

IMPLEMENTING LOCAL & SUSTAINABLE FOOD PROGRAMS IN CALIFORNIA HOSPITALS



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I. INTRODUCTION



This guide provides health care facilities with practical suggestions to utilize sustainable food programs that support local family farmers, ranchers, and associated businesses. It is targeted towards hospital administrators, food service directors, dietitians, and others involved with food purchasing decisions, in the hope that they will implement some of the suggestions presented. This publication integrates the experience of San Francisco Bay Physicians for Social Responsibility (SFPSR) and Community Alliance with Family Farmers (CAFF) with cutting-edge research conducted at UC Davis and UC Santa Cruz concerning the Farm to Institution market that focuses on hospitals and educational systems.¹ Insights into the broader array of sustainable food criteria – such as organic and humanely raised – are referenced in this guide; however, the content concentrates mostly on local sourcing. CAFF provides technical support, networking and distribution services for family farmers in five California regions: Bay Area/Sacramento Valley, Los Angeles/Ventura, Central Coast, Central Valley and Humboldt. SFPSR provides technical

assistance, advocacy support and implementation guidance about sustainable food sourcing to over a dozen hospitals throughout the San Francisco Bay Area region, as well as serving as lead California organizer for Health Care Without Harm’s national *Healthy Food in Healthcare* campaign.

Though many examples referenced in this report specify northern Californian hospital and college facilities, the lessons learned from this research can be broadly applied on both state and national levels.

To learn more about CAFF’s local sourcing services or to obtain copies of this guide, please visit www.caff.org or contact Kristen Schroer, (kristen@caff.org, 530.756.8518 x 39).

To receive additional information about local and sustainable food sourcing in health care, please contact SFPSR’s Lena Brook, Senior Program Associate, (lena@sfbaypsr.org, 415.601.0504) or Lucia Sayre, Co-Director, (lucia@sfbaypsr.org, 510.559.8777).



Physicians for Social Responsibility
www.sfbaypsr.org

II. Understanding Health Care Industry Interest

HOSPITAL PROGRAMS EXPANDING QUICKLY & TO NEW REGIONS

Facilities throughout the country are rapidly organizing efforts to redefine the meaning of hospital food to encompass social, ecological and health dimensions. Central to this effort has been the *Healthy Food in Health Care Pledge*,² a platform of implementation goals that nearly 240 facilities have committed to in the past three years, including some of the most influential systems in the country such as Kaiser Permanente, Catholic Healthcare West, and St. Joseph Health System. A 2008 SFPSR survey of ten northern Californian hospitals finds that each is either currently sourcing local produce or has a desire to increase such sourcing in the near future. Interest in local food spans geographic and political spectrums. This is apparent, as we see hospitals across the country in both urban and rural regions launching local and sustainable sourcing projects. In addition to California, this campaign is particularly active in Massachusetts, Vermont, Pennsylvania, Minnesota, Maryland, Oregon, and Washington.

PUBLIC INTEREST LEVEL CONTINUES TO RUN HIGH

The increased commitment and interest of food

service managers in local and sustainable sourcing is directly mirrored by their customers and the public. Local food has been one of the most popular media topics for the last five years, demonstrating that this trend is not a fad, but a long-term subject of public interest. A survey conducted in 2007 by food service staff of the UCSF Medical Center Cafeteria showed that almost 50% of the 770 respondents would purchase organic produce if given the chance, and 56% would purchase local produce. Approximately one-third indicated they would buy sustainably raised meat.

PRIMARY MOTIVATION IS HEALTHY & LOCAL SOCIO-ECONOMIC BENEFITS

The healthcare sector motivations for local sustainable sourcing are consistent with the interest of the wider public. Human health and local economic health are primary drivers for purchasing managers to adopt sustainable purchasing practices. A 2008 SFPSR survey of health care practitioners implementing sustainable food programs, finds that seven out of ten respondents cited human health as a key motivator for purchasing sustainably produced foods, with an equal amount citing support for local economies.

III. Financial Guidelines

COST OF LOCAL PRODUCE VARIES, 13% AVERAGE PREMIUM LIKELY

The cost of 'going local' varies by region, season, product, and type of distribution infrastructure available in each region. The majority of food service buyers (63%) say there is an additional cost for local produce, with the average premium stated at 13%, with answers ranging between 0%-35%. Meanwhile a third say there is no extra cost.

