Food

Application contents and questions are subject to change each year.
This sample is taken from the 2019 Environmental Excellence Awards Partner for Change application for facilities with overnight beds and operating rooms

Introduction

Health care organizations nationwide are offering healthier menus, working with farmers to purchase locally and sustainably grown products, reducing the amount of meat they purchase and serve, and going beyond their walls to help meet the food needs of their community, all in an effort to support the health of their patients, staff, surrounding community and the environment.

Practice Greenhealth member hospitals are making these changes by engaging in activities that support the modeling of healthier, more sustainable food choices for patients, employees and visitors. Systems and individual facilities are opening new market pathways by maximizing purchasing power to increase the availability of local, sustainable foods within the hospital and by extension, in the community and by leveraging programming and investments they are addressing social and environmental determinants of health by increasing healthy food access for patients, staff and visitors. Finally, hospitals are saving money by reducing food waste and stewarding natural resources. All of these efforts support the creation of a healthy, sustainable and equitable food systems for the communities in which our hospital members operate.

For more information on sustainable food topics, please see Practice Greenhealth's **Healthier Food** webpage.

Policy and Plans

Who is responsible for **Food Services** at your facility?

1.   **Name** of person responsible for **Food Services**:

[   ]

2.   **Title** of person responsible for **Food Services**:

[   ]

3.   **Email** of person responsible for **Food Services**:

[   ]

4.   Does your facility have a clinical champion outside of the food service department that supports increased access to healthy, local and sustainable foods for patients, staff, and the community?

◯ Yes
◯ No

5.   Please enter the total spend ($) on **all food and beverages** in 2018. (No exclusions.)

[   ]

This value will be automatically copied to calculations in both the **Local** and **Sustainable** food and beverage sections.

6.   Please enter the total pounds of **meat and poultry** purchased in 2018. (No exclusions.)

[   ]

This value will be automatically copied to calculations for both **Meat Reduction** and **Sustainably Produced** meat/poultry.

7.   From which areas of Food Service operations is the facility reporting data for the food metrics below? Select all that apply.

☐ Patient Food Services
☐ Cafeteria
☐ Catering
☐ Vending
☐ Kiosks
☐ Other retail outlets

8.   Has the facility developed and implemented **contract and/or Request for Proposal (RFP) language** that includes local and sustainable food purchasing and other environmental stewardship goals with **food vendors**?

◯ Yes

○ No

9. Does the facility **outsource** its Food Services Department or management?

⦿ Yes
○ No

9.a Who was the selected **vendor**?

☐ Aramark
☐ Compass Group (Morrison/Touchpoint)
☐ Sodexo
☐ Thomas Cuisine Management
☑ Other

9.a.a Which other contracted food services vendor is being utilized?

10. Which broadline distributor does the facility use?

☐ Sysco
☐ US Foods
☐ Performance Food Group (PFG)
☐ Reinhart Foodservice
☐ Gordon Food Service
☑ Other

10.a Please provide the name of other broadline distributor:

11. Has the facility developed and implemented a **Sustainable Food Service Policy**?

⦿ Yes
○ No

A **sustainable food service policy** links desired outcomes and values of the program to the institution's broader mission by addressing key issues in the food system affecting the health of individuals, communities and the environment. These issues may include but are not limited to: antibiotic resistance; air and water pollution, soil health, worker health and safety, and strengthening local economies. The policy should address preferred practices in the following areas: local and sustainable food purchasing, food access and nutrition, marketing and education, stipulations for food contractors, suppliers and farm linkages, and waste, energy and water management in food service operations. See examples of **sustainable food service policies**.

11.a Please attach **Sustainable Food Service Policy**:

Less Meat, Better Meat

Less Meat

Reducing the amount of meat and poultry served in hospitals provides health, social, and environmental benefits that are consistent with prevention-based medicine. Hospitals can deliver an important preventive health message to patients, staff, and communities by reducing the amount of **meat and poultry** they serve and by purchasing sustainably-produced **meat and poultry**.

