New England Healthy Food in Health Care
Leading the Charge to a Healthy, Sustainable Food System

Health Care Without Harm
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## Abbreviations:

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<th>Abbreviation</th>
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<tr>
<td>HCWH</td>
<td>Health Care Without Harm</td>
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<tr>
<td>HFHC</td>
<td>Healthy Food in Health Care</td>
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<td>HHI</td>
<td>Healthier Hospitals Initiative</td>
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<tr>
<td>GPO</td>
<td>Group Purchasing Organization</td>
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<td>GMO</td>
<td>Genetically Modified Organism</td>
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<tr>
<td>USDA</td>
<td>United States Department of Agriculture</td>
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<td>FDA</td>
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This report outlines the activities that New England health care systems, hospitals, and clinicians are currently engaged in through the Healthy Food in Health Care Program. It is a sampling of the innovative work underway in these facilities and details the variety of ways HFHC hospitals are using their economic power to move the marketplace toward health and sustainability. If you have a story to share please complete our next annual survey slated for February 2015. We wish to extend our gratitude to all of the health care champions who are working hard in their facilities, their professional associations, and their communities across New England to build a healthier food system. Our future depends on it.

**SURVEY STATS AT A GLANCE**

In 2013...
- 28 health facilities worked on reducing the amount of meat they serve
- 47 worked to reduce offerings of sugar sweetened beverages
- 61 reported purchasing locally* produced foods
- 29 facilities spent a combined $4,168,577 on locally produced food and beverages
- 52 reported purchasing sustainably produced foods
- 17 facilities spent a combined $2,329,841 on sustainably produced food and beverages.

*HCWH-HFHC defines “Local” as food that was grown/raised and processed locally - within 250 miles of the health care facility. For processed foods with multiple ingredients, including breads and other bakery items, only products with the majority of ingredients (>50% by weight) grown/raised and processed within the 250-mile radius may be included.
I. Foundation for Healthy Food in Health Care

Health Care Without Harm (HCWH) is an international coalition of over 500 hospitals and health care systems, medical professionals, community groups, health-affected constituencies, labor unions, environmental and environmental health organizations.

“First Do No Harm...”

Together with our partners around the world, Health Care Without Harm shares a vision of a health care sector that does no harm, and instead promotes the health of people and the environment. Health care facilities, their practicing clinicians, and their operations staff provide an important service caring for the nations’ sick. However, health care facilities may unwittingly contribute to poor health through their operations and purchasing choices. We are working to implement ecologically sound and healthy alternatives to health care practices that pollute the environment and contribute to disease.

Healthy Food in Health Care (HFHC) is a nationwide program of Health Care Without Harm which serves to harness the purchasing power and expertise of the health care sector to advance the development of a sustainable food system. Through advocacy and education, we motivate facilities to implement programs that explicitly connect all aspects of the food system with health. We catalyze sustainable procurement efforts, train and support clinician advocates, and inspire health care institutions to become leaders in shaping a food system that supports prevention-based health care. To date, over 700 hospitals nationwide participate in the program and over 2,000 clinicians have participated in our educational trainings and advocacy efforts.

The Healthy Food in Health Care Program is built on the understanding that all aspects of the food system, including how food is grown, processed, packaged, transported, and consumed, have implications for the health of individuals, communities, and the environment. This system-based approach broadens our sphere of concern beyond individual responsibility and a medical model focused on treating symptoms to promoting health at multiple scales.

Within the past century, the food system in the United States has dramatically transformed, becoming more mechanized; dependent on inputs of fossil fuels, synthetic fertilizers, and pesticides; more oriented toward production of crop and livestock monocultures; and more highly consolidated in terms of land ownership as well as control of processing and distribution infrastructure.

In terms of its impacts on human health and the environment, this system can be understood as “broken.”

- Pesticides harm wildlife while contributing to rising rates of cancer, and neurodevelopmental and reproductive disorders.2
- Overuse of synthetic fertilizers leads to nutrient-poor soils and an 8,500 square mile hypoxic “dead zone” in the Gulf of Mexico.3
- Manure lagoons at Confined Animal Feeding Operations leach pollutants including phosphorus, heavy metals and ammonia while providing ideal habitat for food borne pathogens creating noxious, asthma-inducing odors.4
- Routine non-therapeutic use of antibiotics in livestock production allows for overcrowded living conditions while leading to antibiotic-resistant bacteria in people.5
- Food production and transport account for high greenhouse gas emissions, accelerating the negative impacts of climate change on food production, human health, and ecosystem resilience.6, 7

Hundreds of hospitals across the country are participating in the Healthy Food in Health Care program to redefine the concept of healthy food based on an environmental nutrition approach that understands that our health is not only determined by the quantity and quality of the food we eat, but must also come from a food system that conserves natural resources, advances social justice and animal welfare, builds community wealth, and fulfills the food and nutrition needs of all eaters now and in the future.1
Supporting Sustainable Agriculture

The way our food is grown can help protect our health as well as foster clean air, water, and healthy soil on which all life depends. Organic agriculture protects farm workers, rural communities, and eaters from the toxic pesticides used in conventional agriculture. Research also demonstrates that organic farming is better for the environment than conventional agriculture on a range of outcomes, including protecting water, air, and wildlife, building healthy soils, fostering biodiversity, and climate benefits such as reducing energy use and sequestering carbon in soils.\(^8,9\)

Twentieth century farm policy to “get big or get out,” combined with “green revolution” farming techniques that employ synthetic fertilizers and pesticides, motivated farmers to treat their fields like factories, producing just a few commodity crops like corn or soy. This monocrop system, specializing in a single or a few commodities, has had negative consequences for our soil, farming communities, food, and health. Alternatively, diversified farming produces a variety of crops on one farm. Along with helping farmers spread their financial risk over many crops or livestock, this diversity can help them farm in a more environmentally-sound way. Soil fertility can be replenished and pests can be controlled by rotating crops or by planting polycultures instead of relying on synthetic fertilizer and pesticides.

“In 2012, Fletcher Allen Health Care, the largest hospital in Vermont, spent 44.3% of its food budget in the state. A study was conducted to measure the economic impact of FAHC local food procurement on Vermont. Researchers found that for every dollar spent in Vermont another $0.98 was added to the state economy and a total of 30.4 jobs were supported. The full report is due out later in 2014.”

Florence Becot, Research Specialist at the Center for Rural Studies and Dr. David Conner, Assistant Professor Community Development and Applied Economics – University of Vermont

“Nationally, the numbers of farms in the country decreased to 2.1 million in 2012, down 4.3 percent from the 2007 agricultural census. However, in every New England state, both the number of farms and the amount of land in farms went up.”\(^11\)

This increase in the number of farms and land in farming is likely due to increased demand for locally produced food among New England consumers.\(^12\) State governments and agricultural non-profit organizations are developing plans and policies to support local food systems in every New England state and it appears to be paying off. By purchasing local food, hospitals can help support farmers, preserve farmland, bolster the local economy, and connect hospital patients, staff, and visitors to the origins of their food. By prioritizing organic food, hospitals support agricultural methods that are healthier for the land, farm workers, rural communities, and consumers.

The USDA National Organic Program (NOP) determined that New England, California and Iowa have the highest concentration of USDA certified organic farms in the United States with New England housing 1,560 across the 6-state region.\(^10\) Many farmers, however, opt out of the formal certification process even though they are using organic or sustainable farming practices. While there is little formal research about the number of operations in this non-certified sustainable farming category, farmers and practitioners in the field of sustainable agriculture report that these farmers find certification process too expensive and time-consuming; they sell locally, to customers who value locally-produced food and trust their farmer’s sustainable production practices.
**Hospitals as Anchor Institutions**

Hospitals play a major role in addressing the broader environmental, economic, and social needs of the communities in which they’re located. The current industrial food system favors long distance distribution of highly processed foods over local and fresh foods, and despite producing large quantities of food, it is wrought by poor nutrition, food insecurity, obesity, and other chronic diseases.\(^{13,14}\) Rising rates of food-related chronic diseases are socially and economically-devastating to families and communities and represent an increasing drain on health care resources. Cancer, heart disease, diabetes, and other chronic conditions account for $3 out of every $4 spent on health care nationally.\(^{15}\)

Research shows that health care workers are no exception to rising rates of obesity and decreasing overall health status.\(^{16}\) As HFHC facilities across the region recognize, there are mutual benefits that result from supporting a healthy, sustainable food system—the development of robust regional food systems, improvements in employee health and wellness through increased access to healthy, local food, and reductions in the chronic disease burden which could contribute to keeping health care costs under control.

As mission-driven institutions, hospitals across the U.S. are undertaking innovative community and public health strategies and are finding new support through the Affordable Care Act for devising community benefit programs that incorporate environmental and community health factors. The need for best practice sharing among hospitals implementing community food programs emerged in 2013, setting the premise for the 2014 launch of an incubator hospital learning network. This Community Food Outreach team brings together community benefit officers, affordable care organization (ACO) managers, and community outreach specialists to increase the use of federal community benefit funds and other identified monies available to hospitals to increase access to healthy, locally-sourced, and sustainably-produced foods for their community. In addition, through peer learning and expert presentations, the group will identify best practice strategies, program development and implementation challenges and successes. Participating partner organizations serve to build the resources and expertise available to the health care facilities: Health Resources in Action, Community Servings, Harvard Law School’s Center for Health Law and Policy Innovation, and Project Bread. We hope to extend this learning collaborative opportunity to the rest of the region.

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**Steward Health Care Healthy Meals Program**

*Steward Healthy Meals Program* was created in collaboration with Boston-based City Fresh Foods to deliver three meals and two snacks that are low in sodium, low in fat and rich in locally grown ingredients to patients discharged with Congestive Heart Failure. This pilot program designated a Community Health Advocate to monitor acceptability of these foods and guide patients towards sustainable healthy behaviors while fostering healthy food access through the support of the local food system.
Models of Health and Wellness

As recognized authorities on health and wellness, hospitals can model healthy, sustainable food choices and provide an ideal setting to inform patients and the community about the connections between diet and human and environmental health. A single hospital may have an annual food budget of $1-8 million while the health care sector as a whole spends an average of $12 billion annually on food and beverages. Even small shifts in food service budgets can create significant positive changes within the food system.

