

Menu of Change

HEALTHY FOOD IN HEALTH CARE

A 2015 Program Report with Highlights and Survey Results



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This report highlights the activities that healthcare systems, hospitals, and clinicians are currently engaged in through the Healthy Food in Health Care Program (HFHC). It is a sampling of the innovative work underway in these facilities and details the variety of ways HFHC facilities are using their respected voice and economic power to move policy and the marketplace toward health and sustainability. We wish to extend our gratitude to all of our supporters and the healthcare champions who are working hard in their facilities, their professional associations, and their communities across the country to build a healthier food system. Our future depends on it.



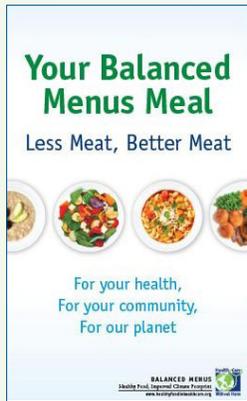
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Healthy Food in Health Care is a national program of Health Care Without Harm which catalyzes sustainable procurement efforts, trains and supports clinician advocates, and inspires healthcare institutions to become leaders in shaping a sustainable food system that supports prevention-based health care. The Menu of Change Report documents the progress of the program's efforts. First released in 2008, with follow-up reports in 2011, 2013 and 2015, the report details benchmark metrics, survey findings, and analysis of work by participants while showcasing national initiatives and regional projects, along with model institutions.

10 YEARS OF HEALTHY FOOD IN HEALTH CARE

The [Healthy Food in Health Care Pledge](#) is launched nationally, providing a framework for the healthcare sector to support an environmentally sustainable, economically viable, and socially just food system. As of 2015, 550 facilities nationally, have signed the Pledge.



Poster about the Balanced Menus initiative

[Balanced Menus: Less Meat, Better Meat](#) initiative challenges hospitals to connect the climate and health impact of meat production in their purchasing



[FoodMatters Program](#) educates and engages clinicians to be advocates for healthy food systems



[Healthier Hospitals Initiative](#) launches including the [Healthier Food Challenge](#), engaging hospitals across country in a 3-year challenge to improve sustainability of their operations

FDA to withdraw approvals of [arsenic in animal feed](#), responding to suit brought by HCWH and partners



Hand-fed chicken (HA! Designs)



For [Food Day](#), 270 health care facilities across the country serve meat and poultry raised without the routine antibiotics

HCWH Launches project to support health care investing in healthy food environments and systems through [Community Benefit Programs](#)

2005

Health Care Without Harm hosts first [FoodMed](#) conference on health and sustainability in hospital food service in Oakland, California



2006

2007

Regional HFHC Programs are developed to incubate and test best practices.



Food Forward Culinary Experience and Training co-hosted by the Humane Society of the U.S. and Palomar Health in San Diego, CA. Foodservice staff from other healthcare and community health organizations in the region also attended. (Barbara Hamilton)

2008

2009

2010

Hospital's demand for rBGH-free dairy influences market changes



Dairy cows (USDA)

2011

2012

HCWH launches campaign to [eliminate the routine use of antibiotics](#) in animal agriculture to combat the rise of antibiotic resistance



Infographic produced for Food Day about saving antibiotics through sustainable meat purchasing

2013

2014

HCWH releases the [Environmental Nutrition Framework](#), a comprehensive analysis of the connections between our food, our health and our planet

2015

[Clinician Champions In Comprehensive Antibiotic Stewardship Collaborative](#) launches with PIDS & SHARPS to advocate for stewardship of antibiotics in animal agriculture

CCCAS members Dr. Aparna Bole and Dr. Scott Weissman testify at Hill Briefing on antibiotic use in agriculture (Aparna Bole)



LETTER FROM THE PRESIDENT

When we started the Healthy Food in Health Care Program 10 years ago, there was a complete disconnect in the healthcare sector between healthy food and clinical care. Hospitals thought nothing of having sugar sweetened beverages, serving large amounts of meat, and having fast food in their lobbies.

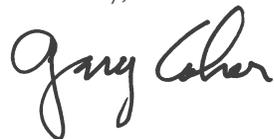
But over the last 10 years we have seen the beginnings of a sea change. We are moving toward the idea that food is medicine— that the healthcare sector has a stake in not only ensuring the availability of healthy food for patients, staff and visitors, but also realizing that it has a role in supporting broader community health.

There are now hundreds of hospitals that are changing their purchasing practices to support sustainable agriculture and buying meat produced without antibiotics; having completely transformed their food services or starting to take steps along that trajectory. They are playing a positive role by modeling healthy food practices and environments in their facilities and building healthy food systems in their communities.

The Cleveland Community Hospital, for example, has invested in a greenhouse that is run by a co-op and is currently producing greens for the hospital, as well as selling food to the community. Kaiser Permanente and other hospitals in California are aggregating food purchasing practices with several school systems so they can provide healthier food in hospitals and K-12 schools. Other health systems are providing prescriptions to patients who are pre-obese or pre-diabetic to incentivize going to the farmers market to buy healthy fruits and vegetables as a part of their clinical care.

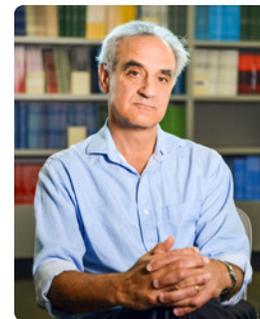
In the next ten years we envision that it will become routine for hospitals to use their purchasing power to support food practices consistent with preventative medicine such as sustainable agriculture and meat produced without antibiotics. Because many hospitals and health systems will be addressing broader community health needs, they will be implementing food delivery systems to support health and prevent illness. As a whole, healthcare facilities will understand and implement food strategies as a core form of preventive medicine. Health care is 18% of the economy, and as the healthcare sector shifts the economy toward healthier food systems, the potential impact for human health is monumental.

Sincerely,



Gary Cohen

President and Founder



Gary Cohen (HCWH)

INTRODUCTION

Health Care Without Harm (HCWH) is an international coalition that shares a vision of a healthcare sector that does no harm, and instead promotes the health of people and the environment. Together with our partners around the world, we are working to implement ecologically sound and healthy alternatives to healthcare practices that pollute the environment and contribute to disease.

Healthy Food in Health Care is a nationwide program of HCWH which serves to harness the purchasing power and expertise of the healthcare 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 healthcare institutions to become leaders in shaping a food system that supports prevention-based health care. To date, over 1,500 hospitals nationwide participate in the program and over 4,000 clinicians have participated in our educational trainings and advocacy efforts. As the HFHC Program passes its 10th anniversary, the Program embarks on a deepening of its current work and expansion to new areas of the country.

THE PROBLEM

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 and the control of processing and distribution infrastructure. Twentieth century farm policy to “get big or get out,” combined with “green revolution” farming techniques that employ synthetic fertilizers and pesticides, motivates 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. Despite producing large quantities of food, it is wrought by poor nutrition, food insecurity, obesity, and other chronic diseases.^[1] Rising rates of food-related chronic diseases are socially and economically devastating to families and communities and represent an increasing drain on healthcare resources. Cancer, heart disease, diabetes, and other chronic conditions account for \$3 out of every \$4 spent on health care nationally.^[1] Research shows that healthcare workers are no exception to rising rates of obesity and decreasing overall health status.^[3]

In relation to its impacts on human health and the environment, this system can be understood as “broken”:

- Pesticides harm wildlife while contributing to rising rates of cancers, neurodevelopment and reproductive disorders.^[1]

- Overuse of synthetic fertilizers leads to nutrient-poor soils and an 8,500 square mile hypoxic “dead zone” in the Gulf of Mexico.^[1]
- Manure lagoons at Confined Animal Feeding Operations (CAFOs) leach pollutants including phosphorus, heavy metals and ammonia while providing an ideal habitat for food borne pathogens and creating noxious, asthma-inducing odors.^[1]
- Routine nontherapeutic use of antibiotics in livestock production compensates for the stress of overcrowded and unsanitary living conditions while leading to the development of antibiotic-resistant bacteria that through food supply and environmental contamination leads to hard-to-treat human infections.^[2]
- 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.^[1]

OUR VISION – HEALTH BY WAY OF A HEALTHY FOOD SYSTEM

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.

Hospitals play a major role in addressing the broader environmental, economic, and social needs of the communities in which they're located. 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.

The way our food is grown can help protect our health as well as foster clean air, water, and healthy soil, upon which all life depends. 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. The growth of local and regional food systems can help support farmers, preserve farmland, bolster the local economy, and connect individuals to the origins of their food.

Hospitals play a major role in addressing the broader environmental, economic, and social needs of the communities in which they're located. 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. As HFHC facilities across the country recognize, there are mutual benefits that result from supporting a healthy, sustainable food system including; the development of robust regional food systems; improvements in employee health and wellness through increased access to healthy local food; and potential reductions in the chronic disease burden of communities served, assisting in keeping healthcare costs under control. In addition, even small shifts in hospital foodservice budgets can create significant positive changes within the food system. A single hospital may have an annual food budget of \$200,000-8 million while the healthcare sector as a whole spends an average of \$12 billion annually on food and beverages.^[2]

For over a decade, the national HFHC program has developed programs and resources for healthcare facilities and the supply chain entities that serve the healthcare market such as distributors, foodservice management companies, and group purchasing organizations (GPOs). Hospitals participating in the HFHC Program are transforming their food and beverage environments to make the healthy, sustainable choice the easy choice. However, HFHC facilities don't let the story of their 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 their local community and foster healthy food access.
- Grow organic gardens and blend them into therapeutic care.



Providence Health System's Oregon hospitals signing the pledge. (HCWH)



San Francisco General Hospital signs the HFHC Pledge, 2012 (Susan Currin)



Employee farmers market at Doctors Medical Center in Modesto, CA (HCWH)



Signs indicate Food Day meal options at Baystate Medical Center in Springfield, MA (Matthew Perpetua)



HFHC Award Winners celebrated at FoodMed (Emma Siros)

LESS MEAT, BETTER MEAT

Conventional animal agriculture is among the major drivers of environmental degradation witnessed over the past five decades. From an environmental nutrition perspective, which takes into account the many ways food production, processing, distribution, and consumption intersect with public health, conventional animal agriculture is replete with hidden costs including antibiotic resistance, air and water contamination, water depletion, occupational health risks, and greenhouse gas emissions that contribute to climate change.^[1]

In addition, American meat consumption is more than twice the global average.^[1] High levels of processed meat and red meat consumption have been associated with increased risk of cardiovascular disease and certain kinds of cancer.^[1]

Hospitals can help create a food system that is healthier for the land, farm workers, rural communities, and eaters by reducing the amount of meat they serve and by prioritizing sustainably-produced meat and poultry.

KEY ISSUES

Antibiotic Resistance

According to government estimates, more than four times the amount of antibiotics are sold for use in animal agriculture—close to 30 million lbs.—compared to human medicine in the United States. Antibiotics are routinely given to poultry, beef cattle, and swine to promote faster growth and to prevent disease outbreaks that are inevitable under confined, often unhygienic conditions. These are the same antibiotic classes used to treat human infections, including penicillins, tetracyclines, sulfa drugs, macrolides, and more.^[1]

There is strong consensus among health experts that the practice poses a threat to human health by providing selective pressure for antibiotic-resistant bacteria.^[1] It is a position shared by the U.S. Institutes of Medicine (IOM), the U.S. Centers for Disease Control (CDC), the World Health Organization (WHO), and leading medical associations.^{[1][2]}

Antibiotic resistance increases the number of bacterial infections, increases the severity of those infections, and helps drive up hospital costs. In the United States, close to 19,000 deaths from methicillin-resistant *Staphylococcus aureus* (MRSA) occur on an annual basis. Longer, more expensive hospital stays for treating antibiotic resistant infections costs the healthcare sector \$21 billion to \$34 billion each year.^[2]

As stewards of antibiotics, doctors and the hospitals in which they practice have created rigorous new guidelines to end the overuse of antibiotics in human medicine and now forward-thinking hospitals are expanding their roles as stewards of antibiotics by using their purchasing power to support

(USDA)

producers that use antibiotics responsibly and by pushing for strong public policies that will protect antibiotics as a public good.

