



Assessing Opportunities for Local Food in Health Care

Eco Care
October 19, 2010

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Canadian Coalition for Green Health Care



1. Canadian Coalition for Green Health Care

- Canada's premier resource network on green health care
- Formed in 2000
- Partnerships with:
 - Ontario Hospital Association (Green Health Care session, Green Lane, Green Health Care Awards)
 - Canadian Healthcare Engineering Society





Local Food Assessment Background

- Ontario imports more than \$4 billion in food than we export
 - Ontario has some of the most productive agriculture lands
 - Waterloo Region Public Health study found food which could be grown in the area travelled more than 4,500 km





Background cont.

Why local food in health care?

1. Provide patients, staff and visitors with fresh, nutritious foods
 - Opportunity to promote healthy eating/lifestyles
1. Large market
 - Ontario hospitals serve close to 33,000,000 meals/yr
1. Stable market
 - Occupancy rate consistently very high
1. Health, health care and our environment are inextricably linked





Social Benefits



‘Partners for Care’ Farmers Market
QEII Health Sciences Centre,
Halifax, NS

- Improved food safety and security through strengthened food supply chains
- Higher nutrition content with shorter storage times, minimally processed foods
- Improving social security and economic conditions in rural communities
- Connecting communities





Economic Benefits



‘MyMarket’ Farmers Market
Sick Kids Hospital,
Toronto, ON

- Support for rural areas and local farmers
 - Regeneration of deprived rural areas
- Supporting small business, enterprise and job creation
 - Support of the agri-food business





Environmental Benefits



Guru Nanak Dev Healing Garden,
Mazankowski Heart Institute
Edmonton, AB

- Reduced GHG and air emissions from transport of imported foods
- Potentially reduced food waste at the institution
- Reduced packaging waste





Study Background

- Canadian Coalition for Green Health Care received funding support to study Local Food for Health Care

1. Ontario Trillium Foundation

- 2009-2010

2. OMAFRA/University of Guelph Partnership Fund.

- in partnership with University of Guelph, Wilfred Laurier University, and My Sustainable Canada,
 - Advisory Team members: OMAFRA, St. Mary's General Hospital, ARAMARK, Waterloo Region Food Systems Roundtable, and Foodlink
- 2010 - 2013





OMAFRA Study Objectives

1. Establish the current state of food provision in Ontario's healthcare system.
2. Gain an in-depth understanding of the opportunities and constraints impacting food provision decisions in Ontario's healthcare system.
3. Provide alternative perspectives on hospital food provision and the potential for changing these practices.
4. Understand implementation details for making changes at the individual hospital level.





OMAFRA Study Deliverables

1. Report on *Current Cafeteria Menus and Patient Meals in Ontario Hospitals: the Challenges and Opportunities of Incorporating Local Foods*
 - » May 2011
1. The Case Study of St. Mary's Hospital (Kitchener)
 - » Dec 2011
1. Policy Report on the Use of Local Foods in Ontario Hospitals
 - » May 2012
1. 4 Local Food for Healthcare Symposia
 - 2012 - 2013





Trillium Local Food Project Requirements

1. Survey 50 hospitals and health care providers
2. Host Webinar
3. Host information session
4. Study practicality, cost benefit, health and environmental benefits of incorporating local food into patient meals and cafeterias.
5. Increase collaboration with local food professionals, vendors, and supply chains
6. Develop Local Food Constellation
7. Identify 1-2 hospitals interested in a local food pilot





Trillium Survey: Development and Process

- Developed by the Coalition in conjunction with
 - The Local Food Constellation
 - Leslie, Elisa, Tammy (St Mary's), Joanne Bayes (BC)
 - University of Guelph and Wilfrid Laurier University academic researchers:
 - Dr. Paulette Padanyi (UofG)
 - Dr. Vinay Kanetkar (UofG)
 - Dr. Alison Blay-Palmer (WLU)
 - Other reviewers
- Respondents contacted by phone and asked to participate
 - 25 hospitals and 25 long term care
- Survey responses collected using Survey Monkey





Survey Respondents

- 33 completed the survey (66%)
 - 19 hospitals (~5,127 beds)
 - 13 LTC (~2,216 beds)
- *1 un-named
- Respondents represent ~8,040,585 patient meals/year combined.





