

# *Menu of Change*

## Healthy Food in Health Care

A 2011 Program Report with Highlights, Awards and Survey Results





# Table of Contents

|  |    |
|--|----|
| Introduction .....                           | 2  |
| HFHC National Initiatives .....              | 3  |
| State/Regional Program Highlights 2010 ..... | 4  |
| HFHC Awards Program 2011 .....               | 6  |
| Sustainable Food Procurement Awards .....    | 7  |
| Public Policy and Advocacy Awards.....       | 8  |
| Food Climate Health Connection Awards.....   | 9  |
| Clinical Engagement Awards .....             | 10 |
| HFHC Survey Findings .....                   | 12 |
| Conclusion .....                             | 23 |
| Appendix A .....                             | 24 |

## Acknowledgements

Written by Marie Kulick, Alyssa Nathanson and Emma Sirois  
With contributions from Hillary Bisnett, Lena Brook, Stacia Clinton, Michelle Gottlieb, Gretchen Miller, Louise Mitchell, Dianne Moore, Kathy Pryor, Lucia Sayre and Eileen Secrest

Healthy Food in Health Care (HFHC) survey and award application developed by Marie Kulick and Hillary Bisnett  
With contributions from Stacia Clinton, Louise Mitchell, Dianne Moore, Alyssa Nathanson and Emma Sirois

HFHC survey and award data collection and respondent/applicant communications led by Emma Sirois

Survey and awards application completed by 89 hospitals and long-term care facilities- See Appendix A for the complete list

HFHC award category and criteria developed by Hillary Bisnett, Stacia Clinton, Jamie Harvie, Marie Kulick and Emma Sirois  
With contributions from Lena Brook, Michelle Gottlieb, Gretchen Miller, Louise Mitchell, Dianne Moore, Kathy Pryor and Lucia Sayre

Award applications reviewed by Hillary Bisnett, Lena Brook, Stacia Clinton, Marie Kulick, Gretchen Miller, Louise Mitchell, Dianne Moore, Alyssa Nathanson, Kathy Pryor, Lucia Sayre, and Emma Sirois

This document and much of the work reported on was made possible with generous support for both National and Regional efforts from, among others, the Association of Baltimore Area Grantmakers, the Cedar Tree Foundation, Centers for Disease Control CPPW Project (MA), The Claneil Foundation, Erb Family Foundation, The John Merck Fund, The Johnson Family Foundation, Kaiser Permanente Northwest, The Kresge Foundation, Multnomah County Health Department CPPW Project (OR), The Orchard Foundation, San Francisco Foundation, Stonyfield Organic, USDA Federal State Marketing Improvement Program, W.K. Kellogg Foundation, and Wellpoint Foundation.

HCWH is a global coalition of more than 473 organizations in 52 countries working to assure that the health care sector is no longer a source of harm to human health or the environment.

[www.healthyfoodinhealthcare.org](http://www.healthyfoodinhealthcare.org) •  
[www.noharm.org](http://www.noharm.org) • October 20, 2011



# INTRODUCTION

The Healthy Food in Health Care (HFHC) Program is a national initiative of Health Care Without Harm (HCWH), developed in conjunction with its member organizations, which mobilizes advocates to work with hospitals across the country to help improve the sustainability of their food services. Founded in 2005, the program provides education, tools, resources, and support to health care facilities making the connection between the health of their patients, staff and community and the food they serve. Ultimately the program works to support hospitals in leveraging their purchasing power and health expert status to promote a healthier food system. By purchasing foods that are produced, processed and transported in ways that are protective of public and environmental health, hospitals can make a profound difference in the market and in the food settings of the people they serve.

In this second Menu of Change report we introduce you to the team behind much of the HFHC work, highlight the diverse set of initiatives that have grown out of this program and our regional work, feature the first HFHC Award winners and then bring you up-to-date on all the progress that HFHC Pledge signers and other health care facilities have made since 2008. We hope you will continue to be as amazed and inspired as we are by these leaders and their accomplishments.

The HFHC program is led by a national team of representatives from HCWH member groups and independent contractors:

## National Coordinators

Michelle Gottlieb  
National HFHC  
Co-Coordinator  
HCWH  
617-216-5658  
[mbgottlieb@comcast.net](mailto:mbgottlieb@comcast.net)

Lucia Sayre  
Co-Executive Director  
San Francisco Bay Area  
Physicians for Social  
Responsibility (PSR)  
510-559-8777  
[luciasayre@sbcglobal.net](mailto:luciasayre@sbcglobal.net)  
[www.sfbaypsr.org](http://www.sfbaypsr.org)

## California

Lena Brook, MES  
Senior Program Associate  
San Francisco Bay Area PSR  
415-601-0504  
[lena@sfbaypsr.org](mailto:lena@sfbaypsr.org)  
[www.sfbaypsr.org](http://www.sfbaypsr.org)

## Maryland

Louise Mitchell  
Sustainable Foods Program Manager  
Maryland Hospitals for a Healthy  
Environment (MD H2E)  
University of Maryland School  
of Nursing  
410-706-1924  
[Lmitc001@son.umaryland.edu](mailto:Lmitc001@son.umaryland.edu)  
[www.mdh2e.org](http://www.mdh2e.org)

## Minnesota

Marie Kulick, MSEL  
HFHC Sustainable Procurement  
Advisor  
612-824-4388  
[mekulick@earthlink.net](mailto:mekulick@earthlink.net)

## Michigan

Hillary M. Bisnett  
HFHC Program Director  
Ecology Center  
734-369-9282  
[hillary@ecocenter.org](mailto:hillary@ecocenter.org)  
[www.ecocenter.org](http://www.ecocenter.org)

## New England

Stacia Clinton, RD, LDN  
New England HFHC Co-Coordinator  
Healthlink  
978-660-2537  
[Stacia.Clinton@comcast.net](mailto:Stacia.Clinton@comcast.net)  
[www.healthlink.org](http://www.healthlink.org)

Alyssa Nathanson, MS, RD  
HFHC Vermont Coordinator  
Vermont Fresh Network  
802-371-8741  
[alyssa@vermontfresh.net](mailto:alyssa@vermontfresh.net)  
[www.vermontfresh.net](http://www.vermontfresh.net)

## Oregon

Gretchen Miller, MS  
Oregon HFHC Project Coordinator  
Oregon PSR  
503-274-2720 X24  
[gretchen@oregonpsr.org](mailto:gretchen@oregonpsr.org)  
[www.oregonpsr.org](http://www.oregonpsr.org)

Emma Sirois, MS  
Oregon HCWH Program Director  
Oregon PSR  
503-274-2720 x 24  
[emma@oregonpsr.org](mailto:emma@oregonpsr.org)  
[www.oregonpsr.org](http://www.oregonpsr.org)

## Pennsylvania

Dianne Moore  
Manager, Food & Sustainability  
Initiatives  
Women's Health & Environmental  
Network  
610-949-9497  
[dianne@when.org](mailto:dianne@when.org)  
[www.WHEN.org](http://www.WHEN.org)

## Washington

Kathy Pryor  
Program Manager, WA HFHC Initiative  
Washington PSR  
206-714-0813  
[kathy@wpsr.org](mailto:kathy@wpsr.org)  
[www.wpsr.org](http://www.wpsr.org)

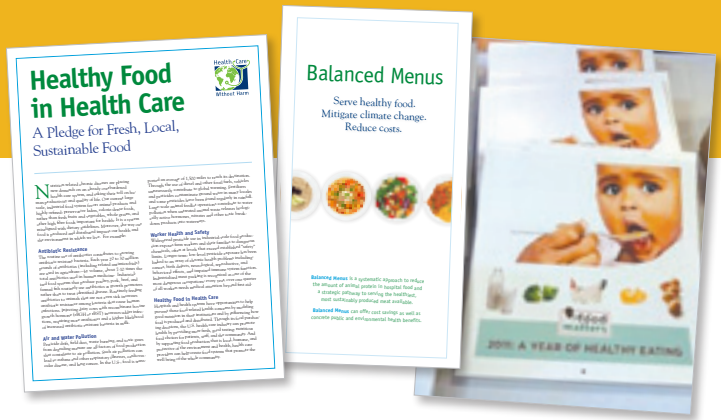
# HFHC National Initiatives

**HFHC Pledge** First launched in spring 2006, the HFHC Pledge provides a vehicle through which hospitals, health systems and long-term care facilities, can demonstrate leadership, send an important signal to the marketplace about their interest in local, nutritious, sustainable food and begin to model healthy food practices. Pledge signers agree to work toward developing sustainable food systems in their facilities. As of August 25, 2011, more than 350 hospitals, health systems and long-term care facilities across 38 states have signed the Pledge and the number continues to grow steadily. Pledged facilities are located in urban, suburban and rural communities and range in size from 30 to more than 1000 beds.

**Protecting Antibiotics** From its inception, the HFHC program has worked to engage the health care community in bringing an end to the routine use of antibiotics in raising food animals, as it contributes significantly to the rise in resistant bacterial infections in humans and is unnecessary. In 2009-2010, HCWH engaged hospitals and health care practitioners in support of the Preservation of Antibiotics for Medical Treatment Act (PAMTA)(S. 619, H.R. 1549). PAMTA was federal legislation introduced in Congress that would end the use of important human antibiotics in the feed and water of animals that are not sick. HCWH submitted a petition in support of PAMTA signed by more than 1000 health care practitioners to the Senate Committee on Energy and Commerce along with a letter endorsed by more than 70 hospitals in support of PAMTA.

**Balanced Menus Challenge** Launched in 2009, Balanced Menus is a systematic approach to reduce the amount of meat protein in hospital food and a strategic pathway to serving the healthiest, most sustainably produced meat available. Balanced Menus is, at its core, a climate change mitigation strategy. Meat production is one of the largest contributors to greenhouse gas emissions globally. By reducing meat (often simply by bringing servings in line with recommended portion sizes) hospitals can make a significant impact on the reduction of greenhouse gas emissions. Through acceptance of the **Balanced Menus Challenge**, participating hospitals commit to a 20 percent reduction in meat and poultry purchases over 12 months. To date nearly 40 hospitals have taken the Challenge.