Definition of Meat & Poultry: Beef, pork, poultry, bison, sheep and goats - whole muscle and minimally-processed items including luncheon deli meats, pre-cooked fajita strips, pre-cooked breaded (frozen) nuggets, tenderloins and patties. Do not count convenience foods (e.g., pre-made lasagna).

12. Is the facility actively working to reduce the amount of **meat and poultry** **purchased** for cafeteria/retail and patient food service, in alignment with Practice Greenhealth's **Less Meat Goal**?

⦿ Yes
○ No

12.a Please enter the **baseline year** for **meat and poultry** reduction work:

Baseline year for **meat and poultry** reduction should be the year before the program was launched in order to track progress.

Table A. Meat Reduction

Lbs of Meat/Poultry Purchased- Baseline Year	Lbs of Meat/Poultry Purchased- Previous Year	Lbs of Meat/Poultry Purchased- Current Year	Percent Reduction in Meat/Poultry Purchases from Baseline Year	Percent Reduction in Meat/Poultry Purchases from Previous Year

12.b	12.c	12.d	12.e	12.f
		0	0	0

A negative number indicates an increase in meat/poultry use from baseline year. This meat reduction metric is no longer normalized by the number of **meals served** but is instead an absolute reduction.

12.g   Is the facility tracking their meat/poultry purchases by category?

   🔘 Yes
   ⚪ No

Meat and poultry production are intensive producers of GHG emissions. Working to reduce meat/poultry can not only benefit health but can also drive down organizational GHG emissions. If tracking purchases by category, Practice Greenhealth can auto-calculate GHG emissions from meat/poultry. Calculation factors for emissions are from the World Resource Institute (WRI) **Cool Food pledge** This question and the table below (if applicable) are new and are **UNSCORED** in 2019.

Please enter meat /poultry purchases (in lbs) in Table B. below to calculate GHG emissions and percent reduction in GHG emissions from reducing from **meat and poultry** purchases.

Table B. GHG Emissions from Meat/Poultry Purchases

Category	Baseline Year (in lbs)	GHG Emissions (in MTCO2e)	Previous Year (in lbs)	GHG Emissions (in MTCO2e)	Current Year (in lbs)	GHG Emissions (in MTCO2e)
Beef (or Bison)	12.g.a	12.g.b 0	12.g.c	12.g.d 0	12.g.e	12.g.f 0
Chicken	12.g.g	12.g.h 0	12.g.i	12.g.j 0	12.g.k	12.g.l 0
Lamb/Goat	12.g.m	12.g.n 0	12.g.o	12.g.p 0	12.g.q	12.g.r 0
Pork	12.g.s	12.g.t 0	12.g.u	12.g.v 0	12.g.w	12.g.x 0
Turkey	12.g.y	12.g.z 0	12.g.aa	12.g.ab 0	12.g.ac	12.g.ad 0
Total	12.g.ae 0	12.h 0	12.i 0	12.j 0	12.k 0	12.g.af 0

This question is new and is **UNSCORED** in 2019.

Reduction in GHG Emissions from Meat/Poultry Purchases

Percent change in GHG emissions from purchased meat/poultry from **baseline year** (in MTCO2e):	Percent change in GHG emissions from purchased meat/poultry from **previous year** (in MTCO2e):
12.g.ag 0	12.g.ah 0

A negative number indicates an increase in meat/poultry use from baseline year. This meat reduction metric is no longer normalized by the number of **meals served** but is instead an absolute reduction. **The percent reduction in GHG emissions from meat/poultry is a new calculation in 2019 and is not a measured metric this year**

12.l   Which of the following strategies has your facilities used to reduce pounds of meat purchased?