Local Food in Health Care Trillium Survey Results



August 2010



The Canadian Coalition for Green Health Care
Coalition canadienne pour un système de santé écologique



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Research Objectives

Project sought to investigate the:



Farmers Market
St Mary's General Hospital
Kitchener, ON

- practicality,
- cost-benefit, and
- potential health and environmental benefits

of incorporating more local food into patient and cafeteria meals.



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General Findings

- In general, hospitals will face many challenges in trying to procure local food.
 - Patient meals most challenging
 - Cafeteria meals somewhat easier
- Long term care (LTC) facilities are better positioned.





Health Care Food Systems



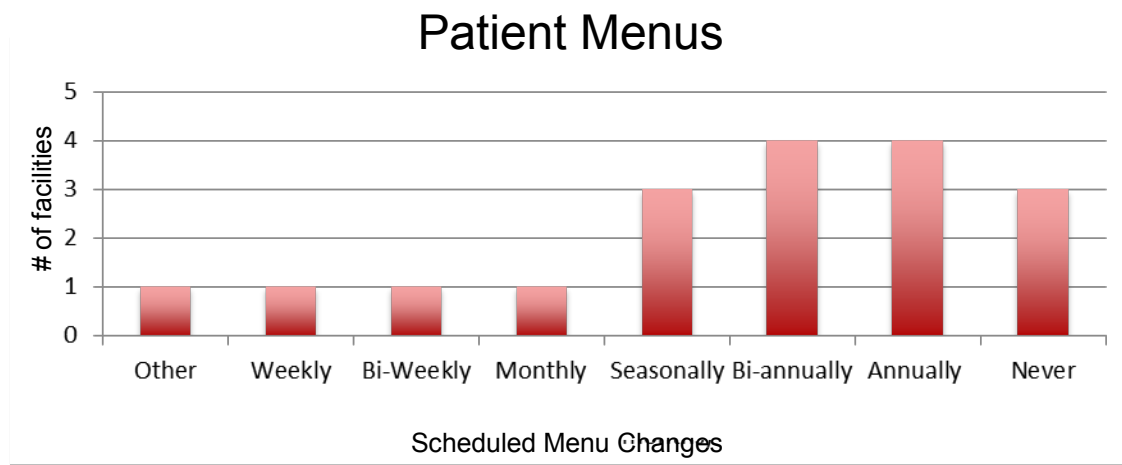
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Food Systems: Menus