**Food Matters** Launched in the fall of 2010, the Food Matters program is a comprehensive education and training package to encourage and teach hospitals and health care professionals how to become leaders and advocates for a food system that promotes public and environmental health. To date more than 400 doctors, nurses and other clinicians have attended a series of CME-accredited trainings in Oakland, CA, Boston, MA, Philadelphia and Pittsburgh, PA, and ancillary webinars and Grand Rounds based on the Food Matters program.



The trainings explore the health and environmental implications of our industrialized food system, linkages to chronic disease and the obesity epidemic, and provide advocacy training and an innovative package of educational materials for distribution to patients and their families. The Food Matters team authored a paper on these issues in the May 2010 issue of the *Journal Health Affairs*.

## Green Guide for Health Care (GGHC) Food Service Credits Toolkit

The Toolkit was launched in 2011 by the HFHC program to help hospitals plan and benchmark their progress toward achieving the food service credits outlined in the GGHC Operations Section (Version 2.2). The GGHC is a voluntary best practices guide for healthy and sustainable building design, construction, and operations for the health care industry. The Food Service section includes eight credits to help hospitals compile and share data on their sustainability-related food service achievements with hospital executives, general public, media, and other interested parties.

**Healthy Beverage Project** Also launched in 2011, the Healthy Beverage Project recognizes the growing need for the health care sector to address the contribution of sugar sweetened beverages to obesity, chronic illness, and the associated health care costs. Through this Project, HCWH has been working with facilities individually and through partnerships supported by the Centers for Disease Control and Prevention's "Communities Putting Prevention to Work" grant, to change the beverage landscape in the health care environment by providing tools, resources, and technical assistance in developing a healthy beverage program.

## Sustainable Foods in Health Care Taskforce

Launched in 2009, the Sustainable Foods in Health Care Taskforce is a collaboration between HCWH and the American Dietetic Association's Hunger and Environmental Nutrition (HEN) Dietetic Practice Group. The group was created to further engage registered dietitians around sustainable food system issues. The Taskforce has developed several educational tools including *The Food Climate Connection: A Registered Dietitians' Balanced Approach to Positive Change* and the *Balanced Menus Recipe Toolkit* composed of recipes submitted by hospitals across the country. All recipes in the Toolkit have nutritional analysis and sustainability-related purchasing recommendations.

# State/Regional Program Highlights 2010

**California** California continues to be an incubator for new national HFHC projects, first through the Balanced Menus Challenge developed by partner organization San Francisco Bay Area Physicians for Social Responsibility (SF PSR) in 2009 and next through the development and launch of the Food Matters project in 2010. The SF PSR team also launched a new program with regional mid-size farmers bringing their organic cosmetically imperfect fruits and vegetables to hospitals at prices close to conventional in exchange for a new market opportunity. Children's Hospital of Oakland was established as a pilot training site for the new Food Matters clinical education and advocacy program and SF PSR worked with the Johns Hopkins Center for a Livable Future to release the results of the Balanced Menus pilot at four Northern California hospitals.

**Maryland** HFHC partner MD H2E hosted a series of events in 2010 to further engage hospitals in sustainable food initiatives. Their Food Leadership Council of Maryland & DC hosted a dinner fundraiser *Balance Meets Taste* at which chefs from hospitals and local venues prepared a four-course Balanced Menus meal using local sustainable ingredients. The event raised \$2000 for the local sustainable agriculture organization and generated an article in the Washington Post about the HFHC initiative. MD H2E also co-hosted two urban farm tours and the food pre-conference at CleanMed in Baltimore, and partnered with the statewide Buy Local Challenge to engage 38 health care facilities, their employees and community members in serving/eating at least one local food each day for a week at the end of July. They hosted the Environmental Excellence in Health Care conference in November, provided technical support to several hospitals that launched farmers markets and CSAs, and received USDA funding to facilitate local sustainable meat and poultry purchasing initiatives.



Balance Meets Taste – Event organized by MDH2E

## Massachusetts/New England

In August 2010, HCWH in partnership with the Gloucester Fishermen's Wives Association, Massachusetts Fisherman's Partnership, and the Northwest Atlantic Marine Alliance organized a visit to the docks at Gloucester Harbor, Mass. for New England health care food service professionals to learn about sustainable seafood. In November, a Balanced Menus dinner/ networking event and discussion on sustainable seafood was held in Boston for registered dietitians. Healthlink, a HFHC partner organization, participated in the Boston Food and Fitness Collaborative's efforts to improve access to fresh local foods and explore opportunities to incorporate Boston hospitals in the outreach. The HFHC Sugar Sweetened Beverage (SSB) Project was also initiated in MA in 2010. HCWH piloted the Food Matters Clinical Education program in Boston in May of 2010. Outside of MA - MaineHealth facilities continue to engage in leadership around sustainable food procurement and obesity prevention programs. Rhode Island's Hospital Association has called upon HCWH to help further their health care food service sustainability goals.



New England HFHC Leadership Team visits Pleasant Valley Gardens, Methuen, MA

**Michigan** Michigan HFHC partner, the Ecology Center, recruited five MI hospitals to adopt the Balanced Menus program in support of National Nutrition Month in March 2010. They also contributed to the development and adoption of the MI Good Food Charter – a strategic plan to inform 2010 state and local elections. The Charter presents a vision for Michigan's food and agriculture system and builds a statewide purchasing network. In addition, the MI Hospital Association's Board of Trustees approved a two-year statewide Healthy Food Hospitals initiative created by the Healthy Food Workgroup, a statewide advisory committee for healthy food implementation.

**Minnesota/Wisconsin** Minnesota HFHC partners, Institute for Agriculture and Trade Policy (IATP) and Institute for a Sustainable Future (ISF) organized a roundtable on climate change and food system impacts in Minnesota and co-hosted two HFHC roundtables with Wisconsin H2E in Madison and Eau Claire. IATP and ISF also collaborated with HFHC member the Land Stewardship Project on a Minnesota Specialty Crop Grant-funded project to benchmark, track and work to increase purchase of Minnesota grown food by Minnesota hospitals and to increase CSA drop sites at hospitals.

2010 Healthcare's Harvest: Seeding Sustainability in Hospital Kitchens – Event Organized by WHEN, Chef Instructor Todd Humphreys, Holy Redeemer Hospital & Medical Center (Meadowbrook, PA).



**Oregon** HFHC's partner organization, Oregon Physicians for Social Responsibility (PSR), hosted a Balanced Menus Roundtable which provided information on the Balanced Menus program, implementation strategies, tools and resources as well as a discussion of opportunities, obstacles, and next steps. ORPSR also compiled meat-free and reduced-meat recipes from hospitals in Oregon and Southwest Washington to support the implementation of the Balanced Menus program. October saw the creation of the Oregon HFHC Workgroup, a consortium of hospitals from throughout the state who come together to discuss collaboration opportunities, regional projects, policy development and best practices. Additionally, the Oregon Project worked with hospitals on the development and implementation of sustainable food policies and action plans through one-on-one technical assistance and trainings.

**Pennsylvania** Women's Health & Environmental Network (WHEN), HFHC partner organization in PA, organized a Bottled Water Reduction Challenge in 2010 between five hospitals – Abington Memorial Hospital, Holy Redeemer Hospital and Medical Center, Thomas Jefferson University Hospital, and Christiana Care Health System (including Christiana Hospital and Wilmington Hospital). The Challenge lasted from World Water Day, March 22nd until Earth Day, April 22nd. Participants reduced sales of bottled water by using signage, educational materials and financial incentives that encouraged staff and customers to bring reusable drinking containers, use drinking fountains and water dispensers, and use pitchers and drinking glasses for catered events. In October 2010, WHEN organized Healthcare's Harvest: Seeding Sustainability in Hospital Kitchens, a cooking event focused on promoting meat raised without non-therapeutic

antibiotics. At the event, six hospital chefs prepared recipes that utilized sustainable meats or alternative protein ingredients and attendees received information about impacts of raising livestock on climate change.

**Vermont** In 2010, Vermont HFHC partner, Vermont Fresh Network, along with Fletcher Allen Health Care's Center for Nutrition and Healthy Food Systems (CNHFS), continued to organize educational events and farm visits for health care food service professionals from the New England region. In January, a full day of workshops was offered covering topics such as food safety and on-site farmers' markets. In May, 20 individuals attended a farm visit at Vermont Hydroponics, an operation that grows thousands of pesticide-free tomatoes a year using hydroponic growing methods. In September, 75 individuals from across the country with an interest in sustainable food service operations, attended the first Health Care Leader Workshop at Fletcher Allen Health Care. In November, the third annual Vermont Local Foods Matchmaker event was held. At this event buyers interested in purchasing local Vermont products can meet with vendors and forge relationships.

**Washington** HFHC partner organization, Washington Physicians for Social Responsibility organized the first-ever Eastern Washington HFHC Roundtable in 2010. The roundtable was hosted by Providence Sacred Heart Medical Center & Children's Hospital and featured workshops on direct purchasing and composting. The Washington Chapter of the Association for Healthcare Foodservice dedicated the entire year of educational events to the theme of sustainability, studying a different area of sustainable food systems each month.

# HFHC Awards Program 2011

In 2011 HCWH launched the HFHC Awards Program to recognize excellence in sustainable food services at health care institutions across the country. The goals of the awards program are to recognize significant achievement as well as leadership; spur competition to achieve measurable, lasting results; encourage continuous improvement, with an emphasis on quantitative versus qualitative results; and benchmark progress in sustainable operations in health care food service. Awards were made in four categories for 2011—Sustainable Food Procurement, Public Policy and Advocacy, Food Climate Health Connection and Clinical Engagement.