TERMS OF CONVENTIONAL CONTRACT PLAYS KEY ROLE IN COST COMPARISON

One of the main variables in determining the cost differential is the price list your hospital receives from their produce distributor. Distributors vary their markup depending on the institution's volume and perceived finances. CAFF conducted case studies analyzing the prices from local family farmed produce sold through the Growers Collaborative compared to the prices being offered to four different types of institutions through their conventional distributors. Local produce prices were as follows:

- 26% higher for a large hospital
- 10% higher for a small hospital
- 14% lower for a large college
- 40% lower for a corporate dining facility

The conventional distributors were charging high-end prices to the large college and corporate dining facility, which made the local produce cheaper.

Hospitals and schools tend to get charged low-end prices – making local food relatively more expensive. Consider this as you ask your distributor to provide more affordable local produce. (See Working with Distributors & GPOs for more tips).

EXPECT TO AFFORD LOCAL FOR 38% OF PRODUCE BUDGET

California food service buyers from a variety of institutions say they can increase purchases from local growers up to 38% of their produce budget without confronting significant barriers. After this figure is met, the common barriers faced include: lack of product access due to limited distribution infrastructure; price; and encroachment on contract terms set with conventional produce distributors. The latter typically includes a "kickback"/rebate in exchange for purchasing a certain volume; this requires hospitals to buy around 80% of their produce from particular distributor.

COST OF LOCAL PRODUCE VARIES GREATLY BY ITEM & SEASON

Regardless of what your average price increase will be for local produce, there is a wide range of price differential for any particular item. The graph on page eight illustrates the cost differential found over the course of a year from one institutional case study. Note that even with the 25% average price premium, around a quarter of the purchases were cheaper.

SEASONAL PRICE BENEFITS HAVE SHORT SEASON

During the peak of season, when volume is highest, prices fall. This has led some people to expect local produce to be cheaper, since it is by definition always ‘in season’. However, the peak of volume production is only a few weeks long, while the growing season is likely much longer. This graph shows the cost differential of local family farmed strawberries throughout the year. The cost is cheaper for six weeks, while the growing season is six months. It is difficult for a farmer to make a livelihood from six weeks of annual sales, no less during the six weeks when prices are the lowest. To address this issue, most farmers grow multiple crops. However some farmers – including the primary strawberry provider used in this case study – have a short list of items that comprise the bulk of their revenue. Furthermore, hospitals’ menu cycles are longer than the couple of weeks of peak season. Therefore, while it is helpful for institutions’ budgets to create policies that maximize local produce purchases during the peak season when it is not the cheaper option, it is preferable to allow purchasing staff to make some level of local purchases even when it is not cheaper.

FOR MANY, COST NOT YET KEY PROBLEM

Prices are naturally variable, depending on the situation. However, it is worth keeping in mind that produce is only about 18% of the total food budget, and an even smaller portion of the overall dining service

budget. Many of the food service buyers interviewed say the higher prices are not a problem because so far, the amount of local and/or organic produce they are buying is relatively modest. Therefore, in most cases, they are absorbing the increase within their overall budgets. Only one of ten Bay Area Hospital Leadership Team members used grant resources to launch a local produce-sourcing program. Most facilities are able to conduct small-scale local purchasing of produce and remain within their budget allocations on an annual basis. Similarly, research from the Community Food Security Coalition found that a quarter of college programs use grants to launch the local sourcing program; however, only 5% use such subsidies to maintain them.³

WHEN COSTS INCURRED, CONSIDER INVESTMENT IN A HEALTHIER, TASTIER SYSTEM

Taking a broader perspective, food spending in the U.S. is the lowest in the world, and that comes with many externalized costs such as environmental degradation, loss of rural communities, run-off in waterways, and increased dependency on oil. While the U.S. uses 10% of its income on food, other industrialized countries spend double that amount, and non-industrialized countries spend 50-85% of their income on food. Spending more on local and sustainably produced food addresses many issues at once; consider it an investment in a healthier, more sustainable, equitable and better tasting food system.

OFFSET COST TO IN-PATIENT MEALS BY SHARING COST WITH CAFETERIA PATRONS

Since many people are willing to pay more for local food, leverage cafeteria sales to offset potential costs from in-patient meals that cannot pass the cost to patients. This strategy has been successfully employed in colleges and hospitals. In some cases, cafeteria revenues increased once they invested in local and sustainable food. For example, Santa Rosa Memorial Hospital saw an increase of \$100,000 in their cafeteria revenues the year they began to source locally. Another Marin County facility saw cafeteria sales jump four-fold over two years once sustainable purchasing programs were implemented. Research from college cafeterias finds that most patrons (58% of respondents) say they are willing to pay seven percent more for a sustainably sourced salad priced at \$3.50. This premium holds for organic, local, small farm, living wage, and sustainably raised goods. Even more people (69%) would pay the premium for local produce. These figures should not be used as definitive premium data, since they are based on stated intentions, rather than actual behavior. However, they do reflect similar figures from national market data,⁴ and indicate that many people are willing to share the extra cost of sustainably produced food and can thereby help hospitals recover the costs.