   ☐ Decreased portion size
   ☐ Meat-free day(s)
   ☐ Substitute with seafood
   ☐ Substitute with whole plant-based proteins (beans, nuts, seeds, soy, etc.)
   ☐ Meat blending strategies
   ☐ Station layout to highlight salad bar or plant-based options
   ☐ Increased offering of vegetarian and vegan dishes
   ☐ A la carte menu
   ☐ Other

12.m   Please describe meat reduction efforts:

12.n   Please attach any supporting documentation on meat reduction including educational materials, marketing signage, policy, press release, social media etc.

12.o   Has the facility committed to the World Resource Institute (WRI) **Cool Food pledge** in an effort to reduce GHG emissions from food production?

○ Yes
○ No

Practice Greenhealth and Health Care Without Harm are partnering with WRI to support health care's participation in the Cool Food pledge.

Better Meat

By purchasing sustainably-produced **meat and poultry** that has earned trusted third-party certifications for quality and sustainable practices, hospitals can shift the entire food system toward production practices that are safer for workers and communities, and less harmful to the environment. Using purchase power to move away from detrimental food production practices like the overuse of antibiotics in animal agriculture helps transform the food supply chain to better protect human and environmental health.

*NEW in 2019: The definition of Better Meat is **meat and poultry** produced in a sustainable manner that carry one or more of the following certifications or label claims:

Third-Party Certifications: Certified Humane (Raised and Handled), Certified Organic, Global Animal Partnership, American Grassfed Certified, Certified Grassfed by A Greener World, Certified Grassfed by Food Alliance, 100% Grassfed Certified by PCO, or Regenerative Organic

Allowed USDA Label Claims when paired with a **"USDA Process Verified"** shield. Common examples include: "Certified Responsible Antibiotic Use (CRAU)" (all poultry), and "Raised without antibiotics" (poultry and meat products). Visit **Understanding Labels in Meat and Poultry** to learn more.

For help with Tracking and Traceability, download the worksheet: **Less Meat, Better Meat Tracking Tool**

For more information on the public and environmental health impacts of the use of routine, non-therapeutic antibiotics in food animals, visit **Antibiotics**.

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13.   Does the facility preferentially purchase **sustainably-produced (better) meat and poultry** in alignment with Practice Greenhealth's **Better Meat Goal**?

Yes ⬍

13.a   **Pounds of sustainably-produced meat and poultry** purchased in 2018:

13.b   **Total pounds of meat and poultry** purchased in **2018**

0

13.c   This is the facility's metric for **percent of sustainably-produced meat/poultry**:

0

13.d   Which of the following **certifications or label claims** did your facility use to **verify** that meat and/ or poultry items purchased were **raised without routine, non-therapeutic antibiotics** and/or raised in a scale appropriate, integrated or sustainable grazing system (i.e. regenerative agriculture)?

☐ Regenerative Organic
☐ Certified Humane (Raised and Handled)
☐ Certified Organic
☐ Global Animal Partnership
☐ American Grassfed Certified
☐ Certified Grassfed by A Greener World
☐ Certified Grassfed by Food Alliance
☐ 100% Grassfed Certified by PCO
☐ Certified Responsible Antibiotic Use (CRAU) chicken and turkey standard
☐ USDA Process Verified Program (PVP) Label Claims such as Raised Without Antibiotics or No Antibiotics Ever
☑ Other

13.d.a   Please provide the names and details of any other certifications or label claims used to communicate sustainable production practices for meat/poultry:

13.e   Please describe efforts to source and purchase **sustainably-produced** meat/poultry:

13.f   Please attach supporting documentation such as producer marketing materials, cafeteria signage, patron educational materials, policy, press release(s), social media, etc.

Local and Sustainable Food Purchasing

Procurement of **sustainably produced** **food and beverages** has many far-reaching effects. The way food is **produced, processed, and distributed** has significant impacts on human health, air and water pollution, climate change, and the viability of future agricultural production. Purchasing sustainable foods can **reduce many harmful effects** related to food growth and distribution that contribute to public and environmental health problems. While not synonymous with sustainable, local food procurement is a key component of sustainable purchasing. Local food procurement is often attributed with benefits such as increased consumption of fruits and vegetables, and increased economic activity.