Hospitals

- Patient Menus
 - changed infrequently



- Cafeteria Menus
 - 69% change their menu at least twice per year

LTC

- 92% change their menus at least twice per year

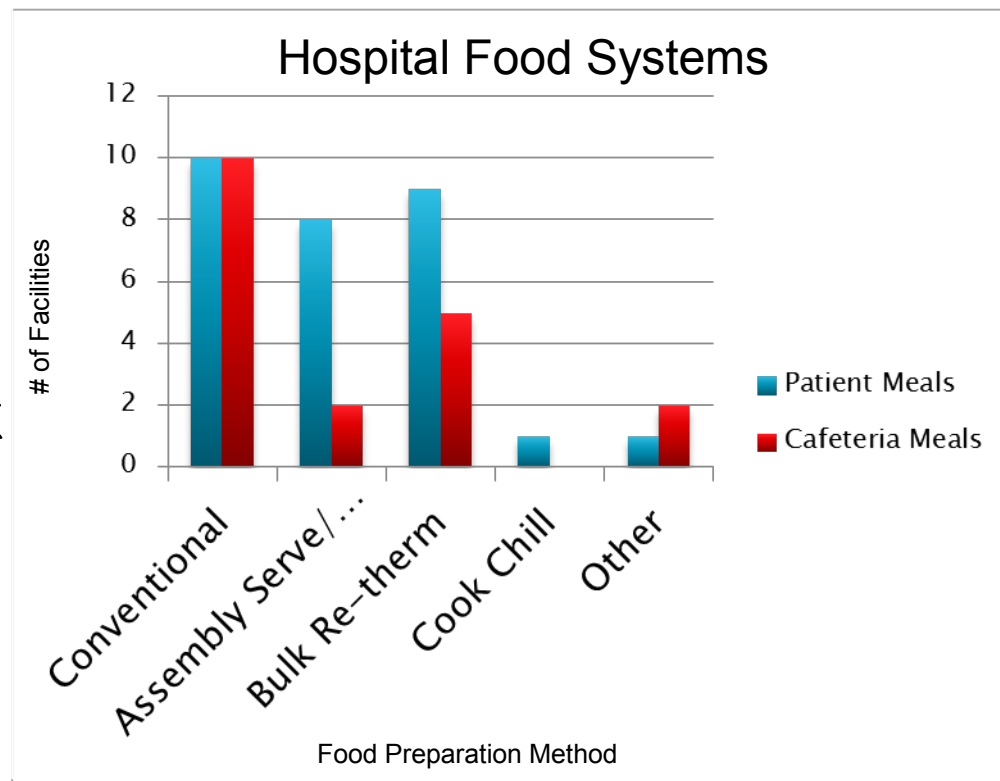




Food Systems: Food Preparation

Hospitals

- Patient Meals
 - Combination of conventional and bulk methods
- Cafeteria Meals
 - Mostly conventional