Climate Change

From beginning to end, the life cycle of industrial meat production results in the highest amount of greenhouse gas emissions of any food.^[1] Globally, livestock production for meat and dairy accounts for 18% of the world's greenhouse gases.^[1] Livestock also emit large quantities of methane, a greenhouse gas far more potent than carbon dioxide. According to the United Nations Food and Agriculture Organization (FAO), 39% of greenhouse gas emissions associated with livestock production are methane—most of which come from beef cattle.^[1]

Water Depletion

Animal agriculture is one of the most water-intensive sectors in the food system. An analysis by the United Nations estimates that the livestock sector alone accounts for more than 8% of global water use, with the major portion going to irrigate feed crops for livestock (7% of the global usage).^[1]

Occupational Health

Agricultural workers face a much greater occupational health risks than many other sectors of society. Slaughterhouse workers suffer high rates of occupational illness, including bacterial and viral infections, respiratory problems, and physical injury, and CAFO workers face increased health risks such as respiratory problems and exposure to antibiotic-resistant bacteria.^[1] Communities adjacent to CAFOs experience noxious odors and water pollution.^[1] Confined animal feeding operations are also disproportionately located in communities with larger numbers of people of color.^[1]



LESS MEAT: WHAT IS HEALTHY FOR US IS HEALTHY FOR THE PLANET

There is evidence to suggest that diets that are healthy for us are also good for the environment and for animal welfare, demonstrating important common ground between traditional nutrition concerns and environmental health issues.

A pathway to less meat, better meat

Here are some recommendations to guide hospitals in taking a two-tiered Balanced Menus: Less Meat, Better Meat approach, first reducing meat and poultry purchases and then investing cost savings in sustainable meat options.

- Reduce portion sizes by moving meat away from the center of the plate.
- Develop [new recipes](#) that use meat as a “condiment” to larger portions of vegetables, whole grains, and legumes.
- Increase meat-free options by serving at least one vegetarian option at every meal or by adopting an initiative like [Meatless Monday](#).
- Reduce reliance on higher-priced meats and incorporate less expensive cuts including ground beef, stew meat, or chicken legs and thighs.
- Engage staff to use culinary skills; train staff to break down whole, unprocessed meat and to use all parts of whole animals for soup stocks and marinades.
- Pool purchasing power with other institutions to get better pricing.
- Shift prices incrementally in cafeterias by increasing the cost of unhealthy foods and lowering the cost of healthy, sustainable foods to incentivize good choices and balance the budget.
- Use marketing and promotion strategies to educate patients and patrons about the hospital’s commitment to sustainable foods and to generate excitement for new menu options; use posters, menu labels, and point-of-sale [marketing materials](#) to encourage patrons to purchase healthier, sustainable foods.
- Pass a resolution or policy at your facility to build momentum and internal support for sustainable purchasing. Examples include the [Healthy Food in Health Care Pledge](#) and [resolutions to phase out purchases of meat raised with routine antibiotics](#).

From an environmental nutrition perspective, shifts toward plant-based diets have the potential to dramatically reduce the size and scope of agriculture’s ecological and climate footprints.

Plant-based diets and diets low in red meat consumption are associated with positive health outcomes and significantly less environmental degradation. A great deal of research on plant-based diets falls under the category of the “Mediterranean diet.” The Mediterranean diet features fruits and vegetables, legumes, nuts, whole grains, healthy fats and oils, moderate dairy and fish, lesser amounts of meat, and little or no refined sugars. This diet is generally associated with markedly improved health status when compared to the typical U.S. diet today which tends to be high in processed food, refined carbohydrates saturated fats, red meat and surplus sugar.^[1]

BETTER MEAT: CAMPAIGN TO END THE OVERUSE OF ANTIBIOTICS IN ANIMAL AGRICULTURE

The Health Care Without Harm Better Meat Campaign brings 10 years of experience and regional organizing capacity within the HFHC program to bear on the particular and pressing health issue of increasing antibiotic resistance. The campaign centers on the non-therapeutic use of antibiotics in animal agriculture and how the healthcare sector can utilize its procurement influence and moral authority to stop this practice. There are three areas of focus, our “three-pronged approach” within the Better Meat Campaign. HCWH believes it can provide a comprehensive and effective means to this end: sustainable procurement and market transformation; policy/regulation; and health professional engagement and advocacy. In each of the three focus areas, there are both regional and national activities. All of the HFHC regional organizers have an important role to play in their respective regions to move the national campaign toward a success.

The procurement work of the Better Meat Campaign is dedicated to significantly decreasing the procurement of meat produced with non-therapeutic antibiotics within the healthcare sector and to move the marketplace towards increased production and availability of sustainably-produced meat. To this end goal, there are three main strategies: aggregate the meat purchasing volumes within the healthcare sector, coordinate these aggregation efforts with other institutional sectors and stakeholders within the food system to transform the supply chain, create regional purchasing networks across the country to implement this work, and to help foster the growth of regional, sustainable meat production.

Health Care Without Harm mobilizes the healthcare voice to build support for antibiotics legislation. The Better Meat Campaign creates, educates, and mobilizes a network of healthcare professionals ready for action. This network is educated and articulate about the issue of antibiotics overuse in animal agriculture and link to increasing rates of resistance.

What's on your menu?

For strategies and tips for sourcing sustainably-produced meat and poultry, check out the purchasing guide. We know it can be difficult to find products that meet your sustainability goals. We put together a list of meat and poultry products. Chicken, turkey, beef, pork, lamb—we've got it all!



[Sustainable Purchasing Guide](#)

[Meat & Poultry Product List](#)

This network is activated to influence both the procurement and policy efforts, both regionally and nationally. Health professionals in the network pursue resolutions within their institutions calling to end the procurement of meat produced with non-therapeutic antibiotics. They put forth a united voice to influence regional and federal legislation around antibiotic use in agriculture.

“Preserving the effectiveness of antibiotics to treat infections in people is a critical public health issue. Antibiotic stewardship must include responsible antibiotic use in animal agriculture. In addition, healthier animal husbandry practices have many other environmental and human health benefits. Education, consumer advocacy, and marketplace transformation should combine with regulatory and policy actions to ensure safe and healthy practices in animal agriculture that incorporate principles of antibiotic stewardship.”

—Aparna Bole, MD, FAAP, Sustainability Manager and Medical Director at University Hospitals’ Rainbow Babies & Children’s Hospital, OH

towards more sustainable products, technologies and services. The group is currently focused on two engagement initiatives: Less Meat, Better Meat and Healthy Interiors. In order to participate, hospitals are required to enroll and report on the updated relevant Healthier Hospitals Challenges, be a Practice Greenhealth member, and demonstrate leadership among peers in adopting, implementing and publicizing the work.

Fourteen health systems made up the Less Meat, Better Meat Engagement Initiative this year. They worked with more than 25 of their businesses representatives including Compass Group, Sodexo, US Foods, Sysco, Premier, HealthTrust, Entegra, Perdue Foods and Strauss Brands to discuss ways to overcome barriers and achieve Less Meat, Better Meat goals. Together, this working group has agreed to work toward:

1. Bringing more meat and poultry raised without routine, non-therapeutic antibiotics to healthcare patients, employees and visitors, and to the marketplace as a whole.
2. Advocating for improvements to labeling and tracking of meat and poultry raised without routine antibiotics by all supply chain stakeholders.

Market Transformation Group: 300+ Hospitals

The 2015 participating health systems represent more than 330 hospitals and have been estimated to spend more than \$207 million on food and beverages and more than \$40 million on meat and poultry annually.

- Advocate Health Care
- Ascension Health
- Catholic Health Initiatives
- Dignity Health
- Gunderson Health System
- Hackensack University Medical Center
- Inova Health System
- Kaiser Permanente
- Palomar Health
- Partners HealthCare
- Thedacare (AMC)
- University Hospitals Health System
- University of California, San Francisco Medical Center
- University of Vermont Medical Center (formerly Fletcher Allen Healthcare)

STRATEGY: MARKET TRANSFORMATION

Market Transformation Group

The Market Transformation Group (MTG) is a working group convened by HCWH and Practice Greenhealth, HCWH’s U.S. membership organization, with the primary goal of leveraging the aggregate buying power of participating health systems in order to accelerate the transformation of the healthcare supply chain

While each participating health system continues to make progress toward increasing the amount of products they purchase and reporting through Healthier Hospitals, this working group convenes twice per year in person to learn and collaborate on innovative solutions. In 2015, attendees learned about the significant growth in consumer demand and how the fast food, retail and other institutional sectors are responding.

Say what?

Organic, antibiotic-free, welfare-approved . . . what do they all mean? Let us help you decipher the wild world of label claims so that you can ensure the products you're buying are delivering on their promises. This resource provides a vetted list of criteria that meet the definition of sustainable meat and poultry for HCWH's Healthy Food in Health Care program and the Healthier Hospitals program of Practice Greenhealth.

Understanding Labels – Meat & Poultry

All health systems share their internal commitments and desire for audit or verification programs for compliance; furthermore, they expressed their willingness to set long-term goals to address other production practices impacting environmental and public health. The health systems have also pledged to educate their peers in order to make this transition a benefit to the healthcare sector and marketplace as a whole. Toward the end of the year, the work group introduced a barrier and necessary focus on supply chain transparency, including best practices for identification and reporting improvements. Participants felt more action by distributors is needed in the coming year.

Food Day

For the past two years, HCWH has united hospitals across the nation to celebrate Food Day by serving meat raised without routine antibiotics. Each year, over 300 hospitals joined the celebration, leading to a nationwide movement to eliminate the overuse of antibiotics in animal agriculture.

This day of action provides a snapshot of larger change. In 2015, participating hospitals purchased nearly twice the amount of meat raised without routine antibiotics than the previous year, serving over 235,000 meals to staff, visitors, and patients on Food Day alone.

BALANCED MENUS, BETTER OPTIONS

“We have been working to increase our local and organic food purchasing, using money saved from the balanced menu challenge and reduced meat purchasing.”

— University of Washington Medical Center - Seattle, WA

“Last year on Food Day, we served an antibiotic-free hamburger, which was the first product without routine antibiotics that we brought on,” said Deborah Keane, Dartmouth-Hitchcock’s Director of Food and Nutrition Services. “We’re now buying pork, four chicken products, and turkey — all raised without routine antibiotics. We’re doing this because we want to help educate our patients on what is healthy, how to eat healthy while at work, and how to purchase similar foods for their home and family.”

Many hospitals participating in Food Day regularly include meat raised without routine antibiotics in patient meals and cafeterias offerings, and if amplified over the course of a year, this could represent more than 85 million meals. If every hospital in the country committed to serving meat raised without antibiotics year-round, it would mean over 750 million meals served and \$868 million spent on healthy, sustainably raised meat — just in the healthcare sector alone. Imagine what that could do to protect antibiotics and the future of our healthcare system.

Regional Programs Highlights

California

The California HFHC program focused on sustainable meat procurement through development of an aggregated volume purchasing strategy that helped over 65 hospitals across the state gain better access to sustainable meat products through their existing contracts. Additionally the newly launched CA Ed-Med Collaborative network, will serve to coordinate sustainable poultry procurement in k-12 schools, hospitals and universities across the state, and also unify the Ed-Med voice for a healthier food system to improve our collective public and environmental health.

Michigan

In 2015, the Michigan HFHC program hosted “Let’s Talk Meat,” a first statewide coordinated effort bringing Michigan hospitals together around a table with key value chain specialists to discuss sustainable meat, particularly supply chain issues and opportunities regarding meat and poultry raised without routine antibiotics. Participants examined national, regional and local landscapes and trends for sustainable meat production, distribution and consumption; learned about verification programs, label claims and associated production practices; and discussed regional models and approaches to address supply chain issues.

