

1 point

FS Credit 1.2
Food Nutrition**Intent**

Create, promote and implement sustainable food purchasing policies and plans that support human and ecological health.

Health Issues

Major shifts in the U.S. food system over the last century are compromising human and ecological health. While total farm acreage has declined, farm size has increased and is more focused on concentrated monocropping. This contributes to the decline in production of diverse food crops necessary to fulfill human nutritional needs, while also leading to a loss of biodiversity. In the U.S., the typical food item now travels from 1,500 to 2,400 miles from farm to plate. This long travel distance system disconnects the growers from the consumers, and increases opportunities for food contamination and nutrient loss during transportation. While this industrial food system initially contributed to higher yields, productivity has declined, and serious long-term impacts on human and environmental health have become apparent.

Routine use of antibiotics in animal agriculture has been shown to increase antibiotic resistance among bacteria that cause human infections. Pesticide drift, field dust, waste burning, toxic gases from degrading manure, and diesel exhaust from transporting food long distances are all factors related to food production that contribute to asthma, cardiovascular disease and lung cancer. Commercial fertilizers and pesticides contaminate surface- and ground-water in many locales. Large-scale animal feedlot operations contribute to water pollution with biologically active hormones, nitrates and other breakdown products of untreated animal waste. Calorie-rich, nutrient-poor diets contribute to obesity, diabetes, cancer, and a variety of degenerative diseases. By moving toward a healthier and more sustainable food system, health care can help alleviate human health problems associated with inadequate or inappropriate nutrition, antibiotic resistance, air and water contamination, and global health issues such as climate change.

Credit Goals

- Achieve FS Credit 1.1: Sustainable Food Policy and Plan

AND

- Except for restricted diets, include a minimum of one fresh fruit option at each patient meal. At lunch and dinner, provide a fresh green salad and a minimum of one non-starch fresh vegetable option.
- For patient and cafeteria food service, offer whole grain options for minimum 50% of grains and breads (e.g., whole-wheat bread, whole-grain rolls, brown rice).
- For patient and cafeteria food service, provide a minimum of one protein-balanced vegetarian menu option during each meal.

AND

- Implement a minimum of four of the following practices:
 - **Wholesome Soup:** Other than for restricted diets menus, all patient and cafeteria soups are made from scratch (with the exception of canned legumes and tomatoes).
 - **Meat Free Option:** Cafeteria and patient food meat-free one day per week.

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- **Trans Fats and Healthy Oils:** Eliminate all products that contain trans (partially hydrogenated) fats* and fully hydrogenated fats; AND, create a heart-healthy oils purchasing policy and modify all recipes to use cooking oils high in monounsaturated and polyunsaturated fatty acids.
 * “Zero Trans Fats” should be the goal when total elimination is not possible.
- **Fried Food Elimination:** Eliminate deep fried foods from patient menus and cafeteria.
- **Nanotech Foods:** Develop and implement a policy requiring disclosure and elimination of nanotech additives in food, nutritional supplements and food serviceware and packaging by food service contractors, food distributors, food producers, food processors and General Purchasing Organizations (GPOs).
- **Food Color and Additives:** Develop and implement a purchasing policy and program to eliminate from cafeteria and regular patient meal food service processed food products containing food additives including artificial coloring and flavoring in accordance with the Center for Science in the Public Interest’s Food Additives Avoid List. <http://www.cspinet.org/reports/chemcuisine.htm>
- **Healthy Vending and Snacks** 100% of facility-wide vending machines and Cafeteria Pre-packaged snacks offer:
 - Minimum 75% (by quantity) nutritionally healthy foods as defined by the Chula Vista Healthy Vending Policy (with PI modifications).
 - Minimum 20% (by quantity) sustainable foods in accordance with FS Credit 3: Local, Sustainably Produced Food Purchasing.
- **Promote Breast Feeding:** Develop and implement a breastfeeding program as outlined in the UNICEF/WHO’s document “The Ten Steps to Successful Breastfeeding for Hospitals” and eliminate the standard practice of free formula giveaways.

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Suggested Documentation

- ❑ Document and annually review program to offer fresh fruit and vegetables, whole grains and breads, and vegetarian menu options through cafeteria and patient food service in accordance with Credit Goals.
- ❑ Compile and annually update evidence that a minimum four of the nutritional practices outlined in the Credit Goals have been implemented.

