



Sugary Drinks, Cancer Prevention, and Health Systems

Kristen Sullivan, MS, MPH

Director, Nutrition and Physical Activity



Attacking from every angle.™

Obesity and Cancer Risk

Overweight and obesity are major risk factors for cancer. Nearly 20% of all cancer cases in the US can be attributed to excess body weight, poor nutrition, lack of physical activity, and alcohol consumption.

About 5% (43,500) of cancer cases in men and 11% (98,000) in women can be attributed to excess body weight alone.

Overweight or obesity is linked to a higher risk of at least 13 different cancer types (emerging evidence for even more).

Recent studies show increasing incidence rates of obesity-related cancers in younger age groups, a bellweather for an increased cancer burden in the future as a result of high rates of overweight and obesity.

Impact of Sugary Drinks



While there is no evidence that sugary drinks have a direct impact on cancer risk, they have been shown to contribute to **weight gain** (which impacts cancer risk).



Cardiovascular disease



Type II Diabetes



Hypertension



Tooth decay

Sugary Drink/Added Sugar Recommendations

The 2015-2020 Dietary Guidelines for Americans recommend that added sugars account for no more than 10% of total calories consumed

WHO – increased benefit to reducing added sugar to less than 5% of calories

American Heart Association – kids 2 years and older should have no more than 8oz. of sugary drinks per week

AHA – sugary drinks should not be in the diet of children younger than 2

*Despite these
recommendations*

**Added sugars make up about
14% (~308 cal/day) of total
calories for adults**

**Added sugars make up about
17% (~326 cal/day) of total
calories for children/adolescents**

**About ½ of these calories from
sugary drinks**

*Decreasing
Sugary
Drinks =
Low
Hanging
Fruit*

Leading source of added sugar in our diets

Provide little to no nutritional value (i.e “empty calories”)

Don't increase satiety, which means people don't decrease food intake to account for the calories. Leads to excess calorie intake/weight gain.

Policy change needed

POLICY STATEMENT Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Public Policies to Reduce Sugary Drink Consumption in Children and Adolescents

Natalie D. Muth, MD, MPH, RDN, FAAP;^{1,2} William H. Dietz, MD, PhD, FAAP;³ Sheela N. Magge, MD, MSCE, FAAP;⁴ Rachel K. Johnson, PhD, MPH, RD, FAHA;⁵ AMERICAN ACADEMY OF PEDIATRICS, SECTION ON OBESITY, COMMITTEE ON NUTRITION, AMERICAN HEART ASSOCIATION

March 2019 statement from AHA and AAP call for policy-level change to protect health of children and adolescents

Six policy recommendations to reduce sugary drink consumption



Attacking from every angle.™

*AHA/AAP
Policy
Recommendations*

Raise price of sugary drinks, including through excise taxes

Curb marketing of sugary drinks to children and adolescents

Federal nutrition assistance programs (SNAP, WIC, etc) should ensure access to healthy foods/beverages and discourage sugary drink consumption

Consumers should have access to credible nutrition information on nutrition labels, restaurant menus, and advertisements

Adopt policies that make healthy beverages the default (ie. city/state/federal food service guidelines; default beverages in kids' meals, etc)

Hospitals should serve as a model and implement policies to limit or disincentivize purchase of sugary drinks.

Role of Health Systems



Raise awareness of the connection between consumption of sugary drinks and adverse health effects



Motivate employers and leaders in other sectors to take action in their workplaces

Hospitals Already Taking Action

In 2018, ACS conducted key informant interviews with some hospitals that have eliminated sugary drinks or taken steps to reduce availability/encourage healthier choices



Objective was to explore the needs and challenges that hospitals face in adopting a policy to reduce sugary drinks



Talked with reps from 11 hospitals (5 with policy completely eliminating sugary drinks, 6 taking steps to reduce consumption)



Key Findings

Decision making,
barriers, and
implementation

Taking Steps for a Healthier Hospital Environment



Getting rid of fryers



Using more locally sourced food



Reducing prices on healthier options



Using behavioral economics to drive planograms



Reducing portion sizes



Red-yellow-green color coding systems



Encouraging movement and exercise



Motivation for Policy Change

Often, reason for reducing or eliminating sugary drinks (along with other changes) came down to a desire to **'walk the walk'** in terms of healthy behaviors.

- Children's hospitals in particular were often driven by a need to lead by example.

Other hospitals were particularly focused on **employee wellness**.

- This was often the case when the policy was driven by the employee wellness group.

"Ethically, we're a healthcare organization. We have both the capacity and the need, I guess, to demonstrate what healthful eating and healthful habits look like. If we're not doing that and we're expecting our patients to go home and do the things that we're not demonstrating, it's just a mismatch."

"I think the biggest driver was Employee Health and Wellness...that is 60+ percent of our customers in our cafeteria."



A Policy Always Had a Champion

Sometimes, the idea comes from a **vocal person at the top**.

- This clearly makes the idea of a policy an easier sell.
- Nutrition and wellness staff were usually easy to bring on board with a motivated executive.

“I don't think you can go sugar-sweetened beverage free without the top level saying ‘This is what we need to do.’”

More often, however, the idea came from someone in **nutrition, wellness or food service**.

- Sometimes, participation in outside multi-hospital workgroups made a difference.
- When the decision maker is not the champion, those who are spearheading the policy need to ‘sell’ it to the executive leadership, a task that varied in its difficulty.

“And I will say [we] had vocal champions in [our] grassroots efforts. I mean it really was 3 or 4 physicians that led the entire initiative to get started.”