Practice Greenhealth uses the following definitions: Sustainable Food Definitions.

For more information, guidance documents and tracking tools to support procurement, see: **Local and Sustainable Food and Beverage Purchasing**.

14.   Has the facility **encouraged their food suppliers** (including distributors and GPOs) to improve tracking and traceability of **local and sustainable** foods and beverages in their ordering, invoicing, and reporting systems?

◯ Yes
◯ No

Local Food and Beverage Purchasing

15.   Has the facility purchased **locally grown and produced foods and beverages** in 2018?

Yes ⇕

Note: Local is defined as grown/raised and processed less than **250 miles** from the facility. For processed foods with multiple ingredients like breads, the product must have the majority of ingredients (> 50% by weight) produced within the 250-mile radius.

15.a   Please enter the total spend ($) on **local food and beverages** in 2018.

Category exclusions: Food: Convenience foods (ex: pre-made lasagna), Beverages: Bottled Water (flat or carbonated), Coffee & Tea (unless in a region where grown locally), Soda

Category inclusions: Food: Produce (All forms: fresh, whole or minimally-processed; frozen; canned), Meat & Poultry, Seafood, Dairy (including fluid milk), Grocery/dry goods, Beverages: 100% Juice, Non-Dairy Milk

15.b   Total spend ($) on **all** food and beverages in 2018.

No exclusions-- total food and beverage spend.

0

This number is autopopulated from Q 5 above.

15.c   This is your facility's **% spend on local food and beverage purchases for 2018:**

0

15.d   How does your facility purchase local food and beverages? Please select all that apply:

☐ On contract with GPO
☐ On contract with food service management company
☐ Greenhealth Exchange (GX)
☐ Food hub or aggregator
☐ Farm-direct purchasing
☐ Farmer cooperative
☐ Local produce vendors
☐ Other

15.e   Please describe any relationships that have been built with local producers. Examples may include strategies for identifying and building relationships with local producer partners, number of local partners, and utilization of seasonal products.

Building relationships with local producers strengthens the local economy and helps to build regional sustainable food systems.

15.f   Please attach supporting documentation such as photos from local farms, producer marketing materials, cafeteria signage, patron educational materials, policy, press release, social media etc.

Sustainable Food and Beverage Purchasing

16.   Has the facility purchased **sustainably grown and produced foods and beverages** in 2018?

Yes ⬍

16.a   Please enter the total spend ($) on **sustainable food and beverages** in 2018.

Category exclusions: Food: Convenience foods (ex: pre-made lasagna), Beverages : Bottled Water (flat and carbonated) and Soda

Category inclusions: Food: Produce (All forms: fresh, whole or minimally-processed; frozen; canned), Meat & Poultry, Seafood, Dairy (including fluid milk), Grocery/dry goods, Beverages: 100% Juice, Non-Dairy Milk, Coffee and Tea

16.b   Please enter the total spend ($) on **all** food and beverages in 2018.

No exclusions-- total food and beverage spend.

0

This number is autopopulated from Q 5 above.

16.c   This is your facility's **% spend on sustainable food and beverage** purchases in 2018:

0

16.d   Which categories have been prioritized for increasing sustainable purchases in 2018?

☐ Produce (All forms: fresh, whole or minimally-processed; frozen; canned)
☐ Meat & Poultry
☐ Seafood
☐ Dairy (including fluid milk)
☐ Eggs (shelled, fluid and hard boiled)
☐ Grocery/dry goods
☐ Beverages

16.e   Please describe efforts to **identify, verify and improve access** to sustainable food and beverages. Examples may include working with vendors on identification and tracking of sustainable products, strategies to increase the affordability of sustainable products (addition to GPO contracts, local contracts etc.), and verification of sustainable attributes (from vendor catalogue to case verification).

Purchasing **sustainably produced** food and beverages supports environmental and worker health and helps to build sustainable food systems.