“Our definition of a “good value” has eroded from what we truly value to saving a few cents. We should not accept shaving a few pennies from our institutions’ food dollars as a good value while abandoning our communities to extreme poverty—impacting many of the very people who grow, catch, raise or serve us our foods. This encourages privatization, overconsumption and debt while ravaging the environment that serves as our basic life support system. Good values are about how many wounds are healed, bones mended, families united, communities rebuilt, healthy foods delivered and ecosystems protected.”

Niaz Dorry, Coordinating Director, Northwest Atlantic Marine Alliance

Value-based purchasing

Hospitals participating in the HFHC Program are transforming their food and beverage environments to make the healthy, sustainable choice the easy choice. New England HFHC hospitals don’t let the story of their facilities’ nutritious, socially-just, and ecologically-sustainable food practices stop at the plate, they:

■ Engage the entire facility through wellness committees and green teams.
■ Teach through employee and community engagement classes and educational events.
■ Create educational signage for their cafeterias, patient trays, and outpatient clients.
■ Support local farms and food access through Community Supported Agriculture (CSA) and Community Supported Fishery (CSF) boxes onsite.
■ Grow organic gardens and blend them into therapeutic care.

“The facilities staff of Elliot hospital built a small garden outside the production kitchen at the hospital where the Food and Nutrition staff planted twelve herbs. With the help of a fantastic growing season, the herbs flourished. This allowed our chefs to incorporate fresh herbs in our salad offerings in the hospital cafeteria. We noted on the offerings that the herbs were truly “garden fresh” and this was appreciated by many of our employees and visitors. This summer, we plan on expanding our herb program and possibly building a larger garden!”

Jack Hemphill, Director-Food and Nutrition, Elliot Hospital, Manchester NH
Beyond Hospitals

Senior living communities and community health centers play an important role in moving the food system. With 28,000 assisted living communities in the US alone feeding more than 1 million people, and hundreds of health centers and access sites serving the region, the impact can be significant. A challenge for these health care facilities is the lack of organized support. There are many exciting new conversations and best practices emerging within senior living and community health centers such as the recognition of the impact of organic foods on health and vitality, health care facilities as healthy food access sites, and how local purchasing supports the surrounding community. Wake Robin Life Care Community is spotlighting this movement in their presentation at the National Leading Age Annual Meeting on “Healthy Food in Health Care: The Importance of Local Sustainable Food.” This will give a national voice to the work being done in hopes of encouraging others to do the same.

Wake Robin Lifecare Community

Wake Robin Lifecare Community in Shelburne VT is a continuing care retirement community (CCRC) serving 340 Vermont residents. Their food service team has played an active role in the VT Healthy Food in Health Care Workgroup bringing a unique voice to the conversation. Wake Robin signed the Healthy Food Pledge in 2012 making great strides in local & sustainable purchasing. 24% of their annual procurement for 2013 was locally sourced and/or sustainable products. “We do everything from buy organic vegetables from a local farm to butcher our own local meats,” said Kathy King. “Wake Robin works directly with farmers and local industry to promote innovative, environmentally sound practices and sustainable, local agriculture. We value the environmental impact of deciding what to eat, when to eat it and how it is grown.”

Clinician Advocates for Change

The health care sector plays an important role in advocating for policies and legislation that support prevention-based health care and a healthier food system. The Healthy Food in Health Care Program cultivates clinician advocates and inspires them to become leaders in shaping regional and national policies through peer and patient education, policy engagement, research, and support for health care institutional effort. In New England, hundreds of clinical professionals have taken action, many of who work on sustainability and public health issues within their hospitals or clinics.

1. Food Matters

In 2011, Health Care Without Harm launched the Food Matters clinical education and advocacy program that educates and activates a broad range of clinicians on food and health issues. The program offers CME-accredited trainings and webinars that explore the health and environmental implications of our industrialized food system from production to consumption and linkages to chronic disease and the obesity epidemic. Programs review current science around environmental exposures within our food system and the impacts of these exposures on pediatric, reproductive, and ecological health. Topics include: pesticides, antibiotics in livestock production, Bisphenol-A (BPA), arsenic, and more. In addition to our national webinars, HFHC New England held Food Matters events throughout the region including a successful co-hosted event with Boston Medical School in 2011 and a pre-conference to the national 2013 CleanMed conference in Boston, collectively educating over 100 New England clinicians.

2. Peer Education

Grand Rounds are a teaching tool that is used in the health care sector to update clinicians on the latest medical and health research. HFHC presents at Grand Rounds on the subject of sustainable foods as prevention based care which builds off of our national Food Matters curriculum. The presentations outline evidence of the health-related consequences of the industrial food system, such as antibiotic resistance from meat production and neurological and reproductive issues from pesticide exposure. The goal of the Grand Rounds presentations is to engage clinicians as advocates for a sustainable food system both internally in their facilities and externally in policy. In 2013 HFHC presented Connecting the Dots Between Our Food System, Health Consequences and the Role of Health Professionals in Advocating for Change at Kent Hospital in Rhode Island. Over 40 clinicians, including registered dieticians and nurses, attended the session.

Chef Tim Pratt and the production staff at Wake Robin Lifecare Community purchase whole animals from a local farm and process the meat internally to yield the greatest value per pound for their meat purchases.
3. Patient and Community Education
Clinicians have the opportunity to incorporate healthy food education into their clinical practice and provide guidance to patients and the broader community about the importance of healthy, sustainable food. In 2011, MetroWest Medical Center (MA) launched the “Giving Healthy Living the Green Light” community lecture series highlighting the link between food, health and the environment. Community members attending these evening lectures learned how to make choices that are protective of both environmental and public health with specific information about choosing healthy beverages and sustainable seafood and how to avoid chemicals in the food chain. Similarly Fletcher Allen Health Care sponsors the annual Health Source community education series offering educational lectures and practical guidance to incorporate healthy local and sustainable foods. These sessions distill the complicated concepts of policy, systems, and environmental concerns and opportunities into actionable items for the community members.

4. Policy
Clinicians are well poised to advocate for regional and national policies that support a healthier food system. As an example, Dr. Amy Collins, a Massachusetts emergency physician, recently participated in national legislative outreach efforts by contacting Massachusetts Senator Elizabeth Warren to encourage the passage of a policy to limit the overuse of non-therapeutic antibiotics in agriculture. As a result, similar comments were reflected in statements by the Senator at the Senate hearing with FDA Commissioner Hamburg. On the national front, there is an annual, organized event called Supermoms Against Superbugs in Washington, D.C., which gives clinicians the opportunity to advocate for policies that protect antibiotics for use in human medicine.

Dr. Amy Collins (right) meets with Massachusetts Senator Warren at a May 2014 event in Washington DC to discuss legislation that will limit the use of non-therapeutic antibiotics in animal agriculture to preserve their use in human medicine.
II. New England Healthy Food in Health Care Program

Timeline

The New England Healthy Food in Health Care Program draws from national program resources to complement our regional strategy. Since 2005, the national HFHC program has developed programs and resources for health care facilities and the supply chain entities that serve the health care market such as distributors, food service management companies, and group purchasing organizations (GPOs). The resources are available at no cost on our website, and they offer strategies for purchasing local and sustainable foods, reducing meat, and increasing healthy beverages. The New England HFHC program has grown to 7 active state workgroups and an emerging clinician network coordinated by a dynamic team consisting of: 1 Director, 2 Coordinators, a Senior Clinician Advisor and a series of representatives from state and regionally based organizations working collectively to transform the food system.

2005  **FOODMED**  The first national Health Care Without Harm FoodMed Conference on health and sustainability in hospital food service is held in Oakland, California. Although FoodMed conferences are no longer held, the content of the FoodMed conference lives on through integration with other national and regional events such as the Farm to Cafeteria Conference and CleanMed.

2006  **HEALTHY FOOD IN HEALTH CARE PLEDGE**  The Healthy Food in Health Care Pledge is launched nationally providing a framework for the health care sector to support a food system that is environmentally sustainable, economically viable, and socially just. By signing the Pledge, facilities and food service contractors are demonstrating leadership and sending an important collective signal to the marketplace about their interest in local, nutritious, sustainable food and modeling healthy food practices for patients, staff, and visitors. By April 2014, 65 NE hospitals, contributing to 496 on a national scale, had signed the Pledge.

2009  **BALANCED MENUS: LESS MEAT / BETTER MEAT**  The Balanced Menus Program aimed at reducing meat procurement by 20 percent is launched nationally. A 2010 pilot investigation conducted by Johns Hopkins University Center for a Livable Future shows that implementation resulted in the reduction of 1,648 tons of greenhouse gas emissions associated with the production of meat and poultry and can save an average of $20,000 annually for an average-sized hospital.

2010  **FOOD MATTERS**  The national Health Care Without Harm Food Matters clinical education and advocacy program is launched. Food Matters encourages hospitals and health care professionals to become leaders and advocates for a food system that promotes the health of people, communities, and the environment.

**LEADERSHIP RETREAT**  – The first annual Healthy Food in Health Care Leadership Retreat hosted by Fletcher Allen Center for Nutrition and Healthy Food Systems was held in Burlington, Vermont, bringing together leaders from New England hospitals to provide a rejuvenating networking and educational opportunity to health care food service leaders in the region. The event is a way to inspire and build the HFHC work into the next year.

2012  **HEALTHIER HOSPITALS INITIATIVE**  The Healthier Hospitals Initiative (HHI) is launched nationally, placing the Healthy Food in Health Care work within a comprehensive sustainability platform for the health care sector. The HHI Healthier Food Challenge encompasses the HFHC Pledge, Balanced Menus, Healthier Beverages, and Local/Sustainable Purchasing. By enrolling in one of the six HHI challenges, facilities receive access to goal-setting, tracking, and reporting resources. New England-based Partners HealthCare is a founding sponsor and the Massachusetts Hospital Association, Vermont Association of Hospitals and Health Systems, and New Hampshire Hospital Association also signed on as regionally-based supporting organizations. As of April 2014, 51 New England hospitals, out of 321 hospitals nationally, had signed the HHI Healthier Food Challenge.

2013  **STATEWIDE MOMENTUM**  The New England HFHC Program launches Healthy Food in Health Care Workgroups in each New England state, bringing together hospital leaders and key partner organizations to share best practices and identify collective strategies to both increase transparency and the availability of local and sustainable foods from their suppliers.