## Eligibility

To be eligible to apply for these Awards, facilities must have met the following minimum requirements:

**Facility must have signed and submitted, or be part of a health system that had signed and submitted, the Healthy Food in Health Care Pledge as of midnight on December 31, 2010**

— OR —

**Facility must have formally adopted, or be part of a health system that had formally adopted, a sustainable food policy (per Food Service Credit 1.1 of the Green Guide for Health Care Version 2.2 Operations Section, 2008 Revision) as of midnight on December 31, 2010**

## Award Review Process

Though the awards program was launched in 2011, facilities earned awards based on 2010 activities and accomplishments. Initial data was gathered from applicants via an on-line survey/application. Any survey respondent that met the minimum award eligibility criteria was considered to be an award candidate. Responses were reviewed to determine the awards for which applicants would be considered. Teams were assigned to review survey responses in relation to pre-established internal award criteria and to determine which candidates would advance to the next stage, in which applicants were asked to provide various types of documentation depending on the award category. Award teams reviewed the additional documentation to determine whether the points allotted in the initial review needed to be altered, then provided the names of the top three candidates in each category to the full team for final approval.



# SUSTAINABLE FOOD PROCUREMENT AWARDS

The Sustainable Food Procurement Award was established to recognize up to three leading facilities that, through their food purchasing decisions, promote health by providing sustainable food choices for patients, staff, and the community. Award winners include facilities that were able to document 2010 achievement in each area listed below and earned the highest total points:

- Procurement of sustainable, local food and beverage
- Direct procurement from farmers/ farm cooperatives
- Support for reduced antibiotic use in animal agriculture through procurement decisions
- Procurement of dairy products produced without the use of rBGH/rBST

## First Place

### *Fletcher Allen Health Care, Burlington, VT*

Fletcher Allen Health Care, a 500-bed facility serving Vermont and Northern New York, achieved the following in 2010:

- 42 percent of food and beverage purchases were sustainable
- Purchased a variety of products, including yogurt, vegetables, apples, cider and turkey, directly from six or more farms/ranches/cooperatives
- 35 percent of meat and poultry purchases were raised without antibiotics
- 70 percent of dairy purchases were produced without rBGH

## Second Place

### *United General Hospital, Sedro-Woolley, WA*

United General Hospital, a 25-bed facility serving Skagit County and parts of Whatcom County in Washington, achieved the following in 2010:

- 15 percent of food and beverage purchases were sustainable
- Purchased a variety of products, including vegetables, USDA certified organic grass-fed beef, seafood, eggs, milk, cheese and berries directly from six or more farms/ranches/cooperatives
- 25 percent of meat and poultry purchases were raised without antibiotics
- 95 percent of dairy purchases were produced without rBGH

## Third Place

### *John Muir Medical Center, Concord, CA*

John Muir Medical Center, Concord, a 259-bed acute care facility that serves Contra Costa and southern Solano counties in California, achieved the following in 2010:

- 25 percent of food and beverage purchases were sustainable
- Purchased a variety of products, including rice, almonds and cheese directly from three farms/ranches/cooperatives
- 25 percent of meat and poultry purchases were raised without antibiotics
- 80 percent of dairy purchases were produced without rBGH



Fletcher Allen Health Care, Burlington, VT



United General Hospital, Sedro-Woolley, WA

# PUBLIC POLICY AND ADVOCACY AWARDS

The Public Policy Award was established to recognize up to three leading facilities that have expressed their support for a healthy food system through their endorsement for and education and advocacy on public policy. Award winners include facilities that were able to document 2010 achievements in each area listed below and earned the highest total points:

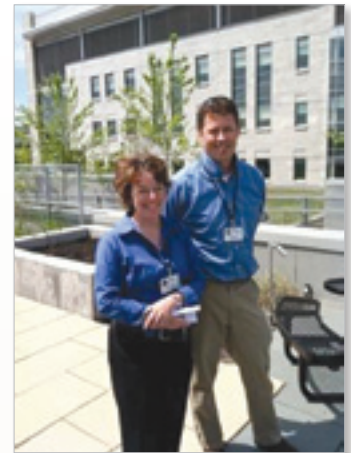
- Participation in and promotion of healthier food policy campaigns and efforts of Healthy Food in Health Care Initiative
- Participation in and promotion of healthier food policy at local, state and/or national level

## First Place

### *Fletcher Allen Health Care, Burlington, VT*

Fletcher Allen Health Care, a 500-bed facility serving Vermont and Northern New York, achieved the following in 2010:

- Participated in a number of healthier food policy campaigns aligned with the HFHC initiative including: Signed HCWH Petition supporting PAMTA.
- Participated in other local, state and national healthier food policy campaigns including: Supported Vermont's statewide Farm to Plate initiative which had legislative and funding impacts; Met with Kathleen Merrigan, Deputy Secretary of the United States Department of Agriculture, to discuss the role of hospitals in healthy sustainable food systems; Met with the teams of Vermont Senators and Congressman to discuss healthy food and sustainable agriculture in Washington, DC; Participated in three Vermont sustainable agriculture grant applications; Advocated for change on many different healthy food topics through the Center for Nutrition and Healthy Food Systems online community <http://healthyfood.ning.com/?xgi=3jNbjBb61AvJRt>.



Fletcher Allen Health Care, Burlington, VT – Rooftop Garden

## Second Place

### *Sparrow Hospital, Lansing, MI*

Sparrow Hospital, a 733-bed hospital that provides care for the greater Mid-Michigan region, achieved the following in 2010:

- Participated in a number of healthier food policy campaigns aligned with the HFHC initiative including: Signed HCWH Petition supporting PAMTA.
- Participated in other local, state and national healthier food policy campaigns including: Signed Michigan Good Food Charter; Room Service Supervisor Co-Chairs the Michigan Health and Hospital Association (MHA) statewide Healthy Food Work Group/Advisory committee; Helped create and advocate for MHA 4-STAR program encouraging local and sustainable food purchases; Sponsored and supported the Healthy Kids Healthy Michigan Initiative; Served as committee member of ACHIEVE Healthy Communities National Organization for Ingham County.



Sparrow Hospital, Lansing, MI

## Third Place

### *Oregon Health & Science University, Portland, OR*

OHSU, a 560-bed facility and a regional resource for patients from Oregon, southwest Washington, Idaho, Montana, Alaska and northern California, achieved the following in 2010:

- Participated in a number of healthier food policy campaigns aligned with the HFHC initiative including: Signed HCWH Petition supporting PAMTA.
- Participated in other local, state and national healthier food policy campaigns including: Collaborated with state and county agencies to write, support and gain passage of OR House Bill 2868 Temporary Restaurant Food Licensing. This bill would dramatically decrease the fees for food vendors at farmers markets and support farmers markets and locally grown food.

# FOOD CLIMATE HEALTH CONNECTION AWARDS

The Food Climate Health Connection Award was established to recognize up to three leading facilities that are taking significant steps toward reducing their climate footprint. Award winners include facilities that were able to document 2010 achievements in areas listed below and earned the highest total points:

- Reduction of the amount of conventionally produced animal-based protein on the menus
- Prioritizing purchase of food and beverages that are produced without use of fossil-fuel based fertilizers and pesticides
- Waste prevention, donation and composting

## First Place

### *Carroll Hospital Center, Westminster, MD*

Carroll Hospital Center, a 195-bed facility that serves Westminster Maryland, achieved the following in 2010:

- Reduced the amount of conventionally produced animal-based protein on the menus by employing the following strategies: Took Balanced Menus Challenge and reduced by 21 percent the total volume of animal-based protein purchased by the food service; Made available at least one protein-balanced vegetarian or vegan menu option at each meal for patient and cafeteria; Cafeteria and patient menu was meat-free one day per week; Reduced portion sizes of meat in patient and cafeteria meals.
- Reduced food service waste by employing the following strategies: Provided room service program for patient food delivery; Eliminated single-use water bottles throughout facility, including vending machines and conferences; Provided easy access to water from public water supply in cafeteria and indicated its availability through signage; Provided reusable water containers in cafeteria; Provided a usable food donation program providing more than 20 lbs/day of food to local homeless shelter.



Carroll Hospital Center, Westminster, MD

## Second Place

### *John Muir Medical Center, Concord, CA*

John Muir Medical Center, Concord, a 259-bed acute care facility that serves Contra Costa and southern Solano counties in California, achieved the following in 2010:

- Reduced the amount of conventionally produced animal-based protein on the menus by employing the following strategies: Took Balanced Menus Challenge and reduced by 30 percent the total volume of animal-based protein purchased by the food service; Made available at least one protein-balanced vegetarian or vegan menu option at each meal for patient and cafeteria food; Reduced portion sizes of meat in patient and cafeteria meals.
- Prioritized purchase of food and beverages that are produced without use of fossil-fuel based fertilizers and pesticides and report that 25 percent of food/beverages purchases in 2010 met the criteria.
- Reduced food service waste by employing the following strategies: Participated in food donation program, donating twice a month totaling approximately 5,000 lbs of food a year; 90 percent of non-reusable food service ware is biobased and compostable; Provided easy access to water from public water supply in cafeteria and indicated its availability through signage.; Eliminated single use water bottles for all catered events and offered an item called “spa water” - a dispenser with water, garnished with lemon and lime slices, and fresh mint.



Food Quilt from John Muir Medical Center, Concord, CA

## FOOD CLIMATE HEALTH CONNECTION AWARDS *(CONTINUED)*

### Third Place

#### *Oregon Health & Science University, Portland, OR*

OHSU, a 560-bed facility and a regional resource for patients from Oregon, southwest Washington, Idaho, Montana, Alaska and northern California, achieved the following in 2010:

- Reduced the amount of conventionally produced animal-based protein on the menus by employing the following strategies: Took Balanced Menus Challenge; Provided at least one protein-balanced vegetarian or vegan menu option at each meal for patient and cafeteria; Reduced portion sizes of meat in patient and cafeteria meals.
- Prioritized purchase of foods/beverages produced without use of fossil-fuel based fertilizers and pesticides and report that 20 percent of food/beverages purchases in 2010 met the criteria.
- Reduced food service waste by employing the following strategies: Provided room service program for patient food delivery; Maintained a composting program in which they compost approximately 100,000lbs./month of food and bio-based food service ware from patient and cafeteria waste; 50 percent of the non-reusable food service ware is biobased and certified compostable and 75 percent of those items are diverted to a compost facility as part of a food waste composting program; Provided easy access to water from public water supply in cafeteria and indicated its availability through signage; Provided reusable water containers in cafeteria and indicated availability; Provided a usable food donation program, donating 100lbs of canned goods every few months.