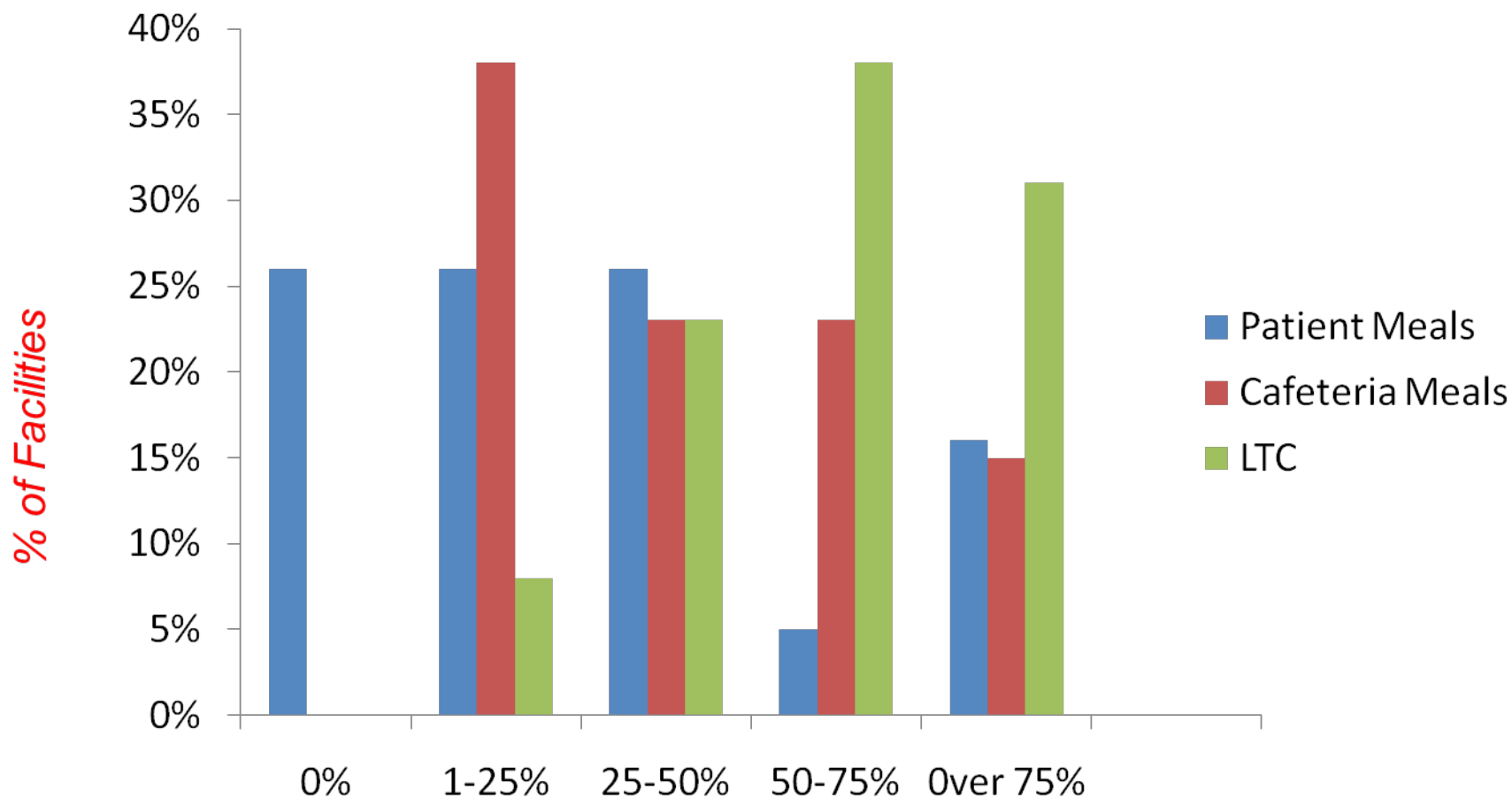
LTC

- 92% use Conventional methods





How Much Food is Prepared from Raw or Minimally Processed Sources?



Food prepared from raw or minimally processed sources

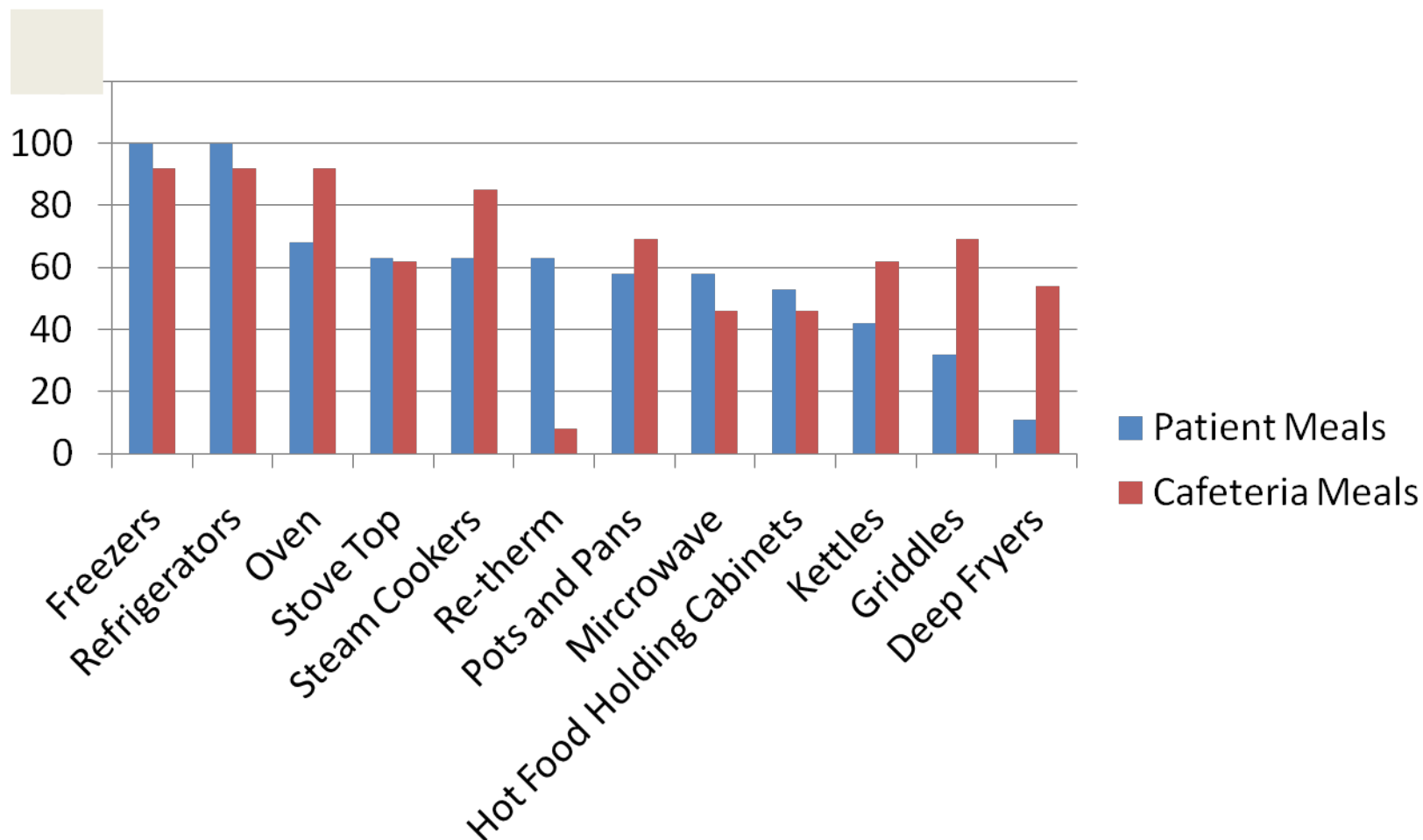


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Type of Kitchen Equipment On-site

% of Facilities which have equipment



Type of kitchen equipment





Food Service Managers: Issues and Opinions





Values and Purchasing Decisions

Q: How important are each of the following issues when food is purchased?

