requested between October 2010 and February 2011. The reasons these exemptions were requested were predominantly for Staff / Volunteer Christmas or end of year function, Hospital auxiliary fundraisers (Easter raffle, Christmas carols, sausage sizzle) or special celebrations/ openings of a new site or service.

Free water availability

99% sites reported water is available free of charge to staff and visitors.

[5] It should be noted that several sites reported that they were not aware of an exemption process or form however during the implementation phase all metropolitan health regions developed a form and made them available on their intranets. The central Department of Health (DH) decided that no exemptions would be granted for DH activities as a leadership statement.

Marketing strategies to promote healthy choices

Marketing strategies used to promote healthier food and reduce promotion of less healthy products:

When asked about the use of specific marketing strategies to promote healthier products and reduce promotion of less healthy products the majority of respondents indicated that this was not applicable to their site. When analysing the comments associated with these questions it is apparent that these respondents believed that the questions were not applicable as they had only healthy options available. (Table 10)

In relation to point of sale identification and promotion of healthy choices approximately 30% of respondents indicated that they used this type of marketing. From comments this marketing was largely in the form of posters (policy specific posters and Go for 2&5 campaign posters) in the outlets (48% of respondents reported using this). (Table 11)

Table 10. Percentage of respondents using marketing strategies to promote healthy food

Marketing strategy	Yes		No		Not Applicable	
	n/N	%	n/N	%	n/N	%
Point of sale identification and promotion of healthy choices	33/111	29.7	14/111	12.6	64/111	57.7
Healthier options placed in a position to optimise their promotion an RED category foods and drinks placed in the least prominent locations	31/110	28.2	9/110	8.2	70/110	63.6
The healthier option costs the same or less than the 'standard'	26/109	23.9	8/109	7.3	75/109	68.8
Avoiding or ceasing supersizing or combo meals (unless in green category)	14/111	12.6	2/111	1.8	95/111	85.6
No point of sale merchandising of any RED category products e.g. RED category logos or brand names on signs or hospital cafeteria staff clothing	22/110	20.0	17/110	15.5	71/110	64.5

Table 11. **Themes identified from comments *(point of sale marketing)***

Theme	Number of comments	% of themed comments
Policy posters in:- kitchen; dining room; next to vending; out patients	14	48.3
Policy information booklets	3	10.3
Signage or other promotion at front counter about the policy	2	6.9
2 and 5 Poster	2	6.9
Kiosk or shop staff/volunteers not cooperative e.g. cash register in kiosk is dominated by RED food	2	6.9
Changed images on drinks machine to water	2	6.9
Currently working with external contractors/vending machine operators to comply	2	6.9
Bowl of fruit replaced biscuit barrel for staff	1	3.4
Advertising of green category food and drinks	1	3.4
	29	100

Healthy choices for staff after hours

Proportion of respondents who have staff who work after hours

Approximately 76% of sites reported having staff that work after hours. (Table 12)

Of those who reported having staff who work after hours, the main ways in which healthy food is supplied to those staff were as meal orders from hospital kitchen/ dining room/ patient menus (37%, n=35), or vending machines (27%, n=25) or by staff supplying their own food (30%, n=28).

Table 12. Proportion of respondents who have staff who work after hours

	N	%
Yes	84	76.4
No	26	23.6
Total	110	100

Equipment adjustments

In introducing the policy approximately 26% of respondents indicated that they had made changes to the layout or equipment to prepare and/or display healthier foods and drinks. (Table 13)

Of those who made changes, 35% (n=9) of respondents indicated that they had made changes to layout of their outlet, 31% (n=8) had purchased new equipment (e.g. adding in bain maires, purchasing refrigerators) and 23% (n=6) indicated they had removed equipment (e.g. deep fryers)

Table 13. Percentage of respondents who made equipment adjustments

	N	%
Yes	29	26.4
No	23	20.9
Not Applicable	58	52.7
Total	110	100

Food service contracts

Approximately 36% of respondents indicated that the policy had been incorporated into food service contracts. (Table 14)

Of these 61% (n=14) had informed or educated new and existing contractors about the policy and a further 17.4% (n=4) stated that they had modified new and existing contracts to include the policy.