**ANTIBIOTICS IN ANIMAL AGRICULTURE**  New England hospitals begin to address the overuse of antibiotics in animal agriculture. Thirty-seven percent (37%) (28/75) of New England HFHC hospitals surveyed are implementing meat reduction strategies, and many purchased “sustainable” meat and/or poultry, [produced without the use of non-therapeutic antibiotics.] Twenty-four percent purchase sustainable meat and 16 percent purchase sustainable poultry. Additionally, 115 health professionals from New England participate in national policy actions on the overuse of antibiotics in animal agriculture led by the Healthy Food in Health Care team.

2014  **NATIONAL SUPPLY CHAIN STRATEGY: HEALTHY FOODS ROUNDTABLE**  While our work is rooted in New England, we live in a global food system which makes the engagement of national supply chain companies essential. HCWH and HHI held the Healthy Food Roundtable in Spring of 2014 bringing together national GPOs, broadline distributors, and Food Service Management Companies to develop a collaborative strategy towards increasing access and availability of sustainably foods for health care. The group agreed to focus on sourcing sustainable meat as the first product category. The New England HFHC program utilizes these supply chain relationships developed through our national program to increase the availability of locally and sustainably produced foods for New England facilities, and improve the transparency of a product’s origin and sustainability on order guides.
Massachusetts Hospital Association and HHI have partnered via the national Initiative to help Massachusetts hospitals statewide focus on two specific challenge areas: to reduce energy use and to purchase and serve locally sourced, healthier foods that have less impact on the environment.

“Many Massachusetts hospitals already are working on various strategies to reduce their carbon footprint and focusing on healthy eating for their patients, workers, and communities. The HHI effort in Massachusetts will help coordinate these efforts through specific statewide goals, and help more hospitals lead their communities to a healthier future.”
Anuj Goel, MHA Vice President for Legal and Regulatory Affairs.

Regional Partners

Farm to Institution New England

Farm to Institution New England (FINE) is a six-state collaboration working to strengthen our regional food system by increasing the demand for and use of New England food by New England institutions such as schools, hospitals, colleges, government and corporations. FINE has strong roots in the National Farm to School Network and is actively forging connections with organizations, agencies, businesses and funders with similar goals. FINE and its partners are conducting research, creating tools to support partners, providing technical assistance to targeted facilities and institutions, and initiating learning communities related to critical elements of the regional food supply chain. HFHC serves on the Leadership Team of FINE bringing the health care sector into the cross-sectoral conversation.

Food Solutions New England

Food Solutions New England (FSNE) is a regional food systems learning-action network dedicated to advancing a sustainable New England food system. The FSNE network has introduced A New England Food Vision, a bold vision that calls for our region to build the capacity to produce at least 50% of food consumed in an environmentally and socially sustainable man-

Wholesome Wave

Wholesome Wave’s mission is to empower people in underserved urban and rural communities to make healthier food choices by increasing affordable access to fresh, locally grown food in ways that generate significant impact on local economies. The Food Hub Trade Network (“Trade Network”) is an effort initiated and hosted by Wholesome Wave to expand wholesale markets for regional produce by networking regional food hubs into a mission-oriented business venture. This new venture will coordinate sales activity for multiple food hubs across a region, brokering sales of local and regional produce to large institutional customers through the existing infrastructure of wholesale broadline distributors. The goals of the Food Hub Trade Network venture include a focus on expanding sales of regional healthy (defined by both food nutrition and sustainable agricultural production practices) foods to hospitals and health care institutions as end customers. Integral to its mission and business model, the venture will also work to provide equitable value to farmers/producers in the region.

Northwest Atlantic Marine Alliance

Northwest Atlantic Marine Alliance (NAMA) headquartered in Gloucester, MA is a regional organization working with ecologically minded, community based fishing families on policy and market alternatives that protect the fish, fishermen, fishing communities, and our marine based foods. NAMA has been making strides towards accessibility and affordability of seafood for communities while ensuring small and medium scale, independent, community based fishing operations are paid a fair price and are recognized for their role in protecting the marine environment. NAMA educates communities about sustainable fishing, works with fishermen to transform regulations, addresses competition from industrial fishing, and increases consumer interest in diversity of species.
Spotlight on Seafood

HCWH and NAMA are working with the health care sector to shift their seafood buying habits to serve locally caught, ecologically-responsible seafood whenever possible, and to expand their choices beyond a few popular species. Changing buying policies to include locally caught seafood results in better economic return for fishermen, healthier regional food systems, more resilient coastal communities, and has less impact on the marine ecosystem.

Throwdowns

These events showcase a battle between pairs of hospital chefs charged with preparing the best hospital dish using a whole local seafood species and seasonal farmer's market ingredients. The activity introduces hospital staff, visitors, and patients to unfamiliar yet abundant species from New England and increases demand for these varieties through hospital purchasing. In 2013, 7 New England facilities participated directly in these throwdowns by hosting the event on-site, with staff volunteering as chef competitors or judges.

Education

HCWH, NAMA, and the Boston Collaborative for Food and Fitness teamed up in the Celebrate the Fruits of Our Ocean campaign, bringing awareness about the challenges of the fishing communities and new species of seafood to Boston's farmers markets. These communities now have a direct source of fresh, culturally appropriate and environmentally friendly seafood at prices that are accessible to the communities and fair for the fishermen. This shift towards local seafood sourcing benefits local fishermen and their communities by establishing larger markets for previously underutilized species while hospital patients can now enjoy delicious, ecological-responsible seafood.

Purchasing

Boston seafood aggregator Red's Best emerged as a valuable supplier of local and sustainable seafood for the health care sector in New England. Red's Best uses a mobile application to aggregate catches from small and mid-sized boats so that the combined volume is large enough to serve the institutional market. HCWH assisted Red's Best in navigating the institutional supply chain by way of Sysco, a national broadline distributor serving many hospitals in New England. Once Red's Best seafood became available through Sysco, HCWH facilitated a group purchasing effort of the brand in Rhode Island hospitals through our Healthy Food in Health Care Rhode Island workgroup. As the majority of Rhode Island hospital food service is managed by Sodexo, an outside contractor, HCWH worked with Sodexo to designate and promote Red's Best as an approved product for their accounts. HCWH provided education on-site in Rhode Island hospital cafeterias to promote the hospitals’ efforts to buy local and sustainable fish and to explain how individuals can best support fisheries and the local fishing communities. As a result of these efforts, in 2013, hospitals in MA and RI purchased 13,525 pounds of local/sustainable seafood, channeling close to $30,000 back into the local economy, while supporting sustainable fishing practices and the region’s fishing communities. Hospital cafeteria patrons enjoyed the freshest, most delicious fish available.
Convenings

A central component of HFHC’s work is bringing people together to build relationships, share best practices, and overcome challenges. Convenings over the last year have ranged from standing Workgroup meetings, overnight retreats, local farm tours, food shows and networking forums. Massachusetts hospitals visited a Gloucester fishing community to get a closer look at the complexities of sourcing locally fished, sustainable seafood to market. Vermont facilities attended a tour of the new Black River Produce meat processing plant. This year’s Boston-based Buy Local Trade Show was held in conjunction with an Eastern Mass Workgroup meeting bringing hospitals together alongside restaurants, schools and colleagues working to source more local, sustainable foods.

Annual HFHC 2014 Winter Retreat

Sponsored by the Fletcher Allen Center for Nutrition and Healthy Food Systems with support from HCWH, the 4th Annual 2014 Winter Retreat was held on January 23-24 at the Mountaintop Inn in Chittenden, VT. Representatives from all 6 New England states attended, and participated in networking, local food tasting, and a variety of educational activities to inspire and engage facilities on the most pressing food systems issues. Vermont Workgroup members led a local and sustainable food purchasing tracking session, to offer guidance and answer questions for all facilities working to track their overall impact of purchasing local and sustainable food products. With the aim of increasing New England-wide collaboration, the HCWH team convened a lunch meeting for State Workgroup Co-Leaders in efforts to develop a region-wide strategy and build a team of leaders dedicated to the Healthy Food in Health Care effort.

2013 Champions of Change Forum

Hosted at Wake Robin Life Care Community in Shelburne, VT, this forum brought together health care facility food service staff, food distributors, and food producers to network and share interest and communication about procuring locally and sustainably produced food. The forum was attended by representatives from 9 health care facilities, 6 distributors and/or food hubs, 9 food producers and/or processors, and 5 support organizations and was organized in collaboration with Vermont Farm to Plate, Vermont Agency of Agriculture Food & Markets (VAAFM), Farm to Institution New England (FINE), and the Center for Nutrition and Healthy Food Systems at Fletcher Allen Health Care.

To communicate their interest in increasing purchases of locally and sustainably produced food, participating Vermont health care facilities successfully delivered a collective letter to distributors outlining specific requests for increased number of local and sustainable food products and improved transparency in order guides to assist in ordering local and sustainable products. Facility representatives and distributors left with increased awareness of the needs and challenges both face when trying to deliver locally and sustainably produced food and newly forged relationships to work on this together.

New England Regional HFHC Workgroup Summit

In Spring 2014, the first ever New England HFHC Summit will convene workgroup leaders from health care facilities and support organizations with the following meeting goals to:

- Bring awareness about strategies underway in each of the 7 New England State hospital workgroups to increase access, sourcing, and education of healthy, local and sustainable food to identify opportunities for regional strategies with supply chain partners
- Connect regionally-based clinician advocates to the work underway and identify ways for them to provide support through aligning education and policy advocacy.
- Engage regional partners in the conversation within the health care sector to forge alignment within other institutional sectors and activities underway
Data Collection

Data on the state of New England Healthy Food in Health Care is generated from a variety of sources. The national team implements a robust survey of hospital activities on a biennial basis. The New England team conducts a condensed version of the national survey on alternating years. Additionally, this report reflects data shared from a state-based hospital survey conducted by our partners at the New Hampshire Hospital Association. In order to gather deeper understanding of how purchases made by New England health care facilities are assisting in growing the regional food system, aggregate sales and volume data was collected from key supply chain partners. The survey participants of the recent 2014 regional survey are listed in Appendix A.

Data Schedule reflected in this report:
- National Survey: 2013
- NH Hospital Association: 2012
- Supplier sales data: 2014

Data Limitations

The survey was not meant to be broadly representative of all facilities in the health care sector but rather a snapshot of the most active and engaged facilities. It is a measurement of work self-reported by hospitals engaged at some level in New England HFHC work. Not all questions were answered by all respondents. Thus, we note percentages and/or number of respondents who answered the question in this report. Total number of hospitals are based on the landscape of the health care sector at the time this report was written. We recognize that the nature of the health care market includes health facility mergers and shifts in filing status that change the facility determination and total number of facilities deemed acute care.