Mid-Atlantic

The Mid-Atlantic HFHC program works with regional hospitals and foodservice management companies to find novel ways to support the regional purchasing of meat and poultry raised without routine antibiotics. For Farm Field day in May 2015 healthcare clinicians toured a sustainable cattle ranch in Montgomery County and learned about the issue of antibiotic overuse and misuse in animal agriculture and what they could do to support a saner approach.

New England

The New England HFHC program worked actively with facilities and their suppliers to increase the availability of meats raised without non-therapeutic antibiotics with the *Antibiotics Stewardship Initiative* in April 2015. Sixteen hospitals have signed on to date, committing to transition one regularly purchased meat item to a source raised without non-therapeutic antibiotics and to work with their suppliers to increase available options.

Northwest (Washington & Oregon)

The Northwest HFHC program relies on a committed group of large hospitals and stakeholders to increase the procurement and availability of meat and poultry raised without routine antibiotics and to advocate for the regulation of antibiotics in our protein supply chains. In 2015, in collaboration with the Washington chapter of the Association for Healthcare Foodservice, *the Northwest Meat Meeting* convened a large group of Northwest hospitals, large distributors, and growers including Perdue Farms. This meeting gave stakeholders an opportunity to discuss supply challenges and learn more about new sources of sustainable proteins coming to the institutional market in 2016.

STRATEGY: POLICY

2015 was a busy year for HCWH, both on the federal and the statewide fronts. Working closely with our partner organizations within the Keep Antibiotics Working (KAW) Coalition, the Natural Resources Defense Council (NRDC), Pew Charitable Trusts, and Healthy Food Action, the HFHC Program mobilized its national network around several important efforts:

- The **PATH Act**, designed to address some of the regulatory challenges facing antibiotic developers by directing the Food and Drug Administration (FDA) to create a new regulatory pathway for approving antibiotics for patients with serious or life-threatening infections and few or no other options;
- The **Data Rules**, asking the FDA for species-specific data on antibiotic use, public and timely reporting of antibiotic sales, and the collection of quantitative baseline information including the reasons why antibiotics are being used;
- The selection of the **CARB advisory council** (Combating Antibiotic-Resistant Bacteria), mandated by the White House presidential report on antibiotic resistance; and
- Numerous joint sign-on letters supporting **public and corporate policies**, including letters to the restaurant industry and Subway.

Health Care Without Harm organizers held regional meetings with federally elected officials in their regions to help bring attention to the antibiotics resistance issue, including meetings with Senator Murray in Washington State, and Senator Mikulski in Maryland. Health Care Without Harm worked closely with

A major policy win!

October 2015, California became the first state in the nation to prohibit the routine use of medically important antibiotics in animal agriculture when Governor Jerry Brown signed the bill into state law. This marks a major success in the fight against antibiotic resistance and sets an important precedent for other states and the nation. We cannot solve this public health crisis with better shopping alone, we will need strong public policies to safeguard antibiotics as a common resource and a public health imperative for all.

Pew Charitable Trust and the CDC to engage two members of the CCCAS collaborative to present at a Capitol Hill briefing in November on the public health threat of antibiotic resistance.

In October 2015, California became the first state in the nation to prohibit the routine use of medically important antibiotics in animal agriculture when Governor Jerry Brown signed the bill into state law. This marks a major success in the fight against antibiotic resistance and sets an important precedent for other states and the nation.

STRATEGY: HEALTH PROFESSIONALS IN ACTION

Physicians, nurses, dietitians, and other allied health professions have a profound opportunity to use their respected voices to influence individual behaviors and transform the food system. Health Care Without Harm is inspired and motivated to

Be it resolved . . .

Health leaders across the country are passing forward-thinking antibiotics policies that make the connection between antibiotic overuse in animal agriculture and public health. In 2014, the [Massachusetts Medical Society](#) adopted a policy to educate the public about antibiotic resistance and the use of non-therapeutic antibiotics in animal agriculture. And in 2015, the [California Medical Association](#) passed a [resolution](#) encouraging hospitals, schools, and restaurants to purchase meat raised without medically important antibiotics.

Take action in your facility! Check out our website for sample hospital resolutions and the science behind why health care should take action to curb antibiotic use beyond hospital walls.

[Develop an Antibiotics Resolution](#)

assist them in achieving this goal through forging opportunities for clinicians to educate their peers and the public, influence institutional policy and procurement, advocate in public policy, and identify and fill research gaps.

Clinician Champions in Comprehensive Antibiotic Stewardship (CCCAS) Collaborative

Serving as a strong coordinated clinical voice, the [CCCAS Collaborative](#) was formed following the annual CDC Get SMART about Antibiotics week in 2015 where Health Care Without Harm, the Pediatric Infectious Diseases Society (PIDS) and the Sharing Antimicrobial Reports for Pediatric Stewardship (SHARPS) workgroup, came together to launch a pledge for clinicians to purchase their holiday turkeys raised without routine antibiotics. The tremendous media attention and success of this activity led to a formalizing of the collaborative steering committee and a growing membership of over 50 clinicians throughout the country taking action on the misuse of antibiotics in agriculture. These physicians, dietitians, nurses, pharmacists, veterinarians have activated their voice via their professional networks, affiliate organizations, and in public policy to support of legislation to curb the use of antibiotics in animal agriculture and humans alike and ease the pathway for new antibiotic drug development. CCCAS Members led another successful Get SMART activity in November 2015 where clinicians from 14 different states pledged to urge the leadership of 27 different hospitals to develop a resolution to phase out the institutional purchase of meat raised without routine antibiotics.

Informing a New Generation of Clinicians

Launched by our partners at the Michigan-based Ecology Center, the [Health Leaders Fellowship](#) program inaugural year developed and inspired those working in the healthcare field to become local environmental health leaders through a series of issue and civic engagement trainings and field experiences. In April 2015, the first cohort of 19 Health Leader Fellows graduated from the 9-month program after presenting the results of their yearlong practicum focused on climate, food, or toxics. Practicum topics ranged from data mapping county-specific health outcomes related to coal-fired power plants to raising awareness in their hospitals about the link between meat raised with the routine use of subtherapeutic antibiotics and antibiotic-resistant superbugs. Through courses and webinars given by environmental health experts and hands-on projects the fellowship is developing a new generation of clinicians informed about the linkages between environmental health and human health. In addition, HCWH attended the American Medical Association's Change MedEd, which convened in October of 2015 to assist in reimagining physician education to include public and environmental health factors.

Dietetic Network Engagement

As the nation's food and nutrition experts, Dietitians continue to play a key role within HCWH through their network relationship with the Hunger and Environmental Nutrition (HEN) dietetic

practice group, a division within the National Academy of Nutrition and Dietetics. In 2015 HCWH and HEN collaborated to bring three national webinars reaching over 500 dietetic and nutrition professionals on the topics of the benefits of organically-produced foods, the ecology of breast cancer, and a primer to antibiotic stewardship through the food system. Health Care Without Harm staff authored an issue brief on antibiotic resistance in practice groups' quarterly member publication and presented at the national Food and Nutrition Conference and Expo and numerous state affiliate meetings in WA, MA, and ME.

THE STRATEGY: CROSS-SECTOR COLLABORATION

Large-scale institutional purchasers like schools, hospitals, and colleges are the crucial leaders in the next wave of the good food movement. Farmers markets and Community Supported Agriculture (CSA) have flourished over the past decade, yet local food sales still account for less than 2% of total farm gross, and the goods exchanging hands at some 7,800 farmers markets nationwide represent less than 1% of total U.S. agricultural production.^[4] Institutions provide an important opportunity to scale up sustainable food initiatives and to engage supply chain partners. While farmers markets and CSAs cut out the middleman, institutions rely on intermediaries from farm to tray. Institutions' healthy purchasing initiatives can embed social and environmental values all along the supply chain by changing the practices of distributors, manufacturers, processors, and producers at both regional and national levels.

Hospitals and schools together provide an opportunity to combine the market power of large-scale purchasing with the concerns of consumers. Even small shifts in institutional purchasing can have meaningful impacts within the food system. A single hospital can have an annual food budget of \$1 to \$7 million or more, while many larger school districts can spend between \$6 to \$92 million on food each year.

In addition to purchasing power, schools and hospitals can leverage another form of currency—their moral authority as public institutions dedicated to the health and well-being of children and the populace. Educational and healthcare leaders can influence public opinion and decision-makers on food system issues from antibiotics overuse in animal agriculture to labor practices and the contribution of agricultural production to climate change.

Regional Cross-Sector Alliances

California

The CA HFHC program partnered in 2015 with School Food FOCUS to develop the California Ed-Med Collaborative (CEMC). CEMC builds on the momentum, partnerships, existing supply chain strategies, and growing interest in sustainable procurement across institutional sectors. In the summer of 2015 these organizations brought together key representatives from across

the value chain: preK-12 school districts, hospitals, local and national poultry producers, distributors, community partners, university representatives, government, and the philanthropic sector, and produced tangible strategies for cross-sector collaboration. CEMC aims to create a common vision, common specifications for products, and common messaging across sectors to leverage the purchasing power and moral authority of institutional buyers to fundamentally change the food system.

Michigan

The Michigan HFHC program, led by the Ecology Center, currently co-leads the Michigan Farm to Institution Network (MFIN) and its local purchasing initiative called Cultivate Michigan to create space for learning, sharing and bringing food system stakeholders together to work collaboratively toward increasing institutional local and sustainable food procurement. The network coordinates and conducts cross-sector research related to good food value chains; creates resources such as product guides to help institutions including hospitals, schools, colleges, early childhood programs and others find, buy and use Michigan foods; hosts trainings, tours and learning sessions to connect stakeholders and help farmers and food suppliers offer the foods institutions want in the ways they need.

Mid-Atlantic

The Mid-Atlantic HFHC program, lead by the University of Maryland, continues to convene and grow the Chesapeake Food Leadership Council (CFLC) where cross-sector foodservice professionals, farmers, and distributors gather to learn and strategize through purchasing initiatives to increase local sustainable foods. Additionally the CFLC has been instrumental in the development of the Chesapeake Foodshed Network (CFN). The CFN is a group of organizations, agencies, and individuals working across the Chesapeake watershed to build a stronger and more resilient food system.

New England

The New England HFHC program plays a leadership role as an advisory committee member of Farm to Institution New England (FINE) Network to support cross-sector education and research related to local and sustainable meat and poultry production and a cost-benefit analysis for working with foodservice management companies. The associated New England hospital purchasing pilot is both increasing purchasing in that sector and laying the foundation for other institutions to purchase regional and sustainably-raised products.

Northwest

In Oregon, the Northwest HFHC program helped to found and currently sits on the steering committee for the NW Food Buyers Alliance which brings together hospitals, schools, universities and other institutional purchasers to collaborate on local and sustainable food purchasing efforts. The alliance has worked on

increasing purchases of regionally grown fruits and vegetables; increasing purchases of regionally produced organic foods; and meat and poultry raised without routine antibiotics. The group had developed a deeper understanding of the issues and effective strategies for shifting their purchasing practices through farm tours, roundtable sessions and vendor fairs.

Align Metrics

Health Care Without Harm embarked on a Cross-Sector Project this year to examine the potential collaboration opportunities for work between itself and other organizations working on institutional food procurement including Real Food Challenge (RFC), Center for Good Food Purchasing (CGFP) and School Food FOCUS. Researchers analyzed materials from each organization, researched existing collaborations between the organizations and conducted interviews with organizational representatives to understand and described the work of each organization and the standards that they set when working with institutions in each of their respective sectors.

There were several opportunities identified related to data management and tracking, alignment of standards, potential joint campaigns, partnering with corporate players and other collaboration possibilities including coordination between national procurement working groups, hosting an institutional good food summit or even creating a new entity to manage certifications.