LESS MEAT, BETTER MEAT: COST SAVINGS & REDUCED CARBON FOOTPRINT

The most common way that food service directors address the extra costs of sustainable food purchasing is to reduce costs elsewhere in food operations. Reducing meat purchasing, building composting programs to reduce waste disposal fees, and shifting away from

bottled water use are options for creating flexibility in food service budgets. Savings from these efforts can be directed to fund sustainable produce, and build a more sustainable, healthier dining service.

Bon Appetit Management Company and San Francisco Physicians for Social Responsibility are each promoting more vegetarian meals and smaller meat portions as means to cut costs and improve environmental footprints. Meat is the most expensive as well as the most water and carbon intensive part of any diet. As of the publication date for this report, five Bay Area hospital facilities have committed to reducing their meat and poultry purchasing by 5-20% through SFPSR’s *Balanced Menus* project. This is accomplished through various strategies, including reduced portion sizes and redesigned menus that feature more vegetarian and near-vegetarian options. These reductions serve as a first phase toward bringing healthier, reduced meat menus into hospital facilities as well as presenting a cost effective approach to introduce sustainably produced meat to hospitals food operations. By saving money through reduced meat purchasing, hospitals will shift those resources to support more expensive but far more beneficial sustainable meat alternatives.

Balanced Menus is good for the bottom line. Meat is expensive. Meat and poultry purchases comprise the largest expenditures of a typical food service spending budget, after labor. Preliminary data from hospital pilot projects in the San Francisco Bay Area suggests that when an average-sized facility with 200-300 beds begins to implement a balanced menu -- which reduces meat and increases grains and vegetables on a very modest scale -- savings are seen on the order of \$10,000 or more per year.⁵

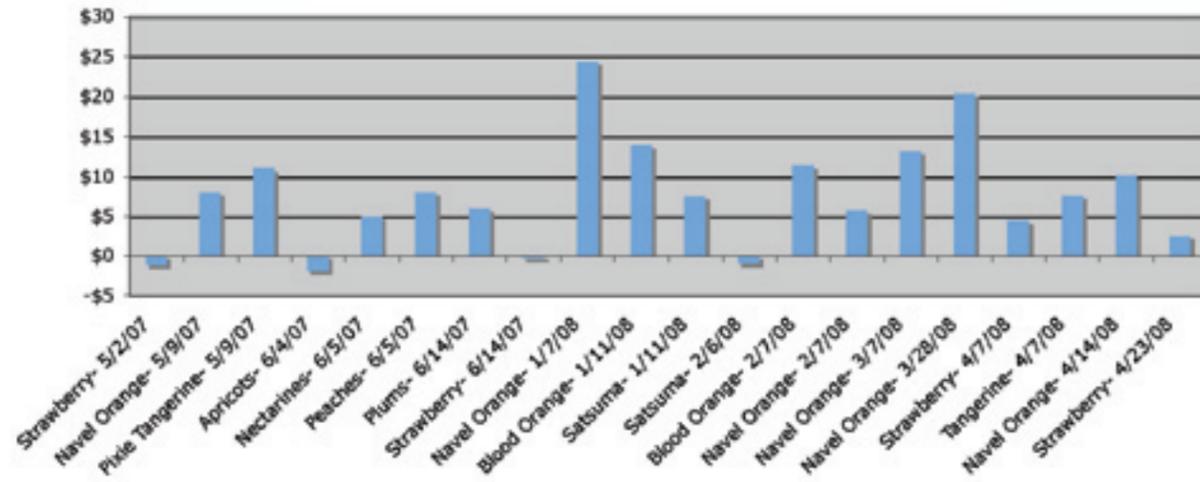
QUICK TIP

To quickly estimate the cost for your hospital, track the prices you’re offering for ten items and compare them to the local source-identified produce prices. This will provide a rough idea of what mark-up range you’re being charged from your conventional distributor, and how it compares to local produce.