Overview of longitudinal data

New England is composed of approximately 244 acute care facilities that are the focus of our survey outreach. Other key categories of health care facilities include assisted living, long-term care, continuing care retirement communities, and community health centers. A select few facilities from these categories received this survey based on their leadership in healthy food in health care activities. A total of 96 New England health care facilities, 91 which are acute care facilities, completed the survey reflecting data from 2011–2013. These 91 acute care facilities represent nearly 40 percent of New England’s hospitals with a collective total food budget of 93 million dollars (83/91). Of the 96, 42 completed the survey in consecutive years yielding longitudinal data.

55% (140 total facilities, see Appendix A) of all hospitals in New England participate in the Healthy Food in Health Care Program. Participation includes one or more of the following actions:
- Sign the Health Care Without Harm Healthy Food in Health Care Pledge
- Sign the Healthier Food Challenge of the Healthier Hospitals Initiative
- Adopt a Sustainable Food Service Policy or procurement guidelines with measurable goals
- Engage as leaders and participants in Healthy Food in Health Care efforts regionally
- Use the resources and tools provided by the Healthy Food in Health Care Program to transform hospital food service operations to be more healthful and sustainable.
State-based efforts

Rallying the Health Care Sector in New England for a Healthy, Sustainable Food System

New England’s health care facilities provide top-notch care to the communities they serve. Increasingly, the sector is recognizing that promoting health goes beyond the doctor’s office, and extends to the foods they serve. By purchasing locally and sustainably produced foods, facilities are practicing preventative care—curbing the use of antibiotics in food animal production and reducing exposures to pesticides. They also support the local economy and the viability of the region’s farms and fisheries. While individual hospitals have significant influence, combined they are able to make a much greater impact. Therefore, beginning in 2012, HFHC convened seven Healthy Food in Health Care workgroups across New England to provide a forum for facilities to share strategies and work together to shift food markets towards more sustainable options. Each workgroup involves key strategic partners from each state that are engaged in food system work. Workgroups meet quarterly at a minimum, and focus on food systems education, tracking and implementation, and group projects and pilot programs.

“In a state as small as Rhode Island, when you see one hospital making strides in an area of sustainability in health care, whether it’s improving the food service, or recycling, or some other initiative, it’s encouraging. We have resources at our fingertips through our peers and very often that helps build consensus with decision makers in the executive suites.”

Monica Anderson, Community Liaison, The Miriam Hospital

VERMONT

Originally assembled in 2010 in collaboration with Fletcher Allen Health Care, the VT Workgroup has been a regional leader building a network of VT hospitals and other regional leaders for food system tours, product sharing, and strategizing to foster food system shifts. Diane Imrie of Fletcher Allen Health Care, organized and chaired the group for 3 years, and Kathy King, Wake Robin Life Care Community serves as the current Chair and primary convener of the VT group. There are approximately 17 acute care hospitals in VT and a deep network of other health care facilities working on innovative models to bring healthy food to the forefront in their operations. Ten facilities have been actively engaged in the VT Workgroup’s monthly calls and in-person meetings.

Thirteen of participating VT health care facilities reported a total food budget of $9,800,000 with all but one facility managed independently.

Areas of Focus

Tracking Purchases – The VT Workgroup members have made the tracking of their current purchases a primary focus of their efforts in 2013 revealing new local, sustainable products, a platform for product sharing and peer-tracking guidance, and robust data to communicate to supply chain partners when working to increase their local and sustainable food sourcing. Additionally the group added criteria to the HFHC tracking tool to capture the VT Farm to Plate local definition in addition to tracking those items that are processed locally in order to recognize the economic value to their community.

Supply Chain Communication – In an effort to work with their suppliers, Vermont Workgroup members focused on one food item—sustainable chicken—to aggregate data on their collective demand and work through the challenges in building the supply through their distributors. Of the seven facilities that provided a volume request for chicken—they collectively source at least 3,300 pounds per month, or an average of about 470 pounds per month per facility. The group hopes to work collaboratively with their suppliers to increase availability of more sustainably produced chicken products that are affordable and listed transparently on their order guides. This initial communication has already yielded promising results with US Foods introducing a new antibiotic free poultry product to VT facilities.

NEW HAMPSHIRE

The formation of the NH Healthy Food in Health Care Workgroup stemmed from a deep relationship with the NH Hospital Associations’ Hospitals for a Healthy Environment (NH3E) Workgroup. NH3E, NH Foundation for Healthy Communities and NH Healthy Eating Active Lifestyles (HEAL) serve as co-conveners of the NH Workgroup bringing deep experience in community-based system-focused interventions that engage hospitals. In addition, HFHC Coordinators have worked in collaboration with NH Farm to School state lead and NH Community Loan Fund staff to increase connections between health care facilities, other NH institutions and local food producers. There are approximately 32 hospitals in NH, and 12 have participated in varying degrees in the NH Workgroup. Twenty-five of NH health care facilities reported a collective food budget of $19,200,000.
Remove this poster carefully and display prominently

>>>
I'M A HEALTHY FOOD IN HEALTH CARE LEADER

Healthy Food, Healthy People, Healthy Planet
In 2013, New England hospitals spent over $4 million on local food and over $2.3 million on sustainably-produced food.
Remove this poster carefully and display prominently

<<<
Areas of Focus

Cultivating Local and Sustainable Food Supply – NH Community Loan Fund in collaboration with HCWH coordinators created a Farm to Hospital Producer questionnaire. This document is used to gather details about NH producers and food processors interested in sourcing to NH hospitals. The questionnaire (see Appendix D) gathers information on sustainable production methods of interest to hospitals, food safety practices, transportation needs and other key criteria needed to source to institutions. The questionnaire information is being shared with health care facilities as a match making opportunity in an effort to increase local and sustainable food purchasing.

Supply Chain Communication – The NH Workgroup crafted a NH-specific version of the regional Distributor Communication letter that Concord Hospital Food Service Director Tom Serafin will be delivering to the Group Purchasing Organization Premier/Yankee Alliance at their meeting in MA, to convey the interest from NH hospitals for increased locally and sustainably produce food available through their contracted vendors. At least three other NH facilities using the Premier GPO have agreed to sign onto this letter.

MAINE

There are approximately 42 hospitals in ME, and 11 have participated in the Maine Healthy Food in Health Care Workgroup since the launch of the Workgroup in February 2013. Ten of ME health care facilities reported a collective food budget of $7,900,000. The ME Workgroup collaborates with Maine Organic Farmers and Gardeners Association (MOFGA) to connect to their farm to institution efforts and experience in guiding the state’s producers toward sustainable production. Additionally, representatives from MaineHealth bring a connection to their system-wide Food Service Taskforce.

MASSACHUSETTS

Massachusetts is home to 112 acute, post-acute, federal, and state hospitals and hundreds of community health centers and allied health organizations. As a hub for New England health care, HCWH launched 2 Healthy Food in Health Care Workgroups loosely segregated by the I-95 belt. Both groups are supported by a partnership with Massachusetts Farm to School and the Massachusetts Hospital Association (MHA). In 2013 MHA launched the Massachusetts Healthier Hospitals Initiative (MA HHI), an effort focused on a two-part Energy and Food Challenge. As a key source of technical assistance, the Massachusetts Workgroups were well positioned to serve as a support for facilities in achieving the MA HHI Food Challenge. Twenty of Massachusetts health care facilities reported a collective food budget of $37,762,881.

The Eastern Mass Workgroup is co-chaired by Paul O’Connor of Boston Childrens Hospital. Sixteen facilities have participated in the Eastern Mass Workgroup in varying degrees and have collectively identified the focus of their collective effort on increasing facility engagement through administrative support and driving a supply chain communication strategy to increase accessibility of local and sustainably produced foods.

Healthy Food Healthy People Sub-committee is co-convened by the Boston Public Health Commission and chaired by Tom Wagstaff, RD, LDN, Spaulding Rehabilitation Hospital Boston. Through evaluation support from the Prevention Research Center on Nutrition and Physical Activity of Harvard School of Public Health sub-committee, participants will review the nutritional composition and sustainability attributes of the foods they offer and implement a streamlined food education program to empower facility patrons to make healthy choices. Key benchmarks include the creation of a food labeling system for Boston hospitals and health centers in addition to chef and community culinary trainings on incorporating local foods into a low sodium, low sugar recipe.
Community Food Outreach Sub-committee, referenced earlier, this sub-committee is housed under the Eastern Mass Work Group and serving to incubate a network of support for hospitals. This group brings together a series of support organizations such as Health Resources in Action (HRIA), Project Bread, Harvard Center for Law and Policy, and Community Servings to collate resources and generate case studies for participating facilities.

The Greater Mass Workgroup is co-chaired by Nancy Robinson of Baystate Medical Center and Ruth O’Connor of Cooley Dickenson Medical Center. This Workgroup brings together health care facilities situated in the rich farming community of Pioneer Valley. Launched in February of 2014, this new Workgroup has already engaged 8 health care facilities with active participation by a core of 4 facilities. The group brings a connection with Community Involved in Sustaining Agriculture (CISA) a coalition in support of growing the farm viability of the Pioneer Valley.

Areas of Focus

Tracking Purchases – The Greater MA Workgroup recognized the value of tracking their purchases for stepwise benchmarking of local and sustainable food procurement. Participants identified the need to define a category of food that is deemed Sustainable but does not maintain a third-party certification in efforts to support small local producers who practice the minimal or judicious use of inputs.

Cultivating Local and Sustainable Food Supply – Future meetings will look to engage local producers through presentations and tours as a way to increase awareness of local food businesses and foster the growth of local and sustainable food purchases by participating hospitals. Additionally, the Greater Mass Workgroup participants are working in collaboration with The Wellspring Project to assist in outlining the essential purchasing needs of their facility, and to inform the development of a Greenhouse focused on catering to the institutional market.

RHODE ISLAND

The Rhode Island Healthy Food in Health Care Workgroup is convened in partnership with Rhode Island Hospitals for a Healthy Environment and supported by Farm Fresh Rhode Island and the Rhode Island Food Policy Council. Of the 17 acute care health care facilities in Rhode Island, 7 participate in varying degrees in the RI Workgroup since the first workgroup meeting in the fall of 2012. Five of RI health care facilities reported a collective food budget of $4,262,000.