16.f   Please attach supporting documentation such as producer/manufacturer marketing materials, photos of patient menus and signage featuring eco-labels, press releases, social media promotion of sustainable ingredients, etc.

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17.   Was the organization able to report separate spend numbers for **both** local and sustainable spend above?

◯ Yes
◉ No

17.a   Please explain if there were barriers to capturing these spend numbers separately, and indicate if either of the values (if provided) are a combination of both local and sustainable spend.

Marketing and Education

Hospitals can be **excellent models and drivers for healthier food environments** through their education and promotion of healthy foods. There is an emerging understanding that the "health" of a food choice is a combination of the nutritional benefits it provides, and the way in which that food was produced, transported and prepared.

See more information on **Marketing and Education Strategies** to promote healthy sustainable foods.

18.   Please select all strategies utilized to market healthy local and sustainable food options:

☐ Communication of healthy local and sustainably produced foods through menu labeling
☐ Pricing incentives on healthy local and sustainable food options
☐ Placement of healthy local and sustainable food options
☐ Sampling of healthy local and sustainable food options
☑ Other promotions
☐ We do not yet promote local and sustainable foods

18.a   Please describe other strategies used to market local and sustainable food options

<div style="border:1px solid #000; height:60px"></div>

19.   Has the facility conducted a **facility-wide education campaign** that improves the visibility of healthier, sustainable food?

○ Yes
○ No

20.   Please select all methods used to educate on healthier/sustainable food:

☐ Cafeteria signage
☐ Internal newsletters
☐ Featured events
☐ Catering
☐ Patient Trays
☐ Other

21.   Please attach supporting documentation such as educational materials, marketing signage, policy, press release, social media, etc.

Tap Water Access and Healthy Beverages

It is well established that **sugar-sweetened beverages (SSBs)** contribute to the increased prevalence of obesity and associated chronic diseases that go along with weight gain. Hospitals throughout the country have begun to implement **Healthy Beverages** programming to transform their beverage environments using strategies like increasing access and signage for public drinking water on hospital grounds, creating healthy vending criteria that promote **healthy beverages**, reducing advertising of unhealthy beverages, and shifting pricing structures to encourage healthy beverage choices.

22.   Which of the following activities has the facility implemented to increase access to tap water and to promote the purchasing of healthier beverages?

☐ Eliminated bottled water from patient menus and cafeterias
☐ Installed filtered water stations, 'spa water' and/or installed water bottle filling stations throughout the facility or in cafeterias
☐ Provided free 'spa water' or pitchers at functions and meetings instead of bottled water
☐ Provided and promoted reusable beverage containers
☐ Changed the relative price of healthy vs. unhealthy beverages to make healthy choices more affordable and desirable
☐ Prioritized the placement of healthier beverages in coolers and at fountain stations
☐ Other
☐ None of these have been implemented

23.   Is the facility actively working to **increase healthy beverage options** in alignment with Practice Greenhealth's **Healthier Beverages Goal**?

◉ Yes
○ No

23.a   In which areas is the facility working to **increase healthy beverage options**?

☐ Cafeteria
☐ Patient trays
☐ Vending
☐ Catering
☐ Kiosks
☐ Gift Shops

☐ Other retail outlets

23.b $ spent on **healthy beverages** in 2018:

Healthy Beverages are defined as: Water (filtered tap, unsweetened, 100% fruit-infused, seltzer or flavored); 100 percent fruit juice (optimal 4oz serving); 100% vegetable juice (optimal sodium less than 140 mg); Milk (unflavored AND Certified Organic or rBGH-free); Non-dairy milk alternatives (unsweetened); Teas and Coffee (unsweetened with only naturally occurring caffeine).

23.c $ spent on **all beverages** in 2018:

23.d   This is your facility's **% spend on Healthy Beverage** purchases for 2018:

0

24.   Please describe efforts to increase access to tap water and **healthy beverages**:

25.   Please attach supporting documentation such as educational materials, marketing signage, policy, press release, social media, etc.