Oregon Health & Science University, Portland, OR

## CLINICAL ENGAGEMENT AWARDS

The Clinical Engagement Award was established to recognize up to three leading clinical health professionals for making the critical link between our industrialized food system and public health. Award winners include individuals that were able to document 2010 achievements in areas listed below and earned the highest total points:

- Engagement and support of healthy, sustainable food initiatives within the Food Service Department
- Efforts to incorporate messaging and outreach of the healthy, sustainable food initiatives into clinical patient care
- Efforts to incorporate messaging and outreach of the healthy, sustainable food initiatives into professional and community networks
- Participation in broader advocacy efforts (such as serving on food policy councils and other councils and commissions that influence food policy, have introduced resolutions within professional associations, or at the city or state level, or presents themselves as a health professional advocating for healthy food systems and supporting policy issues by testifying in Congress, meeting with legislators, etc.)

### First Place

#### *Lisa McDowell, RD, Clinical Leader for Nutrition Support, St. Joseph Mercy Health System, MI*

- Support of Food Service has included: Supported St. Joseph Mercy in signing of the HFHC Pledge to increase availability of locally grown food and adopt sustainable procurement practices; Assisted with development of and running of onsite farm with 2 hoop houses that sources St. Joe's farmers market; Assisted in running onsite farmers market; Assisted in the development of relationships with local farms; Wrote grants and solicited letters of support to expand farm and farmers market programs; Created healthy food education for hospital interns and students:



Leader for Nutrition Support,  
St. Joseph Mercy Health System, MI

## CLINICAL ENGAGEMENT AWARDS (CONTINUED)

- Efforts in clinical patient care have included: Initiated many educational opportunities including farm tours, lectures, recipe handouts, food tastings; Developed educational materials for patients, family and community members; Developed patient volunteer recreational therapy at The Farm on campus.
- Efforts in professional and community networks have included: Authored articles on the links between sustainable food systems, chronic disease and healthy food initiatives at the hospital; Participated in TV news interview discussing link between farm fresh organic produce and disease prevention; Incorporated donation of food from farm to community based program Food Gatherers; Initiated “Life at the Farm” online blog about onsite farm to educate broader community about their work; Presented to senior administrators at another hospital on St. Joseph’s commitment to local food purchasing and corporate contracts; Created and convenes The Farm at St. Joe’s Advisory Board; Helped create and advocate for MHA 4-STAR program encouraging local and sustainable food purchases by hospitals state-wide.

### Second Place

*Tim Goltz, MD, Family Physician Lincoln County Healthcare, ME*

- Support of Food Service efforts has included: Provided leadership to the health care facility’s efforts to serve healthier, more delicious and more local foods since 2006; Organized an employee CSA program; Helped to organize on site farmers’ markets.
- Efforts in clinical patient care have included: Developed and provided content for a display box in the cafeteria; Organized a lecture series on local eating.
- Efforts in professional and community networks have included: Presented on the link between healthy eating and wellness in the context of the obesity epidemic to multiple groups including food service directors, local government, outdoor educators, environmental educators, organic farmers, medical staff and hospital boards; Organized a Seasonal Foods Workshop for community members, health care and school food service staff to learn about cooking with local foods; Met multiple times with senior leadership to encourage their support for healthier foods for patients, staff and visitors.
- Broader advocacy efforts have included: Member of the MaineHealth Healthy Weight Workgroup; Serves with an obesity prevention group called Let’s Go; Promotes healthy lifestyles in his role as the Health Officer of Damariscotta, Maine.



Tim Goltz, MD, Family Physician Lincoln County Healthcare, ME

### Third Place

*Amy Collins, MD, ED Physician, MetroWest Medical Center, MA*

- Support of Food Service has included: Lead the healthy food initiative at MetroWest Medical Center (MWMC) through her work with the Green Team and supported the signing of the Healthy Food Pledge; Advocated for food service staff to attend conferences, webinars and other events which support their Healthy Food objectives; Helped to organize a facility farmer’s market; Supported the development of a composting program for the food service; Supported the development of an on-site vegetable and herb garden; Created a video “Metro West Medical Center Goes Green”, which highlights the facility’s sustainable food service efforts.
- Efforts in clinical patient care have included: Organized community education at an MWMC Green Fair on composting, healthy foods, buying locally, and recycling.
- Efforts in professional and community networks have included: Organized a clinical lecture by Jill Stein about the importance of healthy sustainable foods and food systems; Organized a meeting with the hospital administration and HCWH to discuss healthy beverages and sugar sweetened beverage elimination; Developed and made many presentations on the Healthy Food initiatives at MWMC.



Amy Collins, MD, ED Physician, Leonard Morse Hospital, MA

# HFHC Survey Findings

In 2008 HCWH conducted a national survey to benchmark and shine light on the amazing work going on in “Pledged” hospitals across the nation. The information gathered from the 2008 survey formed the basis for the first *Menu of Change*. The stories and data gathered from that survey made a powerful case for sector transformation and it was well used. The responses to this year’s survey, also the application for the HFHC Awards, provide even further insight into sector progress on sustainability efforts.

This year’s survey was designed to capture the work of all facilities engaged in HFHC work regardless of whether they have signed the HFHC Pledge.

## Survey/Analysis Methods

Survey questions were designed to measure respondent progress in achieving both qualitative and quantitative results with a greater emphasis on quantitative data than in 2008. The HFHC Pledge, GGHC Food Service Credits and the criteria established for the HFHC Awards served as the basis for the survey and award application questions.

The survey was administered on-line via Survey Monkey. In June 2011, an announcement was emailed to all HFHC Pledge signers and other facilities engaged in applying HFHC principles and goals in their institutions. It was also posted to HCWH’s healthy food listserv. Respondents were given 30 days to complete the survey. Data collection was focused on measuring progress made by facilities in 2010.

## Limitations

This survey is not meant to be broadly representative of facilities in the health care sector. It is merely a measurement of work self-reported by hospitals and long-term care facilities engaged at some level in HFHC work. Though Award finalists were required to provide documentation, in general responses were not audited.

Not all questions were answered by respondents. Skip logic was used to avoid having respondents that answered “no” or “don’t know” to most questions “skipped” past follow-up questions intended for those that said “yes”. Also, in a few cases respondents used their own “skip logic”. Thus, for any questions to which not everyone responded, we note both percentages and number of respondents.

## Facility Information

Respondents from 89 facilities completed the survey. Facilities ranged in size from 11 to 1200 beds with an average size of 300. They served an average of 730.5 patient meals and 1650.2 cafeteria meals per day in 2010 and spent ~\$291 million dollars total on food and beverages. Slightly more reporting facilities served urban communities (38.2 percent), than rural (32.6 percent) and suburban (29.2 percent) communities. Also more than 78 percent (69/88) of respondent facilities reported that they have a “green team”,<sup>1</sup> and that most [95.6 percent (66/69)] of these green teams had at least one participant from the food service department.

---

<sup>1</sup> A “green team” is a group of staff that meets regularly to develop and take steps to reduce a facility’s environmental footprint.

## Sustainable Food Policies and Plans

When a health care institution adopts a sustainable food policy it sends an important signal to the market. There are also many benefits that facilities may realize through the development and implementation of a policy and plan.

| Quick Survey Stats   | Percent of Facilities |
|--|-----------------------|
| Signed the Pledge or are part of a health system that signed the Pledge prior to December 31, 2010             | 75.5%<br>(69/89)      |
| Adopted or were part of a health system that adopted a sustainable food policy prior to December 31, 2010      | 34.8%<br>(31/89)      |
| Are using the Green Guide for Health Care food service credits to benchmark and plan their facility's progress | 23.3%<br>(20/86)      |

Sustainable food policies and plans help to:

- Institutionalize purchasing initiatives
- Build awareness and support by decision-makers, budget holders and staff
- Clarify goals, expectations and the limits of initiatives
- Facilitate communication with vendors, employees, patients and the public
- Establish a framework and tools to drive purchasing decisions
- Specify and justify bidding and contracting provisions
- Address policy and other barriers that may hamper projects
- Create mechanisms to collect and assess cost and performance data to guide efforts
- Provide a clear path for increasing scope and impact.

Thus only facilities that had signed the Pledge or had adopted a formal sustainable food policy before the end of 2010 were considered for a HFHC Award and having done so is a pre-requisite for earning points under the GGHC food service credits.



Farmer's Market at Beaumont Hospital-Royal Oak, MI

## Nutrition

HFHC Pledge signers commit to increasing their offerings of fruits and vegetables and nutritionally dense and minimally processed, unrefined foods and to reducing unhealthy (trans- and saturated) fats and sweetened foods. Also, to earn GGHC Food Credit 1.2—Food Nutrition facilities take specific steps toward the same.

### *Fresh fruits and vegetables*

The majority of facilities provide one fresh fruit option for breakfast and at least one non-starch vegetable option for lunch and dinner [96.6 percent (84/87)] and have adapted cafeteria menus to allow for increased use of fresh, local produce when available [94.3 percent (82/87)]. A slightly smaller number reported that they have adapted patient menus to allow for increased use of fresh, local produce when available [74.7 percent (65/87)] or provide a minimum of one protein-balanced vegetarian menu option during each meal [69 percent (60/87)]. A few respondents also reported that they hosted farmers' markets on-site, became a drop-site for Community Supported Agriculture (CSA) farm shares or purchased a CSA farm share as a way to increase fruit and vegetable offerings.

To increase consumption of fruits and vegetables in the cafeteria one facility said they “reduced the salad and fruit bar price twice” and another said they “subsidized prices on fresh vegetables, fruit and healthful entrees so that the healthy choice is the least costly choice.”