The Future

Moving forward, the a national cross-sector collaboration will build on the knowledge and momentum created this past year to increase synergy in programming and impact analysis and lay the groundwork for future collaboration. With commitments from the four organizations described, work will begin to increase and aggregate institutional foodservice demand for sustainable foods in the marketplace while increasing regional, sustainable production wherever possible.

RESILIENT COMMUNITIES

UPSTREAM INVESTING IN HEALTHIER FOOD SYSTEMS

The HFHC program aims to support and motivate the healthcare sector to embrace their role as “anchor institutions” in their communities, to increase access to healthy food and build a healthier food system. As anchor institutions, hospitals have the potential to improve public and environmental health and to strengthen the economic vitality of their communities. They are rooted in place, hold significant investments in real estate and social capital, are among the largest employers in their communities and are often explicitly oriented toward supporting community health in alignment with their healing mission. Due to their significant purchasing power and trusted role as authorities on health and wellness, hospitals have an important opportunity to not only increase access to healthier, more sustainably produced food for patients, staff, and the community, but to transform the food system toward greater health and sustainability.

Historically, this work has been primarily focused on changes in healthcare procurement strategies, but momentum behind community benefits investment to improve nutrition is on the rise across the country. For over 35 years the community benefit standard has been a part of the requirement for hospitals to obtain and maintain their non-profit status; however the rule underwent significant change as part of the Affordable Care Act.

To comply with the community benefit standard nonprofit hospitals must conduct a community health needs assessment (CHNA) every three years. In this process the community must be consulted and provided an opportunity to offer input on the health challenges they perceive. As a result, facilities identify the greatest health challenges faced by the community and state. Facilities must then develop a community health improvement plan (CHIP) that outlines the strategies they will use to improve community health. Each year a progress report must be publicly issued.

This process was outlined in the Internal Revenue Service’s final rule for nonprofit hospitals issued in December 2014. The final IRS ruling, stating that hospitals may consider as community benefits, “the need to prevent illness, to ensure adequate nutrition, or to address social, behavioral, and environmental factors that influence health in the community,” paves the way for the health sector to step up its investments in a wide spectrum of nutrition-related programming; from acute food insecurity interventions to long-term efforts in building vibrant regional food systems by supporting local growers and economies. Such investments and practices can create jobs and healthier community environments in which to live. As a result these practices address the externalities not currently accounted for in the food system, but which cost society billions in the form of diet-related diseases.

In 2014, a landscape assessment was conducted in Massachusetts to better understand the ways in which health care was integrating food access and food systems into their community benefit work. The study found that 36 out of 62 facilities that submitted FY 2013 progress reports conducted a total of 80 activities related to food systems. This work included a broad range of activities: nutrition classes, fruit and vegetable prescription programs, food pantries, farmers markets and much more.



Ohio, Rainbow Babies Clinic, provides bags of local fresh produce to low-income mothers with support from their Community Benefits program. (Matt Pietro)

Based on interviews with 11 of the facilities that engaged in such programs the biggest challenge was determination of program impact on health outcomes. Facilities are looking to invest in projects that will improve health outcomes and they struggle to evaluate the influence of their work on diet-related diseases like obesity, diabetes, and heart disease.

As a result of the Massachusetts-based research, HCWH is embarking on a national research project in 2016 to assess the landscape of programs currently being supported through community benefit resources across the country. After the national research report is completed, HCWH will then develop resources and create educational opportunities for community benefits staff to learn more about this systemic approach to food systems investment and implementation strategies to utilize in their own facilities.

Innovative models that combine the procurement power of anchor institutions with the community benefits investment potential are already underway in the regional work of HCWH. In California, HCWH is currently working with the Emerald Cities Collaborative and the Democracy Collaborative, along with a number of Bay Area community partners including Kaiser Permanente and Dignity Health on the [Anchors for Resilient Communities](#) (ARC) project. This project is leveraging regional anchor institutions, including healthcare facilities, schools and universities to develop a healthy, regional food system that impacts community health outcomes and localizes the food economy to generate community wealth for underserved neighborhoods.

PRACTICE GREENHEALTH FOOD PROGRAM

With support from the HFHC Program, Practice Greenhealth has increased resources, tools and support for improving sustainability of food service operations for their members as well as hospitals interested in participating in their free Healthier Hospitals Program to track progress on specific improvements.

HEALTHIER HOSPITALS FOOD CHALLENGE

Building on the momentum and success of the Healthier Hospitals Initiative, Healthier Hospitals (HH) has become a permanent program of Practice Greenhealth, intended to guide those who are just beginning their sustainability work. The six challenge areas, corresponding data sets and *How-to Guides* have been reviewed and refreshed. The revised Food Challenge focuses on two goal areas:

Less Meat, Better Meat

- Reduce meat purchased by 10% per year OR achieve the ultimate goal of an average 1.5 oz. (0.9375 lbs./meal) per meal served.
- Increase by 5% per year or achieve the ultimate goal of 20% of meat and poultry purchases raised without the routine use of antibiotics. (Meat = beef, pork, poultry and lunch meat; measure=lbs.)

Local and Sustainable Foods

- Increase the percentage of local food purchases by 5% annually OR achieve the ultimate goal of 20% of total. (Measure=dollars)
- Increase the percentage of sustainable food purchases by 5% annually or achieve the ultimate goal of 20% of total. (Measure=dollars)

NEW HEALTHIER FOOD RESOURCES FOR MEMBERS

Practice Greenhealth has developed a new set of content for building a sustainable food service. Hospitals can access *Get Started* guides for creating healthy food and beverage environments, purchasing local and sustainable foods, balancing their menus and much more. Additional supporting tools include audit and tracking tools, national benchmarks where appropriate, educational posters and social media suggestions. New content is also in the pipeline to help hospitals support local farms and increase healthy food access through farmers markets, fresh food share boxes or even start a fruit and vegetable prescription programs. Additionally, tools to sustain their efforts will be available through a suite of policy, planning and contract samples for working with external vendors.

Healthier Hospitals
A PRACTICE GREENHEALTH PROGRAM

Healthier Foods: An Overview

The Healthier Hospitals' Healthier Foods challenge provides a framework for hospitals to serve healthier foods to improve the health of patients, staff and communities.
www.healthierhospitals.org

Healthy food is the best medicine
The United States spends billions of dollars to treat diet-related, chronic illnesses
Hospitals can leverage their purchasing power to increase the availability of local, sustainable foods
As part of their mission of healing, hospitals can model healthier eating behavior

HH Healthier Foods challenge areas
The HH Healthier Foods Challenge has two areas of focus:
Less Meat, Better Meat
Local and Sustainable Foods

Why commit to Less Meat, Better Meat?
80% of all antibiotics consumed in the United States is fed to livestock.
2 MILLION: The number of annual illnesses that antibiotic-resistant, resulting from consumption of animals that were regularly treated with antibiotics.

Why commit to Local & Sustainable Foods?
Buying local, sustainable foods shifts the food system in a more sustainable direction, improves the health of patients, staff and visitors, and is an investment in the well-being of communities and the environment.

Healthier Foods is one of the challenge areas of the new Healthier Hospitals (HH) program

GET STARTED GUIDE

PRACTICE Greenhealth

Healthy Beverages

Why Healthier Food?
The way food is produced, processed, packaged, distributed and consumed in the United States has significant impacts on human health. Nationally, the United States spends billions of dollars to treat diet-related, chronic diseases—\$147 billion to treat obesity alone, another \$116 billion to treat diabetes, and hundreds of billions to treat cardiovascular disease and cancer. To improve the health of patients, staff and communities, Healthier Hospitals is teaming up with hospitals to encourage healthy food consumption.

Why Healthier Beverages?
Obesity prevalence in the U.S. is rapidly increasing. 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 sugary-sweetened beverages (SSBs) contribute to the increased prevalence of obesity and associated chronic diseases that go along with weight gain. The production, consumption and waste associated with sugary-sweetened and bottled beverages have numerous negative environmental consequences that are often overlooked. Alternatively, in the U.S., tap water has been proven to be just as safe, or safer, than bottled waters. By supporting and promoting publicly-owned water infrastructure and reducing access to unhealthy beverages, the health care community can assist in creating a food environment that supports health for both the community it serves and the environment in general.

Goal	Details
Increase access to tap water	Increase access to tap water by implementing a minimum of 3 of the listed strategies each year for tap water access: <ul style="list-style-type: none"> Provide and promote reusable beverage containers. Install filtered water stations, "tap water" and/or treated water bottle filling stations throughout the facility or on-callboxes. Eliminate bottled water from patient menus and cafeterias. Provide free "tap water" or pitchers at functions and meetings instead of bottled water. Change the relative price of healthy vs. unhealthy beverages to make healthy choices more affordable and desirable.
Increase the percentage of healthy beverages* purchases for use throughout the hospital (patient, visit, vending and catering)	Increase access to healthy beverages* by achieving annual benchmarks for healthy beverages of 20%, 40%, 60%, 80% of total purchases.

Healthier beverages guidance is one of the new resources available members



PRACTICE Greenhealth

CALIFORNIA HEALTHY FOOD IN HEALTH CARE

The California HFHC program engages 165 acute care facilities, representing over 30% of all hospitals in the state. We work with a network of healthcare leaders and allies in the sustainable agriculture community, regional and national distributors, foodservice management companies, and group purchasing organizations to transform the food system toward greater sustainability.

The California HFHC program coordinates collaborative Hospital Leadership Teams in the San Francisco Bay Area, Sacramento, Los Angeles, and [San Diego](#) to leverage collective buying power, share innovative strategies, best practices, and product information and work together to make food a part of the “mission to heal.” A few highlights over the past two years have included:

Better Meat

With the help of HCWH, a coordinated group of 39 California hospitals have served nearly 9 million meals featuring grass-fed beef raised without routine antibiotics and added hormones since March of 2014. This coordinated effort started with a single hospital’s [groundbreaking resolution](#) to stop purchasing meat that had been raised with non-therapeutic antibiotics. The resolution was passed in the spring of 2013 by the academic senate at the University of California at San Francisco (UCSF) Medical Center. The Department of Nutrition and Food Services at UCSF Medical Center then faced a formidable challenge: How and from where could it purchase enough meat raised without routine antibiotics to feed thousands of patients, staff, and visitors daily? Available supplies of such meat were limited, and the hospital’s existing supply chains offered few options. UCSF and HCWH realized that combining many hospitals’ purchasing power would be the key to securing a more sustainable product selection at an affordable price.

At the Balanced Menus conference hosted by HCWH in October 2014 leaders in the UCSF foodservice department met a representative from Estancia Beef. “It became clear that Estancia was able to provide the necessary beef products in the volumes needed, and do so safely and consistently,” said Jack Henderson, former Associate Director of Food & Nutrition Services at UCSF. However, the company’s products were not available for hospitals to purchase through the major food distributors that they rely on, such as US Foods and Sysco.

UCSF’s foodservice staff took the helm of a coordinated effort to aggregate the sustainable meat demand of several healthcare facilities throughout California. By March of 2014, three Estancia Beef products were available through US Foods: hamburger patties, ground beef, and stew beef. “US Foods was able to enter the Estancia products and their specifications into their system and slot them in their warehouse. It took patient collaboration from all parties involved, but with determination and focus, it has proved to be eminently possible,” said Henderson.

CALIFORNIA HIGHLIGHTS

(46 Facilities Reporting)

FACILITY DETAILS

2014 Food & Beverage Budget
\$58,488,958 (46/46)

SUSTAINABLE FOOD PURCHASING AND POLICIES

Local/Sustainable Purchasing

Purchases locally and sustainably produced foods
96% (44/46)

Average Percentage of Local/Sustainable food purchased in 2014

These facilities reported an average percentage of their food purchased was from local and/or sustainable sources.