Areas of Focus

Purchasing pilot programming – A core group of RI hospitals worked with Sodexo procurement management and RI-based Roch’s Produce to purchase produce and other foods from Rhode Island producers. Food service directors reported to Roch’s on their volume needs for the upcoming growing season, and Roch’s arranged with the state’s farmers to grow accordingly. As a result, hospitals purchased $16,412 from local food producers. Additionally, Rhode Island hospitals were the pilot group for the local/sustainable seafood purchasing initiative conducted in 2013 (see Spotlight on Seafood above) using Red’s Best Seafood. Four Rhode Island hospitals participated in the effort. While this effort began as a 6-month pilot, all four hospitals continue to purchase Red’s Best seafood.

CONNECTICUT

The Connecticut Healthy Food in Health Care workgroup is convened with support from the Connecticut Governor’s Council on Agricultural Development and the Connecticut Hospital Association. There are approximately 32 hospitals in CT, and 8 have participated in the CT Workgroup in varying degrees since the start of the Workgroup in November of 2012. Seven of CT health care facilities reported a collective food budget of $11, 614,823.

Connecticut Mental Health Center is a center for healthy food access and education for its patients, staff, and visitors

“Yale-New Haven Hospital works diligently to educate its suppliers of its priority to deliver the highest quality patient care while reducing its environmental impact. Initially stating the hospital’s top priorities guides the suppliers to conduct business in a way that improves patient care while reserving precious resources.”

Cristina DeVito, MS, Support Services Administrator, Yale-New Haven Hospital
Areas of Focus

Learning Network – The group has served as a learning network for Connecticut health care facilities bringing together representatives from food system planning and pilot efforts, health system leaders, and Connecticut producers. The work-group meetings have hosted presentations from local producers, model hospitals that are making strides in local and sustainable purchasing, and presentations on HFHC resources as well as local initiatives and resources from the BuyCTGrown Campaign.

Key Tools

Collectively, the state-based New England workgroups are working to foster a unified movement among the health care sector in New England to communicate to the supply chain their demand for local, sustainable foods. The HFHC program provides key guidance and resources to advance this goal.

1. New England Product Registry. This web-based tool allows health care facilities to input non-proprietary information on a local/sustainable food that they are using, so that other facilities may learn about it and consider incorporating it into their own food service. The product information will be stored in a spreadsheet accessible through a Web link. The goal of this tool is to make sharing and identifying local/sustainable foods quick and easy.

2. Local and Sustainable Foods Tracking Spreadsheet. Tracking progress in local and sustainable purchasing is almost as important as the purchasing itself, so that realistic goals can be set, and progress can be shared. However, tracking can be difficult and time consuming for hospitals, especially if suppliers do not make this information readily available. This spreadsheet is available on our website, and aims to facilitate tracking in a consistent format with standard criteria across facilities.

3. Workgroup Vision Statements. In order for the individual work of the workgroups to move forward, it is important to have an agreed upon set of goals and path forward. The Vision Statements provide structure to the workgroups and a reference point to make decisions and define members’ responsibilities.

4. Workgroup Project Briefs. These are a summary of the activities and goals of the workgroups. Each state has one that is unique to them, and these briefs can be shared with administrators and other outside parties that are interested in the work.

5. State and Regional “Listerves.” The HFHC Program has created a communication tool for workgroup members to interface with each other and partners across the state. Each state has a Google Groups specific to them, along with a New England group to communicate regional news.

“Knowing how our food cost dollars are being spent on products produced locally-grown organically or sustainably-raised, and benefiting the local economy are as important as keeping track of daily retail sales or meal counts. The information gained from tracking these dollars sends a clear, supportive, strong message to our vendors, our customers, our institutional leaders and our community members. The more our health care food dollars are spent on local and sustainable products the better the overall health of our communities, environment, and our economy will be.”

Deborah P. Keane, RD, LD, Director, Food and Nutrition Services, Dartmouth-Hitchcock Medical Center

New Hampshire and Vermont hospitals report using this signage provided by Black River Produce to advertise their use of meats raised without antibiotics.
2014 Regional Survey Results

The New England Healthy Food in Health Care Survey was conducted in January of 2014. It was sent via email to 161 facilities in the 6 New England states, and 75 facilities submitted responses, a 47% response rate. The majority of these facilities were acute care hospitals, but responses were also submitted by 3 other health care facilities.

The survey respondents represent 13,744 licensed beds (71/75) and care for a total average of 7,975 patients per day (61/75). They serve approximately 83,627 meals per day to patients, staff and guests (71/75), and have a combined food budget of $68,307,770 (68/75).

Management

Of the 75 facilities that completed the survey, 44 reported to be self-operated, 31 utilize contract management companies.

GPO(s)

Based on survey responses, the large majority of New England health care facilities are utilizing Novation (28 facilities), Eleven (11) are engaged with Premier, 7 with Amerinet, 5 with Entegra, 3 with MedAssets, and 3 with Foodbuy.

Engaging the Supply Chain

The main distinction between health care food services is whether they are internally managed by the facility, "self-operated", or managed by an outside contractor called a food service management company. In either case, food is generally purchased through national agents called Group Purchasing Organizations (GPOs). GPOs secure lower pricing based on the collective demand of their members, and they contract with national distributors such as Sysco or US Foods to serve as their primary food purveyor from which facilities are encouraged to purchase the majority of their food items. This system has worked well to secure low pricing, however it has also prompted a somewhat inflexible model that often excludes small and mid-sized, local, sustainable producers.

However, the food priorities of the health care sector are changing. Health care organizations across the country are expressing more interest in regionalizing their purchasing to support the health and economic viability of the communities they serve. Increasingly, health care institutions are shedding their “bad hospital food” reputations and are improving their food service operations by offering more fresh, locally-grown and sustainably-produced foods. This demand for “value-based” food is prompting GPOs, distributors, and food service management companies to adjust their purchasing practices to include more locally and sustainably produced foods, and to improve the transparency of the foods they offer in their order guides.

The HFHC program offers resources for health care facilities to communicate this demand to their suppliers, as well as guidance for GPOs, distributors, and food service management companies to meet this demand.
Representatives from Boston Medical Center talk with vendors at the Local Food Trade Show held in Boston. This is the 3rd event hosted by Sustainable Business Network in collaboration with HCWH, that connects restaurants, institutional buyers and community members face to face with local producers. Photo by Jane Hu Photography

“More and more institutional customers—health care facilities in particular—were requesting locally and sustainably produced food. Reinhart responded by creating our Vermont—Grown Food Order Guide, and it has been a successful tool to help increase customer satisfaction, and Reinhart’s support for the local food system.”

Fernando Cresta, Director of Business Development, Reinhart Foodservice L.L.C.

While some progress has been made, there is still significant work to be done to shift the supply chain to meet health care’s new priorities. Health care facilities report that it is often difficult to find sustainable and local products on distributor order guides; the online ordering systems do not include sorting capacity for sustainable attributes, such as organic or antibiotic free, making the tracking of their purchases challenging. The New England HFHC program utilizes our workgroup structure and national programs and resources to advance this goal.

By communicating their interest for more sustainably produced food to their distributors and other supply chain partners, health care facilities aggregate their demand and purchasing power to influence the attributes of food available and improve transparency in the process. Eighteen (18) facilities reported having formal sustainable food service policy and/or procurement guidelines, and 18 reported tracking progress towards these goals with varying levels of success. Some facilities managed by contract companies noted depending on the contracted company to track purchases on behalf of the facility.

Twenty (20) facilities reported that they have communicated their preferences for more local and sustainably produced options to their GPO, and 29 to their distributors. Their communications came in a variety of forms, including formal letters and contracts, verbal communications in meetings and conferences with representatives, emails and workshops.

Using common language, 3 of the 7 New England state Workgroups have developed formal distributor letters and sent them as a collective to translate the purchasing power of the group. Hospitals note a strong level of communication and collaboration from their distributors to investigate ways to meet growing demands of the sector for local and sustainable foods. As a result, hospitals are seeing a more local and sustainable products available in addition to improvements in order guide transparency. Vermont-based Black River Produce has served as a model in the provision, labeling, and tracking of local and sustainable foods on their order guides. PFG Northcenter and US Foods are both working on discrete pilot projects with the hospitals to recognize volume demands and labeling/traceability needs of their customers.

Local and sustainable food purchasing
Sixty-seven (67) facilities (all but 8 facilities) reported that they are purchasing some type of locally produced food or beverage.

Local and Sustainable Food Purchasing

<table>
<thead>
<tr>
<th>Product Type</th>
<th>Purchased Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local produce</td>
<td>21</td>
</tr>
<tr>
<td>Dairy (milk)</td>
<td>23</td>
</tr>
<tr>
<td>Groceries/Prepared Foods</td>
<td>24</td>
</tr>
<tr>
<td>Other dairy (butter, cheese, yogurt, etc.)</td>
<td>33</td>
</tr>
<tr>
<td>Seafood</td>
<td>35</td>
</tr>
<tr>
<td>Beverages</td>
<td>44</td>
</tr>
<tr>
<td>Beef and pork</td>
<td>61</td>
</tr>
<tr>
<td>Eggs</td>
<td>61</td>
</tr>
</tbody>
</table>

Local produce (fresh or frozen)
Sustainable Food Defined

HCWH defines “Sustainable” food as products that carry valid, third-party or governmental certifications and/or label claims. Third-party certifications are rules and compliance methods and measurements that are developed by external, independent groups. Products holding a third-party certification are evaluated by an external organization to ensure that they are in compliance with the certification standards. USDA/FDA approved label claims hold a consistent definition as to the intended meaning of the label claim and have been approved by either the United States Department of Agriculture (USDA) or Food and Drug Administration (FDA). Producers that have products carrying label claims are required to provide documentation that demonstrates claim compliance to the appropriate regulatory agency.