- Most important were:
 - Safety (100%)
 - Nutrition (97%)
 - Sensory qualities (97%)
 - “Low cost for food” (88%)





Values and Purchasing Decisions

- The least important for Patient and Cafeteria meals were:
 - Naturalness (15%)
 - Origin (24%)
 - Fairness (30%)
- Few health care facilities felt *Environmental Impact* was important (39%).
 - Split for cafeteria meals (53%).





Perceived Benefits of Local Food

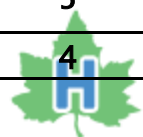
- Top benefits listed:
 - Supporting local economy (69%).
 - Providing patients fresh, raw foods (63%).
 - Strengthened local food supply chain (56%)
 - Improved meal satisfaction (50%)





Perceived Benefits of Local Food

Barriers	Response Count	Benefits to:			
		Patient	Facility	Envt	Local Economy
Supporting local economy	22				✓
Providing patients with fresh, raw foods	20	✓			
Strengthened local food supply chains	18				✓
Improved meal satisfaction	16	✓			
Reduced carbon footprint	14			✓	
Creating relationships with local farmers	12				✓
Improved rural services and food and farming infrastructure	12				✓
Improved nutrition	11	✓			
Reduced transportation costs associated with delivering product to facility	8		✓		
Supports the 'Health Promoting Hospitals' model endorsed by WHO	7		✓		
Reduced solid wastes	6		✓	✓	
Helps educate patients, visitors about healthy food	5		✓		
Secure access to safe and nutritious food	5	✓			
Support Hospital Mission	4		✓		





Perceived Barriers to Local Food

- Top barriers to purchasing local food:
 - Seasonal availability of local food (69%)
 - Lack of availability through current suppliers (69%)
 - Added labour needed to prepare the food (63%)
 - Lack of availability in some food groups (63%)
 - “Complying with regulations” (59%)
 - “Too expensive to purchase” (56%).





Barriers	Response Count	Barriers from		
		Facility	Producers	Suppliers
Lack of availability through current suppliers	22			✓
Seasonal availability of local food	22		✓	
Added labour needed to prepare the food	20	✓		
Lack of availability of local food in some food groups	20		✓	
Complying with food safety regulations	19	✓	✓	
Too expensive to purchase	18	✓		
No delivery available	17		✓	✓
Purchasing model favours low costs	15	✓		
Quality concerns	13		✓	✓
Too difficult to identify and track food that is produced locally	13		✓	✓
Hospital needs a local food policy	9	✓		
No documented evidence that local food is beneficial to patient health	7	✓		
Too many other priorities	7	✓		
Existing contract is set over long term (i.e. 5– 10 years)	6	✓		
No equipment for cooking/preparing food	5	✓		
Insufficient space for assembling/preparing foods	5	✓		
Hospital's supply policy	5	✓		
Concern about vectors	2	✓		
Insufficient storage	2	✓		
No dietician on-site	1	✓		