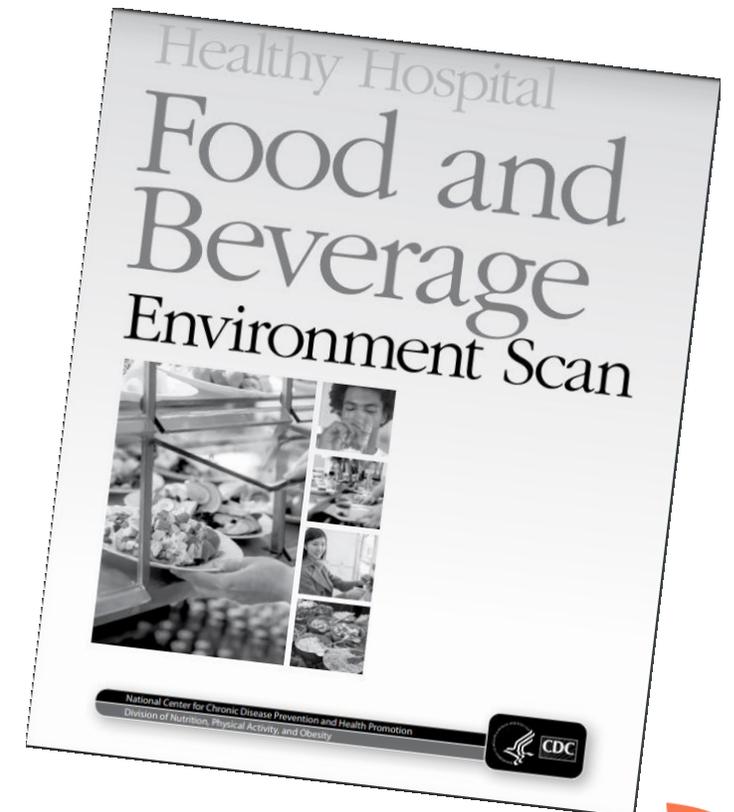
Sometimes an Assessment Got the Ball Rolling

In some cases, the hospital team started the process of implementing a healthier hospital by **taking an assessment test** created by outside 3rd party (i.e CDC tool).

When a hospital received a negative outcome from an assessment tool, it was often an **impetus to make changes**, including changes to beverage offerings.

- The tool also served as a quantitative documentation of poor quality that could be used to sway leadership.

“It was a tool where you could take a test and you would get a grade on how well you were doing. We started with an F in nutrition.”



Multi-disciplinary Committee was Critical

Almost all of the hospitals that successfully eliminated/reduced sugary drinks worked with a **multi-disciplinary team** of hospital employees.

- The team was critical in getting leadership to approve the change, particularly when physicians were on the team.
- The team was also helpful in terms of the implementation and rollout.

“Our committee owns it, so it’s a partnership between wellness, food and nutrition services and then the support of our senior team I think has really helped us really be successful.”

Team members often included people from nutrition/dietitians, wellness, food service, nursing, medical staff, operations, HR, and marketing.

“I started reaching out to many other disciplines. I think we had at least 12 different disciplines from somebody in electronic medical records, somebody in outpatient areas, [somebody in] inpatient areas, physicians, social workers, psychology.”



Hospitals Continuing to Sell Sugary Drinks are Taking Steps to Reduce Consumption

Some hospitals **had considered** going completely sugary drink-free, but have decided against it for now.

These hospitals **have taken steps to reduce the sale of sugary drinks** without eliminating them entirely.

- Dictating a certain percentage of sugary beverages was common, as was changing placement or sizing of sugary drinks and water, to nudge consumers toward healthier choices.

“What I've done is I've just given my vending operator [guidelines] and said, "I expect to have 35% of my vending options to be green or yellow.”

“We also instituted a size change, so they're not allowed to sell 20 ounce sodas anymore. They can only sell 16 ounce. I realize that's not a huge difference, it's only four ounces, but at the same time, it's a big difference.”



Barriers to sugary drink policy adoption



Revenue

A number of hospitals saw cafeteria sales as a profit source and were loathe to give up revenue from sugary drinks. When food service is run by an outside vendor such as Aramark, those vendors also expressed concern.

“There's a ton of fear that not selling junk is going to decrease profit. And most places do show that they do take a dip in profit at first. So it's kinda hard to argue that point, and you have to be ready as an organization to wade through that loss of revenue.”



Employee satisfaction

Given that employees are by far the biggest customers at a hospital cafeteria or vending machine, there was substantial concern about making them unhappy.

“Visitors would be disappointed, but employees, people just have to have their soda. A huge percentage of our business is our employees.”



Patient/visitor satisfaction

Some hospitals – but not all – were concerned with patient satisfaction surveys. This concern is more prevalent in competitive markets. Some also worried that in times of stress, it was wrong to take away SSBs from visitors.

“We've been unsuccessful making any move due to the barriers of contract company involvement and then these worries that people are gonna be upset and bottom line concerns.”



Personal choice

For some, there was a negative reaction to the idea of taking away someone's personal choice-making autonomy. These hospitals preferred to use strategies to nudge people toward better choice rather than taking away their choice.

“We're a self-help organization where we'd rather infuse it in and have that healthy choice rather than say, 'You must do this,' or 'You must do that.' We don't want to be handing down what people should do. We want to give people more opportunity to make good choices.”



Competitive set

A few hospitals took the position that they wanted to see what happened in their market, or with other hospitals that rolled out such a policy, before doing so themselves.

“It just turns out that all of the Trauma 1 hospitals across the Metro are the ones that have not gone there yet. They're curious why. Why are those the hospitals that haven't taken that leap? And that's kind of held them up to investigate that further.”

Overcoming Barriers

Those hospitals who successfully overcame the barriers to adoption typically had a number of factors that helped.

- **Tools**, such as the CDC Environment Scan, that demonstrated the need for change.
- A **champion** at a high level, to take on the risk of loss of revenue or satisfaction
- **Literature and evidence** to support the decision
- **Examples of peer experiences** –
i.e. other hospitals have done this
- A **strong hand with vendors**, to make it clear that they need to make a change

“There is absolutely zero doubt in my mind that the first thing you have to do is have the CEO be a passionate advocate. Without that you're going to lose, you're going to lose, you're going to lose.”