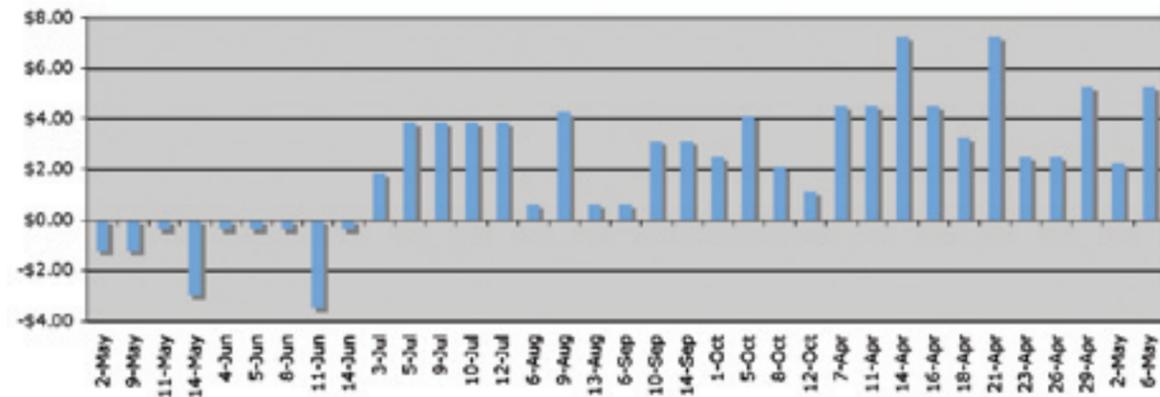
QUICK TIP

Test your market! To determine the exact amount you can pass along to the users of your cafeteria, carry out a pilot program for one month. Buy and label five items as local – either by using your in-house marketing or by using CAFF’s “Buy Fresh, Buy Local” laminated menu cards. Use different levels of price markups on products that are similar – such as fresh fruit or canned jams – and track sales volume. You can also change the markup each week of the month. This is a great student intern project, and will reduce staff work time. Keep in mind, however, that staff time to label items as local will be needed for the long-term. Consider asking an intern to develop all the marketing materials, as well as a system to make it easy for staff to label throughout the year. When “local” is tested this way, similar tests can be conducted for organic produce, sustainably raised meats, and other food categories.

Cost Differential of Local Family Farmed Produce v. Conventional



Difference in Price of Strawberry Flats



QUICK TIP

To help track and market your hospital’s sustainable food efforts, consider the *Balanced Menus* Toolkit that includes a Purchasing Tracking Calculator, marketing materials, and a Carbon Impact Calculator that allows facilities to track their reduced climate footprint as a result of these changes in meat purchasing. Contact Lena Brook at lena@sfbaypsr.org for assistance with resources.

Health care institutions can use their purchasing power to expand the market for sustainable meat and create public policy support for sustainable production, while at the same time building synergy between food service operations and clinical nutrition efforts. With *Balanced Menus*, hospitals can support local farmers and ranchers that produce sustainable meat and poultry.

Creative approaches to implementing *Balanced Menus* include:

- Review current recipes for options to reduce volume of meat being served.
- Increase number of vegetarian meals with policies such as weekly or daily vegetarian lunches.
- Increase vegetable and grain portion sizes while substantially reducing animal protein.
- Design recipes with meat as a complement to a variety of grains and vegetables.
- Offer a diverse selection of grass-fed meat less frequently: beef, bison, lamb and goat can all be locally sourced in various regions throughout the country.
- Reduce reliance on higher-priced pre-cooked and/or processed meats, such as fajita strips, chicken strips, beef patties, etc.
- Develop recipes using readily available, sustainably produced and less expensive cuts such as ground beef and stew meat.
- Avoid using small cuts from large animals, such as tri-tip steaks, which are fewer per animal, expensive and more difficult to source in substantial volume from sustainable producers.
- Collaborate with other healthcare facilities to create regional sustainable meat alliances, investigate the possibility of collective purchasing strategies and other efforts to build local, affordable supply of sustainable meat.

IV. Working with Distributors & GPOs

LEVERAGE OFF-CONTRACT FLEXIBILITY

Regardless of the availability with your main distributor or Group Purchasing Organization (GPO), you can likely utilize your off-contract flexibility to support farmers and distributors who offer local goods. The off-contract ratio is often about 20% of your total food purchases, so you can use this margin to start today!

ENGAGE DISTRIBUTOR ABOUT TYPE OF LOCAL

The majority (64%) of food service buyers expect their local farmers to be small to mid-scale, however institutional demand for regularity and high quantity can push distributors towards local, industrial farms. This is particularly risky in California, which has many large industrial farms within the state. To avoid this, you can seek out distributors who are committed to family farmers, or who are partnering with family farming organizations. CAFF offers this service to distributors. Begin by asking your distributor to consider doing this. If this endeavor is unsuccessful, attempt to renegotiate your produce contract, and include disclosing what they offer from local small and mid-scale family farms. This poses no extra hard costs for your hospital.