(Range varies from .5 - 59%)

20% (41/46) (1 - 32%)

HEALTHY BEVERAGES

Healthy Beverages Increase

Increased the percentage of healthy beverages purchased and served
46% (5/11)

Percentage of Spending on Healthy Beverages

Percentage of spending on healthy beverages
(Range varies from 15% - 87%)

52% (3/11) (range 30% - 82%)

Public Drinking Water Increase

Increased access to and promotion of public drinking water
54% (6/11)

LESS MEAT, BETTER MEAT

Meat Reduction

Reduced meat (beef, poultry, pork and lunch meat) options and/or serving sizes on the menu for cafeteria/retail and patient service

27% (3/11)

Percentage of facilities purchasing meat produced w/o Antibiotics

Preferentially purchase meat (beef, poultry, pork and lunch meat) produced without the use of nontherapeutic antibiotics

89% (41/46)

Not-Raised-with-Antibiotics Purchasing Policy

Developed a supporting policy or resolution to purchase meat (beef, poultry, pork and lunch meat) produced without the use of non-therapeutic antibiotics.

88% (36/41)

Percentage of Meat Not Raised with Antibiotics Purchased

Average percentage of meat (beef, poultry, pork) purchases produced without the use of nontherapeutic antibiotics
(Range from 1% to 100%)

62% (39/41) (Range from 3% to 92%)

Today, the hospitals have jointly purchased at least 2,214,200 lbs. of Estancia Beef worth approximately \$522,900 through US Foods.

Local and Sustainable Purchasing

Hospitals across California are purchasing local, organic, and sustainably-produced food to create healthier, resilient regional food systems. The California HFHC program partners with hospital foodservice leaders and regional organizations to advance purchasing initiatives across the state, including:

- **San Francisco Bay Area** - Since 2012, a team of San Francisco Bay Area hospitals have been aggregating their demand to buy local, sustainably-grown produce from 10 family farmers. This initiative is co-coordinated by HCWH and [Community Alliance with Family Farmers](#).
- **Sacramento Region** - In August of 2015, hospital foodservice leaders in the Sacramento region came together with food distributors and other food system stakeholders at the [Farm Fresh Healthcare Forum](#) to launch a Farm Fresh Healthcare initiative. The event was co-hosted by HCWH and [Valley Vision](#).
- **San Diego** - Since 2011, the [Nutrition in Healthcare Leadership Team](#) has convened hospital foodservice leaders from across San Diego on local and sustainable purchasing goals. The team is coordinated by [Community Health Improvement Partners](#) (CHIP) with support from HCWH. This year, CHIP hosted the third annual [Let's Go Local! Produce Showcase](#) with over 200 attendees. At the event, institutional buyers can “speed date” by meeting dozens of farmers and produce distributors, the first step in creating long lasting business relationships that help attendees source more healthy, local produce.

The California Ed-Med Collaborative (CEMC)

Throughout much of 2015, HCWH has partnered with School Food FOCUS to develop the California Ed-Med Collaborative (CEMC). CEMC builds on the momentum, partnerships, existing supply chain strategies, and growing interest in sustainable procurement across institutional sectors. The planning phase of CEMC culminated in a California Poultry Summit that took place on July 23-24, 2015, in Oakland. The Summit brought together key representatives from across the value chain: preK-12 school districts, hospitals, local and national poultry producers, distributors, community partners, university representatives, government, and the philanthropic sector; and produced tangible strategies for cross-sector collaboration, a shortlist of potential projects that schools and hospitals wish to pursue together, and inspiration around the potential for significant food system change through CEMC. The major California supply chain stakeholders and national poultry suppliers at the meeting also left with an understanding of where the institutional buyers want to go with this work and

their intention to procure the healthiest food possible.

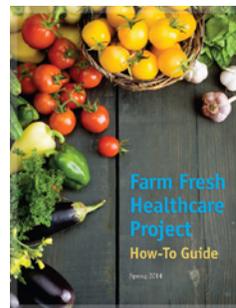
CEMC aims to create a common vision, common specifications for products, and common messaging across sectors to leverage the purchasing power and moral authority of institutional buyers to fundamentally change the food system. The mission states: *The CA Ed-Med Collaborative builds relationships and aligns resources, knowledge, data, messaging, and procurement change efforts across institutional sectors to shift food system practices to be more healthful, regional, and sustainable and to increase equitable access to good food.*

Anchors for Resilient Communities

The [Anchors for Resilient Communities](#) (ARC) project aims to leverage the assets and the capacities of public institutions like hospitals, schools, and universities to address social and environmental determinants of health and to develop healthy and prosperous communities with a focus on meeting the needs of underserved populations in Oakland and Richmond. ARC is a collaboration of the California Endowment, [Emerald Cities Collaborative](#), Health Care Without Harm, and the [Democracy Collaborative](#).

In the food system, a missing middle ground of regional intermediaries like aggregation hubs, value-added processors, and distributors has been identified as one of the main barriers to building a sustainable food system. Anchor institutions can support the development of this needed infrastructure through two avenues - redirecting a portion of hospital food purchasing toward regional companies and using community benefits investments to jump start the regional food economy. Successful models like the [Evergreen Cooperatives](#) have used hospital purchasing as an engine for local business development to meet their needs. The Affordable Care Act (ACA) and new federal guidelines for healthcare [community benefit investment](#) create new opportunities for hospitals to address population health in the communities they serve.

New Resources and Reports



[The Farm Fresh Healthcare Project How-To Guide](#) - A guide to developing farm to hospital programs.

MICHIGAN HEALTHY FOOD IN HEALTH CARE

Through a partnership with the [Ecology Center](#), HCWH works with a robust and growing network of healthcare, community health and food system leaders, stakeholders, allies and advocates across Michigan to redesign the food system so that it is resilient, equitable and sustainable, restores rather than degrades ecosystems, and makes healthy and sustainable food accessible, affordable and available to all.

The Michigan team works at various levels to educate, engage, and empower health care, supply chain, and community leaders to cultivate robust sustainable food systems that promote healthy communities and environments. We work to align and leverage hospital purchasing power to support regional and sustainable agriculture; identify and advance innovative community-based approaches to build strong regional food systems; and cultivate health professional advocates to advance sustainable food policies and initiatives that support healthy, sustainable, and equitable food systems. A few highlights over the past two years have included:



St. Joseph Mercy Hospital in Ann Arbor, MI sells fresh produce grown on their own 25-acre farm through a weekly produce cart. (Hillary Bisnett)

Better Meat

The Michigan HFHC team worked to raise awareness about the critical role antibiotic use in livestock production plays in fueling our global antibiotic resistance crisis, the imminent threat this poses to human health, and the unique opportunity hospitals have to influence this practice by leveraging their purchasing power through a commitment to phase out the purchase of meat and poultry produced with routine antibiotics.

Hospitals across the state and Midwest are increasingly interested in meat and poultry from producers who employ sustainable production practices (including responsible antibiotic use) in order to drive the development of healthy regional food systems. On Food Day 2015 we rallied more than thirty Michigan healthcare facilities to take action, purchasing and serving over 1,800 lbs. of meat raised without non-therapeutic antibiotics.

MICHIGAN HIGHLIGHTS

(13 Facilities Reporting)

FACILITY DETAILS

2014 Food & Beverage Budget
\$17,754,369 (11/12)

SUSTAINABLE FOOD PURCHASING AND POLICIES

Local/Sustainable Purchasing

Purchases locally and sustainably produced foods
83% (10/13)

Average Percentage of Local/Sustainable food purchased in 2014

These facilities reported an average percentage of their food purchased was from local and/or sustainable sources.

(Range varies from .5 - 59%)
8% (7/13) (.05 - 18%)

HEALTHY BEVERAGES

Healthy Beverages Increase

Increased the percentage of healthy beverages purchased and served
75% (9/12)

Percentage of Spending on Healthy Beverages

Percentage of spending on healthy beverages
(Range varies from 15% - 87%)
48% (8/13) (range: 10% - 75%)

Public Drinking Water Increase

Increased access to and promotion of public drinking water
67% (8/12)

LESS MEAT, BETTER MEAT

Meat Reduction

Reduced meat (beef, poultry, pork and lunch meat) options and/or serving sizes on the menu for cafeteria/retail and patient service
66% (8/12)

Percentage of facilities purchasing meat produced w/o Antibiotics

Preferentially purchase meat (beef, poultry, pork and lunch meat) produced without the use of nontherapeutic antibiotics
42% (6/12)

Not-Raised-with-Antibiotics Purchasing Policy

Developed a supporting policy or resolution to purchase meat (beef, poultry, pork and lunch meat) produced without the use of nontherapeutic antibiotics.

60% (3/5)

Percentage of Meat Not Raised with Antibiotics Purchased

Average percentage of meat (beef, poultry, pork) purchases produced without the use of nontherapeutic antibiotics
(Range from 1% to 100%)

62% (1/6)

MEET YOUR FARMER

“Meet your farmer [at Munson Medical Center]. We sell local produce throughout the growing season by the pound and host individual farms as the season progresses. Employees can purchase fresh produce along with their meal by swiping their badge.”

— Munson Medical Center - Traverse City, MI

Building on this momentum, in October 2015 we hosted “Let’s Talk Meat,” a first statewide coordinated effort bringing Michigan hospitals together around a table with key value chain specialists to discuss sustainable meat; particularly supply chain issues and opportunities regarding meat and poultry raised without routine antibiotics. Participants examined national, regional and local landscapes and trends for sustainable meat and poultry production; distribution and consumption; and also learned about verification programs, label claims and associated production practices; and discussed regional models and approaches to address supply chain issues for sustainable meat and poultry.

Cross-Sector Collaborations

The Michigan team co-leads the Michigan Farm to Institution Network (MFIN), a statewide forum for cross-sector collaboration, learning and sharing that uses shared capacity to overcome the challenges of getting more Michigan food into institutions and catalyzes the development and growth of healthy food value chain projects. Cultivate Michigan—MFIN’s local purchasing campaign — is designed to align and ramp up farm-to-institution programs and measure cross-sector progress statewide via a web based tool for tracking local purchasing procurement. Launched in April 2014, MFIN now has over 250 members representing a diversity of stakeholders such as farmers, suppliers, researchers, advocates, supply chain and food system practitioners, state agency representatives and more from across Michigan; 40 institutions are currently enrolled in Cultivate Michigan and actively tracking their local food purchasing.

Upstream Investing in Healthier Food Systems

Across Michigan the healthcare sector is embracing their role as anchor institutions, leaders and authorities on health by investing in building strong community food systems to address fundamental social and environmental determinants of health through healthcare and community food system collaborations.

The [Ecology Center’s Fresh Prescription Program](#) is a collaborative of health care and food system partners working together to build a citywide network of fruit and vegetable

prescription programs in Detroit that link patients at healthcare centers with fresh local food resources. This model improves access to healthy food, helps patients connect what they eat to how they feel, encourages healthcare providers to address food security and healthy eating with their clients, and strengthens the economic vitality of communities by supporting local farmers and food businesses. Fresh Prescription now serves and connects five Detroit health centers with seven fresh food access sites, including farmers markets/farm stands, CSA-style fresh food boxes, home delivery and brick and mortar store options.

In 2015 the program reached over 1,000 food insecure community members, some of whom were affected by chronic disease, leading to increased fruit and vegetable consumption, improved dietary behaviors and health outcomes for vulnerable families (including A1C improvements in diabetic patients), and building a strong community food system. This innovative approach is now being implemented with healthcare and community food partners in more than seven communities around the state.

In the Fall of 2015 the Michigan HFHC Program hosted local and national partners from the healthcare sector, medical insurance companies, food producers, healthy food advocates, private foundations, local policy councils and researchers for a day-long gathering in Detroit to explore innovative food and healthcare system collaborations, best practices, models, opportunities, and strategic targets for long term sustainability of healthy food access programs like the Fresh Prescription Program. Local and national participants committed to continuing conversations and identified discrete strategic opportunities for action and collaboration.

Cultivating Good Food Advocates

In 2014 the Ecology Center launched the Health Leaders Fellowship, a leadership training program designed to cultivate and empower new health professional advocates who can lend their voices to crucial health and environment related policy debates and champion change within their institutions and communities. Participants receive training in three key environmental health issue areas (sustainable food systems, toxic chemicals, climate/energy), plus civic engagement, institutional leadership, and media skills training. The fellowship concludes with a hands-on practicum during which fellows put their new environmental health knowledge and advocacy skills to work on real issues in their communities, institutions and the public policy arena. To date, 35 fellows have completed the program.