“What we said is, ‘No, we're a healthcare system. We're not a gas station. We're not a restaurant.’ We recognize that this is ethically the right direction we need to move in, so now you can find this product or you might not be a part of this market.”



Communication is Critical

All the hospitals agreed that good communication is an essential part of rolling out a policy.

- A number of hospital involved the marketing team early on, to inform employees and visitors not just that the policy was going into effect, but why it was done
- Went to each department to talk about the change and why it was being made.
- It was also important to train public-facing staff about how to talk to visitors who asked questions about the policy.

“Every single week there was something going out to staff about "better for you" eating so that it wouldn't be a surprise when we made a lot of changes as our cafeteria opened. We did stuff on our TV monitors. Really any communication channel that already existed within our organization, we were putting information out there on nutrition.”

“One of the things key in the success of this program, in continuing to move it forward, is education to the staff...The staff was heavily trained in talking points and what to say and what not to say when we started this program.”



Initial reactions tended to be negative

"In the beginning we came across as preachy and judgmental. The person who was my admin at the time ...looked at me one day and said, 'They're coming for us fatties next.'"

"And as we went through this journey, there was a lot of backlash. My vending revenue dropped by almost 70%."

"I've had grandmothers, I've had 80-year-old women curse me out. I had a woman who was 80 who I thought honestly was going to punch me."

"I mean, it was an ugly two to three weeks where I did not want to check my email every day because it was just getting bombarded by people cussing at me, telling me how dare I do this, this is ridiculous. You know, they'll never come shop at my cafeteria again."



Silver Linings

Those hospitals who focused more on **new options and choices** had more success and less blowback than those who did not.

- These hospitals worked hard to introduce new food and drink options and promoted them to get people excited about new offerings.

“How do we kind of buffer the blow with, “Oh, we got all these new products and we're going to be running this and we're going to be doing the food here and now we got this meal program.””

Most hospitals also found that their **revenue bounced back**. Similarly, negative reactions from employees tended to dissipate after the initial change.

- Not everyone’s revenue returned completely to pre-change levels, but most were happy with the outcome.

“Initially, we did drop in sales because of that...it was about 9 months [for revenue to come back].”



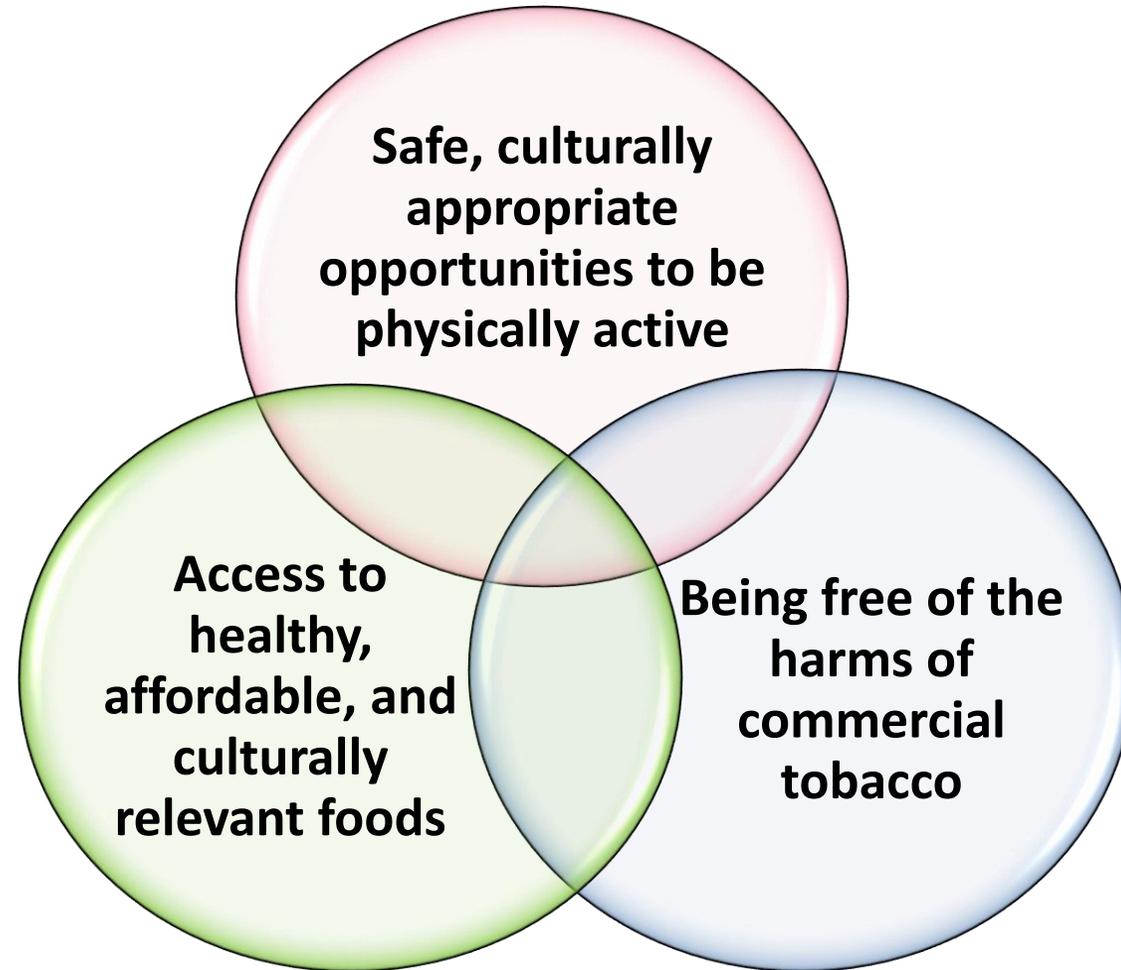
A group of diverse young children, including a girl with brown hair, a boy with a white shirt and suspenders, a girl in a pink and white headscarf, a girl with a blue polka-dot shirt, and a girl with blonde hair, are sitting together and talking. A large red diagonal banner is overlaid on the image, containing the title and speaker information.