Building requirements about sustainable food sourcing into Requests for Proposals (RFPs) and other contract bid mechanisms is an excellent way to educate distributors and producers about your purchasing goals.

BUY FROM NON-PROFIT ALLIED DISTRIBUTORS

Alternately, you can work directly with a non-profit allied distributor that specializes in working with local small and mid-sized farmers. In California, CAFF's California Growers Collaborative operates in Humboldt, Fresno, Bay Area, Sacramento and Greater Los Angeles; ALBA Organics in San Mateo and Santa Cruz Counties; and Central Coast Grown in San Luis Obispo. These organizations use personal connections and grant funding to minimize the high transaction costs of working with small farmers – which have kept large distributors from working with these growers. They also tend to offer better prices to farmers, as their social mission includes offering growers fair prices.

ENCOURAGE CONVENTIONAL DISTRIBUTOR TO PARTNER WITH NON-PROFIT ALLIED DISTRIBUTOR

Partnerships between non-profit allies and for-profit distributors are beginning to emerge. Non-profit entities can specialize in identifying, consolidating and/or overseeing fair purchasing programs with small and mid-sized family farms, while larger distributors can focus on low transportation charges and high volume sales. CAFF is beginning to pilot this type of partnership – in which the non-profit entity consolidates and labels produce from local family farms and the conventional produce distributor markets the product on its

catalogue and distributes it through its fleet of trucks. This is an exciting partnership that can help ensure that price premiums are dispensed fairly to the local growers. To find out about this type of partnership service in your area, contact CAFF's Growers Collaborative General Manager Bob Corshen at bob@Caff.org.

COMMIT TO COMMUNICATE WITH FARMERS & RANCHERS

Local farmers and ranchers may not be accustomed to the requirements a conventional distributor employs. If the produce arrives over-ripe or too varied in size, communicate your expectations to the farmer or distribution agent who can then consider adjusting their practices. If the order will not be sufficient for the current year, a demonstrated commitment from the buyer may encourage the grower or rancher to adjust their crops and livestock numbers for the following year.

STRONG INTEREST IN SUSTAINABLE DAIRY & PROCESSED FOODS

Inform your distributor about the wide range of sustainably-made items you, and the healthcare sector in general, are interested in purchasing. Based on SFPSR, UC Davis and UC Santa Cruz's research, food service directors prioritize purchasing local produce, followed by locally produced rBGH-free dairy products, locally processed and baked goods and sustainable poultry and meat.

REQUIREMENTS FOR VENDOR APPROVAL

Liability insurance requirements leveraged by institutions present a significant barrier for small farmers to overcome. Farmer-driven distributors such as the Grow-

ers Collaborative and ALBA carry umbrella liability insurance so that farmers do not have to pay this cost. Both of these distributors meet health care requirements for liability and food safety, and regularly deliver to hospital institutions throughout the Bay Area. When writing RFPs and contracts with GPOs and distributors, ask for clarification about the ability of smaller local farmers to meet their vendor approval requirements, to ensure that they do not get locked out of this market. Contact CAFF or the Institute for Agriculture and Trade Policy for detailed advice on ensuring safe, sustainable, small-scale and equitable vendor requirements.

WORK COLLABORATIVELY TO ENSURE PREMIUMS PASSED ALONG TO FARMERS

While food service directors are willing to pay a premium for local, conventional distributors selling local produce are not necessarily passing this premium along. Distributors say they commonly place a 25% markup on local produce. Yet 33% of distributors noted that it does not cost them more to buy from local farmers, and 13% said it was even cheaper. Note that 20% said it was more expensive to buy locally. While nearly half of the distributors are not incurring extra costs nor paying fairer prices to farmers, they may still be charging a 25% price premium. A core value driving consumer demand for local food is the added investments it makes in the local economy. Farmers have the opportunity to address distributors regarding the need to share the price premium. No single farmer can expect to have leverage, but farmers can collaborate and work with representatives to engage distributors and institutions on ensuring that a fair share of the local food premiums are passed along to the farmers.

V. Education, Marketing & Making the Case

MAKE THE CASE BY STRESSING HEALTHIER FOOD & LOCAL ECONOMIC BENEFIT

There are many compelling reasons why healthcare institutions should be purchasing, distributing and serving healthier foods to their patients, their staff and the surrounding community. From a public health perspective, as centers of healing and well-being, hospitals play an important role in increasing the availability and promotion of sustainably grown, less processed foods as an integral part of a healthy diet. By demanding healthier food from distributors, purchasing more of their produce from small, local farms that are ecologically sound and socially responsible, and modeling dietary patterns that can help prevent disease, hospitals and healthcare systems can play an important leadership role by setting a positive example.