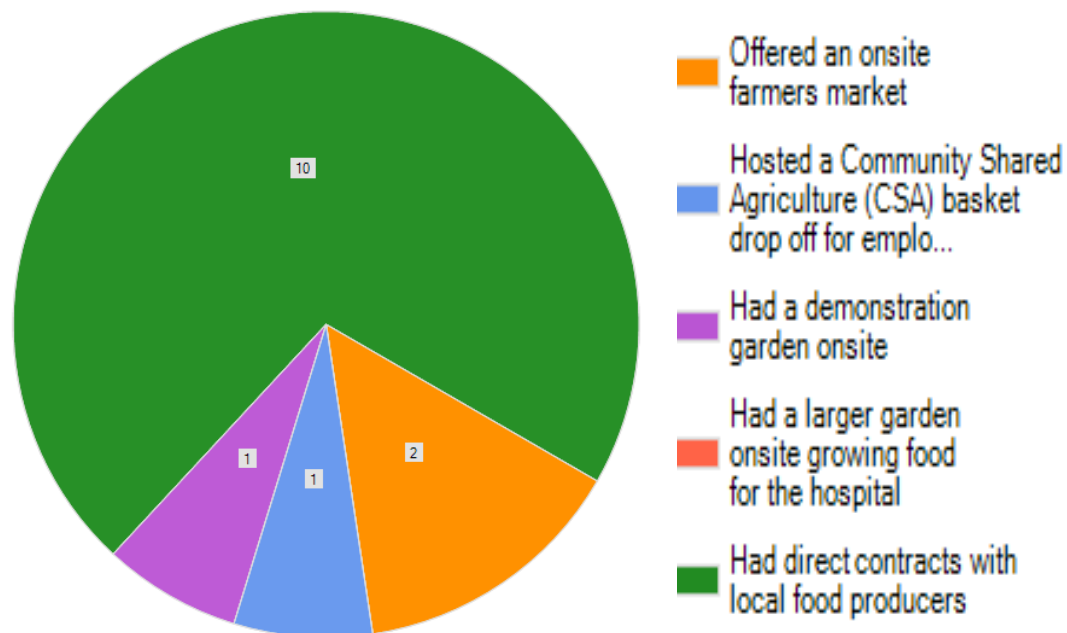
Current State of Local Food in Health Care





How are Health Care Facilities Promoting Local Food?

Current and Past Initiatives



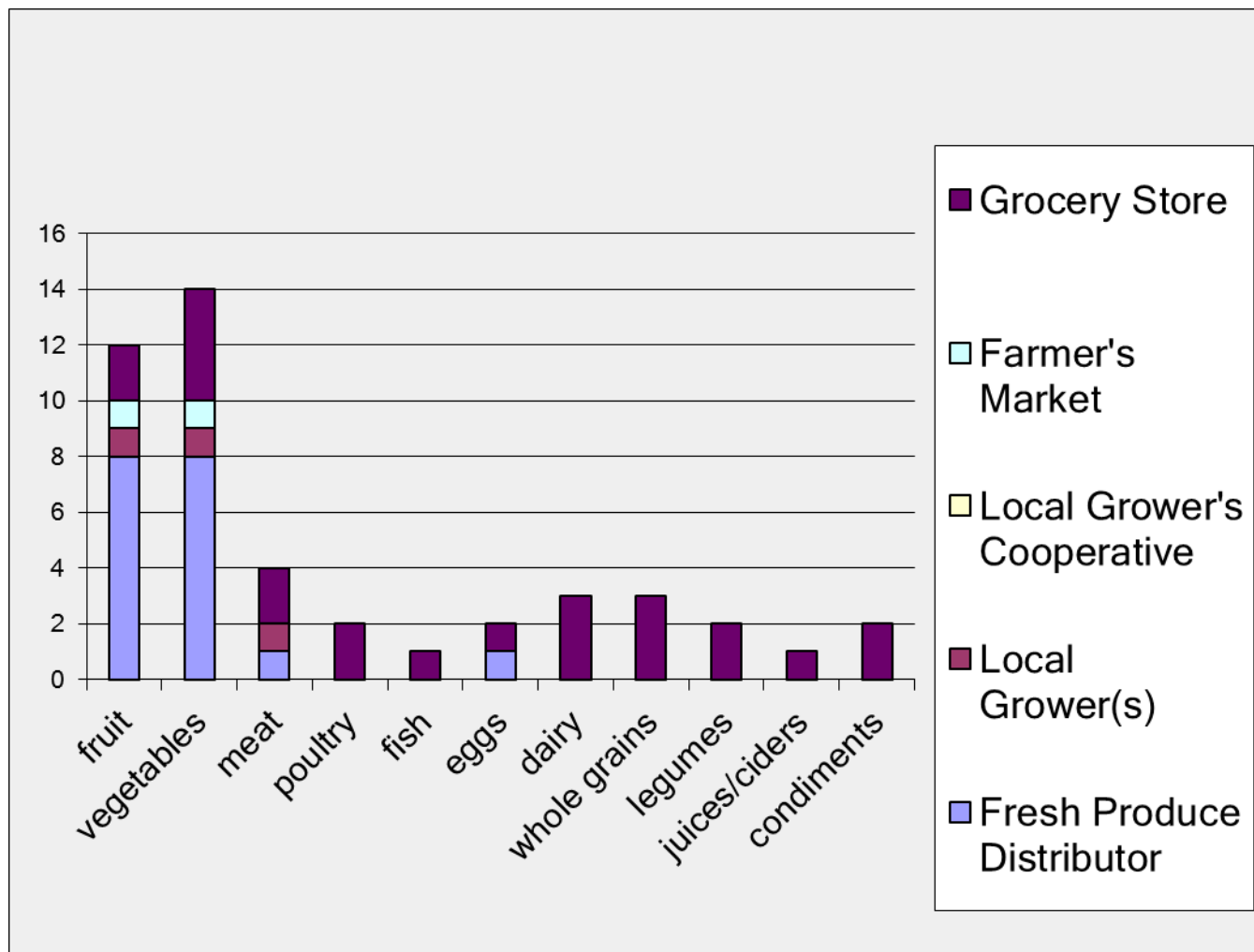
- Few innovative initiatives have taken place
- 33% health care facilities responded.
- Only 6% of hospitals have run initiatives other than direct contracts with producers