Third party certifications and label claims that currently qualify as sustainable:

- **Food Alliance Certified** – [www.foodalliance.org](http://www.foodalliance.org)
- **Certified Humane Raised & Handled** – [www.certifiedhumane.com](http://www.certifiedhumane.com)
- **Animal Welfare Approved** – [www.animalwelfareapproved.org](http://www.animalwelfareapproved.org)
- **Bird Friendly** – [www.si.edu/smbc](http://www.si.edu/smbc)
- **Salmon Safe** – [www.salmonsafe.org](http://www.salmonsafe.org)
- **Marine Stewardship Council Certified** – [www.msc.org](http://www.msc.org)
- **Rainforest Alliance Certified** – [www.rainforest-alliance.org/index.cfm](http://www.rainforest-alliance.org/index.cfm)
- **Fair Trade Certified** – [www.transfairusa.org](http://www.transfairusa.org)
- **Protected Harvest** – [www.protectedharvest.org](http://www.protectedharvest.org)
- **rBGH/rBST-Free** – or something to the effect of “our farmers pledge not to use rBGH or rBST”/“Our farmers pledge not to use artificial hormones” – Milk used in dairy products comes from cows not treated with rBGH/rBST.
- **No Genetically Engineered Ingredients** – The product was made with ingredients that were NOT derived from genetically engineered/modified (GE/GM) organisms.

* The selection of certifications and label claims that were the most meaningful were included in the formation of the HCWH tracking tool. Since then there have been a number of certifications and label claims that have entered the marketplace. These will be reviewed and considered for inclusion in future iterations.

Local Food

Local food procurement supports the local agricultural economy and overall community economic development. Blue Hill Memorial Hospital (ME) sources local products including no-spray blueberries grown a few miles from the hospital. They also work with an organic produce farmer located 7 miles from the hospital who maintains ongoing communication with the hospital in order to harvest, wash and deliver produce within 12–18 hours of ordering. In addition, they buy bulk goods through a co-op; rBGH-free milk; grass fed local beef and certified humanely raised cage free eggs. Brattleboro Memorial Hospital (VT) recently developed a local network for direct purchase for Maine fresh seafood and lobsters. Baystate Medical Center (MA) has increased the amount of local and regional food they are purchasing – up to 27% of their produce budget during the high season and 21% of money spent on milk. Newton-Wellesley Hospital (MA) showcases a new local item every month, including it in the soup, entrée, grill and deli options and all local options at the salad bar are labeled. The Residence at Tall Pines (ME) is purchasing most of their beef locally in addition to local organic vegetables. They also began working with a local processor that freezes local produce to extend their service of local food outside the growing season.

“With every decision a major institution makes to shift their buying away from the global seafood system that is wreaking havoc with our livelihoods and the ocean, toward community based boats like our fishing business, our fishing communities win, my family wins, our region’s food system wins, and most importantly to us, the ocean wins.”

Padi Anderson, Rimrack Fish, Rye, New Hampshire
Health care facilities procure their locally produced food through a variety of means, with a remarkably high number purchasing directly from farms, food hubs and farmer cooperatives.

**Local Purchasing Sources**

<table>
<thead>
<tr>
<th>Source</th>
<th>Number of Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>From local/regional distributors</td>
<td>44</td>
</tr>
<tr>
<td>From broadline distributors</td>
<td>44</td>
</tr>
<tr>
<td>Directly from farms/ranches</td>
<td>22</td>
</tr>
<tr>
<td>Directly from a local company</td>
<td>22</td>
</tr>
<tr>
<td>From food hubs or farmer cooperatives</td>
<td>14</td>
</tr>
</tbody>
</table>

**Creative Cost Containment**

Staying within budget is a primary priority for health care facility food service operations. Thus it is important to utilize innovative strategies to incorporate sustainably produced food that is sometimes more expensive, especially out of season.

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Number of Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus on food waste reduction</td>
<td>39</td>
</tr>
<tr>
<td>Adjust pricing as needed</td>
<td>31</td>
</tr>
<tr>
<td>Streamline inventory</td>
<td>26</td>
</tr>
<tr>
<td>Increase the price of less healthy items</td>
<td>18</td>
</tr>
<tr>
<td>Purchase directly from farmers</td>
<td>16</td>
</tr>
<tr>
<td>Education to cafeteria patrons on increased pricing</td>
<td>16</td>
</tr>
<tr>
<td>Switch to room service model</td>
<td>14</td>
</tr>
<tr>
<td>Reduce spending on other budget items</td>
<td>11</td>
</tr>
<tr>
<td>Increase budget</td>
<td>9</td>
</tr>
<tr>
<td>Secure volume price discounts</td>
<td>7</td>
</tr>
<tr>
<td>Commit to purchasing a specific volume (forward contracting)</td>
<td>5</td>
</tr>
<tr>
<td>Purchase collectively with other nearby health care facilities</td>
<td>5</td>
</tr>
<tr>
<td>Buy animals whole, such as beef cattle, and have them processed to meet facility needs</td>
<td>4</td>
</tr>
</tbody>
</table>

**Balanced Menus: Less Meat, Better Meat**

Hospitals buy substantial amounts of meat, typically through large distributors who source from the U.S. commodity beef, pork and poultry markets. There are significant environmental and public health costs associated with how meat and poultry are produced and distributed via our industrialized system including increasing antibiotic resistance due to overuse of medically important antibiotics in agriculture, and the contamination of our air and water. U.S. food production relies heavily on fossil fuels, and red meat production has a particularly large climate footprint. Reducing the overall amount of meat served in hospital facilities provides health, social and environmental benefits that are consistent with prevention-based medical practices. Hospitals that reduce their meat offerings in many cases also save money, which can then be reinvested in purchasing higher-quality sustainably-produced meat.

**Balanced Menus: Meal**

We strive to reduce the amount of animal protein on our hospital menus and serve the healthiest, most sustainably produced meat available in order to improve our community’s health.

Hospitals communicate about sustainable meat choices with patient tray bookmarks; PDF available on the HFHC website.

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Number of Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduced meat portion sizes</td>
<td>20</td>
</tr>
<tr>
<td>Employed other programs, e.g. Meatless Mondays</td>
<td>6</td>
</tr>
<tr>
<td>Formally taken the Balanced Menus Challenge</td>
<td>5</td>
</tr>
<tr>
<td>Have not reduced the amount of meat served</td>
<td>17</td>
</tr>
</tbody>
</table>

**Other strategies reported**

- Creative menu planning; increased vegan/vegetarian, seafood/fish, local grains/ancient grains in cafeteria and on patient menu
- Removed some meat items/ingredients from the salad bar
- Offering meatless option each day AT A DISCOUNTED PRICE
- Decreased amount of meat and increased amount of other ingredients in casseroles and mixed meals.
- VA Healthy Diet Initiative: guidelines to reduce calories, sodium, fat, beef and pork; increase meatless meals; increase fruits and vegetables, purchasing local
Reducing meat
New Milford Hospital (CT) participates in Meatless Mondays and Wellness Wednesdays that feature vegan and vegetarian options. Through the VA Healthy Diet Initiative, the VA Medical Center at White River Junction (VT) has decreased the amount of beef and pork served, substituted more poultry and meatless meals, and increased fresh local fruits and vegetables on their menus in order to implement the guidelines of the Initiative. Cooley Dickenson Hospital (MA) switched the use of processed luncheon meats to the use of in-house baked and sliced local meats reducing cost and improving the nutritional profile of the offering.

Healthy Beverages in Health Care
Health care institutions throughout the country recognize the urgent need to reduce rates of obesity and chronic illness as well as their associated health care costs. It is well established that sugar-sweetened beverages (SSBs) contribute to the increased prevalence of obesity and the associated chronic diseases. Additionally, the production, consumption and waste associated with sugar-sweetened and bottled beverages have numerous negative environmental consequences that are often overlooked. In the U.S., tap water has been proven to be just as safe, or safer, than its bottled version. By supporting and promoting publicly owned water infrastructure and reducing access to unhealthy beverage options, the health care community can assist in creating a food environment that supports health for both the community it serves and the broader environment.

Healthier beverage environment
Hospitals are using various methods to create a healthier beverage environment: providing more tap water; making healthy beverages the easier option; and educating patients about healthy beverages. Connecticut Mental Health Center has invested in a UV filtered water system and Crotched Mountain offers free water with lemon to all patients. Baystate Medical Center and New London Hospital have both placed healthier beverages at eye level while Southern Maine Healthcare has discounted beverages without added sugar. Cambridge Hospital provides education and identification of healthy beverages through a stoplight labeling program.

Health care facilities in New England are using a variety of methods to encourage people to drink healthy, sustainable beverages:

<table>
<thead>
<tr>
<th>Method</th>
<th>Number of facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased the number of healthy beverages offered</td>
<td>48</td>
</tr>
<tr>
<td>Initiated a Healthy Beverage Program OR worked to increase the amount spent on healthy beverages</td>
<td>46</td>
</tr>
<tr>
<td>Decreased offerings of sugar-sweetened beverages</td>
<td>35</td>
</tr>
<tr>
<td>Provided bulk/fountain beverage stations (e.g. infused water, iced tea, coffee) in cafeteria</td>
<td>29</td>
</tr>
<tr>
<td>Offered beverages in pitchers for meetings and conferences rather than single-use beverages</td>
<td>29</td>
</tr>
<tr>
<td>Offered discounts in cafeteria/coffee kiosks to customers using reusable containers</td>
<td>21</td>
</tr>
<tr>
<td>Provided reusable water containers (for purchase or free) in cafeteria</td>
<td>16</td>
</tr>
<tr>
<td>Used price incentives to encourage pourable beverages instead of bottled drinks</td>
<td>13</td>
</tr>
<tr>
<td>Eliminated offerings of sugar-sweetened beverages</td>
<td>7</td>
</tr>
<tr>
<td>Provided clear signage in break rooms and vending areas indicating the nearest publicly available drinking water source</td>
<td>3</td>
</tr>
<tr>
<td>Eliminated single-serving bottled water from the facility</td>
<td>2</td>
</tr>
</tbody>
</table>

1 HCWH definition of Healthy Beverage: Water (filtered tap, unsweetened, 100% fruit-infused, seltzer or flavored); 100% fruit juice (optimal 4oz serving); 100% vegetable juice (optimal sodium less than 140 mg); Milk (unflavored AND Certified Organic or rBGH-free); Non-dairy milk alternatives (unsweetened); Teas and Coffee (unsweetened with only naturally occurring caffeine). Beverages should be locally sourced, sustainably produced and Organic when possible (See Definitions for Local/Sustainable). Beverages should be dispensed by tap or fountain AND reusable beverage containers encouraged when possible.
Climate Connection: Waste and Energy Management

Waste and energy are two areas of “low hanging fruit” in a food service operation where significant monetary savings can be recognized in addition to the environmental benefit. These budgetary savings can be funneled into local/sustainable food purchasing. Hospitals used various methods to reduce waste in their cafeterias.