WORKING WITH THE MINNESOTA COMPREHENSIVE CANCER COALITION TO CHANGE THE CONVERSATION ABOUT SUGARY DRINKS

JULIE RALSTON AOKI, PUBLIC HEALTH LAW CENTER



PUBLIC HEALTH LAW CENTER



MINNESOTA COMPREHENSIVE CANCER PROGRAM HEALTHY HOSPITAL INITIATIVE



Michelle
Strangis,
MDH (retired)

Hospitals across the U.S. join exodus from sugary pop

Seeking healthier options, hospitals in Minnesota and around the nation are gradually moving away from sugary pop. Not everyone agrees.

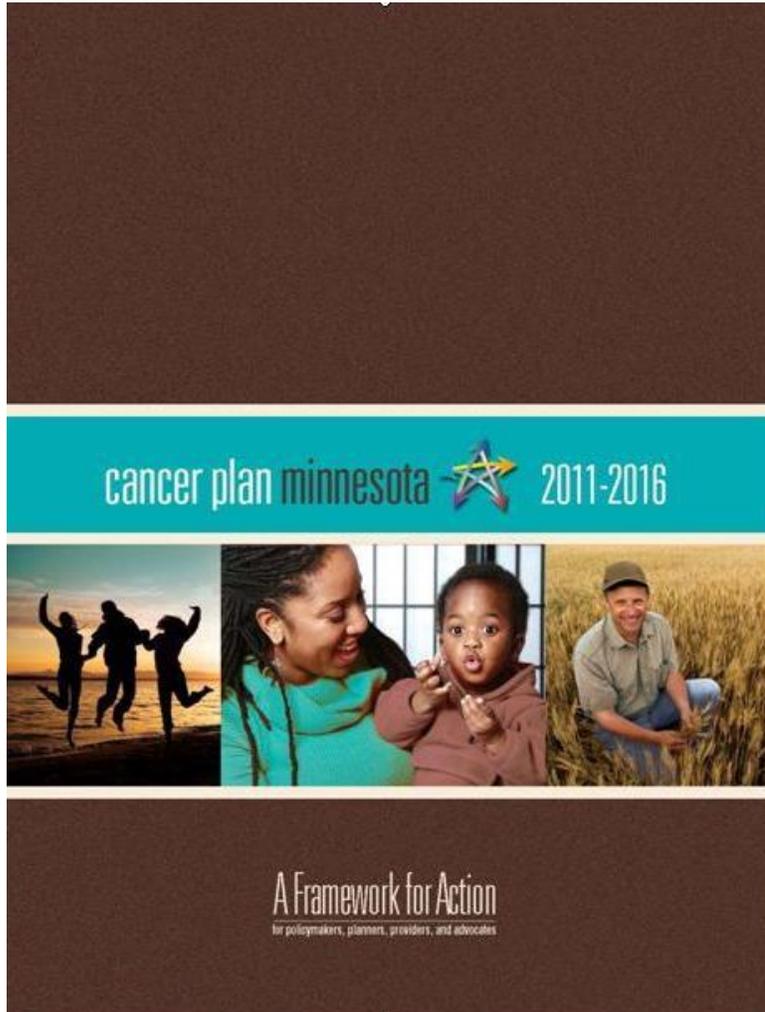
By Christopher Snowbeck Star Tribune | JANUARY 31, 2015 — 3:02PM



RICHARD SENNOTT — STAR TRIBUNE

Star Tribune file photo. a pop machine competes for sales next to a juice and
chine.

SETTING THE STAGE



2011-2016 Cancer Plan Minnesota

- **Increase healthy eating**
- **Increase physical activity**
- **Increase number of people with healthy weight**





**This is a no smoking
site.**

**Smoking is not allowed
within the hospital
building or grounds.**

Thank you

Alamy



**PUBLIC HEALTH
LAW CENTER**
at Mitchell Hamline School of Law

Theme: Promoting sustainable change

It is unreasonable to expect that people will change their behavior so easily when so many forces in the social, cultural, and physical environment conspire against change.