### *Nutritionally dense, minimally processed, unrefined foods*

A significant percent of facilities create soups from scratch (with exception of legumes and tomatoes) [80.5 percent (70/87)] or use whole grain options for a minimum of 50 percent of grains and breads [71.3 percent (62/87)]. One respondent said they removed MSG from all menu items and another said they created a rotation of whole grain salad offerings in their café. Fewer facilities said they promoted breastfeeding [50.6 percent (44/87)] and a much smaller number [19.5 percent (17/87)] have eliminated the standard practice of formula giveaways.



Carroll Hospital Center, Westminster, MD, Farmers Market

## Sustainable Food Education and Promotion

HFHC Pledge signers commit to educating and communicating within their system, to patients and the community about their HFHC efforts. To earn points under GGHC Food Credit 2—Sustainable Food Education & Promotion, facilities take specific steps to do the same.

In 2010, several facilities used holiday meals, Earth Day, National Registered Dietitian Day or National Nutrition Month as opportunities to promote sustainable practices. Carroll Hospital Center in Westminster, MD, advertised the sustainability attributes of their pre-Thanksgiving meal with local and sustainably produced turkey, grains and vegetables in their hospital's newsletter to make the staff/customer aware of their efforts and the benefits behind these offerings. They also followed up with an employee survey and the feedback they received enabled the food service staff to plan for more frequent local sustainable offerings into 2011. "Knowing what our customer likes and their willingness to pay a little more, enabled us to expand our menu offerings, advertising, and educational opportunities," said Anders Grant, clinical dietitian for Carroll Hospital Center.

Other facilities hosted "farm to table" meals and "lunch and learn" events, participated in "Eat Local" and "Ag of the Middle" events, and organized culinary competitions, sustainable food demonstrations and visits to farms that sell to them or are CSA farms. Facilities also used other tools such as educational displays, flyers, table tents, patient handout materials, newsletter and magazine articles, blogs, Facebook pages, websites, emails, DVDs, patient menu annotation and more to get the word out.

United General Hospital in Sedro-Woolley, Wash. implemented Farm Fresh Fridays and dedicated their menu on Fridays to meals prepared with all local (150 miles) produce, meats, dairy, etc. Through this program United was able to gain support from the community and make supplier connections that last year round, not just part of the year.

*"Our greatest 2010 success was getting staff, patients and visitors to appreciate what locally produced food is like versus food produced on industrial farms hundreds or thousands of miles away. We did this through our awareness program named the 'Michigan Local Food Initiative.'"*

—Mike Bersani, Manager Clinical Nutrition Services, Catering and Dining Services, MidMichigan Medical Center, Clare, Mich.

### Unhealthy fats and sweetened foods

Most facilities have also eliminated trans-fats (partially hydrogenated/fully hydrogenated) and created a heart-healthy oils purchasing policy [87.5 percent (77/88)] in order to reduce unhealthy fats. Some hospitals have completely eliminated deep-fried foods from patient meals and cafeteria [36.4 percent (32/88)] while others have reduced the use of deep-fat fryers.

To address sweetened foods, many facilities have decreased the number of products with high fructose corn syrup [60.2 percent (53/88)]. One facility developed a committee to focus on sugar-sweetened beverages. Another facility adopted a vending policy that sets standards for sugar and fat content of vended foods. And another moved all soda with high fructose corn syrup to lower shelves, and put juices and teas without high fructose corn syrup in direct eye view of the customer.

| Quick Survey Stats   | Percent of Facilities   |
|--|-------------------------|
| Took one or more steps to increase offerings of fruit and vegetables   | <b>96.6%</b><br>(84/87) |
| Took one or more steps to increase offerings of nutritionally dense, minimally processed/unrefined foods                       | <b>80.5%</b><br>(70/87) |
| Took one or more steps to reduce unhealthy fats and sweetened foods  | <b>87.5%</b><br>(77/88) |
| Adopted minimum standards to address incorporation of nutritionally healthy and sustainably-produced foods in vending machines | <b>44.2%</b><br>(38/86) |
| Developed and implemented a purchasing policy to eliminate artificial food coloring and flavoring                              | <b>14.8%</b><br>(13/88) |
| Developed and implemented a policy requiring disclosure and elimination of nanotech additives                                  | <b>4.5%</b><br>(4/88)   |



| Quick Survey Stats   | Percent of Facilities   |
|--|-------------------------|
| Promoted local, organic or sustainably-raised menu items and retail products for cafeteria patrons, e.g., signage.   | <b>83.3%</b><br>(70/84) |
| Hosted at least one educational event for food service staff (in-house and/or contracted food service staff) focused on the facility's food sustainability initiatives.                    | <b>70.2%</b><br>(59/84) |
| Hosted at least one educational event for non-food service staff about the facility's food sustainability initiatives.   | <b>60.7%</b><br>(51/84) |
| Posted a signed copy of HFHC Pledge.   | <b>57.1%</b><br>(48/84) |
| Promoted local, organic or sustainably-raised menu items for patients, e.g., menu symbols or labels.   | <b>53.6%</b><br>(45/84) |
| Upon hire, taught food service staff about the facility's food sustainability initiatives.   | <b>41.7%</b><br>(35/84) |
| Hosted an event for surrounding community to highlight facility's commitment to sustainable foods while explaining relationship between human health and food production and distribution. | <b>41.7%</b><br>(35/84) |



Bronson Methodist Hospital, MI - Eat Local Kalamazoo Campaign

Most facilities [78.6 percent (66/84)] are also using FDA-approved rBGH-free claims to identify dairy products from cows not given recombinant Bovine Growth Hormone (rBGH) to boost milk production, and 47.6 percent (40/84) are using the USDA-approved raised without antibiotics label claims to identify poultry and meat products produced without the use of antibiotics. Next most commonly used label claims include: raised without added hormones and no hormones added for beef and lamb products [34.5 percent (29/84)], USDA grass-fed for beef, dairy and lamb products [25 percent (21/84)] and no genetically engineered ingredients for products made from corn, soy, canola or their derivatives [17.9 percent (15/84)].

## Sustainable Food Procurement

HFHC Pledge signers commit to implementing a stepwise program to identify and adopt sustainable food procurement; to developing a program to promote and source from producers and processors which uphold the dignity of family, farmers, workers and their communities and supporting sustainable and humane agriculture systems; and to communicate their interest in foods that are identified as local or sustainably produced to their group purchasing organization (GPO). To earn points under GGHC Food Credit 3—Local, Sustainably Produced Food Purchasing, facilities need to measure and track progress toward specific benchmarks using defined sustainability criteria.

### Eco-labels and label claims

Third-party certified eco-labels and USDA and FDA approved label claims serve as two thirds of the basis for determining the sustainability of a product under GGHC Food Credit 3. More survey respondents rely on the Fair-Trade Certified label than any other third-party certification [64.3 percent (54/85)]. The USDA Certified Organic label was the second most used with 50 percent (42/85) of facilities using it to identify a full range of sustainably produced food and beverage products. The next most popular certifications include: Marine Stewardship Council [22.6 percent (19/85)], Certified Humane Raised & Handled [21.4 percent (18/85)], and Food Alliance Certified [20.2 percent (17/85)].

| Quick Survey Stats   | 2010 Purchases |
|--|----------------|
| Average portion of 2010 food/beverage purchases that were sustainable (include local) <sup>2</sup> | <b>17.59%</b>  |

| Quick Survey Stats                                     | Percent of Facilities   |
|--|-------------------------|
| Purchased and served "local" food or beverages in 2010 | <b>94.1%</b><br>(80/85) |
| Purchased "local" vegetables in 2010                   | <b>97.5%</b><br>78/80   |
| Purchased "local" fruit in 2010                        | <b>85%</b><br>68/80     |

<sup>2</sup> Were third-party certified, i.e., USDA Certified Organic, Food Alliance Certified, Rainforest Alliance Certified, Protected Harvest, Fair Trade Certified, Bird Friendly, Certified Humane Raised and Handled, Animal Welfare Approved, Salmon Safe, Marine Stewardship Council or were approved to carry one or more of the following USDA or FDA approved label claims: "Raised without antibiotics" or "No antibiotics administered" (poultry and meat products); "Raised without added hormones" or "No hormones added" (beef and lamb only); "No genetically engineered ingredients" (products made from corn, soy, canola or their derivatives); "rBGH-free", "rBST-free", "Grass-fed" (products from ruminants such as beef cattle, dairy cattle, lamb.) or were grown/raised AND processed within a 200-mile radius of their facility. For processed food items with multiple ingredients, only products with the majority of ingredients (>50percent by weight) grown/raised AND processed within the 200-mile radius could be included in the calculation.



John Muir Medical Center, Concord, CA – Sustainable Foods Display

### Locally grown/raised

Facilities can also count locally grown products toward their overall percentage of sustainable food and beverage purchases. For the purposes of the survey and GGHC Food Credit 3 “local” is defined as: grown/raised and processed within 200 miles of their facility. For processed foods with multiple ingredients, including breads and other bakery items, only products with the majority of ingredients (>50percent by weight) grown/raised and processed within the 200-mile radius can be considered local.

While tracking direct farm purchases that meet this criterion can be very simple, identifying, purchasing and tracking food and beverages that meet this definition of local from a distributor can be challenging, as distributors may use a different definition or not purchase from any local farmers or ranchers. Fortunately, many facilities are finding a way to do it.

“Our grocery contract changed to allow more local purchasing,” said Debbie Granum, Director Food and Nutrition Services Oregon State Hospital, Salem, Ore., “And we began getting products from Charlie’s Produce.” [a regional produce distributor]

“Adding local foods to our menus has been a natural extension of our mission and strategic priorities. The local products that we get are so much better than their non-local counterparts. Our customers and staff notice the difference. We added six local vendors, purchasing more than 8 percent of our total food budget in local foods in 2010. This is also good for the financial prospects of the community as well as meeting our bottom line on the budget. The more we buy from local vendors, the more our customers and vendors benefit. We have shared our purchasing policy and procedure with other institutions in the area and have served as references to our local vendors so they can obtain more business from other institutions. KP Simply Fresh sells us hydroponic lettuce year round and has used us as a reference for selling to the local school districts as well as other hospitals and nursing facilities in the area. Wisconsin River Meats is selling us half beef and pork versus specific cuts to conserve resources and funds. They have also used us as a reference and have built up quite a few institutional clients.”