Table 14. Proportion of respondents who incorporated the policy into food contracts

	N	%
Yes	39	35.8
No	5	4.6
Not applicable	65	59.6
Total	109	100.0

Incorporation of the policy into induction manuals and processes

Approximately two thirds of respondents indicated that the policy had been incorporated into staff and volunteer induction manuals. (Table 15)

Table 15. Percentage of respondents incorporating the policy into induction

	N	%
Yes	71	66.4
No	36	33.6
Total	107	100

Policy promotion activities

Approximately 98% of respondents reported promoting the policy to staff. (Table 16) The main ways the policy was promoted to staff was through promotional displays or posters, through discussions at staff meetings, education/information sessions and through staff communiqués. (Table 17)

Table 16. Percentage of respondents promoting the policy to staff

	N	%
Yes	108	98.2
No	2	1.8
Total	110	100

Table 17. Themes identified from comments *(policy promotion activities)*

Theme	Number of comments	% of themed comments
Promotional displays or posters	27	25.7
Discussed at staff meetings or forums	22	21.0
Education/information sessions	20	19.0
Staff communiques:- e.g. email bulletins, notices for staff boards, internal newsletters etc.	19	18.1
Provided computer link access to policy	5	4.8
Other -consultation with staff, set up working committee, conducted surveys	5	4.8
Provided copy of policy or related documents to staff	2	1.9
Local policy launch	2	1.9
Miscellaneous - ran a healthy food photo competition	2	1.9
No promotion	1	1.0
	105	100

Policy implementation enablers

When asked what has helped with the implementation of the policy the key enablers identified were, regular communication to staff, positive staff attitude, engagement with stakeholders and the use of policy resources.(Table18)

Table 18. **Themes identified from comments *(enablers)***

Theme	Number of comments	% of themed comments
In service and/or regular communication to staff	15	15.8
Positive staff attitude and/or engagement with stakeholders	11	11.6
Policy resources such as posters, food guide and fact sheets	10	10.5
Local implementation committee	9	9.5
Policy type and content:- clear: mandatory (4):health focus: the food /drink colour categories: the Food Guide	9	9.5
Menu changes, removal of RED category items, using healthy & tasty options, removal vending machine	9	9.5
Type of site/service: - e.g. being a new facility, small site- not many changes to make, fresh cook food service.	7	7.4
Support from Management	6	6.3
Implementation tools	6	6.3
Support from regional HFHF Project Officer	4	4.2
Access to local Dietitian or healthy weight coordinator support	4	4.2

Theme	Number of comments	% of themed comments
Slow and/or consistent implementation	2	2.1
Support from Health Promotion Branch HFHF Project Officer	1	1.1
Pre-policy healthy lifestyle promotion activities with staff	1	1.1
Local champions to lead implementation	1	1.1
	95	100

Policy implementation barriers

Approximately 43% of respondents reported barriers to implementing the policy (Table 19) and these barriers are largely associated with staff/client culture, attitudes and concerns as well resistance of staff or volunteers to comply. The other main barrier identified was the difficulties with negotiating with external contactors to comply with the policy. (Table 20)

Table 19. Percentage of respondents reporting barriers to implementing the policy

	N	%
Yes	45	42.9
No	60	57.1
Total	105	100

Table 20. Themes identified from comments *(barriers)*

Theme	Number of comments	% of themed comments
Staff/client culture, attitudes and concerns	18	28.6
Difficulties with external contractor's negotiations to achieve policy compliance: - e.g. vending machine operators.	9	14.3
Initial misunderstanding of or difficulty interpreting the policy standards correctly	8	12.7
Resistance by staff or volunteers to change or comply	7	11.1
Time and capacity required by staff to drive/support implementation	4	6.3
Staff's knowledge of and/ or availability of healthy food options that are appealing	4	6.3
Dissatisfied customers	3	4.8
Equipment issues:-Lack of or price of new equipment purchased	3	4.8
Difficulty with particular client groups e.g. mental health, aged care residents	2	3.2
Other factors :- lack of assessment tools; staff turnover; top down approach	2	3.2
Lack of awareness/understanding by foods/vending company representatives	1	1.6
Profit issue concerns in food outlet	1	1.6
Pre-existing low staff morale	1	1.6
	63	100

Sustaining the policy

Approximately three quarters of respondents reported having plans or processes in place to sustain and maintain the policy. (Table 21) These plans/processes include ongoing monitoring/enforcement of policy compliance, ongoing staff education and engagement and promotion of the policy and healthy choices. (Table 22)

Table 21.Porportion of respondents with plans to sustain the policy

	N	%
Yes	82	74.5
No	28	25.5
Total	110	100

Table 22. Themes identified from comments *(sustaining the policy)*

Theme	Number of comments	% of themed comments
Ongoing monitoring/enforcement of policy compliance e.g. audits, reviews	22	33.3
Ongoing education and staff engagement	12	18.2
Promotion of healthy choices or the policy	10	15.2
Maintain policy awareness through staff meetings	10	15.2
Develop a plan to maintain the policy	5	7.6
Other:- through Well Being working party; support from Dietitian or healthy weight coordinator	3	4.5
Communication strategies e.g. newsletter articles	2	3.0
Complete outstanding implementation tasks	2	3.0
	66	100

Positive changes

When asked to provide an example of a positive change that has been well received by staff, the most common responses included, more healthy and tasty options available, healthy catering at meetings and free fruit for staff. (Table 23)

Table 23. Themes identified from comments *(positive changes)*

Theme	Number of comments	% of themed comments
More healthy and tasty options in food outlet;	13	28.9
Healthy catering at meetings, in service, functions, events	12	26.7
Free fruit for staff snacks dining room, baskets, bowls.	6	13.3
Other e.g. health promotion activities	6	13.3
Healthier Fundraiser	3	6.7
Water fountain installed or similar	3	6.7
Healthy food in client education program	1	2.2
Increased availability of healthy food options after hours	1	2.2
	45	100

Summary/recommendations

Summary

- 78% sites indicated that they have completely removed RED category items from meetings, functions and events.
- 79% sites have completely removed RED category items from fundraising (including snack boxes), giveaways, prizes and gifts.
- 76% of identified outlets (n=122) were reported as compliant.
- All cafeteria/staff dining rooms were compliant.
- Outlets run by in house catering were the most compliant.
- Outlets run by volunteers and external contractors were least compliant.
- There have been a number of barriers identified including, difficulties with external contractors, and difficulties changing the workplace culture and staff attitudes.
- Key enablers identified were, regular communication to staff, positive staff attitude, engagement with stakeholders and the use of policy resources.

Recommendations

Based on the findings it is recommended that ongoing leadership and support be provided at the site and service levels to further complete and sustain policy adoption with a particular focus on:

i) Volunteer or externally run food/drink outlets (including vending machines) to assist sourcing and promotion of healthy food and drink choices.

ii) Healthy food provision at relevant outpatient/client education programs.

iii) Planning for ongoing policy specific monitoring and auditing at the site and food outlet level.

iv) Proactively continuing to embed into:

   a. Systems (e.g.in food provision and management contracts) and processes
   b. Staff culture through:
      - orientation and induction programs/manuals
      - positive policy promotion strategies such as ongoing education, championing of the policy, showcasing of positive achievements and marketing of healthy food/drink choices as part of supporting a healthier environment for staff, volunteers and visitors.

For further information:
Health Promotion Branch
SA Department for Health and Ageing
Telephone (08) 8226 6329 or email: hpb@health.sa.gov.au