Hospitals also have a tremendous opportunity to create synergy between sustainable and local sourcing efforts and clinical nutrition programs. Because health care institutions are intensely focused on solutions to this country's epidemic of diet-related diseases like obesity and diabetes, improving the quality and taste of hospital food has the power to send a strong message to patients about positive changes they can make on a personal level.

The biggest advantages of buying from local family farms, according to most food service buyers, are better tasting food (stated by 68%) and supporting the local economy (61%). This aligns very closely with the stated interests of 70% of the hospital purchasing managers interviewed by SFPSR. The third reason cited (30%) is to decrease the carbon footprint from reduced fuel use. SFPSR expects this to become an increasingly influential driver for the health care in the coming years, as the entire sector begins to address climate change. This reasoning reflects general consumer beliefs, in which local and organic foods are primarily valued as fresher and better tasting than conventionally grown and sourced foods. Market research on local food finds that the healthier and gourmet connotations of local food has led to the market perception that "local is one of the hottest cues of quality right now in the world of food." To tap into customers' support for this effort, market local food with the key attributes of fresh taste and supporting local community.

COMMUNICATE EFFORTS ON THE PLATE

Most people do not think about their food's origin until it is on their plates. A variety of collateral marketing materials could be used to convey a hospital's

efforts to bring sustainable and local foods to patients, visitors and staff. Options like table tents, tray cards, menus, and point of purchase signs in cafeterias present direct educational opportunities. Communication about sustainable food efforts in staff newsletters and hospital websites presents additional opportunities to effectively disseminate information about sustainable food initiatives. Point of purchase signs not only provide a powerful way to educate consumers about sustainable and local food initiatives, they also provide the hospital with an easy way to track consumption of the item. You can find an array of "Buy Fresh, Buy Local" marketing materials that are tailored to regions around the country at the FoodRoutes.org network. CAFF offers an array of materials for regions within California, including the laminated menu card label pictured here. To access these marketing and educational materials, contact CAFF about Institutional Partnerships opportunities and resources that include, Farmer of the Month posters and regional banners. Hospitals can also utilize internal marketing resources to develop in-house materials. For resources related to *Balanced Menus*, including brochures, table tents, bookmarks and recipes, please contact SFPSR staff.

USE IMAGES & FARMER PROFILES TO TELL THE STORY BEHIND THE 'LOCAL' & 'SUSTAINABLE'

Most people want to learn the story behind local and sustainable products -- how they are made (61%) and who is making them (60%). Pictures of the people and places where local and sustainable foods are made are of strong interest to 57% of those surveyed in the national market survey.

EDUCATE PATIENTS, VISITORS & STAFF ABOUT WIDER HEALTH BENEFITS OF SUPPORTING LOCAL SUSTAINABLE SMALL-SCALE AGRICULTURAL SYSTEM

Individual and community health is a driving value for health care institutions and the force behind sustainable food programs. Herein lies an opportunity to educate hospital patrons, staff and visitors about the relationship between local, sustainable food and broader health implications. Consider posting articles from influential food writers like Michael Pollan, Eric Schlosser and many others as an educational segment about the wider health benefits of sustainable agriculture. Include healthy recipes in hospital newsletters -- and if possible, scaled-down versions of healthy and sustainably produced meals served in the hospital. Food service directors can also encourage hospital administrators to integrate presentations about sustainable agriculture, public health, and climate change into clinician education tools like Grand Rounds and other continuing education presentations.

TRACK YOUR SUSTAINABLE FOOD PURCHASING PROGRESS USING GREEN GUIDE FOR HEALTH CARE

The *Green Guide for Health Care*, a project of the Center for Maximum Potential Building Systems and Health Care Without Harm, is the first voluntary, best practices green building and operations toolkit customized for the health care sector. Food Service is a key component of the Green Guide's Operations section. Within Food Service, a series of eight credits have been developed for implementation of sustainable food programs ranging from the

development of Sustainable Food Policy and Planning to Hospital-Supported Agriculture to Food Waste Reduction. Many of these align with the suggestions and recommendations proposed in this report. Each credit contains specific strategies for achieving measurable goals and together the credits are used as a tracking tool for facilities to measure their progress from year to year.

The complete *Green Guide for Health Care* is available as a free download from the GGHC website: www.gghc.org. *Members of Health Care Without Harm* recently created a simplified checklist designed to ease tracking and implementation of the *Green Guide for Health Care's* Food Service credits. Please contact Lena Brook at lena@sfbaypsr.org for a copy of this additional tool.