—Amy Miller, RD, CD, Nutrition Services Director, Sauk Prairie Memorial Hospital, Prairie Du Sac, Wisc.

Baptist Hospital of Miami in Miami, Fl. changed their prime vendor to a smaller local provider with slightly higher costs in order to increase their local purchase of fruits and vegetables from 11 to 30 percent in 2010. “This is a significant achievement because of our physical location in South Florida which limits the radius where we can source products from,” said Arlenna Williams, AVP.

Kaiser Sunnyside Medical Center in Clackamas, Ore. also purchases local produce from Charlie’s. According to Gregory M. Gates, KSMC executive chef, “Charlie’s Produce has been instrumental in KSMC’s ability to source locally grown food.” KSMC receives 20 percent of its produce from small to medium farms within 100 miles of Portland.

Mid-Michigan Medical Center in Clare, Mich. has been able to consolidate their purchasing to two vendors that specialize in locally produced Michigan foods, according to Mike Bersani, Manager Clinical Nutrition Services, Catering and Dining Services.

### Sustainable poultry, meat and dairy

The purchase of more sustainable meats and dairy products continues to be a high priority for facilities.

In 2010, Good Samaritan Hospital in Baltimore, Md. began to serve local, fresh beef hamburgers in their cafeteria. “We eliminated the frozen patty and made the switch entirely,” said Chris DeRocco, Director of Food and Nutrition Services. “This has been very well received and we are looking to expand on this.”

| Quick Survey Stats              | Facilities            | 2010 Purchases |
|---------------------------------|-----------------------|----------------|
| Purchase of sustainable dairy   | <b>80%</b><br>(44/55) | <b>70.25%</b>  |
| Purchase of sustainable beef    | <b>45%</b><br>(25/55) | <b>30.68%</b>  |
| Purchase of sustainable chicken | <b>36%</b><br>(20/55) | <b>12.85%</b>  |
| Purchase of sustainable pork    | <b>18%</b><br>(10/55) | <b>7.9%</b>    |

“I think our greatest achievement in 2010 was figuring out how to use a sustainably raised chicken breast in our cafes in exchange for the one we were previously serving every day. This small change required a commitment from our managers in regards to ordering, storage, recipe development, signage, pricing strategy and education of food service staff. Some of the hurdles were trying to manage the variation in size, educating the guests on price variation and working with our prime vendor to make sure we could get the product consistently. It became one of our most popular items and looks and tasted much better than product we were using before. The signage that was created allowed us to begin the conversation and awareness with our clients and staff about our commitment to purchase sustainable locally produced items.”

—Sandra Rigney, Food Service Director, John Muir Medical Center in Walnut Creek, Calif.

### Strategies for containing costs

While 8.2 percent (6/73) of respondents reported a decrease in overall food expenses due to greater procurement of sustainably produced food and beverages and 26.0 percent (19/73) reported no change, the majority of facilities [65.8 percent (48/73)] reported an increase.

To manage, minimize, offset or accommodate these additional costs respondents indicated use of one or more of the following strategies listed in the survey:

- Adjust pricing as needed [67.6 percent (50/74)]
- Focus on food waste reduction [64.9 percent (48/74)]
- Explain reasons for increased pricing to cafeteria patrons [47.3 percent (35/74)]
- Purchase direct from farmer [41.9 percent (31/74)]
- Streamline inventory [39.2 percent (29/74)]
- Increase pricing on less healthy items [35.1 percent (26/74)]
- Reduce spend on other budget items [29.7 percent (22/74)]
- Switched to room service model [27.0 percent (20/74)]
- Increased budget [23.0 percent (17/74)]
- Commit to purchasing a specific volume [16.2 percent (12/74)]
- Buy animals, such as beef cattle, whole and have processed to meet facility needs [4.1 percent (3/74)]

“Our greatest success [in 2010] has been the promotion of the employee CSA program. Through effective marketing and financial incentives we have more than doubled employee participation in the program. Employees learn about the program through emails, posters and ‘meet the farmer’ opportunities. Everyone who signs up for a CSA share receives a \$50 rebate. We are both helping to provide our staff with excellent local food and helping to support the local economy.”

—Tim Goltz, family medicine doctor for Lincoln County Healthcare in Damariscotta, Maine

“We are getting great, somewhat fixed prices for most of the cuts, rather than a variety of prices, which makes this kind of meat much more affordable on the whole. We are using the bones of these animals to make our own stock. We are composting the bones too! We’ve done a great job closing the loop and really using nearly the whole animal. And the parts we don’t use get used by other local companies.”

—Ecole Copen, Sustainable Food Programs Coordinator, OHSU, Portland, Ore.

In 2010, Oregon Health & Science University (OHSU) in Portland, Ore. began to purchase whole Willowa Valley grass-fed beef from Carmen Ranch, in northeastern Oregon. The cattle are raised without use of antibiotics and added hormones and the product is Food Alliance Certified grassfed.

In addition, one or more facilities said they purchased less or served smaller portions of animal protein, engaged in stronger negotiations and contract reviews with vendors, prioritized purchase of local produce when distributor/vendor pricing was same or less than comparable conventional items, eliminated bottle water and used savings achieved from elimination of fried foods which eliminates need for frying oil and saved one hospital an estimated \$20,000 per year.

### Direct Farm Linkages

HFHC Pledge signers commit to working with local farmers, community-based organizations and food suppliers to increase the availability of locally-sourced food and to develop a program to promote and source from producers and processors which uphold the dignity of family, farmers, workers and their communities and support sustainable and humane agriculture systems. To earn points under GGHC Food Credit 5—Hospital Supported Agriculture, facilities take specific steps towards the same.

| Quick Survey Stats  | Percent of Facilities   |
|---|-------------------------|
| Host a farmers’ market, farm stand or community-supported agriculture (CSA) program on-site | <b>81.8%</b><br>(63/77) |
| Has an on-site garden that supplies fresh produce   | <b>33.8%</b><br>(26/77) |
| Purchased directly from a farm, ranch or farm cooperative in 2010                           | <b>60.0%</b><br>(48/80) |

“In 2010 we started purchasing directly from Rainshadow Organics, a Terrebonne, Oregon farm approximately 30 miles away from the Bend hospital and 15 miles away from the Redmond hospital. This new relationship is rewarding on many levels, it improved quality and freshness, and it feels good to know we are supporting the local economy.” St. Charles Redmond purchased 70 percent of total produce during the 2010 growing season from Rainshadow. St. Charles Bend started using the local organic farm during the 2010 growing season and had conversations with the farmer to increase growing operations to supply more produce in 2011. The challenges have been changing menus to utilize the produce available. Changing our expectations about how produce is received as the local farm is much different than a produce company i.e. more work processing raw vegetable product and delivery schedule. Timing of the way produce arrives directly from a farm is different than historical consumption/demand, creativity and flexibility is a key factor in making this relationship work. For example the old way of menu planning is design a menu around what we want, the new way is design a menu around what is local and available from the farm.

—Benjamin Brown, Manager Food Service, St. Charles Medical Center, Bend, Ore.

There are many ways to support local and regional farms. Many facilities are hosting farmers’ markets and farm stands on site. An increasing number are hosting drop-sites for employees who purchase farm shares from a CSA.

Others are buying directly from farms and ranches via both traditional and non-traditional methods including Wake Robin Corporation Continuing Care Facility in Shelburne, Vt. which purchases food that they serve on-site from Bloomfield Farm, a local CSA. Wake Robin pays them before the season starts to buy the seeds and equipment they will need. Then through the growing season they receive the freshest crops from the farm twice a week.

Supporting these smaller and mid-scale locally owned and managed farms enhances the economic well-being of producers and communities. And by providing direct access to fresh local foods, health care institutions can simultaneously help improve consumption of fresh, nutritious food while supporting the local economy.

## Reusable & Non-Reusable Products, Bottled Water Elimination, Public Drinking Water Access

HFHC Pledge signers commit to supporting the use of food packaging and products that are ecologically protective. To earn points under GGHC Food Credit 4—Reusable & Non-Reusable Products, Bottled Water Elimination & Public Drinking Water Access, facilities take specified steps towards the same.

### Environmentally Preferred Purchasing of Food Service Ware

Health care facilities are encouraged to prefer reusable food service ware items whenever possible. Where not possible hospitals are encouraged to eliminate use of fossil fuel-based disposables, including polystyrene products, and prefer bio-based products. While some facilities have found it difficult to eliminate use of polystyrene and other fossil fuel-based disposables and convert to biobased products, many others have succeeded.

| Quick Survey Stats  | Percent of Facilities   |
|---|-------------------------|
| Used only reusable food service ware in patient food delivery (2010)                            | <b>59.0%</b><br>(46/78) |
| Used only reusable food service ware in cafeteria (2010)  | <b>9.1%</b><br>(7/77)   |
| Used biobased non-reusable food service ware and take-out containers (2010)                     | <b>66.2%</b><br>(51/77) |
| Non-reusable food service ware and take-out containers based on volume that was biobased (2010) | <b>43.19%</b>           |
| Biobased food ware items purchased that were certified “compostable”                            | <b>62.66%</b>           |
| Certified “compostable” biobased items actually composted                                       | <b>30.44%</b>           |

“Our most successful HFHC-related accomplishment in 2010 was our conversion of polystyrene foam cups throughout the entire campus to corn-based compostable cups,” said Carolyn Holley, Director Food and Nutrition, Providence Sacred Heart Medical Center, Spokane, Wash.

John Muir Behavioral in Health, Concord, Calif. has replaced all polystyrene foam products with bio products.

Reges Care Center, in Bronx, NY provides all staff with stainless steel water/coffee containers free of charge and eliminated disposable cups for staff. “If they lose their cup,” said Jill Herling, Director of Food and Nutrition, “they must purchase a new one -disposables are no longer provided.” “Only reusable dishes for residents are used. Disposable dishes and utensils are no longer used for meal delivery service.”