THE IRON WAS HOT



Minnesota-based Commons Health Hospital Challenge

- Pledge to phase out all sugary drink sales within one year



Healthy Hospital Food Initiative

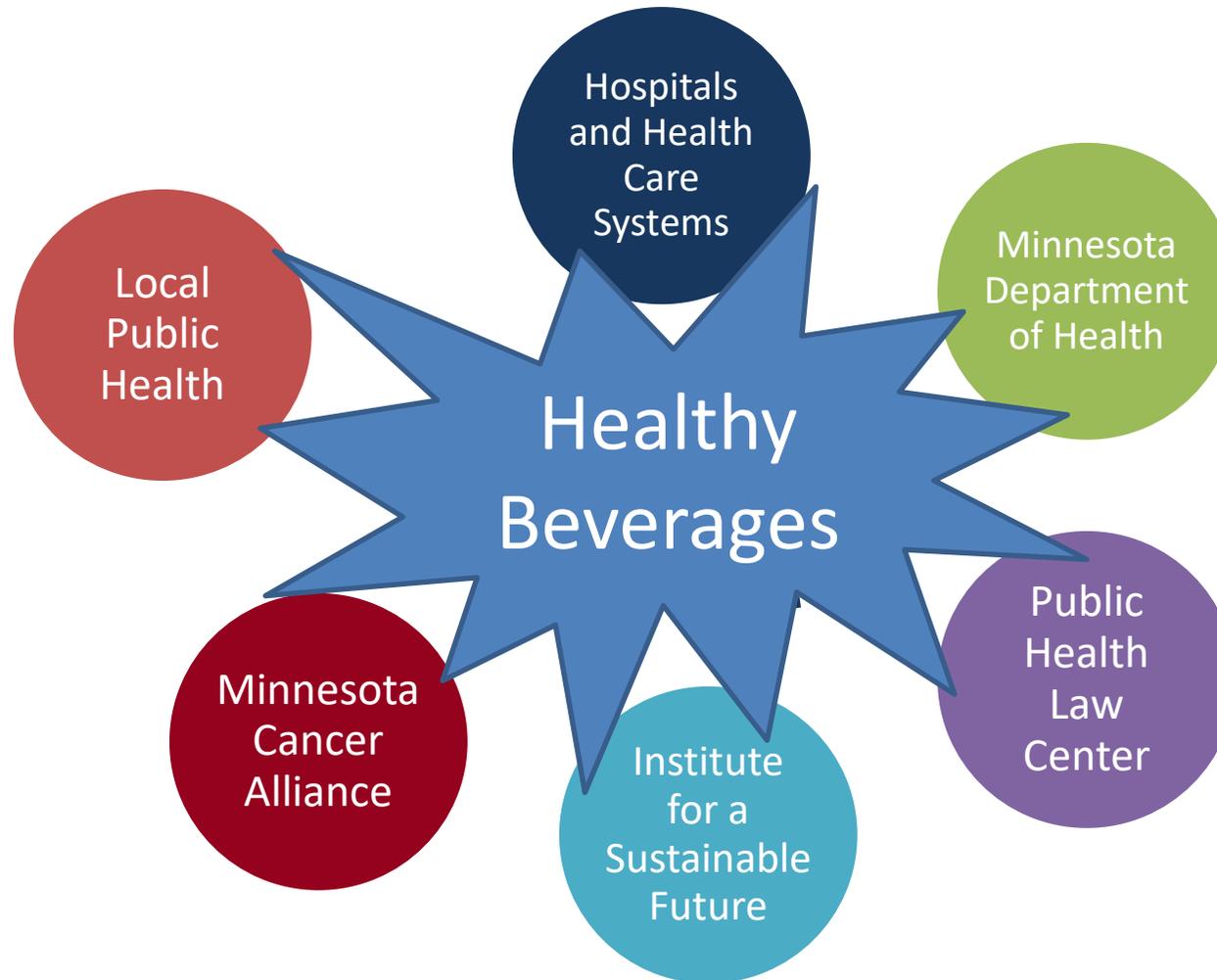
- 80% healthy beverage supply
- Promote tap water



Health Care Without Harm's Healthy Beverages Initiative

- At least 80% of beverages purchased for use throughout facility are healthy

Connecting Partners





Building Blocks for Success

A Guide For Developing Healthy Beverage Programs

There is no "one size fits all" approach to building a beverage program. While the following are the components for effective programs, they can be fit the culture and goals of the organization. Resources in this series are designed to support you implement these components. They also intend to educate stakeholders about why and why beverage programs are good for healthcare.

Convene a Healthy Beverage Workgroup

Quick REFERENCE GUIDE

- Convene a healthy beverage workgroup
- Assess beverage availability and staff perspectives
- Develop a healthy beverage policy



Sickly Sweet

Why the Focus on Sugary Drinks

Although many factors influence rates of obesity and overweight, sugary drinks play a significant role. Some argue that singling out one type of food is not appropriate because any treat can be consumed in moderation. The fact is, however, that sugary drinks are no longer consumed as a special treat. Instead, they have become a regular and large contributor of daily calories to our diet. This is why efforts to reduce sugary drink consumption are widely supported by public health experts.¹

Consumption of Sugary Drinks

Almost all of the sugar that Americans consume comes from added sugars (sugars added to food during processing, preparation, or at the table), and these added sugars account for about 16% of all the calories in the U.S. diet.² Just under half of all these added sugars comes from sugary drinks such as soda, energy drinks, sports drinks, and "fruit" drinks (see Figure 1), prompting experts at the Institute of Medicine to identify sugary drinks as the single largest contributor of calories and added sugars to the U.S. diet.³

While sugary drink consumption varies by age, sex, income, race and ethnicity, on any given day about half the U.S. population consumes a sugary drink and 25% consumes more than one.⁴ Males consume



The Public Health Law Center has created a series of resources designed to inform and support efforts to promote healthy beverage choices within Minnesota workplace settings, with a special focus on healthcare. This fact sheet explains how sugary drinks contribute to obesity.



Healthcare Can Lead the Way

Making the Healthy Choice the Easy Choice

The Policy, Systems, and Environmental Change Approach

Solving America's obesity epidemic requires a multifaceted effort. While education is an important part of any effort to improve health, education alone rarely results in behavior change. Approaches that are likely to have the most impact are those that succeed in shifting the current framework to create healthier environments (refer to Figure 1). Policy, systems, and environmental (PSE) changes broadly affect the way we live and assist in creating frameworks where the easy, default choices are healthy choices, as opposed to unhealthy ones. For these reasons, experts at the Centers for Disease Control and Prevention (CDC) and the Institute of Medicine (IOM) recommend PSE-based approaches for promoting healthy beverage choices and reducing overconsumption of [sugary drinks](#) across a variety of sectors, including

"It is unreasonable to expect that people will change their behavior so easily when so many forces in the social, cultural, and physical environment conspire against change."
— Institute of Medicine



The Public Health Law Center has created a series of resources designed to inform and support efforts to promote healthy beverage choices within Minnesota workplace settings, with a special focus on healthcare. This fact sheet explains how healthcare facilities are uniquely situated to both lead and benefit from healthy beverage programs.