Terra Firma Farms Winters, CA



Paul Holmes started Terra Firma Farm more than twenty years ago, with an old VW van and a rototiller - a mile up the road and five hundred feet uphill from the farm's present location, on less than an acre of land. Over the years, the farm moved down to the fertile alluvial soils along Putah Creek just west of Winters, at the hilly edge of the Sacramento Valley.

In 1994, Paul was joined by Paul Underhill. The two Pauls, with the help of more than 30 full-time workers, have grown the farm to include more than 199 acres of fields and orchards, including vegetables, strawberries, melons, walnuts, cherries, apricots and citrus. All Terra Firma's crops are certified organic by California Certified Organic Farmers (CCOF).



California is an arid landscape, and like all human enterprises in the state, Terra Firma relies on stored water from the ground as well as publicly funded water projects. Nonetheless, Winters has a much higher annual rainfall than most vegetable and fruit growing areas of the state. During the wet season, most of the crops are irrigated solely by rainfall. For the dry season, they have an abundant natural aquifer that feeds their shallow wells, and the publicly provided water from the Solano Irrigation District comes from Lake Berryessa, just five miles to the west.

Regular Terra Firma customers include the best San Francisco Bay Area and Sacramento Valley markets and some of the finest Bay Area restaurants, such as Oliveto's and Chez Panisse. Each week, Terra Firma sells at the Berkeley, Marin and Davis Farmers' Markets and delivers fresh veggie boxes to more than 1200 CSA subscribers. Growers' Collaborative is pleased to offer Terra Firma's produce to schools, hospitals, and other institutional chefs.



CAFF's Farmer Profile with images and the Farmer of the Month poster that allows institutions to showcase different local farmers each month.



VI. Summary Tips for Getting Started

REVIEW THE HEALTH CARE WITHOUT HARM MENU OF OPTIONS DOCUMENT

Over a dozen entry points into sustainable food purchasing are presented and evaluated in this hospital-focused guide. Use it as inspiration to consider what is possible at your facility. Also review the companion report entitled *Menu of Change* that presents case studies of hospitals throughout the country implementing sustainable food programs. This report and fact sheets on various sustainable purchasing topics specific to health care can be found at www.noharm.org/food/issue.

START WITH THE SEASONAL LOW-HANGING FRUIT

And that's fruit. Whole fruit requires no extra processing, is easily added as a side dish or healthy dessert without having to change the main menu, and is instantly enjoyed.

SHORT-LIST OF SEASONAL SWAP OUT OPTIONS

Pick a handful of items you're regularly buying and have a local farmer or distributor identify which are regionally available. Swap that handful of items for locally and sustainable-grown goods while they're in season. As you expand your local sourcing program,

you can adjust dishes to incorporate more seasonality and explore unique local varieties. You can start implementing local sourcing with a focused and manageable short list of produce with any menu.

HIGHLIGHT ONE COMPONENT OF THE MENU

Choose one component of your menu to feature local produce or a sustainably sourced product. For instance, you can create a Seasonal Salad Bar, Local Fruit Bar, or Local Lunch of the Week featuring grass-fed burgers or a locally-harvested grain.

BE FLEXIBLE, THIS IS DIFFERENT

While communicating essential expectations is recommended, it is also important to consider which specifications your kitchen can live without. You may be accustomed to receiving all your peaches at the same exact size, but is that really necessary for all your recipes? Many smaller family farms don't have the yields nor the machines to sort for uniform size and coloring. On farms that do not spray pesticides to prevent potential cosmetic damage, there can be visual differences, such as thrips scarring on oranges that looks odd but does not impact taste or quality. Remaining flexible with sizing and coloring can be a huge help when working with local farmers.

DEVELOP ANNUAL GOALS

As with many institutional goals, if you don't keep track of spending, there will be no lasting benefits. Decide where you want to be in one year's time and then create monthly and weekly purchasing targets to get you there. The metric can be number of boxes, weight, sales amount or food mile reduction. The goal can be set as a percentage of the total produce purchasing or total food purchasing. The easiest metric to measure is boxes and total dollars spent. Our experience indicates that a solid goal for the first year of local produce purchasing is ten percent, with the aim of increasing it by five percent each year. CAFF and SFPSR can provide tools that will significantly help institutions track this progress. National scale efforts such as the Real Food Calculator are also being developed in support of sustainable food tracking.

SET FINANCIAL GUIDELINES

To alleviate the anxiety, confusion, and possible disconnect of interest amongst different employees, establish budgetary guidelines. Consider setting a maximum dollar amount, a maximum additional cost per serving or year, or approve the cost for a short-list of items. See the Financial section for more tips.