MID-ATLANTIC HEALTHY FOOD IN HEALTH CARE

Through a partnership with University of Maryland School of Medicine, HCWH organizes the healthcare sector in the region to leverage the purchasing power of area hospitals to support regional and sustainable agriculture; raise awareness and support for food policy efforts. The Mid-Atlantic HFHC Program in addition to focusing on national priorities such as antibiotics in animal agriculture is also pioneering models of best practice in healthy food programs at long-term care facilities and culinary medicine programs. A few highlights over the past two years have included:



The Chefs and Cooks Training held in Maryland for George Washington University Hospital food service workers explored both the “why” and the “how” of working with local, sustainable meat and poultry, which often includes revising patient and cafeteria menus to reduce the total amount of meat and using less familiar cuts of meat in order to manage costs. (Tiffany Hightower)

Better Meat

The Mid-Atlantic HFHC Program engages regional healthcare partners, foodservice departments, administrators and clinicians to increase demand for meat and poultry raised without routine antibiotics and create sensible policy to prohibit routine antibiotic use in meat production. Key accomplishments have included:

- **Educating the healthcare sector...** Healthcare leaders were brought together to learn about the issue of antibiotic overuse and misuse in animal agriculture and what they could do to support a better approach. For Farm Field day in May 2015 healthcare clinicians toured a sustainable cattle ranch in Montgomery County.
- **Leveraging purchasing power...** As consumers across Maryland and the Chesapeake region are demanding meat and poultry sourced from producers who use antibiotics responsibly—or not at all—many hospitals and foodservice management companies are finding novel ways to support the regional food system by demonstrating that it is possible to re-envision the way food is grown, processed, distributed, purchased, and consumed. The 2014 and 2015 Buy Local Challenge, Food Day, and Earth Day campaigns encouraged facilities to serve meat raised without routine antibiotics.

MARYLAND HIGHLIGHTS

(5 Facilities Reporting)

FACILITY DETAILS

2014 Food & Beverage Budget
\$5,184,098 (4/5)

SUSTAINABLE FOOD PURCHASING AND POLICIES

Local/Sustainable Purchasing

Purchases locally and sustainably produced foods
40% (2/5)

Average Percentage of Local/Sustainable food purchased in 2014

These facilities reported an average percentage of their food purchased was from local and/or sustainable sources.

(Range varies from .5 - 59%)

6% (2/5) (6 - 6%)

HEALTHY BEVERAGES

Healthy Beverages Increase

Increased the percentage of healthy beverages purchased and served
20% (1/5)

Percentage of Spending on Healthy Beverages

Percentage of spending on healthy beverages

(Range varies from 15% - 87%)

41% (2/5) (range: 25% - 57%)

Public Drinking Water Increase

Increased access to and promotion of public drinking water
20% (1/5)

LESS MEAT, BETTER MEAT

Meat Reduction

Reduced meat (beef, poultry, pork and lunch meat) options and/or serving sizes on the menu for cafeteria/retail and patient service

40% (2/5)

Percentage of facilities purchasing meat produced without Antibiotics

Preferentially purchase meat (beef, poultry, pork and lunch meat) produced without the use of nontherapeutic antibiotics

20% (1/5)

Not-Raised-with-Antibiotics Purchasing Policy

Developed a supporting policy or resolution to purchase meat (beef, poultry, pork and lunch meat) produced without the use of nontherapeutic antibiotics.

100% (1/1)

Percentage of Meat Not Raised with Antibiotics Purchased

Average percentage of meat (beef, poultry, pork) purchases produced without the use of nontherapeutic antibiotics

(Range from 1% to 100%)

29% (1/1)

These initiatives are allowing conversations to take place and facilities to shift their dollars toward long-term sustainable purchasing commitments.

- **Advocating for policy changes...** Regional healthcare leaders lobbied Congress in Washington DC on antibiotics policy with several national partners through HCWH. These leaders also met with Senator Barbara Mikulski's staff to encourage her to advocate for the FDA to pass antibiotics policy.



Shane Hughes from Liberty Delight Farms with one of his cows. Union Hospital of Cecil County, MD purchases sustainable meat from this farm. (Holly Emmons)

The Mid-Atlantic HFHC Program also worked closely with the NRDC to engage healthcare support for legislation in Maryland to eliminate the routine use of medically important antibiotics in meat and poultry products grown or sold in the state—engaging written testimony from three large health facilities and systems and oral testimony from medical professionals and hospital foodservice leaders for a bill hearing. Additionally we engaged individual healthcare professionals throughout Maryland to sign onto letters of support, make calls, and send emails to delegates and senators in support of legislation. Although the effort was not successful in 2015 we were able to bring strategic attention to the issue and advocates are planning to try again in 2016.

Cross-Sector Collaboration

As the Chesapeake Food Leadership Council (CFLC) continues to grow throughout the Chesapeake Bay region, the council works on bringing foodservice professional, healthcare facilities, farmers, and distributors together to learn and strategize through purchasing initiatives to increase local sustainable foods.

The CFLC uses a multifaceted approach that includes outreach, educational and networking events to connect healthcare professionals to statewide, regional, and national activities to support public policies on increasing local sustainable food.

The CFLC has been instrumental in the development of the Chesapeake Foodshed Network (CFN). The CFN is a group of organizations, agencies, and individuals working across the Chesapeake watershed to build a stronger and more resilient food system. The CFLC serves on the Leadership Committee providing regional healthcare collaborations in support of increasing local and regional sustainable food access.

Regional Pesticides Legislation

The Mid-Atlantic HFHC program submitted written testimony in support of the Maryland legislation to label and restrict the sale of neonicotinoid pesticides in coordination with local hospitals and nonprofit advocacy organizations. In addition they recruited over 150 healthcare professionals to sign a joint letter in support of restricting the sale of neonicotinoids.

Leadership in Long-term Care

With funding from the USDA, the Mid-Atlantic Program worked with three long-term care facilities in Maryland to build programs that increased access to and consumption of fresh fruits and vegetables for senior residents. These programs included the development of on-campus food gardens and farmers markets, and increased purchasing of local produce from local farms in their cafeterias.

Culinary Medicine

Through collaborations with Tulane University and Stratford University's Culinary Arts Program, the Mid-Atlantic project is developing and embedding food sustainability considerations into the culinary curriculums to support cultivation of culinary professionals versed in the issues and equipped with the tools to make a significant difference in their profession.

NEW ENGLAND HEALTHY FOOD IN HEALTH CARE

The New England Healthy Food in Health Care program network has grown to 140 participating healthcare facilities, 64 of which have signed the Healthy Food in Health Care Pledge. New England has a dynamic network of organizations, charitable foundations, individuals, and healthcare leaders working to build the region's food system, and we engage with this community in multiple ways. We work to support our region's fishing and farming communities, network health care with other institutional sectors to make food system change, and improve access to healthy, local, and sustainable foods.

Hospital Leadership Teams in each of the six New England States bring together these engaged hospitals to leverage collective buying power, share innovative strategies, best practices, and product information, and learn about key issues. A few highlights over the past two years have included:

Better Meat

The New England HFHC Program works actively with facilities and their suppliers to increase the availability of meats raised without routine antibiotics. To this end, we convened a *New England Meat Workshop* in June, 2015, bringing together healthcare representatives with their suppliers and local meat producers to discuss ways to supply healthcare institutions with meat in New England produced without routine antibiotics.

Additionally, we assisted the Massachusetts Hospital Association in launching their [Antibiotic Stewardship Initiative](#) in April 2015. Sixteen hospitals have signed on to date, committing to transition one regularly purchased meat item to a source raised without routine antibiotics and to work with their suppliers to increase the options available to them.

Finally, we rallied New England health care to take action on antibiotic use in agriculture on *Food Day* in 2014 and 2015 with over 75 healthcare facilities serving an estimated 25,856 meals with meat raised without routine antibiotics. Seventy-four percent of meat purchased was from sources local to the region.

Upstream Investing in Healthier Food Systems

In 2014, we conducted a landscape assessment in Massachusetts to better understand the ways in which health care was integrating food access and food systems into their community benefit work. The study found that 36 facilities conducted a total of 80 activities related to food systems, including nutrition classes, fruit and vegetable prescription programs, food pantries, farmers markets and more. As a result of the Massachusetts based research, HCWH has secured a grant to conduct this research at a national scale and develop a toolkit that will assist facilities in replicating successful programs.

NEW ENGLAND HIGHLIGHTS

(38 Facilities Reporting)

FACILITY DETAILS

2014 Food & Beverage Budget
\$39,750,981 (33/39)

SUSTAINABLE FOOD PURCHASING AND POLICIES

Local/Sustainable Purchasing

Purchases locally and sustainably produced foods
87% (34/39)

Average Percentage of Local/Sustainable food purchased in 2014

These facilities reported an average percentage of their food purchased was from local and/or sustainable sources.

(Range varies from .5 - 59%)

20% (16/38) (1 - 59%)

HEALTHY BEVERAGES

Healthy Beverages Increase

Increased the percentage of healthy beverages purchased and served
72% (30/39)

Percentage of Spending on Healthy Beverages

Percentage of spending on healthy beverages

(Range varies from 15% - 87%)

58% (7/38) (range: 15% - 76%)

Public Drinking Water Increase

Increased access to and promotion of public drinking water
64% (25/39)

LESS MEAT, BETTER MEAT

Meat Reduction

Reduced meat (beef, poultry, pork and lunch meat) options and/or serving sizes on the menu for cafeteria/retail and patient service

49% (19/39)

Percentage of facilities purchasing meat produced without Antibiotics

Preferentially purchase meat (beef, poultry, pork and lunch meat) produced without the use of nontherapeutic antibiotics

54% (21/39)

Not-Raised-with-Antibiotics Purchasing Policy

Developed a supporting policy or resolution to purchase meat (beef, poultry, pork and lunch meat) produced without the use of nontherapeutic antibiotics.

75% (15/20)

Percentage of Meat Not Raised with Antibiotics Purchased

Average percentage of meat (beef, poultry, pork) purchases produced without the use of nontherapeutic antibiotics

(Range from 1% to 100%)

37% (7/20) (Range from 1% to 100%)



The New England Healthy Food in Health Care Ambassador program supports health care leaders in their work to transform the food in their facilities and the in the region's food system. (Jennifer Obadia)

Local and Sustainable Purchasing

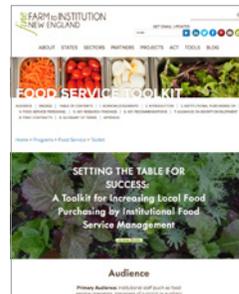
The New England HFHC Program takes full advantage of the diversity of the regional food system on land and at sea with a number of focused sustainable food purchasing initiatives, including:

- **Produce** - Health Care Without Harm worked with [FairAcre Traders](#), an aggregator of produce from food hubs across New England, to identify hospital clients for their pilot launch which facilitated new purchases of local produce by participating hospitals.
- **Seafood** - We continue to promote access to local, wild, seasonal seafood for New England facilities with efforts to promote underutilized varieties of fish and domestic, chemical-free shrimp. Our latest effort is in collaboration with New Hampshire Community Seafood on a seafood-purchasing pilot with New Hampshire hospitals launched in July of 2015.
- **Local Foods** - Using a fun and competitive structure, the [Rhode Island Health Care Local Foods Challenge](#) is inspiring six participating Rhode Island hospitals to support New England food producers and fishers. Launched in May 2015, the challenge is a competition for \$1000 in prize money to the hospital that best procures and promotes local foods.

2015 Farm to Institution Summit

The New England Healthy Food in Health Care program hosted our second regional convening of healthcare representatives, as a component of a larger three-day cross-sector [Farm to Institution Summit](#) attended by over 650 individuals committed to increasing local and sustainable food procurement by the region's institutions. The healthcare forum drew over 150 participants and brought together members of the supply chain, advocacy organizations, and healthcare leaders to discuss ways to improve access to local and sustainable foods.

New Resources and Reports



[Setting the Table for Success: A Toolkit for Increasing Local Food Purchasing by Institutional Food Service Management](#), developed as part of Farm to Institution New England's Food Service Project to assist institutions in utilizing the request for proposal (RFP) and contract negotiation processes to increase purchases of local foods.

[Choosing Seafood for Health Care](#) - ew England Sustainable Food Product Registry - A place for facilities to share and identify local and sustainable foods that work for a healthcare setting.

PARTNERING WITH LOCAL FISHERMEN

“Boston Medical Center has transitioned from using frozen farm-raised fish to exclusively buying from local Gloucester fisherman. By partnering with the Gloucester Fisherman Wives Association, Boston Medical Center provides wild caught, fresh, and local fish to its patients and employees while also supporting local fisherman.”

— Boston Medical Center - Boston, MA

NORTHWEST HEALTHY FOOD IN HEALTH CARE

The Northwest Healthy Food in Health Care program engages a robust network of participating healthcare systems spanning Washington and Oregon State with 61 healthcare facilities that have signed the HFHC Pledge. This region is a leader in sustainable food systems with many active partners working to support a stronger and more resilient regional food system. We strive to conserve and protect our bountiful natural resources and strengthen regional farming communities to create prosperous local food economies.

A Northwest Region Hospital Leadership Team, comprised of representatives from 45 facilities from across this large two-state region, provides a space for the sharing of best practices and key strategies for supporting regional and sustainable growers and producers, as well as a forum for learning about critical food systems issues and impacts. A few highlights over the past two years have included:



Executive Chef Chris Linaman preparing a Farm to Table lunch at Overlake Hospital Medical Center in WA. (Chris Linaman)

Better Meat

The Northwest team works actively with local and regional policy advocates to protect the efficacy of antibiotics. We rely on a committed group of large hospitals and stakeholders to increase the procurement and availability of meat and

NORTHWEST HIGHLIGHTS

(9 Facilities Reporting)

FACILITY DETAILS

2014 Food & Beverage Budget
\$13,904,921 (9/9)

SUSTAINABLE FOOD PURCHASING AND POLICIES

Local/Sustainable Purchasing

Purchases locally and sustainably produced foods
89% (8/9)

Average Percentage of Local/Sustainable food purchased in 2014

These facilities reported an average percentage of their food purchased was from local and/or sustainable sources.
(Range varies from .5 - 59%)

15% (7/9) (1 - 27%)

HEALTHY BEVERAGES

Healthy Beverages Increase

Increased the percentage of healthy beverages purchased and served
100% (9/9)

Percentage of Spending on Healthy Beverages

Percentage of spending on healthy beverages
(Range varies from 15% - 87%)

69% (4/9) (range: 46% - 87%)

Public Drinking Water Increase

Increased access to and promotion of public drinking water
67% (6/9)

LESS MEAT, BETTER MEAT

Meat Reduction

Reduced meat (beef, poultry, pork and lunch meat) options and/or serving sizes on the menu for cafeteria/retail and patient service

56% (5/9)

Percentage of facilities purchasing meat produced without Antibiotics

Preferentially purchase meat (beef, poultry, pork and lunch meat) produced without the use of nontherapeutic antibiotics

67% (6/9)

Not-Raised-with-Antibiotics Purchasing Policy

Developed a supporting policy or resolution to purchase meat (beef, poultry, pork and lunch meat) produced without the use of nontherapeutic antibiotics.

50% (3/6)

Percentage of Meat Not Raised with Antibiotics Purchased

Average percentage of meat (beef, poultry, pork) purchases produced without the use of nontherapeutic antibiotics
(Range from 1% to 100%)

51% (2/6) (Range from 45% to 57%)

poultry raised without routine antibiotics and to advocate for the regulation of antibiotics in our protein supply chains. Key accomplishment included:

- In 2015, in collaboration with the Washington chapter of the Association for Healthcare Foodservice, the Northwest Meat Meeting convened a large group of Northwest hospitals, large distributors, and growers including Perdue Farms. This meeting gave stakeholders an opportunity to discuss supply challenges and learn more about new sources of sustainable protein coming to the institutional market in 2016.
- University of Washington Medical Center celebrated the first year of their commitment to maintaining the effectiveness of medically important antibiotics through the procurement of 40,000 lbs. of meat and poultry raised without routine antibiotics. The medical center hosted a large educational forum attended by over 50 top medical center clinicians to educate staff about the importance of getting involved in advocacy around the issue.
- Between 2014 and 2015 the City of Seattle, King County, and the City of Bellevue all passed local purchasing resolutions. In addition, Multnomah County is currently working on an internal purchasing resolution for all city events that will guide procurement of meat and poultry raised without routine antibiotics.
- Despite a year of organizational transition in many of our large healthcare networks, 17 facilities participated in Food Day serving an average of 200–300 lbs. of meat raised without routine antibiotics, purchased and served throughout the Northwest region.

Regional Organics

This year Health Care Without Harm successfully completed the planning phase of the Northwest Sustainable Food in Health Care project, building momentum and assessing key



Wild Coho Salmon BLT served at Overlake Medical Center in Seattle, WA. (Chris Linaman)

opportunities and strategies to increase hospital purchasing of regional and organic products. More than 40 healthcare facilities participated in the pilot resulting in: hospital buyers gaining knowledge of organic production and the regional organic sector including the challenges of selling to the institutional market; comprehensive purchasing baselines; assessment of target crops that mutually benefit regional organic producers and hospital buyers and align with hospital buyers’ purchasing budgets; and the beginning of buying shifts. This project will continue in 2016 aiming to increase participation and clinician engagement.



“Local Link: Connecting regional producers and institutional buyer,” a 2015 vendor fair hosted by the Northwest Food Buyer’s Alliance. (Jenna Newbrey)

Cross-Sector Collaboration

The Northwest is home to a large number of active institutional partners. In Oregon, HFHC sits on the steering committee for the Northwest Food Buyer’s Alliance, a membership organization comprised of municipalities, corporate dining, school food service, universities, health care, nonprofits, and correctional facilities. This group works together on institutional purchasing projects that further the development of the regional food sector promoting regionally-grown products and restorative food infrastructure projects. In 2015 we hosted a large vendor fair attended by vendors and institutional food buyers.

New Resources & Reports



Expanding Regional Organic Purchasing - A guide to increasing the purchasing of regionally produced organic foods.

Alternative Purchasing Pathways, Case Study - Highlights from hospitals sourcing organic through a variety of purchasing pathways.

MEASURING PROGRESS IN THE SECTOR

2015 Healthy Food in Health Care Survey Findings

Since 2008 HFHC has conducted periodic surveys to benchmark and shine light on the progressive work of our network of leading hospitals across the country. The hospitals whose progress and stories are shared below have signed the HFHC Pledge, taken the Healthier Food Challenge of the Healthier Hospitals (HH) Initiative (now a program of Practice Greenhealth), are leaders and participants in our Regional Projects (in California, Maryland, Michigan, New England, Oregon or Washington), or are using the resources and tools provided by the HFHC Program to transform their foodservice operation to be more healthful and sustainable.

With each survey, we expand our understanding of the strategies and approaches that support hospitals' food service transformation. Results have been reported in Menu of Change reports in 2008, 2011 and 2013. The following is an analysis of the results from the 2015 Survey.

Survey/Analysis Methods

The survey questions were designed to measure respondent progress in achieving both qualitative and quantitative results with data collection focused on measuring progress made by facilities in 2014. The HFHC Pledge, GGHC Food Service Credits and the HH Healthier Food measures, all serve as a basis for survey. HFHC administered the survey online via Survey Monkey from April-May 2015. Health Care Without Harm emailed all current HFHC Pledge Signers (550) and posted the survey announcement in our e-newsletter with a circulation of over 4,000 with an invitation to facilities to participate. The survey was open for 30 days.

Limitations

This survey is not meant to be broadly representative of facilities in the healthcare sector. Rather, it is a measurement of work self-reported by hospitals and long term care facilities engaged at some level in HFHC work. Responses were not audited or otherwise checked for validity. Not all questions were answered by respondents, thus for analysis, we note both percentage and numbers of respondents who answered the questions.

Facility Information

Respondents from 116 facilities (hospitals and long term care facilities) responded to the survey this year. Facilities ranged in size from 19 to 1,100 beds with an average size of 250 beds and a reported total of 19,973 beds (80 facilities reporting). They reported serving on average 733 patient meals and 1,609 cafeteria meal per day (70 facilities reporting). 107 facilities reported they spent a total of \$140,140,227 on food and beverages in 2014. 67% of responding facilities report they are self-operated (54/81). 36% of responding facilities report they use foodservice management companies for some or all of their foodservice operations (29/81).



Watering the soil at the Grow 2 Heal Garden, a 10-acre farm on the Baptist Health Hospital campus in Homestead, FL. (Natalie Castro)

Sustainable Food Service Policies

When a healthcare institution adopts a sustainable foodservice policy they institutionalize their commitment, sending a powerful signal to their community as well as the market. Such a policy links desired outcomes and values of the program to the institution's broader mission by addressing key issues in the food system affecting the health of individuals, communities and the environment. Issues addressed may include antibiotic resistance; air and water pollution; and worker health and safety, etc. Participants may identify preferred practices for purchasing; food nutrition; food and beverage environment; food and farm linkages; education and promotion; waste; food vendors and contractors; resource conservation, and chemicals management. The survey found that 38% of responding facilities have a sustainable foodservice policy in place (31/81). Additionally 37% report that they have developed and implemented a policy, contract and/or Request for Proposal language that includes local and sustainable food purchasing and other environmental stewardship goals with food vendors (30/81).

Local and Sustainable Food Purchasing

Procurement of foods has many far-reaching effects. The way food is produced, processed, and distributed has significant impacts on human health, air and water pollution, climate change, and the viability of future agricultural production. Purchasing local and sustainable foods can reduce many harmful effects related to food production and distribution that contribute to public and environmental health problems. Our definitions:

- For the purposes of this survey **“local”** is defined as: grown/raised and processed within 250 miles of your 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 considered local.

- For the purposes of this survey **“sustainable”** is defined as foods and beverages that are: Approved to carry one or more of the following independent third party certified eco-labels: USDA Certified Organic, Food Alliance Certified, Rainforest Alliance Certified, Protected Harvest, Fair Trade Certified, Certified Humane Raised and Handled, Animal Welfare Approved, Salmon Safe, Marine Stewardship Council, Monterey Bay Aquarium Best Choice list, Non-GMO Project Verified, Certified American Grass-Fed; **and/or** Carry one of the following label claims allowed by USDA or FDA: “No antibiotics added” or “No antibiotics administered”; “Never Ever 3 (NE3)”; “Raised without added hormones” or “No hormones administered”; “rBGH-free”, “rBST-free”, or a statement such as “our farmers pledge not to use rBGH or rBST”/“Our farmers pledge not to use artificial hormones”; “Grass-fed”.

The survey found that 87% of facilities responding purchase locally and sustainably produced foods (101/116). Seventy-four facilities report combined spending on local and/or sustainable foods of \$16,595,204 in 2014. These 74 facilities reported an average of 18% of their food purchased from local and/or sustainable sources. (Range from 1 - 59%). 67% of facilities responding report communicated with distributors and GPOs about sourcing local and sustainable foods and encouraged them to improve tracking and traceability of these foods in their ordering, invoicing, and reporting systems (54/81).

Building Linkages to Strengthen Healthy Food Access and Local Farm Viability

Facilities reported utilizing a number of food and farm linkage programs to support their local farm community and connect their employees and patients to its bounty. Forty-three percent host and/or promote local farmers markets (within immediate service area or neighborhood) or onsite farmers markets during growing season (35/81). Forty percent actively promote CSA food subscription programs for patients, employees and/or community residents or host CSA pickup locations onsite (32/81). Thirty-seven percent work with farmer cooperatives, food hubs, and other regional aggregators, processors, and distributors to source local and regional foods (30/81). Twenty-two percent utilize contract or coordinated farming plans—proactively coordinating with local family-managed or -owned farm(s) to match planting decisions with purchasing intentions prior to the growing season (18/81). Twenty-one percent support onsite or offsite hospital-owned food producing garden(s) and/or farm(s) (17/81). Nine percent provide direct or in-kind support for not-for-profit urban food producing community garden organization(s) (7/81).

HOSPITAL GROWN VEGETABLES

“We started last year growing our own herbs, tomatoes, cucumbers and lettuce, we hope to expand bigger this year.”

— Cottage Hospital - Woodsville, NH

Healthy Beverages

It’s well established that sugar-sweetened beverages (SSBs) contribute to the increased prevalence of obesity and associated chronic diseases that go along with weight gain. The production, consumption, and waste associated with sugar-sweetened and bottled beverages have numerous negative environmental consequences that are often overlooked. Alternatively, in the United States, 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 beverages, the healthcare community can assist in creating a food environment that supports health for both the community it serves and the environment in general. Our definition:

- **“Healthy Beverages”** are identified by HCWH as: 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); 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 above). Beverages should be dispensed by tap or fountain AND reusable beverage containers should be encouraged when possible.)

Seventy percent of facilities responding report they have increased the percentage of healthy beverages purchased and served (57/81). Twenty-six facilities reported an average 55% healthy beverage purchasing rate (range: 10% - 87%). Additionally, 62% of respondents report that they increased access to and promotion of public drinking water (50/81).

Less Meat

Most hospitals buy substantial amounts of meat, typically through large distributors who source from the U.S. commodity beef, pork, and poultry markets. Significant costs are associated with industrialized meat and poultry production and distribution, including antibiotic resistance, air and water contamination, and global climate change through methane and transportation emissions.



Director of Sales, Ed Brylczyk displays sustainable meat options at the Dole & Bailey Meat Processing Plant in Woburn, MA as part of a food system tour for health care foodservice staff (Ed Brylczyk)

Americans eat more than twice the global average for meat consumption. Hospital foodservice operations often mirror this trend. Reducing the overall amount of meat served in hospitals provides health, social, and environmental benefits that are consistent with prevention-based medicine. Hospitals can deliver an important preventive health message to patients, staff, and communities by reducing the amount of meat and poultry they serve and by purchasing sustainably-produced meats as an alternative.

The survey found that 48% of respondents report they have reduced meat (beef, poultry, pork and lunch meat) options and/or serving sizes on the menu for cafeteria/retail and patient service (39/81). Nineteen facilities report purchasing \$1,840,790 lbs. of meat for 19,762,751 meals or meal equivalents, for an average of 2.08 oz. per meal (range from .64 oz. - 4.48 oz. per meal or meal equivalent). For those facilities that have prioritized reducing meat on their menus they reported using the following strategies: 69% have increased vegetarian and/or vegan options (56/81); 46% have reduced red meat by substituting poultry, seafood, or vegetarian proteins (37/81); 43% have decreased the portion size of meat and poultry (35/81); and 41% are doing Meatless Mondays (33/81).

Better Meat

The routine and nontherapeutic use of antibiotics in animal agriculture is contributing to the rise in antibiotic resistant bacterial infections. Preferential purchasing can help to shift the market for production practices that protect the efficacy of antibiotics for both human and animal care.

In this survey facilities were asked specifically about their work to address this issue through purchasing and purchasing policies. They were asked specifically about their purchase of meat and poultry that carry the following certifications and label claims which assure meat and poultry has been raised without routine and non-therapeutic antibiotics: Third Party Certifications: USDA Certified Organic, Food Alliance Certified, Certified Humane Raised and Handled, Animal Welfare Approved, Global Animal Partnership, Certified American Grass-Fed; and USDA Label claims: Raised without antibiotics/No antibiotics administered; Never Ever 3; American Grassfed.

Forty-nine percent of responding facilities preferentially purchase meat (beef, poultry, pork and lunchmeat) produced without the use of non-therapeutic antibiotics (40/81). Of these, 58% have developed a supporting policy or resolution to purchase meat (beef, poultry, pork and lunchmeat) produced without the use of non-therapeutic antibiotics (23/40). Sixteen facilities report purchasing 1,255,107 lbs. of meat (beef, poultry, and pork) produced without the use of nontherapeutic antibiotics purchased in 2014. Fifty-one facilities reported an average of 57% of their meat (beef, poultry, pork) purchases in 2014 were produced without the use of nontherapeutic antibiotics (Range from 1% to 100%).



UCSF educated customers by displaying grass-fed burger on grass. (Luis Vargas)

Survey Respondents

We thank the following 116 facilities for their commitment to the health of their communities and the planet, and for sharing their progress and experiences with us so others may learn and be inspired.

CALIFORNIA

- California Pacific Medical Center
- Gladman Mental Health Rehabilitation Facility
- UC San Diego Medical Center, Hillcrest & Thornton
- Rady Children’s Hospital
- San Diego County Psychiatric Hospital
- Santa Barbara Cottage Hospital
- Scripps Mercy Hospital Chula Vista
- Sharp Mesa Vista Hospital
- Stanford University Hospital
- UCLA Ronald Reagan
- Woodland Memorial Hospital
- Kaiser Permanente, (Northern Cal: Antioch, Fremont, Fresno, Manteca, Modesto, Oakland, Redwood City, Richmond, Roseville, Sacramento, San Francisco, San Jose, San Leandro (formerly Hayward), San Rafael, Santa Clara, Santa Rosa, South Sacramento, South San Francisco, Vacaville, Vallejo, Walnut Creek; Southern Cal: Anaheim, Baldwin Park, Downey, Fontana, Irvine, LA Mental Health, Los Angeles Medical Center, Ontario, Panorama City, Riverside, San Diego, South Bay, West LA, Woodland Hills)

CONNECTICUT

- Connecticut Mental Health Center*
- Greenwich Hospital
- New Milford Hospital*
- Yale-New Haven Hospital*

ILLINOIS

- Pinckneyville Community Hospital

MASSACHUSETTS

- Baystate Mary Lane Hospital*
- Baystate Medical Center*
- Berkshire Medical Center
- Boston Children’s Hospital*

- Boston Medical Center*
- Brockton Hospital
- Cooley Dickinson Hospital*
- Fairview Hospital*
- Hebrew Rehab Center
- Heywood Hospital*
- Holyoke Medical Center
- Lahey Hospital and Medical Center*
- Melrose Wakefield Hospital
- New England Baptist Hospital
- Spaulding Rehabilitation Hospital, Charlestown*
- Spaulding Rehabilitation Hospital, Cape Cod*
- Winchester Hospital*

MARYLAND

- Frederick Memorial Hospital
- Levindale Hebrew Geriatric Center and Hospital*
- Northwest Hospital*
- Springfield Hospital Center
- Walter Reed National Military Medical Center

MAINE

- Blue Hill Memorial Hospital
- Maine General Medical Center
- Southern Maine Health Care
- St. Mary’s Health System
- The Residence at Tall Pines*

MICHIGAN

- Beaumont Hospital, Royal Oak*
- Beaumont Medical Center, Troy*
- Big Rapids Hospital*
- Borgess Medical Center*
- McLaren Northern Michigan
- Munson Medical Center*
- Otsego Memorial Hospital
- Paul Oliver Memorial Hospital*
- Saint Joseph Mercy Health System*
- Sparrow Hospital*
- UP Health System - Marquette
- War Memorial Hospital

NEW HAMPSHIRE

- Cottage Hospital
- Dartmouth-Hitchcock Medical Center*
- Memorial Hospital
- Upper Connecticut Valley Hospital
- Valley Regional Hospital
- Wentworth-Douglass Hospital

NEW YORK

- John T Mather Memorial Hospital
- Kenmore Mercy Hospital

OHIO

- Pomerene Hospital

OREGON

- Legacy Meridian Park Medical Center*
- Providence Seaside Hospital*

RHODE ISLAND

- Newport Hospital*
- Providence VA Medical Center
- South County Hospital

VIRGINIA

- Carilion Roanoke Memorial Hospital*

VERMONT

- Grace Cottage Hospital*
- Northeastern Vermont Regional Hospital*
- Porter Hospital*
- White River Junction VA Medical Center

WASHINGTON

- Harborview Medical Center*
- Jefferson Healthcare*
- Swedish Edmonds*
- University of Washington Medical Center*
- Valley Medical Center*

WISCONSIN

- Gundersen Health System*
- Hudson Hospital*

* Healthy Food in Health Care Pledge Signer

WHAT'S NEXT FOR HEALTHY FOOD IN HEALTH CARE

The Healthy Food in Health Care program has experienced unprecedented growth and momentum over the past several years. We are working with more hospitals, in more communities than we could have imagined back when the program got its start 10 years ago. The expansion of our work is a direct indication of the commitment to the vision of a healthy food system by hospital foodservice staff, clinicians, hospital administrators, and other health professionals across the country.

When the program began back in 2005, our role was primarily to offer technical assistance and support to hospitals that wanted to improve their foodservice operations internally— to purchase and serve healthier food to their patients, staff and visitors. While that is still part of the program at HFHC, there's a lot more on our plates now— we're engaging the healthcare sector as active players in improving community healthy food access, investing in upstream food system-related projects that serve to localize regional food economies, mobilizing clinicians as national and local advocates for a healthy food system, and aggregating purchasing demand to help transform supply chains.



Greenhouse at Mad River Farm in Arcata, CA (HCWH)

At the end of the day, we want a food system that is protective of human and environmental health. We want to see the elimination of routine use of antibiotics in animal agriculture, but we also want to see broader sustainable meat production practices that are supportive of regional economies. We want to see a healthcare sector working to create resilient, regional food systems that do not contribute to climate change, and instead help restore health in our environment. We want to see hospitals engaged in the prevention of diet-related chronic diseases by investing in healthy communities: healthy food, healthy jobs, and healthy people.

The Healthy Food in Health Care program is acting on this vision on every day. We hope you will join us in these efforts and transform the healthcare sector, manifesting the common goal of healthcare facilities as places of healing.

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REFERENCES

- [1] Clinton, Stacia, Klein, Kendra, & Sapna Thottahil. (2014). *Environmental Nutrition: Redefining Healthy Food in the Health Care Sector*. Health Care Without Harm. Retrieved from <https://noharm-uscanada.org/environmentalnutritionwhitepaper2014>
- [2] Health Care Without Harm. (2014). *Expanding Antibiotic Stewardship The Role of Health Care in Eliminating Antibiotic Overuse in Animal Agriculture* (White paper). Health Care Without Harm. Retrieved from <https://noharm-uscanada.org/documents/expanding-antibiotic-stewardship>
- [3] Marill, M Editor. (2013). Why Aren't Healthcare workers healthy? *Hospital Employee Health*, 1(32), 9-10.
- [4] Barham, James, Tropp, Debra, Enterline, Kathleen, Farbman, Jeff, Fisk, John, & Kiraly, Stacia. (2012). *Regional Food Hub Resource Guide*. Washington, D.C.: U.S. Department of Agriculture, Agricultural Marketing Service. Retrieved from <http://dx.doi.org/10.9752/MS046.04-2012>

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Survey and awards application completed by 116 hospitals and long-term care facilities. See page 30 for the complete list.

Health Care Without Harm seeks to transform the health sector worldwide, without compromising patient safety or care, so that it becomes ecologically sustainable and a leading advocate for environmental health and justice.



With offices in the United States, Europe, Latin America, and Asia, HCWH is an international coalition of hospitals and health care systems, medical professionals, community groups, health-affected constituencies, labor unions, environmental and environmental health organizations, and religious groups.

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Visit www.no-harm.org for more information.

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