

Rhode Island Health Care Local Food Challenge

A FRIENDLY COMPETITION TO SUPPORT OUR FARMERS AND FISHERS



The Rhode Island Health Care Local Food Challenge was a project administered by Health Care Without Harm's (HCWH) New England [Healthy Food in Health Care Program](#), in partnership with [Farm Fresh Rhode Island](#) (FFRI) and [Northern Rhode Island Area Health Education Center](#). It began May 1, 2015 and concluded September 11, 2016. Using a fun and competitive structure, the challenge was designed to inspire participating hospitals to support New England food producers and fishers. The challenge engaged six hospitals in a competition for \$1000 in prize money, awarded to the hospital that earned the greatest amount of points in three categories: procurement, education, and employee engagement.

- **Procurement:** Purchases of local foods by the hospital in dollars and/or by weight.
- **Education:** Efforts to inform patients, staff, and visitors of the value of eating locally produced foods.
- **Employee Engagement:** Programs and activities that increase the access to and purchase of local foods by hospital staff.

Participating hospitals

Bradley Hospital, The Miriam Hospital, Newport Hospital, Our Lady of Fatima Hospital, Roger Williams Medical Center, and South County Hospital.

Definition of Local

Local was identified using the [Rhode Island Food Policy Council](#) three-tier definition:

- Tier 1 = Grown, Raised or Caught in RI
- Tier 2 = Grown, Raised or Caught in New England
- Tier 3 = Value-added product produced in RI from ingredients that may or may not be grown, raised, or caught in RI For example RI-produced tomato sauce, RI-roasted coffee, RI bakery products.



Program Resources and Technical Assistance

Challenge participants were offered technical assistance and training from HCWH and FFRI in sourcing local foods, cooking with local foods, tracking local foods, promoting their efforts, and addressing budgetary challenges that could arise when purchasing local foods. Additionally, HCWH developed three resources for participants to use and refer to throughout the challenge. These resources were available through [the challenge webpage](#) and included:

1. [The challenge rules and FAQ](#)
2. [The challenge scorecard](#) - which allowed participants to understand how they would be scored and identify opportunities to earn points.
3. [The challenge reporting form](#) which was designed to allow participants to enter progress in the three categories on their own schedule.

Administration

Health Care Without Harm administered the challenge and was the lead in organizing activities for challenge participants to earn education points. These activities were often centered around "awareness campaigns" that health care already engaged in, but often not with

a local foods focus, such as Earth Day, National Nutrition Month, and Food Day. For example, an activity called Nourished by New England was created to celebrate National Nutrition Month, which made connections between local food and health. Health Care Without Harm also alerted challenge participants to opportunities in their communities to earn education points such as Rhode Island Food Policy Council meetings. Farm Fresh Rhode Island lead local foods cooking demonstrations in the facilities with support from HCWH.

These demonstrations featured tastings of a dish made with local, seasonal items, offered recipes for people to take home, and the dish was often served as an option in the cafeteria. Health Care Without Harm was responsible for reminding facilities to input data and for scoring the participants. The challenge concluded with a local seafood awareness event called a [Seafood Throwdown](#), which was organized by HCWH and the Northwest Atlantic Marine Alliance. *For more information on the educational activities that were offered see the Scorecard linked above or the appendix below.*

Results

The challenge proved to be an effective engagement strategy for most of the facilities involved. Two facilities that had never focused on local food purchasing or promotion were motivated to do so by the challenge. Additionally, the competitive element appeared to be a motivating factor for some individuals involved—this included competition between hospitals within

the same system as well as competition between systems. Most hospitals did appear motivated to report their local purchases to a greater extent than they have historically.

Tracking purchases based on point of origin can be challenging for hospitals, so their efforts to report reflected a commitment that had not been seen previously in our work.

The challenge also proved to be a good tool to inspire hospitals to devote resources to local foods. Through the challenge, participants collectively spent over \$314,000 on local foods, held 17 educational events, and 251 employees were given access to local foods through Farm Fresh Rhode Island's Veggie Box program.

Lessons Learned

To sign up for the challenge each facility had to provide a foodservice contact and an administrative contact. This was a strategy to engage the whole hospital, uniting departments that dealt with community health and wellness, rather than making it a project that was only for food service. Both contacts were included in email updates for each facility, however more efforts could have been made to ensure that administrators felt invested in the project. For example, the challenge could have had an activity directly related to administrators, or HCWH could have scheduled direct updates with administrators to inspire accountability. Another strategy that could have been used to engage a broader audience in the hospitals is to produce and provide marketing materials for the challenge. There was nothing provided in the challenge to spread the word about it beyond the events held in the hospital cafeterias.

Health Care Without Harm found the resources produced for the challenge had been underutilized. While everything was available on a webpage, it was clear through communications with participants that they were not utilizing it. Also, participants did not utilize the technical assistance that was offered, and typically only engaged in activities that were clearly defined and packaged for them to use, for example the in-cafeteria local foods demonstrations. This is likely because



foodservice staff have many competing priorities in their job descriptions and they were not able to take initiative on their own—although once they agreed to an activity several facilities put a lot of effort into making the activity successful.

One important aspect of the challenge was data collection. Health Care Without Harm attempted to streamline this process for the participants by providing a reporting form that could be accessed at any time through the challenge webpage. Health Care Without Harm also offered to connect directly with the healthcare suppliers so as to take the burden off of the healthcare representatives.

Some participants utilized the reporting form when prompted, and some connected HCWH with their distributors. Most often participants emailed a total spend for a given time period or emailed a spreadsheet from a distributor. Smaller, local distributors generally had better ability to delineate local items than larger distributors. For the larger distributors, HCWH had to research the line items to determine if they were local. While HCWH encouraged participants to communicate their data needs to their distributors at the onset of the challenge, it is unclear if any participants did this.

Conclusion

The Rhode Island Health Care Local Food Challenge was an effective project to engage health care in work around procuring and promoting local foods. It helped build relationships between HCWH, FFRI, and the hospitals, and provided the hospitals with recognition of their efforts to support the local food economy. With some improvements, mostly focused on engaging a broader population within the hospital, local food challenges can be a motivating factor for institutions to increase their engagement in food system work.

Suggested Activities for Earning points in the Local Food Challenge

Procurement

- Local Food Spend (Determined as a percent of overall food budget)

- Local Food Purchases by weight (whole foods only)
- [Monthly Participation in Farm Fresh Rhode Island's Harvest of the Month.](#)

Education

- Host a BBQ featuring local meat raised without non-therapeutic antibiotics.
- Participate in **Food Day** by serving and educating about local food.
- Participate in **National Nutrition Month** with a local foods event.
- Post marketing & education (signage, etc.) in your cafeteria.
- Facility-wide marketing and education (signage, etc.)
- Promote your work on the challenge through your employee newsletter
- Host a Farm Fresh Rhode Island Cooking Demo
- Attend the Hospitals for a Healthy Environment in RI mini conference
- Attend the Rhode Island Food Policy Council Food Matters event with Johnson and Wales University
- Participate in a [Seafood Throwdown.](#)
- Celebrate **Earth Day** with a local foods event.
- Create your own local food educational activity (tasting, cooking demo, etc.)

Employee Engagement

- [Host a Farm Fresh Rhode Island Veggie Box Program.](#)
- Host a [community supported agriculture](#) program for a local farm
- Host a farmers market or farm stand.
- Create your own employee engagement activity (staff contest, etc.)

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