Reference Standard

Center for Science in the Public Interest, Food Additives Report, Avoid List.
<http://www.cspinet.org/reports/chemcuisine.htm>

Chula Vista Healthy Vending Policy (with PI modifications),
http://www.preventioninstitute.org/sa/policies/policy_detail.php?pid=120

Potential Strategies and Technologies

- **Credit Synergies:** *Coordinate implementation of this credit with GGHC IO Prerequisite 1: Integrated Operations & Maintenance Process; GGHC SSM Credit 1: Site Management; GGHC SSM Credit 2: Reduced Site Disturbance; GGHC SSM Credit 5: Connection to the Natural World; GGHC WM Prerequisite 1: Waste Management Plan; GGHC WM Prerequisite 2: Waste Generation Profile and Measurement; GGHC ES Credit 3: Indoor Integrated Pest Management; GGHC FS Credit 2: Sustainable Food Education and Promotion; GGHC FS Credit 3: Local, Sustainably Produced Food Purchasing; GGHC FS Credit 4: Reusable & Non-Reusable Products; GGHC FS Credit 5: Hospital Supported Agriculture: Food and Farm Linkages; GGHC FS Credit 6.1: Food Donation and Composting; GGHC FS Credit 6.2: Food Services Recycling; GGHC FS Credit 7: Food Vendors; GGHC FS Credit 8: Chemical Management for Food Services.*
- Develop a template letter for the food supply chain and General Purchasing Organization (GPO) indicating the facility's interest in disclosure of foods with transfats, additives, and nanotechnology. Request labeling of these items in electronic catalogues, especially during contract renewal negotiations. Share the facility's approach with other facilities using the same food suppliers or using the same GPO. Compile the responses from suppliers and share with other hospitals.
- Educate food service and dietary staff on issues around nanotechnology and food additives using newsletters and internal listserves.
- Provide education and in-house training on climate change and its relationship to meat production.
- Labeling programs should not require a "meat-free" or "vegetarian" label on all meat-free options.
- Use listserves or websites such as Health Care Without Harm's <http://www.healthyfoodinhealthcare.org> website to research case studies and examples of other facilities that have accomplished these goals.
- Contract with vending companies that offer nutritionally dense foods and are third party eco-labeled organic or other.

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Resources

Catholic Health Care West Food and Nutrition Services Vision Statement,
<http://www.foodalliance.org/sustainablefoodpolicy/samples/Catholic%20Healthcare%20West%20Vision%20Statement.pdf>

European Trade Union Confederation (ETUC) Resolution on nanotechnologies and nanomaterials,
<http://www.etuc.org/a/5163>

European Trade Union Institute – Research, Education, Health & Safety (ETUCI-REHS) NANOCAP Project, http://hesa.etui-rehs.org/uk/dossiers/dossier.asp?dos_pk=18,

Jamie Harvie, Michelle Gottlieb, and Marie Kulick, *Green Guide for Health Care Food Technical Brief*,
<http://www.gghc.org>

Johns Hopkins Bloomberg School of Public Health Meatless Mondays,
http://www.meatlessmonday.com/site/PageServer?pagename=a_index

Health Care Without Harm, Healthy Food Workgroup, <http://healthyfoodinhealthcare.org>

Healthy Food in Health Care Pledge: <http://www.noharm.org/us/food/pledge>

Kaiser Permanente's Comprehensive Food Policy (2006),
<http://www.foodalliance.org/sustainablefoodpolicy/kaise/Kaiser%20Permanente%20Comprehensive%20Food%20Policy%202006.pdf>

Out of the laboratory and on to our plates: Nanotechnology in food and agriculture,
<http://nano.foe.org.au/node/220>

"Protecting, Promoting and Supporting Breast-Feeding -The special role of maternity services." A Joint WHO/UNICEF Statement, WHO, Geneva, 1989.
<http://www.unsystem.org/scn/archives/scnnewsextractsmay91/ch4.htm>

Kenneth D. Rosenberg, John D. Stull, Michelle R. Adler, Laurin J. Kasehagen, Andrea Crivelli-Kovach. "Impact of Hospital Policies on Breastfeeding Outcomes," *Breastfeeding Medicine*. June 1, 2008, 3(2): 110-116. doi:10.1089/bfm.2007.0039. <http://www.liebertonline.com/doi/abs/10.1089/bfm.2007.0039>

The Sustainable Food Policy Project, <http://www.sustainablefoodpolicy.org> U.S. Centers for Disease Control and Prevention (CDC), The CDC Guide to Breastfeeding Interventions, http://www.cdc.gov/BREASTFEEDING/pdf/BF_guide_1.pdf