### Bottled Water Elimination

Elimination of bottled water can also be quite challenging, but many facilities are working to do so as well as increase the availability of filtered water.

| Quick Survey Stats   | Percent of Facilities   |
|--|-------------------------|
| Eliminated single-use water bottles throughout facility, including vending machines and conferences in 2010                              | <b>4.0%</b><br>(3/75)   |
| Provided easy access to water from public water supply in cafeteria and indicated its availability through signage in 2010               | <b>42.7%</b><br>(32/75) |
| Provided reusable water containers (for purchase or free) in cafeteria and indicated availability through signage or shelf space in 2010 | <b>64.0%</b><br>(32/75) |
| Provided clear signage in break rooms and vending areas indicating nearest publicly available water fountain                             | <b>4.0%</b><br>(3/75)   |

## Food Waste Management

HFHC Pledge signers commit to minimizing or beneficially reusing food waste. To earn points under GGHC Food Credit 6.1—Food Waste Reduction, Donation & Composting, facilities take specified steps towards the same.

Reducing food waste not only improves the environment but helps to save valuable funds that can be put to work elsewhere in a hospital’s food service budget. Many hospitals have switched to a room service model, use a formal food waste reduction program such as Trim Trax, Lean Path, Food Management or Value Waste System and/or other less formal methods to reduce food waste.

Many hospitals also reported regular donations of usable fresh, frozen and canned food to food banks, homeless shelters, churches and other charitable feeding programs. In some instances the charity makes weekly and bi-weekly pickups.



Overlake Medical Center, Bellevue, WA – Waste Segregation

More hospitals are also collecting and composting food waste, coffee grounds, used paper napkins and other organic waste materials. Some compost on-site and use the resulting organic material to fertilize vegetable and herb gardens, landscape beds and lawns. Others have the food waste hauled away to a commercial facility or a farm to be composted or fed to livestock. Some facilities only compost pre-consumer waste, which many also include plate waste.

| Quick Survey Stats   | Percent                 |
|--|-------------------------|
| Had a formal food waste reduction program in place throughout 2010   | <b>32.9%</b><br>(25/76) |
| Use a room service model for patient food delivery   | <b>50.0%</b><br>(38/76) |
| Had a usable food donation program in place  | <b>37.7%</b><br>(29/77) |
| Had a program in place to compost organic materials (food waste and compostable paper and plastic food ware items) throughout 2010 | <b>39.5%</b><br>(30/76) |

## Distributor and GPO Engagement

HFHC Pledge signers commit to communicating to their group purchasing organization (GPO) their interest in foods whose source and production practices (i.e., protect biodiversity, antibiotic and hormone use, local, pesticide use, etc.) are identified, so that they may have informed consent and choice about the foods they purchase.

| Quick Survey Stats   | Percent                 |
|--|-------------------------|
| Communicated a preference for more local and sustainably produced options to their GPO or prime vendor in 2010 | <b>82.9%</b><br>(63/76) |

## Reducing Climate Impacts

To help lessen food system impacts on climate change facilities are encouraged to:

- Purchase and serve less meat and dairy
- Substitute sustainably produced meat and dairy products and nutritionally balanced vegetarian options
- Prefer grass-fed, certified organic and other foods produced without use of fossil-fuel based fertilizers and pesticides
- Eliminate use of bottled water
- Reduce, reuse or compost food waste and more

“This past year our team worked tirelessly to reduce the amount of red meat in our patient menus. We started by eliminating meats from our breakfast options. We eliminated bacon, sausage and ham. We then started slowly taking away some red meat options and replacing them with a vegetarian option. Our menu is not completely red meat free, however we have managed to reduce at least 15 percent and we are slowly working to continue to educate our patients on making healthier choices.”

—Ted Flood, Director of Food Service, Leonard Morse Hospital, Natick, Mass.

“Between our Balanced Menus Initiative and Buy Local Challenge opportunities we were able to reduce beef purchases in 2010 by using more chicken and switching 46 percent of our beef purchases to a local sustainable source. While reducing overall meats, we significantly increased produce consumption and were able to increase use of products grown with minimal to no use of fossil-fuel based pesticides and fertilizers.”

—Holly S. Emmons, Food Service Manager, Union Hospital of Cecil County, Elkton, Md.

Many facilities have used their Pledge commitment as a basis for communicating a preference for more local and sustainably produced food and food service ware options. One leading hospital gives all of their vendors the Pledge and reviews their mission and program with them. Preferences are most often communicated to their distributor’s local sales or account representative, but representatives from facilities have also shared their wishes via participation in GPO food advisory committees and nutrition councils, regional distributor and GPO meetings and health system-specific meeting/phone conferences with GPOs. Some hospitals and health systems have also sent joint letters to their GPOs and distributors to express a consolidated demand for specific types of products. Some of this communication has been on-going and not tied to a specific contract, but when possible it has been specifically supplied during the bid process for a specific contract.

Some respondents report success in getting the types of products they want from their prime vendor, as well as improved labeling in ordering systems and catalogs. When they haven’t gotten what they want, numerous facilities have switched to other suppliers either taking all of their business or a portion of their business to another mainline distributor, a regional distributor or directly to individual farm and ranches as well as cooperatives. One facility respondent reported “[w]e have sought out alternative vendors who can more completely meet our local/sustainable purchasing requirements and have communicated our purchasing decisions to our GPO/prime vendor.” Another hospital started buying from a mainline distributor with a better locally grown program and told their prime vendor that to get the business back they needed to provide more local items.

## Food Service Vendors

HFHC Pledge signers commit to encouraging their vendors and/or food management companies to supply them with food that is, among other attributes, produced without synthetic pesticides and hormones or antibiotics given to animals in the absence of diagnosed disease and which supports farmer health and welfare, and ecologically protective and restorative agriculture. To earn points under GGHC Food Credit 7—Food Vendors, facilities take specified steps towards the same.

| Quick Survey Stats   | Percent                 |
|--|-------------------------|
| Outsourced patient food and cafeteria operations   | <b>34.9%</b><br>(22/63) |
| Encouraged vendors and/or food management companies to supply them with more sustainably produced food | <b>62.2%</b><br>(46/74) |

“In 2010 we started sending healthy local fruits, veggies, and cheese to the 4 clinics instead of entering into vending machine contracts weekly for their employee coolers”, said Amy Miller, RD, CD, Nutrition Services Director, Sauk Prairie Memorial Hospital, Prairie Du Sac, Wisc.

“In our role as the primary healthcare facility we are committed to be a catalyst in improving the overall health of our community we serve.”

—Roger M. Knysh, Director, Nutrition and Foodservices Department, Fairview Hospital in Great Barrington, Mass.

## Trends and Changes

This year’s survey was greatly expanded. We asked more questions overall, added questions on new topics, changed the phrasing on old questions and provided more explicit definitions, using the GGHC food credit language throughout. For this reason we cannot always make direct comparisons between this year’s data and that gathered in 2008. Forward moving trends are noted below.

### *Policy adoption*

The number of Pledged facilities has nearly tripled since the last report was released in 2008 and more facilities and systems have adopted sustainable food policies in addition to or separate from the Pledge. For instance, the Veterans Health Administration (VHA) adopted [Healthy Diet Guidelines, VHA Directive 2010-007<sup>3</sup>](#) in February 2010. The purpose of the Directive is to “improve the health of Veterans, employees, and our communities by increasing healthy food choices and supporting sustainable food practices within Department of Veterans Affairs (VA) health care facilities.” VA food and nutrition and canteen chefs were responsible for implementing the meal guidelines as defined in the VHA Healthy Diet Food Model by the end of 2010. The Directive expires on February 28, 2015.

### *Trans-fats*

As of 2010, 87.5 percent of respondent facilities have completely eliminated trans-fats (partially hydrogenated/fully hydrogenated) and created a heart-healthy oils purchasing policy compared to 51 percent in 2008 and 36 percent have completely eliminated deep-fried foods from patient meals and cafeterias.

### *Sugar sweetened beverages*

Hospitals are beginning to pay more attention to the availability of sugar sweetened beverages. Fairview Hospital, Berkshire Health Systems, Great Barrington, Mass. adopted a “Sugar Sweetened Beverages Sales Elimination Policy” in 2010. In the policy sugar sweetened beverages were removed from all areas - cafeteria, catering, vending, and patient menus (while continuing to remain available to patients upon a clinician’s request). Menus now offer tap water, locally sourced milk, 100 percent juice, flavored water beverages, and unsweetened iced tea.



Sparrow Hospital, Lansing, MI – Chef prepares nutritious meal

### *rBGH-free dairy*

As of 2010, 76.3 percent (42/55) of respondents are now purchasing rBGH-free yogurt compared to 25 percent in 2008 and 72.3 percent of their yogurt purchases are rBGH-free on average compared to 48 percent in 2008. This significant change is likely due to Yoplait and Dannon going rBGH-free as of 2009. Also, 100 percent of respondents (55/55) purchased some amount of rBGH-free fluid milk in 2010 compared to 81 percent in 2008. Respondents to this year’s survey also indicated that almost all of their fluid milk purchases (95.98 percent) were rBGH-free in 2010.

### *Sustainable meat and poultry*

In 2008 44 percent of respondents said they were purchasing meat produced without the use of hormones or antibiotics. As of 2010, 69 percent (27/39) report purchase of sustainably-produced beef, poultry and pork per GGHC food credit 3 and 64 percent (32/50) report purchase of meats produced entirely without use of antibiotics or without nontherapeutic use as identified by an applicable USDA label claim or eco-label, e.g., USDA Certified Organic.

### *Farmers’ markets and CSAs*

In 2008, 25 percent of respondents said that they hosted a farmers’ market on their campus and 25 percent hosted a CSA. This time around 81.8 percent of facilities report hosting a farmers’ market, farm stand or community-supported agriculture (CSA) program on-site.

### *Bio-based food service ware*

More respondents reported using biobased food service ware in 2010 than in 2008 (66.2 percent vs. 50 percent).