How are Local Foods Purchased Outside of Food Contracts?

of Facilities





Local Food Policies

Hospitals

- No hospital had local food policy.
 - Not having a policy was perceived as a barrier by 28% of facilities.
- No hospital knew of a food supplier with a local food policy.

LTC

- 23% of LTC facilities had a local food policy.
- 39% LTC facilities knew of suppliers with local food policies.





The Future for Local Food?

- 53% respondents felt there is a medium/high likelihood they will purchase more local food in the next 5 years.





Conclusions

Revisit Project Objectives:



- practicality,
- cost-benefit, and
- health and environmental benefits

of incorporating more local food into patient and cafeteria meals.





Conclusions: Practicality

- LTC facilities are in a stronger position to use more local food.
 - Larger % of food is already prepared fresh, onsite.
 - Well equipped kitchens.
 - Menus changed seasonally.





Conclusions: Practicality

- Hospitals are in a poorer position to use more local food for patients.
 - 42% of hospitals have limited, or no capacity to prepare fresh food.
 - 21% have no equipment to prepare food on site.
 - An additional 21% have limited equipment.
 - Long menu cycles make it difficult to accommodate seasonal food supplies.
 - Use of bulk food systems means that food suppliers will need to procure local food on behalf of the facility
 - Cafeteria menus better positioned than patient meals





Conclusions: Practicality

- Primary barriers cited involve all three sectors:
 - **Health care facilities**
 - Added labour needed
 - Complying with food safety regulations
 - Too expensive; Current purchasing model favours lower costs
 - **Producers**
 - Seasonality of local foods
 - Lack of food in some food groups
 - Complying with food safety regulations
 - Lack of delivery
 - Quality concerns
 - Too difficult to track local foods
 - **Suppliers**
 - Lack of availability from current suppliers
 - Lack of delivery
 - Too difficult to track local foods





Conclusions: Cost-Benefit

- Perceived increase in labour and costs a concern:
 - Cost an important perceived barrier (rated 5th out of 20 barriers)
 - A low cost for food was the 4th highest rated issue that affects decision making.
- Total cost comparisons of whole food systems not assessed in this study:
 - Need to compare costs of food systems - with and without local fresh foods.
 - Improved meal satisfaction (4th highest rated benefit) could translate into reduced organic waste.





Conclusions:

Health and Environmental Benefits

- High values placed on safety, nutrition and sensory qualities of food, which are consistent with local food benefits.
- While many benefits of local food are well recognized, this does not affect purchasing decisions.
- Social and environmental dimensions of food are not perceived as important factors in food purchasing decisions.
- Additional information on environmental benefits needs to be established





Conclusions

- Some optimism: 53% respondents felt there is a medium/high likelihood they will purchase more local food in the next 5 years.
- For local food to be put on the agenda, health care facilities will need to start asking for it.





Next Steps

- University of Guelph and Coalition to further investigate this issue through OMAFRA/UofG funded project.
 - Survey 250 hospitals and long term care facilities
 - Interview 50 senior health care management
 - Undertake focus groups





Thank you

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