ESTABLISH MULTI-STAKEHOLDER PANEL FOR BUY-IN

To reach a broad set of resources for local and sustainable food procurement and to institutionalize the commitment, consider establishing a Sustainable Food Taskforce or incorporating sustainable food into hospital-wide Green Teams. Hospitals have employed various strategies to implement sustainable food purchasing reforms at the facility

level but perhaps none has the most potential to inspire change as the trend of incorporating sustainable food systems issues in to campus-wide greening efforts. Although many facilities have had great success creating free-standing Food Committees (such as John Muir Health System in Contra Costa County), many institutions have found that food reaches across so many environmental issues faced by hospital operations – including climate change, water use, energy use, among others – that an integrative approach is quite strategic. Such taskforces are most effective when they consist of employees from various departments, including procurement, finance, dining, nutrition and public relations. A cross-functional network of supporters facilitates a broader commitment that can outlive the single initiator of the program.

Hospital leaders can also generate support from clinical staff to create change on a facility level. Grand Rounds presentations educating practitioners about the connections between public health and industrial agriculture are available through SFPSR, as are informal sessions offering information on how a sustainable food service can be an integral part of the healing mission of the facility.

DEFINE 'LOCAL' AS WITHIN A DAY'S DRIVE, WHICH CAN BE A RADIUS OF 100 TO 250 MILES

While there is no exact mileage that defines local, institutional and distribution systems need simple guidelines for operating, given that navigating the subtleties of a local 'foodshed' is often too complex. Consider telling your distributor, "We define local as being as close as possible and

not beyond X miles”. The majority of buyers, farmers and distributors surveyed by UC Davis all defined ‘local’ within a 250 mile radius, which is a day’s drive for a roundtrip market day. Another common definition of local is within a 100 miles, and California farmers are most likely to define local within the 50-100 mile radius. National surveys echo popular support for the 100-mile radius as ideal and 250 as a strong definition. While some food can be obtained within a 100-mile radius of most locations, a 250-mile radius typically allows a much wider net of options, extends the season by several months, and can be a more realistic option for logistical distribution reasons. Non-profit ally distributors, such as CAFF’s Growers Collaborative, operate with a principle that maximizes as local as possible and then expands within the 250 mile radius as necessary.

MOST IMPORTANTLY.... ENJOY THE DELICIOUS SEASONAL LOCAL FLAVORS THAT CALIFORNIA PROVIDES!



COMMUNICATE THE CHALLENGES & BENEFITS TO STAFF & EXECUTIVE LEADERSHIP

There are challenges to sustainable sourcing, and it is important to anticipate and communicate expectations around these challenges to the procurement and kitchen staff. Challenges may include: additional time to work with another distributor, different delivery schedule, less consistent sizing, varying colors, processing time, and additional communication time with local producers. Benefits of local and sustainable sourcing include: richer taste, increased customer satisfaction, reduced carbon footprint, community investment in family farms, brand enhancement, and positive media attention. This new model requires some extra effort; it is important to communicate to all staff and management that the extra challenges are understood and will be a worthwhile investment.

VII. Notes

1. The first study, conducted by UC Davis’ Sustainable Agriculture Research and Education Program (SAREP) and titled “NRI Farm to Institution: Distribution Networks: Perspectives from Food Service, Distributors, Farmers,” is based on interviews with 17 farmers, 15 distributors and 16 food service buyers. The second set of research was conducted by UC Santa Cruz’s Center for Agroecology & Sustainable Food Systems (CASFS), and titled, “NRI Farm to Institution College Student Survey.” This research is based on 419 responses from mailed surveys sent to 1,000 college students in the U.S. and 1,000 students in California. The third study was conducted by the Department of Agricultural and Resource Economics at UC Davis, and titled, “NRI Farm to Institution Findings: Survey of Institutional Food Service Managers.” It is based on interviews with 99 food service managers at colleges and teaching hospitals in California regarding their produce purchasing practices and preferences. The fourth study was a program evaluation conducted by SF Bay PSR involving in-depth interviews with approximately twenty hospital food service managers or chefs, physicians, and vendors.
2. The HCWH Healthy Food in Healthcare Pledge can be found at www.healthyfoodinhealthcare.org
3. www.FarmToCollege.org
4. Ohio State University survey of 477 shoppers at 17 Midwest locations, including retail and farmers markets. They used 80 different labels to gauge interest in size of farm, freshness, farm location, and price. Published in American Journal of Agricultural Economics, as reported in Hartman study, 2008.
5. Email communication between Lena Brook, SF Bay PSR, and Alison Negrin, John Muir Health. December 2008.





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SUMMER 2009