<table>
<thead>
<tr>
<th>Action</th>
<th>Number of facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reusable dishware for patients</td>
<td>53</td>
</tr>
<tr>
<td>Recycling Program for kitchen and consumer food/beverage waste</td>
<td>45</td>
</tr>
<tr>
<td>Cook to order or room service</td>
<td>42</td>
</tr>
<tr>
<td>Track food waste and set food waste reduction goals</td>
<td>27</td>
</tr>
<tr>
<td>Reusable dishware for retail</td>
<td>25</td>
</tr>
<tr>
<td>Reduce portion size</td>
<td>22</td>
</tr>
<tr>
<td>Compost pre-consumer waste</td>
<td>21</td>
</tr>
<tr>
<td>Reduce trim waste, spoilage, burnt/dropped/contaminated items</td>
<td>20</td>
</tr>
<tr>
<td>Compostable dishware for retail</td>
<td>16</td>
</tr>
<tr>
<td>Compost post-consumer waste</td>
<td>10</td>
</tr>
<tr>
<td>Food donation program</td>
<td>9</td>
</tr>
<tr>
<td>Compostable dishware for patients</td>
<td>6</td>
</tr>
</tbody>
</table>

Additional strategies reported include using a biodigester, pulper or hydrator and working with local farms to pick up waste.

Reducing Waste

Hospitals are taking creative steps to reduce waste in their facilities. Yale-New Haven Hospital (CT) uses a biodigester to reduce solid food waste. New Milford Hospital (CT) is purchasing a pulper and hydrator in addition to organizing local farms to pick up their food waste. Northeastern Vermont Regional Hospital compost their food scraps. To reduce the amount of food waste, Cottage Hospital (NH) cooks food in small batches and Alice Peck Day Memorial (NH) is starting room service. Additionally, NH Hospital and the Miriam Hospital (RI) have made efforts to recycle paper and canned goods and Rutland Regional Medical Center has invested in solar panels to reduce energy use.

<table>
<thead>
<tr>
<th>Action</th>
<th>Number of facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purchase energy efficient light bulbs</td>
<td>31</td>
</tr>
<tr>
<td>Train staff to turn appliances off when not in use</td>
<td>28</td>
</tr>
<tr>
<td>Purchase Energy Star and/or WaterSense foodservice equipment</td>
<td>25</td>
</tr>
<tr>
<td>Conduct an energy audit</td>
<td>17</td>
</tr>
<tr>
<td>Replace all pre-rinse spray valves with low-flow alternatives</td>
<td>9</td>
</tr>
<tr>
<td>Implement demand control ventilation systems</td>
<td>6</td>
</tr>
<tr>
<td>Create an equipment purchasing policy that prioritizes “total cost of ownership” and “energy/water efficiency” instead of lowest initial purchase price</td>
<td>4</td>
</tr>
</tbody>
</table>

Additional strategies reported include using solar panels.

Hospitals are reducing energy and water consumption which saves money and supports a healthier environment.

Fairview Hospital (MA) reduces waste and serves healthy beverages by offering only pourable options with reusable serviceware for their catering service.

Lawrence and Memorial Hospital (CT) farmers market
**Healthy Food Access**

Food service within facilities is changing and improving, and access to healthier foods within the community is also increasing. Many health care facilities are growing food via onsite gardens (17) and hosting farmers markets (18) or farm stands (5) for patients, families, and employees. In addition, 16 health care facilities reported that they host a local farm CSA (community supported agriculture) program for employees. The seasonal share price ranged from $20-25 per box and $250-$350 for an annual share, depending on the products offered. Some facilities reported that they didn’t know the price or how many shares were available, but at least 220 total shares of varying scale (i.e. just an egg share to full share) were reported. There was a gap in reported information for additional impacts from offering these CSAs recognizing the need for engaging additional hospital contacts or an area where deeper analysis is needed.

**Advancing Culture Change through Education**

Ongoing education and marketing efforts are critical to success for health care facilities working to incorporate more locally and sustainably produced food into their menus. Showcasing their efforts brings positive attention to a facility’s commitment to improving the health of those they serve through healthy, sustainable food procurement. Education for patients, clinicians, and community members raises awareness about the relationship between a healthy, sustainable food system and healthy people. Health care facilities can gain a competitive edge through this work. Not only does the food tend to be more appetizing, the hospitals are taking their unique health authority and mission-driven interest to a deeper level by promoting healthy food systems. To truly embed this work in the long term goals of any facility, and grow patient and community satisfaction, it is essential to support ongoing promotion and education about the benefits of locally and sustainably produced food.

<table>
<thead>
<tr>
<th>Number of facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upon hire, taught food service staff about the facility's food sustainability initiatives.</td>
</tr>
<tr>
<td>Hosted at least one educational event for food service staff (in-house and/or contracted food service staff).</td>
</tr>
<tr>
<td>Hosted at least one educational event for non-food service staff about the facility's food sustainability initiatives.</td>
</tr>
<tr>
<td>Promotion in cafeteria via signage, menu symbols, or other.</td>
</tr>
<tr>
<td>Promote to patients via tray liners, menu symbols or other.</td>
</tr>
<tr>
<td>Taste testing</td>
</tr>
</tbody>
</table>

Other strategies reported: Newspaper and hospital newsletter/website articles

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**Brigham and Women’s Faulkner Hospital celebrates their journey towards sustainable practices**
Endnotes


APPENDIX A – Participating Facilities

The following is a list of New England facilities active with Healthy Food in Health Care with a variety of participation.

▲ indicates those facilities who completed the 2014 New England Regional Survey
● indicates those facilities who have completed Healthy Food in Health Care Surveys on consecutive years.
◆ indicates those who have signed the Healthy Food in Health Care Pledge
★ indicates facilities who are participating in the Healthier Hospitals Initiative Food Challenge. (designer use different symbols)

Connecticut

Bridgeport Hospital ▲ ●
Connecticut Valley Hospital
Danbury Hospital ●
Greenwich Hospital ▲
Griffin Hospital
Lawrence and Memorial Hospital ▲ ●
New Milford Hospital ● ●
Norwalk Hospital ▲ ●
Saint Francis Hospital and Medical Center ▲
St. Vincent’s Medical Center ●
University of CT Health Center ▲
Yale-New Haven Hospital ● ● ▲

Maine

Aroostook Medical Center
Blue Hill Memorial Hospital ▲
Cary Medical Center
Eastern Maine Medical Center
MaineGeneral Medical Center
MaineGeneral Medical Center’s Alfond Center for Health ▲
Mid Coast Hospital ▲
Miles Memorial Hospital - Lincoln County Health Care ●
Northern Maine Medical Center
Penobscot Bay Medical Center
Portsmouth Regional Hospital ▲
Redington Fairview General Hospital ▲
Sebasticook Valley Health ●
Southern Maine Medical Center ●
St. Mary’s Health System ▲ ●
The Residence at Tall Pines ▲
Waldo County General Hospital ▲

Massachusetts

Addison Gilbert Hospital ★ ●
Barbara McInnis House
Bayridge Hospital ★ ●
Baystate Franklin Medical Center ●
Baystate Medical Center ●
Berkshire Medical Center ★
Beth Israel Deaconess Hospital - Plymouth ● ●
Beverly Hospital ★ ● ▲
Boston Medical Center ★ ● ●
Brigham & Women's Faulkner Hospital ★ ● ●
Brigham & Women's Hospital ★
Cambridge Hospital ▲
Cape Cod Hospital ▲
Carney Hospital ●
Charlton Memorial Hospital ★
Boston Children’s Hospital ★ ●
Boston Children’s Hospital, Waltham ●
Bowdoin Street Neighborhood Health Center
Cooley Dickenson Hospital ★ ●
Dana Farber Cancer Institute ★
East Boston Health Center
Emerson Hospital ★
Fairview Hospital ★ ●
Franklin County Hospital
Framingham Natick Hospital ★ ●
Good Samaritan Medical Center ●
Harbor Health
Health Alliance Hospital ● ▲
Heywood Hospital
Holy Family Hospital
Lahey Clinic ●
Lawrence General Hospital ★
Leonard Morse Hospital ★ ●
Lowell General Hospital
Maristhill Nursing & Rehab Center ▲
Massachusetts General Hospital ★ ●
McLean Hospital ★
New England Baptist Hospital ★
Newton Wellesley Hospital ★ ▲
North Adams Regional Hospital (CLOSED) ▲
North Shore Medical Center ★
Norwood Hospital
Quincy Hospital
Saint Luke’s Hospital ★
Signature Healthcare Brockton Hospital ▲
Somerville Hospital
Spaulding Rehabilitation Hospital - Cape Cod
Spaulding Rehabilitation Hospital - West Roxbury
Spaulding Rehabilitation Hospital - Boston ★ ● ▲
St. Anne’s Hospital
St. Elizabeth’s Medical Center ●
St. Vincent’s Hospital ★ ● ▲
Sterling Village Nursing and Rehabilitation Center ▲
Tewksbury State Hospital ▲
New Hampshire

Alice Peck Day Memorial Hospital
Androscoggin Valley Hospital
Catholic Medical Center
Concord Hospital
Cottage Hospital
Crotched Mountain Rehab Center
Dartmouth-Hitchcock Medical Center
Dartmouth Hitchcock Cheshire Medical Center
Elliot Hospital
HealthSouth Rehabilitation Hospital
Littleton Regional Hospital
LRGHealthcare
Memorial Hospital
Monadnock Community Hospital
New London Hospital
New Hampshire Hospital
Parkland Medical Center
Southern New Hampshire Medical Center
Speare Memorial Hospital
St. Joseph Hospital
Upper Connecticut Valley Hospital
Valley Regional Hospital
VA Medical Center, Manchester
Weeks Medical Center
Wentworth Douglass Hospital

Rhode Island

Bradley Hospital
Butler Hospital
Kent Hospital
Landmark Medical Center
Memorial Hospital of Rhode Island
Miriam Hospital
Newport Hospital
Providence VA Medical Center
Rhode Island Hospital
South County Hospital
The Westerly Hospital
Women & Infants Hospital of Rhode Island

Vermont

Brattleboro Memorial Hospital
Central Vermont Medical Center
Champlain Valley Physicians Hospital
Fletcher Allen Health Care
Gifford Medical Center
Grace Cottage Hospital & Otis Health Care Center
Mt. Ascutney Hospital & Health Center
North Country Hospital
Northeastern Vermont Regional Hospital
Northwestern Medical Center
Porter Medical Center
Rutland Regional Medical Center
Southwestern Vermont Health Care
VA Medical Center, White River Junction
Wake Robin Lifecare Community
APPENDIX B – Key Partners