Healthy Beverage Programs, Healthy Bottom Lines

Taking steps to eliminate the availability of sugary and other unhealthy beverages within a facility often raises concerns that these programs will result in revenue loss. Food and beverage vending machines generate income, and there is a common misperception that healthy options won't sell as well as unhealthy ones. Healthy vending programs implemented in schools indicate that the feared financial losses rarely come to pass. The experiences of schools and worksites that have implemented measures to reduce availability of unhealthy foods and beverages suggest that while there may be an initial adjustment period, overall revenue remains fairly consistent.¹ These experiences indicate that customers tend to embrace the sale of healthier options — particularly water and 100% juices.

Hospitals implementing these changes have had similar results. This series includes case studies that describe the experiences of two Massachusetts hospitals that implemented healthy beverage programs without hurting beverage sales or revenue. For example, after implementing a healthy beverage program, St. Elizabeth's Hospital reported a 30% increase in healthy beverage sales, and an increase in overall sales compared to the previous year. Fairview



The Public Health Law Center has created a series of resources designed to inform and support efforts to promote healthy beverage choices within Minnesota workplace settings, with a special focus on healthcare. This fact sheet discusses some of the common misperceptions about the potential financial impact of healthy beverage programs.



Healthy Beverage Hot Spots

Identifying and Utilizing the Institutional Access Points

A key step in developing an effective healthy beverage program is to conduct an assessment of the beverage environment in the organization. An organizational [assessment](#) provides important information about where, how, and what drinks are available within a healthcare facility. In general, beverages are offered through five types of locations or access points:



- Retailers/cafeterias
- Vending machines
- Catering/Procurement for meetings and events
- Patient services
- On-site contracted venues/concessions (such as Au Bon Pain, Dunkin' Donuts, McDonald's)

Each location presents unique opportunities and challenges. The assessment results — and the understanding of the beverage access points gained through the process — can and should be used to tailor implementation strategies appropriately to each type of access point. Health Care Without Harm has created a [Healthy Beverage Audit](#) that could be used to support assessment efforts. Considerations relating to each type of access point are summarized below.

Public Health Law Center 875 Summit Avenue



Thirsty for Health

Tap Water and Healthcare

Water is essential to maintain optimal hydration. Promoting water consumption is an important strategy for reducing the intake of sugary drinks to ultimately reduce or prevent obesity. Consumption of sugary drinks has been identified as the largest contributor of calories and added sugars in the U.S. diet. In fact, one recent study indicates that replacing sugary drinks with water could cut up to 235 calories per day from the average American child's intake.¹ As a replacement strategy, people frequently choose to drink bottled water as a healthy alternative to other beverages.² Although drinking bottled water is healthier than drinking sodas and other sugary drinks, tap water is more affordable and can offer additional benefits.



Health Benefits of Tap Water

In addition to being calorie- and fat-free, drinking water — tap water in particular — helps promote healthier mouths. Tap water is typically fluoridated in the U.S. to levels designed to prevent tooth decay.

One recent study indicates that replacing sugary drinks with water could cut up to 235 calories per day from the average American child's intake.

The Public Health Law Center has created a series of resources designed to inform and support efforts to promote healthy beverage choices within Minnesota workplace settings, with a special focus on healthcare. This fact sheet explains why promoting drinking water from the tap makes public health and economic sense.



Healthy Beverage Policies

Key Definitions and Sample Standards

One of the fundamental steps to creating a healthy beverage program is developing a written policy that defines "healthy" beverage and sets clear, consistent standards. Healthy beverage policies should include definitions for important terms or concepts such as "healthy beverage" and "sweetened beverage." Health Care Without Harm should also set forth standards that qualify as "healthy" drinks of drink but also by serving other criteria. Setting clear standards for the healthy beverages and/or increase, and those or reduced, is crucial. A written, consistent communication to vendors and enables effective evaluation. Moreover, to work with vendors, it must be included in the bid and contracts.



A written policy facilitates communication of institutional standards that can be incorporated into vendor contracts (which enables effective monitoring).

Public Health Law Center

Frequently Asked Questions

About Healthy Beverage Programs

Being prepared for tough questions from employees, visitors and the media is an important part of getting buy-in and creating sustainability for your organization's efforts to implement sugary drink or healthy food policy. Below are some frequently asked questions and common concerns that your organization may encounter as you promote your new policy.

Why focus on sugary drinks? What about french fries, ice cream, and candy — they are all unhealthy.

About 16% of Americans' calories come from added sugars, and 46% of these added-sugar calories come from soda, energy drinks and sports drinks (36% combined) and fruit drinks with added sugar (10%).¹ Even though these drinks have a lot of calories, they won't fill you up like the calories in solid food.² Researchers have found significant evidence linking sugary drink consumption to obesity and other health-related issues.³ National health scientists have identified consumption of sugary drinks as "the single largest contributor of calories and added sugars to the American diet."⁴ Indeed, increased sugary drink consumption is believed likely to account for at least 20% of the weight gained by Americans during the past 40 years.⁵



The Public Health Law Center has created a series of resources designed to inform and support efforts to promote healthy beverage choices within Minnesota workplace settings, with a special focus on healthcare. This fact sheet provides responses for the questions that have typically come up when healthcare organizations have implemented healthy beverage programs.

Working with Partners



Partner Highlight: Institute for a Sustainable Future

MINNEAPOLIS/ST. PAUL
BUSINESS JOURNAL



Oct 10, 2012, 1:03pm CDT

Hospital becomes first in Minnesota to stop selling sugar-sweetened beverages



Ed Stych

National Special Sections Editor-
Minneapolis / St. Paul Business
Journal

Email | Twitter | Google+ | LinkedIn

St. Luke's Hospital in Duluth is planning to stop selling sugar-sweetened beverages at its main campus and all of its clinics.

It's the first hospital in Minnesota to take such action, according to Jamie Harvie of the Duluth-based Institute for a Sustainable Future, which advocates against sugary beverages.