3 [http://www.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=2167](http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=2167)

## Keys to Success

### *Dedicated staff*

“One of the biggest assets to our program [is] having a few main employees that are devoted and willing to be flexible in developing our program,” said Suzie DuPuis, registered dietitian for Island Hospital in Anacortes, Wash. “We have changed our course almost every summer to better accommodate our farmers and employees, and to better move toward our overall goals. We still have a long way to go, but the progress made has been very rewarding.”

### *C-Suite support*

Forty-one percent of survey respondents report that the support of upper-level management has “significantly improved” efforts to purchase more nutritious, local and sustainably produced food. According to Jamie Baribeau, Director of Food and Nutrition for Brattleboro Memorial Hospital in Brattleboro, Vt., their biggest achievement in 2010 was having the continued support for their commitment to local sustainable foods from the hospital and administration despite the financial constraints being imposed on health care facilities.

Alison Negrin, Executive Chef for John Muir Concord Campus in Concord, Calif., noted the opening of a new cardiovascular tower increased senior leadership and medical staff interest in focusing more closely on nutrition as a way to educate and reflect to the public a more heart healthy diet. Having support from the Chief of Staff enabled them to do some of the things they had wanted to do in the past but met with too much resistance such as reduce fried foods. “I think this is a significant achievement because it exemplifies the need to be a united force to make significant change. The results are positive. Awareness of our nutrition improvements is more widespread because of the team effort.”



John Muir Medical Center, Concord, CA – CSA Program

“Changing the culture around health and food habits is one of the most difficult things to do. It is important to understand that it is a long journey, not a simple initiative or a program that starts with a ‘go-live date’. Changing culture is about chipping away at it one step at a time, always finding a new way to involve a new group of people. Many think that a “top down” approach is always the best method. When support lacks in any area, the best advice is stir the pot and let it heat from the bottom, it doesn’t matter where the heat and energy comes from, if there’s enough, the pot will boil.”

—Christa Byrd, Room Service Supervisor, Food and Nutrition Services, Sparrow Hospital, Lansing, Mich.

Other hospitals report that the “CEO is a strong supporter of local foods giving us the freedom to enhance our purchasing program and share it with others,” “The Board of Directors and Administration have been a huge support of the procurement of local, community raised produce.... I would not be able to do it without their support,” “Upper management’s goals of improving our healthy food options, especially for the heart healthy diet, are helping to move us forward with our organic and sustainable initiative,” and “Senior administrators are 100 percent committed and supportive to nutritious, local and sustainable foods.”

### *Training and time management*

According to Suzie DuPuis, Registered Dietitian for Island Hospital in Anacortes, Wash., one of their biggest accomplishments in 2010 was the re-training of kitchen staff on use of local, fresh produce and developing new recipes. To address a similar need Central Vermont Hospital, Berlin, Vt. brought in [the] New England Culinary Institute to train their cooking staff in proper preparation and use of unfamiliar, locally grown foods.

Heather Boline, Nutrition Services Project Coordinator for Freeman Health System in Joplin, Mo., reported that the greatest challenge for the Freeman West staff was time management in meal preparation. For instance, “it takes [more time] to cut up fresh vegetables and fruit for the salad and dessert bars, rather than simply opening a can of prepared mayonnaise based salad items or cutting up a frozen pie or cake. Another time management challenge was adjusting to food preparation times in baking items rather than frying. It may take 3-4 minutes to fry an item, where it takes 20 or more minutes to bake. Baking, in addition to making more items

“As with all facilities, we have our financial challenges but we keep forging ahead and leap hurdles to find ourselves ‘doing the right thing’ and working towards more and more successes.”

—Carolyn Holley, Director Food and Nutrition, Providence Sacred Heart Medical Center, Spokane, Wash.





from scratch, took about four months for adjustments and staff to accommodate their preparation times needed.

However, the time investments have paid off. Our employees' surveys reported that they are eating more fruits, vegetables and whole grains than they were before the changes. Patient satisfaction scores were at their highest in first quarter of 2011 at 79 percent food satisfaction." Sauk Prairie Memorial Hospital in Prairie Du Sac, Wisc. also mentioned a need to adjust production to allow for cutting and processing of fresh fruits and vegetables.

### *Financial support*

Several hospitals and health systems have sought and received financial support from external sources. For instance the food service department at Hennepin County Medical Center, in Minneapolis, Minn., was able to obtain a \$25,000 grant from the Hennepin County Lead by Example Grant program. The grant was used to purchase equipment that allowed the hospital to launch a food service composting program in 2010 and become the first hospital in the Twin Cities metro area to compost patient tray waste.

Fletcher Allen Health Care, in Burlington, Vt., secured a federal grant through the Centers for Disease Control and Prevention that enabled them to host several external educational events including a two-day workshop that hosted nationally-recognized speakers covering topics such as climate change, chemicals in the food system and role model organizations sharing their change process. Diane Imrie, Director of Nutrition Services says, "I am also proud that this work continues through other, local funding because of the strong foundation and accomplishments that took place."

Also, in 2010, Freeman Health System, in Joplin, Mo., received a \$300,000 grant from the Missouri Foundation for Health to support Freeman's efforts to transform the food environment at their three hospitals over the next 3 years and become an agent of food change in southwest Missouri. Grant monies cover capital expenses and technical assistance and enabled Freeman to hire Heather Boline, a Freeman registered dietitian, to coordinate the project.

## Conclusion

The health care facilities and professionals highlighted in this report have made the connection between the food they serve and the health of their patients, staff, and communities. Individuals in the health care field continue to prioritize foods that are produced, processed, and transported in ways that are protective of public and environmental health – however there is still work to be done. Health care facilities need to continue communicating their preference for sustainable foods to their distributors and GPOs. They need to continue to educate their patients, visitors, and staff about the importance of promoting and supporting a healthier, more localized food system. There is amazing work going on in health care facilities across the country as evidenced by the many national and regional initiatives covered in this report, as well as the survey findings. There are champions and leaders emerging in this sustainable health care food service movement, as evidenced by the success stories and award winners. The commitment that health care facilities are making to provide food that is healthy for people, animals, and the environment is encouraging. As new leaders emerge, it will be exciting to see what the next Menu of Change report brings. Thank you for working towards building a healthier future.

# Appendix A-Survey Respondents

## California

Dominican Hospital\*  
John Muir Behavioral Health\*  
John Muir Concord Campus\*  
John Muir Medical Center\*  
Palomar Medical Center\*  
Pomerado Hospital\*  
Santa Rosa Memorial Hospital\*  
UCSF Medical Center\*

## Colorado

Grande River Hospital District\*

## Connecticut

New Milford Hospital\*  
Norwalk Hospital\*

## District of Columbia

Georgetown University Hospital\*  
National Rehabilitation Hospital

## Florida

Baptist Hospital of Miami\*  
Florida Hospital Memorial Medical Center\*

## Georgia

Emory University Hospital Midtown\*

## Illinois

Good Samaritan Hospital\*

## Maine

Lincoln County Healthcare\*  
Mid Coast Hospital\*  
Saint Mary's Health System\*  
The Residence at Tall Pines\*

## Massachusetts

Boston Medical Center\*  
Cooley Dickinson Hospital  
Fairview Hospital\*  
Faulkner Hospital\*  
Framingham Union Hospital\*  
Leonard Morse Hospital\*  
Shriners Hospital for Children\*

## Maryland

Anne Arundel Medical Center\*  
Carroll Hospital Center\*  
Collingswood Nursing and Rehabilitation Center  
Doctors Community Hospital  
Franklin Square Hospital Center  
Good Samaritan Hospital  
Harbor Hospital  
Union Hospital of Cecil County\*  
Union Memorial Hospital  
University of Maryland Medical Center\*

## Michigan

Allegiance Health\*  
Beaumont Hospital\*  
Beaumont Hospital – Troy\*  
Borgess Medical Center\*  
Bronson Methodist Hospital\*  
Butterworth Hospital\*  
Henry Ford Wyandotte Hospital\*  
Metro Health Hospital\*  
MidMichigan Medical Center – Clare\*  
Northern Michigan Regional Hospital\*  
Saint Mary's Health Care\*  
Sparrow Hospital\*  
St. Joseph Mercy Health System\*

## Minnesota

Hennepin County Medical Center\*  
Ridgeview Medical Center\*  
St. Luke's\*

## Missouri

Freeman West\*

## New Hampshire

Alice Peck Day Memorial Hospital\*  
Cheshire Medical Center\*  
Dartmouth-Hitchcock Medical Center\*

## New York

Regeis Care Center\*

## Ohio

Cleveland Clinic\*  
Mount Carmel St. Ann's Hospital\*  
University Hospitals Case Medical Center

## Oregon

Kaiser Sunnyside Medical Center\*  
Oregon Health & Science University\*  
Oregon State Hospital  
St. Charles Medical Center – Bend\*

## Pennsylvania

Lehigh Valley Hospital – Cedar Crest  
Magee-Womens Hospital\*  
UPMC Harmot Medical Center\*

## Virginia

Sentara Virginia Beach General Hospital

## Vermont

Brattleboro Memorial Hospital\*  
Central Vermont Hospital\*  
Fletcher Allen Health Care\*  
Northeastern Vermont Regional Hospital\*  
Northwestern Medical Center  
Porter Medical Center\*  
VA Medical Center – White River Junction  
Wake Robin Corporation

## Washington

Island Hospital\*  
Northwest Hospital & Medical Center\*  
Overlake Hospital Medical Center\*  
Providence Sacred Heart Medical Center\*  
Tacoma General\*  
United General Hospital\*  
University of Washington Medical Center\*

## Wisconsin

Aurora Medical Center – Manitowoc County\*  
Hudson Hospital & Clinics\*  
Sauk Prairie Memorial Hospital\*

\* HFHC Pledge Signers



[www.healthyfoodinhealthcare.org](http://www.healthyfoodinhealthcare.org)



12355 Sunrise Valley Dr. Suite 680 • Reston, VA 20191  
Phone: 703.860.9790 • Fax: 703.860.9795 • [www.noharm.org](http://www.noharm.org) • [info@hcwh.org](mailto:info@hcwh.org)