The following is a list of key strategic partners of the New England Healthy Food in Health Care team

**Regional**
Farm to Institution New England (FINE)
Northwest Atlantic Marine Alliance (NAMA)
Northeast Sustainable Agriculture Working Group (NESAWG)

**Connecticut**
Connecticut Governor’s Council on Agricultural Development
CT Department of Agriculture
CT Food System Alliance
Fresh Advantage, LLC.
Sustainable Food Systems
UCONN Extension - BuyCTgrown
CT Hospital Association

**Maine**
Maine Organic Farmers and Gardeners Association (MOFGA)
MaineHealth Food Services Task Force
Mainstreaming Project

**Massachusetts**
Massachusetts Hospital Association
Boston Public Health Commission
Massachusetts Farm to School
Wellspring Project

**New Hampshire**
NH Foundation for Healthy Communities
New Hampshire Healthy Eating Active Living (HEAL)
NH Hospital Association
New Hampshire Community Loan Fund (CLF)
New Hampshire Hospitals for Healthy Environment (NH3E)

**Rhode Island**
Farm Fresh Rhode Island (FFRI)
RI Food Policy Council
Hospital Association of Rhode Island (HARI)
Northern Rhode Island Area Health Education Center
RI Academy of Family Physicians
Rhode Island Hospitals for Healthy Environment (H2E)

**Vermont**
Fletcher Allen Center for Nutrition and Healthy Food Systems
VT Agency of Agriculture
Vermont Farm to Plate
NOFA Vermont
VT – FEED
APPENDIX C – Sample Distribution Letter

Letter from hospital management to distributor:

Dear Distributor,

Across the country hospitals like ours are making great strides to improve the health and sustainability of the food we serve. We are seeking out organic and local produce, eggs from humanely-raised chickens, sustainably-harvested seafood, meat and poultry raised without the routine use of antibiotics, growth hormones or arsenic, and dairy raised without artificial hormones. However, for a variety of reasons, many of us continue to have difficulty accessing these types of products through our distributors. Main barriers that we have identified with other hospital administrators across the country include:

- **Lack of access to products** – Our distributor does not carry sustainable products.
- **Insufficient labeling** – Products that are carried are not labeled, making it impossible to identify and order sustainable products.
- **Poor search capabilities** – Procurement officers cannot search for products by sustainability criteria and often must know the specific brand names to order sustainable products.
- **Inability to track and report progress** – The inability to run reports based on dollars spent or pounds purchased of sustainable food.

We are interested in your collaboration in assisting our facility to increase our purchase of local, sustainably produced foods by making specific improvements to your current practices. To begin:

- **Increase supply** – Prioritize the provision of local products when available. This includes proactive measures to seek out sources of local, sustainable products including speaking with these farmers in advance to request that they plant crops for your company or consider season extension techniques to expand the growing season into the colder months.
- **Transparent pricing** – Provide transparency in the price allocated to the agricultural producer to the buyer.
- **Producer selection** – Provide transparency around why producers are included or excluded by the distributor.

We have also outlined a series of standards we would like to suggest you to transition to in order to assist our hospital in purchasing and tracking local and sustainable food. We request that you submit a status report detailing compliance of these standards or a timeline outlining your plan to achieve each standard.

- **Use common definitions of sustainable products** – Food identified as sustainable should carry one or more of the certifications or label claims listed here: [http://www.noharm.org/lib/downloads/food/EcoLabels_Matrix.pdf](http://www.noharm.org/lib/downloads/food/EcoLabels_Matrix.pdf) or other eco-label/certification that has transparent and meaningful standards and independent verification processes.

- **Provide capacity to determine “Local” by identifying product origin** – Hospitals must be able to determine the distance from their facility to where the food was grown/produced. Local shall not be calculated based on the distance from a supplier’s distribution center. When labeling products as “local” this shall refer to food that comes from farms, ranches, processing/production facilities within a 250 mile radius of the purchasing hospital. For processed foods (e.g., foods with multiple ingredients), greater than 50% of the ingredients, by weight, must be grown and processed from within a 250 mile radius.
- **Include sustainability labels in product guides** – Suppliers shall label products in catalogues/ordering systems with applicable sustainability criteria and label claims to make those products readily identifiable and searchable.

- **Enable tracking of local/sustainable product purchasing** – Provide tracking capabilities for local and sustainable purchases on total spend and/or on pounds purchased within a designated time frame (e.g., week, month, quarter) so we can easily obtain that information through account/invoices/reports/etc.

We thank you for your continued partnership in maintaining the mission of our hospital to support the health and wellness of the community we serve.

*Hospital contact name and contact info*
APPENDIX D –
CLF Farm to Hospital Questionnaire

Farm to Health Care

Producer operation details

The health care sector nationwide spends $12 billion on food. This market has traditionally gone to large-scale, national food producers as a way to negotiate pricing based on collective volume.

However, the priorities of the health care sector are changing. Nationally, health care organizations have expressed an interest in regionalizing their purchasing to support the health and economic viability of the communities they serve. Health care institutions increasingly are shedding their “bad hospital food” reputations by offering fresher, locally grown and sustainably produced foods. However, facilities looking to make these shifts identify multiple barriers, including:

- The supply of locally produced food does not always meet the institutional demand.
- Hospitals and their food distributors are not always aware of local farmers with the capacity to meet their needs.
- Local and sustainable food pricing can be, or is perceived as, a barrier because of a lack of communication between producers and the facilities.
- Some facilities lack the training and labor to process and utilize whole foods.

Hospitals can be a consistent and reliable high-volume customer for farmers. Although the price point for this market is lower than wholesale, the consistency of demand has allowed many producers to diversify and grow their supply at a price that is viable for this market.

This questionnaire will help you inform hospitals and food distributors about your business and connect with interested health care food buyers. Complete the questions based on your current business model and, where appropriate, add any comments that would provide helpful information about your business.

Please mail your completed survey to the New Hampshire Community Loan Fund at the address above, Attention: Manager of Business Education. Or, you can email it to candersen@communityloanfund.org.

(continued)
We will review your answers and contact you with any questions. Once reviewed, your completed questionnaire will be forwarded to Health Care Without Harm, whose Health Care Coordinator will contact you about opportunities to source your products.

**Production standards**

What are your production standards?

- Use Integrated Pest Management
- Certified organic (By what organization? _______________________________
- Hormone free
- Grass-fed (What do you use when grazing is not viable? _________________
- Free range
- Antibiotic-free feeds
- Other, please explain: ___________________________________________

_______________________________

**Food safety**

What food safety standards do you use?

- Good Agricultural Practice certification
- USDA Certified meat
- Hazard Analysis and Critical Control Point Compliant
- Safe Serv Certified
- Other, please explain:

If you are not certified, please explain what food safety audit system you use _______________

_____________________________

**Insurance**

What is your general product liability coverage?

- $1 million
- $3 million
- $5 million
- Other, please explain

**Consistent product**

What cuts or forms of meat can you offer? ________________________________

_____________________________

(continued)
In what quantity can you consistently offer them? _______________________________

__________________________________________________________________

__________________________________________________________________

If offering fruits and/or vegetables, in what form or processing can you supply them?

_ Cleaned and bagged
_ Fresh cut and sliced
_ Frozen and packaged

If freezing or processing is not a service you offer, are you willing seek a farm or other business that could handle this for you?

_ Yes, I know a business I can work with
_ Yes, but I don’t know of a business I can work with
_ No
_ Maybe, it depends. Please explain: _____________________________________

Delivery

A limited number of hospitals may be able to purchase directly from a farm. Many are unable to accommodate multiple deliveries and invoices and prefer the security and ease of buying through a distributor. Sourcing through a distributor has the advantage of providing liability insurance, food safety practice management, and marketing for its producers.

In what ways are you able to deliver product to the hospital? (direct, through distributor, other)

__________________________________________________________________

__________________________________________________________________

How frequently (days and times) can you deliver? _______________________________

__________________________________________________________________

If you cannot deliver the product, do you have a distributor?

_ Yes, I currently work with the following distributors: ______________________

__________________________________________________________________

__________________________________________________________________

_ No, I need to identify a distributor to work with.

(continued)
When choosing a distributor, ensure that the company is able to sell to the facility you want to work with. Due to contract restrictions, hospitals may be able to purchase only from certain distributors.

**Licensing and permits**

Do you have all applicable licenses and permits required for your business and products?

_ Yes._

_ No, I need to obtain the following: ______________________________________________________

_____________________________________________________________________________________

**Ordering system**

Do you have an electronic order placement system?

_ Yes

_ No (If no, you should have a user-friendly documented ordering process.

**Pricing**

Do you have a wholesale price list for the products you are offering?

_ Yes

_ No, I need to develop one

Hospitals often pay invoices on a 30- to 60-day schedule, but other arrangements may be possible. Working through a distributor may offer the benefit of earlier payment.

What payment terms are you able to handle? _ 30 days _ 60 days _ 90 days

**Economic**

What were your total annual agricultural-related products sales last year?

_ $50,000 to $99,999 _ $100,000 to $249,999

_ $250,000 to $499,999 _ $500,000-$999,999

_ $1 million or more

**Other factors**

- Some hospitals may be open to pre-season arrangements in which they commit to purchasing a specified volume of a product from the farmer within a negotiated price range.
- Working with other farmers in your area informally, or by forming a co-op, may allow you to provide a more-consistent supply to large-volume purchasers.
- Hospitals may be open to hosting an on-site farmers market or CSA drop-site. This is usually facilitated through the human resource or community outreach office and has the added opportunity for the hospital to purchase surplus market items or CSA shares for their internal food service operations.

**Contact information**

Name: ____________________________________________________________

Business name: ______________________________________________________

Business address: ______________________________________________________

Email: ________________________________________________________________

Phone: ________________________________________________________________

Mobile: ________________________________________________________________

Web site: ________________________________________________________________

This resource was created as a collaboration between the New Hampshire Community Loan Fund and Health Care Without Harm. The Healthy Food in Health Care Program of Health Care Without Harm harnesses the purchasing power and expertise of the health care sector to advance the development of a sustainable food system. For more information about the Food Program, go to www.healthyfoodinhealthcare.org