Mark Branovan, St. Luke's director of hospitality, said the hospital made the decision because "there is that sugar-sweetened beverages are a significant contributor to obesity," the *Duluth News Tribune* reported. The ban is expected to start Nov. 1.

[>Click here to read more about why St. Luke's decided to end sales of sugar-sweetened beverages.](#)



 Enlarge

St. Luke's Hospital in Duluth is planning to stop selling sugar-sweetened beverages at its main campus and all of its clinics.

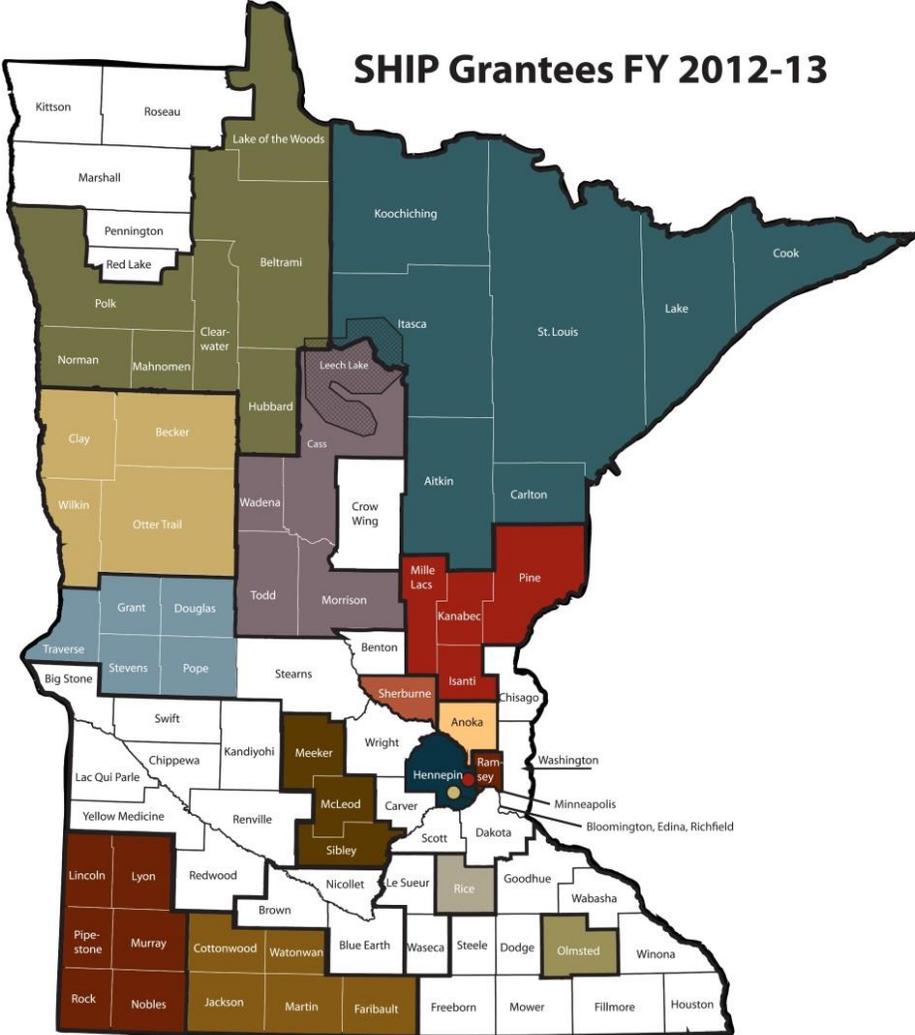
Partner Highlight: Minnesota Department of Health

“By phasing out the sale of soda and other sugar-sweetened beverages, the health care facilities in Northeastern Minnesota are saying they prioritize good health—before, as well as after, people are sick. They are offering inspired leadership for other hospital and health care systems, their patients, staff, and the entire community.”

Edward P. Ehlinger, MD, MSPH, Commissioner, Minnesota Department of Health (July 2013 editorial published in the Duluth News Tribune)



Partner Highlight: Statewide Health Improvement Partnership (SHIP)



MN STATEWIDE HEALTH IMPROVEMENT PARTNERSHIP MINNEAPOLIS RE-THINK YOUR DRINK LEADERSHIP TEAMS

You do so much to protect them.



But maybe you **never** realized how much **sugary drinks** could hurt them.



After all, your kids are **sweet enough already!**

Choose **Water** or low-fat **Milk**.

reTHINK
their drink!
every sip counts

Minneapolis Health Department

The project is supported by the Minneapolis Health Department with Statewide Health Improvement Program Funding, Minnesota Department of Health

Usted se esfuerza mucho en protegerles.



Pero tal vez **nunca** se dio cuenta de cuánto daño les pueden hacer las bebidas **azucaradas**.



Después de todo, sus hijos ya son lo **suficientemente dulces!**
Mejor tome **agua** o **leche** baja en grasa.

Minneapolis Health Department

¿Sabes lo que beben tus hijos?
Piénsalo dos veces!
cada traguito cuenta

The project is supported by the Minneapolis Health Department with Statewide Health Improvement Program Funding, Minnesota Department of Health

Koj ua ntau yam tiv thiaiv lawm.



Tab sis tej zaug koj ho tsis xav txog tia haus dej qab zib yuav ua tau lawv raug mob.



Tsis tag li xwb, koj cov menyuam twb qab zib txaus lawm.

Xaiv cov **dej** dawb haus los yog **mis nyuj** tsuag plig ua tsis muaj rog ntaus.

Xav
dua txog lawv
cov **dej** haus!
txhua pas los yeej xam

Minneapolis Health Department

The project is supported by the Minneapolis Health Department with Statewide Health Improvement Program Funding, Minnesota Department of Health

RESULTS . . . AND THE WORK CONTINUES

MINNEAPOLIS

Minneapolis' Abbott Northwestern will close its McDonald's

By Jeremy Olson Star Tribune | DECEMBER 1, 2015 — 9:34PM

McDonald's long run selling burgers and fries at Abbott Northwestern Hospital in Minneapolis is ending.