Healthy Food Access

Hospitals across the country are working to help patients, employees and the community have greater access to healthier foods. Healthy food access initiatives present an opportunity to stimulate work across departments with the positive impact felt in the community but also with staff and allied boards and committees. Engagement of community benefit, food service, employee wellness and hospital boards of directors can complement wellness and nutrition efforts for each division. Through collaborate with community partners hospitals can be instrumental in promoting healthy food access and building healthy, local and sustainable food systems. For more information, see **Community Benefit and Wellness**.

26.   How does your facility **increase access to healthy food**? Please select all that apply:

☐ Hosted local farmers market
☐ Hosted on-site Community Supported Agriculture (CSA) food box program for patients, employees and/or community residents
☐ Supported on-site hospital farm and/or food-producing garden
☐ Supported off-site community garden or farm
☐ Developed and offered a fruit & vegetable prescription program
☐ Conducted food insecurity screenings
☐ Created food based interventions as part of community benefit program (non-profit hospitals)
☑ Other

26.a   Which other programs does your facility undertake to **increase access to healthy food**

27.   In which ways does your facility utilize **community benefits** to promote healthy food access/healthy food systems in your community?

☐ Financial investments
☐ Grants
☐ Staff time
☐ In-kind support
☐ We do not have a community benefit requirement
☐ We do not engage in these activities
☐ I do not know.

28.   Please describe efforts to increase access to healthy food, including hospital-sponsored initiatives such as farmers markets and gardens, partnerships with community organizations, and cross-departmental collaborations including using community benefit programs and clinician engagement in healthy food access.

Food Service Ware: Purchasing and Disposal

Food service wares can be a significant contributor to the food waste stream. An important step in reducing waste from food services is through smarter purchasing. Procurement guidelines and a preferred hierarchy for food service ware selection are provided in **Choosing Environmentally Preferable Food Service Ware** and **EPP Specifications and Resources Guide**

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29.   Please indicate in which areas reusable food service ware is used:

☐ Cafeteria dine-in
☐ Cafeteria to-go
☐ Patient tray
☐ Catering
☐ Other retail outlets

Reusable food service ware includes plates, bowls, containers, cups, and flatware.

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30.   Has the facility **virtually eliminated polystyrene** (Styrofoam) purchase and usage in food service?

◯ Yes
◯ No

Virtual elimination is defined as eliminated except for a maximum of two line items still in use for special needs.

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31.   Does the facility offer the option to **recycle in the cafeteria** as part of a commingled or other **recycling** program?

◯ Yes
◯ No

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32.   Is the facility purchasing **certified commercially compostable single-use food service ware** (such as certified by Biodegradable Products Institute (BPI))?

| Yes   ⬍ |

32.a   Please indicate the types of **disposal methods** being used for compostable serviceware:

☐ Onsite digestion
☐ Onsite compost
☐ Offsite digestion
☐ Offsite compost
☐ Landfill

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33.   Has the facility removed plastic straws from retail and catering outlets?

◯ Yes
◯ No

Less Food To Landfill

It is estimated that **10 to 15%** of an average hospital's waste is comprised of food waste. The US EPA and the USDA announced a partnership, calling on businesses to commit to food waste reduction by 50% by 2030. Practice Greenhealth developed the **Less Food to Landfill Goal** to mobilize the health care community around the opportunity to reduce food waste, reduce methane gas associated with food breakdown in landfills through diversion, and to feed hungry people.

The questions below are focused in two areas: **food waste prevention/reduction** and **food waste diversion** from the landfill.

Because food waste is a major component of the total waste stream, a few key questions and data points below have been included on both the Food and Waste application pages--to ensure Environmental Services and Food Services are connected around the management and reduction of this important waste stream. Answers from the Food page will be copied automatically to identical questions on the Waste page.

