

# What is the effect of institutional outreach on the availability of animal-free products?

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## Summary

Institutional outreach is an intervention in which organizations work with non-corporate institutions (e.g., schools and hospitals) and attempt to influence the food products they purchase and serve. Currently, there is no peer-reviewed research available about influencing the availability of animal-free products through institutional outreach. However, we could learn from studies that investigate the effectiveness of outreach to hospitals and schools on increasing the availability of “healthy foods” (specifically fruits, vegetables, and whole grains). Two out of four studies we reviewed found that institutional outreach was significantly associated with increased availability of healthy foods, and the authors offered preliminary advice on effective outreach strategies.<sup>1</sup>

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<sup>1</sup> [Moran et al. \(2015\)](#); [Ohri-Vachaspati et al. \(2012\)](#)

## Our assessment

Based on high participation and success rates in health food outreach to schools and hospitals, we believe that reaching out to public institutions with effective strategies has the potential to increase the availability of animal-free foods. However, due to concerns about generalizability of results to animal-free foods, more research is needed before we can be confident in this intervention.

## Introduction to outreach initiatives

We found four articles about institutional outreach initiatives in the United States: two in hospitals and two in schools. Each program used different strategies for outreach, but their general goals were the same: (i) create a connection with the institution, (ii) ask the institution to increase the availability of healthy foods, (iii) provide personalized training and support, and (iv) track progress. The Healthy Hospital Food Initiative (HHFI) was implemented by the New York City government to increase healthy foods in public and private hospitals.<sup>2</sup> The Good Food, Healthy Hospitals program was a collaborative effort among the Philadelphia Department of Public Health, The Common Market (a nonprofit), and the American Heart Association, and it aimed to increase healthy foods in hospitals.<sup>3</sup> The Fresh Fruit and Vegetable Program (FFVP) and Team Nutrition interventions are managed by the U.S. Department of Agriculture and aim to increase healthy foods in schools.<sup>4</sup>

## Outcomes from outreach initiatives

**The Healthy Hospital Food Initiative:** Approximately 60 hospitals in New York City were invited, and 40 hospitals participated (16 public and 24 private). By the end of the two-year program, at least half of the private hospitals had implemented four healthy food standards: patient meals (71%), cafeterias (67%), beverage vending machines (58%), and food vending machines (50%). Only 12% of public hospitals implemented the optional cafeterias standard, which was probably due to their focus on meeting the other three government-mandated standards.<sup>5</sup>

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<sup>2</sup> [Moran et al. \(2016\)](#)

<sup>3</sup> [Bartoli \(2017\)](#)

<sup>4</sup> [Ohri-Vachaspati, Turner, & Chaloupka \(2012\)](#); [Levine et al. \(2002\)](#)

<sup>5</sup> [Moran et al. \(2016\)](#)

**The Good Food, Healthy Hospitals:** The program’s Philadelphia partnership enrolled 15 hospitals, and there was mixed success in terms of adopting the healthy food guidelines: patient meals (40%), purchased food and beverages (26.6%), cafeteria meals (20%), and catered meals (13.3%). They did not report the number of hospitals they approached, but there are approximately 30 hospitals in the city.<sup>6</sup>

**The Fresh Fruit and Vegetable Program:** This program approached 1,054 public elementary schools and found the 620 schools (58.8%) that participated in the program were approximately two times more likely to serve fresh fruits during lunch. Although FFVP-participating schools did serve more vegetables compared to non-participating schools, it was not a significant difference.<sup>7</sup>

**Team Nutrition:** This social marketing and nutrition education approach did not directly increase the availability of healthy foods, but teachers reported that students were more likely to ask for healthy snack options after the intervention.<sup>8</sup>

## Effective strategies that were identified

**Regular strategies:** Organizations such as [Forward Food](#), [The Humane Society of the United States](#), and [ProVeg](#) tend to use at least the following strategies: (i) reaching out to leaders of organizations to request participation, (ii) providing resources about how to improve food offerings, and (iii) training food service staff on new preparation techniques and recipes.

**The Healthy Hospital Food Initiative:** Several key strategies that encouraged high levels of participation in the HHFI were identified: (i) working with the local hospital association and hospital workers’ unions, (ii) partnering with high-level officials to connect with hospital leaders, and (iii) giving positive public recognition for hospitals that participated.<sup>9</sup> Additionally, the following in-depth, personalized help provided to hospitals could be linked to the intervention’s success: (i) assistance from dietitians, (ii) implementation guides, (iii) promotional materials, (iv) coaching on how to communicate with employees, and (v) advice on incorporating new standards into existing operations.

**The Fresh Fruit and Vegetable Program:** The authors explained that schools were more likely to offer fruits as snacks compared to vegetables because students prefer fruit. This practice of providing healthy

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<sup>6</sup> [Wikipedia \(2021\)](#)

<sup>7</sup> [Ohri-Vachaspati et al. \(2012\)](#)

<sup>8</sup> [Levine et al. \(2002\)](#)

<sup>9</sup> [Moran et al. \(2016\)](#)

foods that consumers prefer also leads to less waste for the food service team, therefore cutting costs for the institution overall.

**Team Nutrition:** Teachers reported lack of nutrition education as a barrier, so educating teachers involved with the intervention is important. One study emphasized that in order to maximize effectiveness, those engaging in school outreach should provide a support system to reduce stress on teachers, foodservice staff, and community partners.<sup>10</sup>

## Generalizability

All the peer-reviewed studies discussed were specifically about interventions within the United States and were government-supported. There is a risk that these effects are not generalizable to other institutional settings within different regions or to interventions that are not supported by the government. This topic area would benefit from comparative studies within multiple regions to generate more high-quality, relevant data.

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<sup>10</sup> [Levine et al. \(2002\)](#)

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