The hospital's parent organization, Allina Health, announced the step Tuesday as part of a broader effort to reduce high-fat foods and sugar-sweetened beverages from a facility dedicated to treating obesity-related conditions such as diabetes and heart disease.

Abbott had weathered criticism for hosting McDonald's for 25 years — even as other hospitals eliminated or curbed junk food options — but finally decided to end the restaurant's lease as of May 31.

Sugar-sweetened beverages will be removed from 77 vending machines in Allina's 13 hospitals around the Twin Cities area and more than 90 clinics as of the start of 2016, and high-fat foods will be trimmed from its cafeteria menus.

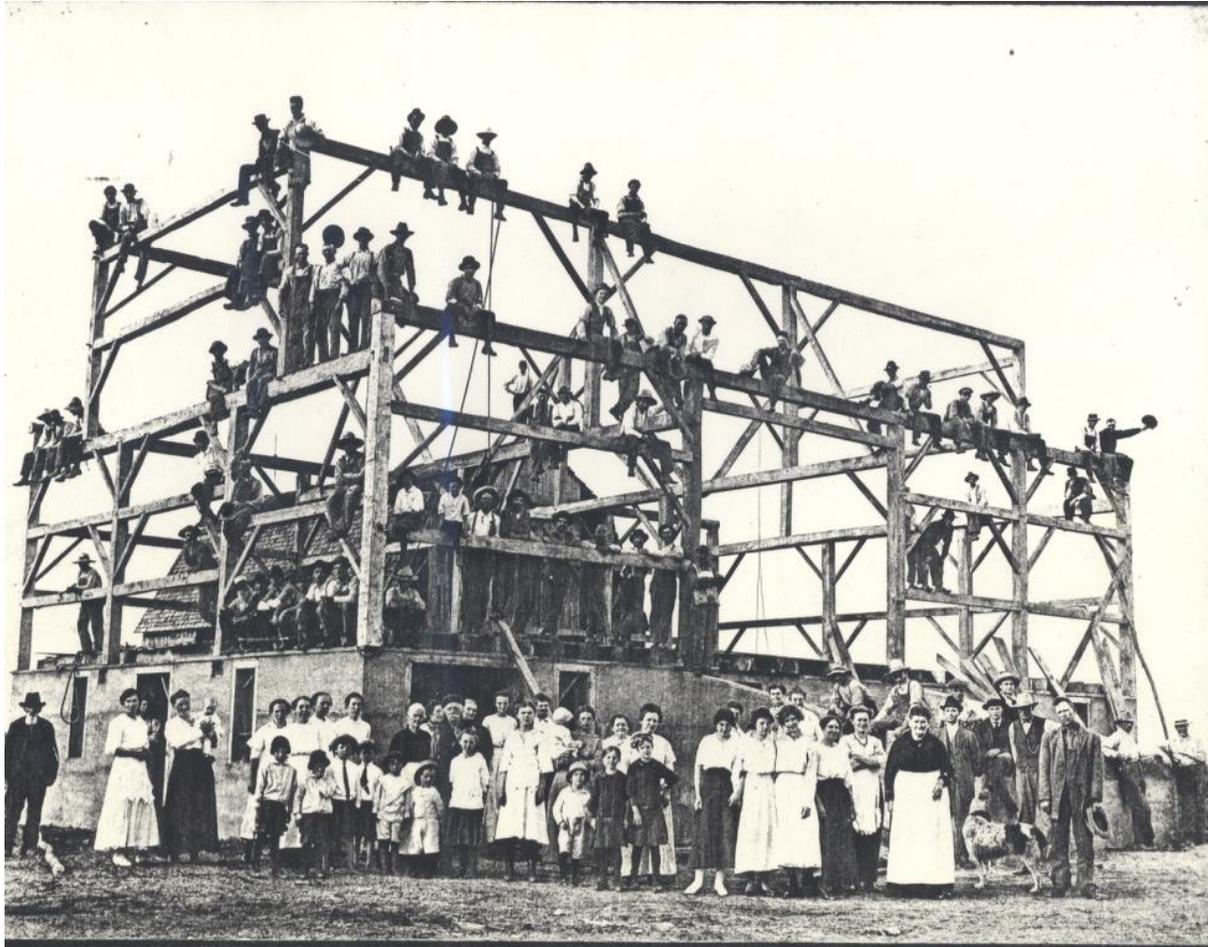
"As an organization focused on health, it is our responsibility to model and encourage healthy choices," said Dr. Penny Wheeler, Allina's president and chief executive.



Childhood Obesity Intervention
Cost-Effectiveness Study



What can coalitions do?



- Identify and connect critical partners.
- Bring coalition resources to partners to enhance their work.
- Serve as an effective messenger on sensitive topics.
- Change the conversation.

Partners

- **MN Cancer Alliance members**
- **MDH (Community Transformation Grant Staff and Local Grantees; MDH Chronic Disease Programs; Office of Statewide Health Improvement Initiatives; Collaboration Initiative and Commissioner's Office; Oral Health Unit)**
- **University of Minnesota, School of Public Health**
- **Institute for a Sustainable Future/Commons Health Care Network**
- **Blue Cross Blue Shield of Minnesota Center for Prevention**
- **Local Public Health Departments**
- **Minnesota Hospitals and Healthcare Systems**
- **Minnesota office of the American Heart Association and the Minnesotans for Healthy Kids Coalition**
- **Center for Science in the Public Interest**
- **National American Heart Association**
- **Health Care Without Harm**

CONTACT US



651.290.7532



Julie.RalstonAoki@mitchellhamline.edu



www.publichealthlawcenter.org



[@phealthlawctr](https://twitter.com/phealthlawctr)



facebook.com/publichealthlawcenter