

Commons Health Hospital Challenge

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Anne Stephen, M.D.
County Commissioner
Frank Jewell
Heather Winesett, M.D.
Anne Rogotzke, M.D.
Jan Tomaino, R.N.
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Maria Barrell, D.O.
Nancy Beery, D.O.
Heather Buchholz, M.D.
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Gordon Harvieux, M.D.
Sharnell Valentine, M.D.
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Daniel Billman, MD
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Introduction

The US healthcare system is in the midst of a significant transformation. Health-care costs, health disparities, the global burden of obesity related disease, and ecologically related health impacts are but some of the factors influencing this change. Expensive health care treatment is taxing the resources of an already overburdened healthcare system and as a result the communities in which they are based. Health disparities and the volume of preventable diseases are similarly taxing the resources of an already overburdened healthcare system and thus the communities in which they are based.

These are an important reminder that we all share in the health of one another, our communities, and the health of our planet. And it is why physicians, nurses, citizens, community organizations, business leaders, elected officials and others are coming together to help improve the health of their communities and are working to support and emphasize incentives for health promotion and primary prevention throughout their communities.

The Commons Health Hospital Challenge was developed to recognize and promote those hospitals that are leaders as institutions at linking clinical practice with health promotion and primary prevention. It is also a call to action, because without the example from healthcare it becomes hard to imagine how our homes, businesses, schools and government might adopt simple prevention efforts.

Organizational Endorsements



Public Health and Human Service Department



Lake Superior
Good Food
Network



American
Heart
Association®
Learn and Live



Carlton County
Department of
Public Health and
Human Services

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

Minnesota Chapter



The Commons Health Hospital Challenge

The Commons Health Hospital Challenge was developed to recognize and promote those hospitals that are leaders as institutions at linking clinical practice with health promotion and primary prevention. Moreover, it is aimed at beginning a conversation and sense of agency with citizens and their communities in the development of healthcare model that extends beyond the walls of hospitals and which begins with the health of people, their communities and their planet.

What does the Challenge Include?

The CHHC includes three initial components. These are:

- The Elimination of Hospital Sugary Beverage Sales
- Adoption of the World Health Organization Baby Friendly Hospital Guidelines
- A Measureable Commitment to Source and Serve Local, Sustainable Food

Hospital facilities that adopt any one or more of these components will be publically recognized. Detailed explanation of the challenge is provided [here](#)

Why SSB?

Sugar sweetened beverages, few of which have any nutritional value, account for half of all added sugars in the average American diet. Studies overwhelmingly show that consumption of sugar-sweetened beverages (SSBs) leads to weight gain and obesity which in turn promote diabetes, heart disease, stroke, and many other health problems.

Why Should Hospitals Promote Breast Feeding and Baby Friendly Hospitals?

In 2009, the American Academy of Pediatrics (AAP) endorsed the WHO/UNICEF “Ten Steps to Successful Breastfeeding. Adherence to these 10 steps has been demonstrated to increase rates of breastfeeding initiation, duration, and exclusivity.

Why A Sustainable Food Commitment?

Through their purchasing policies hospitals can be an important driver for the local, agriculture community thereby supporting economic and social resilience.

In 2008 the Minnesota Academy of Family Physicians adopted a resolution “**Improving Health Through Sustainable Food Purchasing**”. In 2008 the American Nurses Association adopted a policy on **Healthy Food in Healthcare** which encourages health care institutions to institute food preference policies to purchase and serve nutritional foods grown according to organic or other methods that support and emphasize sustainable food purchasing, local food systems, renewable resources, ecological diversity, and fair labor practices.

In 2009, the American Medical Association approved national policy in support of practices and policies within healthcare systems that promote and model healthy and ecologically sustainable food systems. Many hospitals have begun to source local or sustainable food, yet without a formal policy which implicitly requires metrics, benchmarks, tracking and reporting it is difficult to distinguish true community engagement.

1. Malik VS, Schulze MB, Hu FB. Intake of sugar-sweetened beverages and weight gain: a systematic review. *Am J Clin Nutr.* 2006 Aug;84(2):274-88
2. Vartanian LR, Schwartz MB, Brownell KD. Effects of soft drink consumption on nutrition and health: a systematic review and meta-analysis. *Am.J.Public Health.* 2007;97(4):667-675.
3. Ludwig DS, Peterson KE, Gortmaker SL. Relation between consumption of sugar sweetened drinks and childhood obesity: a prospective, observational analysis. *Lancet* 2001; 357: 505–08.
4. World Health Organization; United Nations Children’s Fund. Protecting, Promoting, and Supporting Breastfeeding: The Special Role of Maternity Services. Geneva, Switzerland: World Health Organization; 1989
5. Philipp BL, Merewood A, Miller LW, et al. Baby-friendly hospital initiative improves breastfeeding initiation rates in a US hospital setting. *Pediatrics.* 2001;108(3):677–681 [Abstract/FREE Full Text](#)

Challenge Details

Hospitals will be publicly recognized for each of the following commitments.

Sugary Beverage Sales Phase out

Hospitals must adopt a policy which ends the sale of sugar beverages (within one year of policy adoption) and provision to patients unless medically required. This policy must include:

Food and Nutrition Services: Dining Rooms, Cafés, Cafeterias, vending, and patient meals.
Any onsite food court vendors.

Sugar-sweetened beverages are defined as any drink that contains added sugar. Added sugars can be from natural sources (such as white sugar, brown sugar, honey, agave nectar) or man-made sweeteners (such as high fructose corn syrup).

Examples of sugar-sweetened beverages are:
regular sodas, energy drinks, sports drinks
sweetened iced teas, coffees, lemonades, and punches
fruit or vegetable drinks that are not 100% juice
flavored waters containing calories

Water, seltzers, sugar-free or diet drinks, unsweetened coffee and teas, all milks, soymilk beverages, 100% fruit and vegetable juices are all viable alternatives.

Examples of a hospital policies are available at www.commonshospitalchallenge.org

Baby Friendly Hospital Guidelines

Hospitals must sign the letter of intent with Baby Friendly USA or already be a Baby Friendly Hospital (which certifies that a hospital follows the 10 point Baby Friendly guidelines).

Local, Sustainable Food Commitment

Hospital must commit to a 20% local or sustainable food and beverage purchasing dollars commitment by 2020. Local foods are defined as from farms, ranches, and production/processing facilities located within a 200 mile (or less) radius of the facility (**within Northeast Minnesota support of the Superior Compact, a 20% by 2020 purchasing goal meets the intent of this Challenge**). Sustainable foods are defined by the Green Guide for Healthcare (www.gghc.org) criteria of third party certified label. Hospitals must report at minimum every two years on their percentage purchasing progress.

Note: For processed foods with multiple ingredients, including breads and other bakery items, only products with the majority of ingredients (>50% by weight) produced within the 150-mile radius may be included in the calculation.

The Commons Health Hospital Challenge is a community driven effort guided by a team of health providers and community members. The Institute for a Sustainable Future acts as the organizational host. The Challenge is supported by foundations, volunteers, individual donations and receives no corporate funding. Contact information is available at www.isfusa.org