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34.   Is the facility actively working to **reduce of food waste**, in alignment with Practice Greenhealth's **Less Food to Landfill Goal**?

| Yes   ⬍ |

34.a   Does the facility have a **food waste reduction plan or policy** that is implemented and tracked?

| Yes   ⬍ |

34.a.a   Please attach food waste reduction plan/policy:

34.b   Please describe any food waste prevention efforts:

Food Waste Prevention

The following table is designed to help hospitals track and measure food waste prevention.

Tons of Food Waste

Enter the total tons of food waste generated annually--either actual or estimated. Please refer to the **Less Food to Landfill Goal Calculations Worksheet** for detailed guidance on an estimation protocol if needed.

Food waste categories include: kitchen prep, cafeteria meals, patient meals and catering. The hospital can weigh and track all four food waste streams or any combination of the four--but the facility must use the same combination of food waste streams when it measures follow-up weights to determine an accurate percent reduction metric.

If this is your **first year** tracking food waste data in this way, please enter the data in <u>both</u> **Baseline Year and Current Year** columns, leaving **Previous Year** <u>blank</u>. This table will show your facility's **total tons of food waste** generated annually.

34.c   Please enter **Baseline Year** for food waste reduction work:

Tons of Food Waste

Food Waste	Baseline Year	Previous Year	Current Year
Tons of Food Waste	**34.d**	**34.e**	**34.f**

Percent Food Waste Reduction (A positive number represents a decrease while a negative number represents an increase)

Percent Food Waste Reduction from Baseline Year	Percent Food Waste Reduction from Previous Year
34.g	**34.h**
0	0

Note: This metric has shifted from normalized to absolute reduction.

34.i   Please indicate which **categories** of food waste were included in the table above for 2018. Check all that apply:

- ☐ Pre-consumer food waste
- ☐ Cafeteria waste/post-consumer food waste
- ☐ Patient trays/post-consumer food waste
- ☐ Catering waste

35.   Has the facility undertaken any efforts to **divert food waste** from the landfill or incinerator?

Yes ⬍

35.a   Please select the activities your facility is engaged in to divert food waste from landfill:

- ☑ Composting
- ☑ Digestion
- ☑ Donation
- ☑ Animal Feed
- ☑ Other

35.a.a   The facility's tonnage for **food waste compost**:

0

Please enter your **composted food waste tonnage** in Appendix A and it will show up above; please also enter associated **cost** in **Appendix A**.

Food waste compost includes food waste, paper products, biodegradable food serviceware, etc.

35.a.b   Please enter the tonnage of food waste **digested**:

35.a.c   Please enter the tonnage of food **donated**:

35.a.d   Dollar ($) value of food donated:

35.a.e   Does the facility have a **food waste donation policy/plan** that is implemented and tracked?

Yes   ⬍

35.a.e.a   Please attach food waste donation policy/plan:

35.a.f   Please enter the tonnage of food diverted for animal feed:

35.a.g   Please describe other diversion method for food waste:

35.a.h   Please enter tonnage from other food waste diversion method:

Note: Incineration is <u>not</u> considered a form of diversion under Practice Greenhealth guidelines.

Food Waste Diversion from Landfill Metrics

Total Tons of Food Waste Diverted from Landfill	Percent of Total Food Waste Diverted from Landfill
35.b	**35.c**
0	0

Other Food Program Successes

Please describe any innovative food programs or successes at the facility in 2018 that you would like to share in the spaces below. This is an opportunity to share innovation, best practice, and other impact measures identified through your food work such as better meat sourcing, meat reduction or plant-forward menus, sourcing of both local and sustainable food, marketing sustainable choices to staff, culinary training or teaching kitchens, F&V Rx and other local food access programming, creating healthier vending and beverage programs, etc. These narratives support the metrics provided to tell a more complete story of impact.

36.   Food Success 1: Please describe

37.   Please attach any additional documentation (optional) for Food Success 1:

38.   Food Success 2: Please describe

39.   Please attach any additional documentation (optional) for Food Success 2: