

Probo.CI



CEC_CHCS — no.3531287

Partner for Change (No Beds) - 2018: Food

Introduction

Food systems have a significant impact on the environment. The average piece of food travels between 1,500 and 2,500 miles from farm to plate, creating greenhouse gases through vehicle and plane transport. Agriculture is incredibly environmentally intensive, using huge volumes of water, pesticides, and in the case of **meat and poultry**—antibiotics. Additionally, more than 20% of an average hospital's waste is comprised of food waste. Please use this section of the application to showcase the facility's success stories and strategies on sustainable food procurement and food service operations.

For more information on sustainable food topics, please see: [Practice Greenhealth's Healthier Food webpage](#).

1. Does your facility have a cafeteria or food services department?

- ☒ Yes
☐ Not Applicable

This page is intended for facilities that provide food services for patients and staff on a large scale basis. If these questions are not appropriate for your facility, please check "Not Applicable" here and provide a brief explanation. If any work has been done to reduce staff breakroom/kitchen waste, please make sure to note it on the Waste page.

If your facility does not have a cafeteria or food services department, and the rest of these questions are not appropriate for your organization, please move on to the next page (leaving the rest of this page blank).

Policy and Plans

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

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

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

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

5. Please list the **Total Number of Meals Served** in 2017.

The total number of **meals served** is the sum of patient meals and calculated meals (defined as all other meals--cafeteria, catering, satellite carts etc.). For more information on calculating the number of **meals served**, please see: [Meal Calculation Guidance](#).

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

- ☐ Patient Food Services
- ☐ Cafeteria
- ☐ Vending
- ☐ Catering
- ☒ Other

6.a Please indicate any other areas of Food Services that are providing data for the food metrics below:**7.** 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

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

- ☒ Yes
- ☐ No

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

- ☐ Aramark
- ☐ Compass Group (Morrison/Touchpoint)
- ☐ Sodexo
- ☒ Other

8.a.a Which other contracted food services vendor is being utilized?**9.** Has the facility signed the **Healthy Food in Health Care Pledge**?

- ☐ Yes
- ☐ No

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

- ☒ Yes
- ☐ No

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

11. Has the facility developed and implemented a comprehensive **nutrition policy**?

A comprehensive nutrition policy could include the following components:

- **Fruit:** 50% of all menu items that include fruit utilize fresh or frozen varieties
- **Vegetables:** A minimum of 75% of all menu items including vegetables utilize fresh or frozen varieties
- **Grain:** Whole grain options for minimum 50% of grains and breads (e.g., whole-wheat bread, whole-grain rolls, and brown rice)
- **Scratch:** Other than for restricted diet menus, all patient and cafeteria soups are made from scratch with whole ingredients (with the exception of canned legumes and tomatoes).
- **Added Sugar:** A minimum of 80% of all beverages purchased will be free of added sugar and artificial sweetener (see definition for healthy beverage below).
- **Fat:** Eliminate all products that contain trans (partially hydrogenated) fats* and fully hydrogenated fats (Zero Trans Fats should be the goal when total elimination is not possible.)
- **Model Healthy Meal Guidelines** (from Balanced Menus Recipe Toolkit)
- **Calories:** 700 calories or less
- **Fat:** 25% of total calories or less
- **Saturated Fat:** 5g or less
- **Trans Fat:** 0g
- **Cholesterol:** 90mg or less
- **Fiber:** 3g or more
- **Protein:** 10g or more
- **Sodium:** 700 mg or less
- **None** of these have been implemented

- ☒ Yes
☐ No

11.a Please attach nutrition policy:

For more information on sustainable food topics, please see: [Practice Greenhealth's Healthier Food webpage](#).

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).

For more information and definitions, please see: [Understanding Labels in Meat and Poultry](#).

12. Has the facility **reduced** the amount of **meat and poultry** purchased for cafeteria/retail and patient service?

- ☒ Yes
☐ No

Please fill out the following questions on **meat and poultry** purchasing data in baseline year (before implementation) and current year (after reduction program implementation).

12.a Please enter the Baseline Year for **Meat and Poultry** reduction work

Baseline Year for **Meat and Poultry** Program should be the year before the reduction program was launched in order to track program progress.

12.b Pounds of **meat and poultry** purchased annually in **baseline year**

12.c Pounds of **meat and poultry** purchased in **2017**

12.d Please estimate annual **savings** (in dollars) from reduced meat procurement in 2017. (If costs have increased please indicate a negative number).

12.e Number of **meals served** annually in baseline year

12.f Number of **meals served** in 2017.

If your facility utilizes a special methodology to calculate **the number of meals served**, please explain in the comment box. If there have been any changes to how the facility calculates the number of **meals served** since baseline year please note this in the comment box as well.

12.g This is the facility's 2017 metric for **percent change in meat and poultry use** (by weight):

A positive number indicates a reduction in **meat and poultry** use per meal, while a negative number indicates an increase in meat use.

12.h This is the facility's 2017 metric for **pounds of meat and poultry per meal served**:

12.i Which of the following strategies has your facilities used to reduce meat?

- ☐ Decreased portion size
- ☐ Meatless Monday
- ☐ Substitute with poultry or seafood
- ☐ Substitute with plant based proteins (beans nuts, seeds, soy, etc.)
- ☐ Blended Burger
- ☒ Other

12.i.a Please describe other strategies to reduce meat:

Better Meat

Definition of Meat & Poultry Raised without the Routine Use of Antibiotics: Meat and poultry approved to carry one or more of the following labels:

• **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 the Certified Responsible Antibiotic Use (CRAU) chicken standard.

• **Allowed USDA Label Claims** when paired with a **USDA Process Verified** shield: "Raised without antibiotics", "No antibiotics administered", "Raised with therapeutic antibiotics only", or "No Antibiotics Added".

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](#)

13. Does the facility preferentially **purchase meat and poultry** raised **without the use of routine, non-therapeutic antibiotics**?

Please fill out the following questions on the purchase of meat and poultry raised without the routine use of non-therapeutic antibiotics in 2017:

13.a Pounds of meat and poultry purchased in 2017 that were raised **without the use of routine, non-therapeutic antibiotics**.

13.b Total pounds of meat and poultry purchased in 2017

13.c This is the facility's metric for **percent of meat and poultry** raised **without the routine use of non-therapeutic antibiotics**:

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**?

- ☐ 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 standard
- ☐ USDA Label Claims such as Raised Without Antibiotics or No Antibiotics Ever

☒ Other

13.d.a Other certifications or label claims regarding non-therapeutic antibiotics:

13.e Please describe highlights of your efforts to increase the amount of **meat and poultry** raised without the use of routine, non-therapeutic antibiotics:

13.f Has the facility developed a supporting **policy or resolution** regarding the purchase of **meat and poultry** raised without the routine use of non-therapeutic antibiotics?

- ☒ Yes
☐ No

13.f.a Please attach policy or resolution regarding meat/poultry and non-therapeutic antibiotics:

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

Local and Sustainable Food Purchasing

Procurement of **sustainably produced** foods 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. For information on **local and sustainable food procurement**, see: [Healthier Food](#)

For information on **local and sustainable food definitions**, see: [Sustainable Food Definitions](#)

For help with Tracking and Traceability, download the worksheet: [Local and Sustainable Tracking Tool](#)

Practice Greenhealth uses the following definitions for **local and sustainable** food systems:

Local is defined as farms, ranches, and production/processing facilities located within a **250-mile radius** of the facility. (Note: 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.)

Sustainable: Approved to carry one or more of the following labels:

Third-party Certified Labels: USDA Certified Organic, Food Alliance Certified, Salmon Safe, Rainforest Alliance Certified, Protected Harvest, Fair Trade Certified, Certified Humane Raised and Handled, Animal Welfare Approved, American Grass Fed Certified, Certified Grassfed by A Greener World, Certified Grassfed by Food Alliance, 100% Grassfed Certified by PCO, Marine Stewardship Council, NON GMO Project Verified, and Global Animal Partnership.

Allowed USDA Label Claims when paired with a "USDA Process Verified" shield: "Raised without antibiotics", "No antibiotics administered",

"Raised with therapeutic antibiotics only" (poultry and meat products); "Raised without added hormones" or "No hormones added" (beef and lamb only); "rBGH-free", "rBST-free," or a statement such as "Our farmers pledge not to use rBGH or rBST"/"Our farmers pledge not to use artificial hormones" (dairy products).

Local Food and Beverage Purchasing

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

- ☐ Yes
☐ No

-
- 15.** Has the facility purchased **locally grown and produced foods and beverages** in 2017? **Local** is defined as grown/raised and processed less than **250 miles** from the facility.

Yes ▼

Note: 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 2017.

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

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 (50% of ingredients must be grown and processed locally), Non-Dairy Milk

-
- 15.b** Please enter the total spend (\$) on **all** food and beverages in 2017.

No exclusions-- total food and beverage spend.

-
- 15.c** This is your facility's **% spend on local food and beverage purchases for 2017:**

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
☐ Food hub
☐ Farm-direct purchasing
☐ Farmer cooperative
☒ Other

-
- 15.d.a** Please describe other collaborations with local growers and producers:

15.e Please describe progress on local food and beverage purchasing:

Sustainable Food and Beverage Purchasing

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

- ☐ Yes
☐ No

17. Has the facility purchased **sustainably grown and produced foods and beverages** in 2017? **Sustainable** is defined as a product that has an **allowed sustainability certification or label claim**.

Yes ▼

17.a Please enter the total spend (\$) on **sustainable food and beverages** in 2017.

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

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

17.b Please enter the total spend (\$) on **all** food and beverages in 2017.

No exclusions-- total food and beverage spend.

17.c This is your facility's **% spend on sustainable food and beverage** purchases in 2017:

0

17.d Which food categories has your facility 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

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

- ☐ Yes
☐ No

For detailed **definitions of local and sustainable**, please see: [**Sustainable Food and Beverage Definitions: Criteria Checklist**](#).

Sustainable Food Education and Promotion

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.

19. Does the facility use strategies for **promotion and placement** of healthy/sustainable food options to increase their sales?

- ☒ Yes
☐ No
-

19.a Please select all strategies utilized to promote healthy/sustainable food options:

- ☐ Pricing incentives on healthy and sustainable food options
☐ Placement of healthier food options
☐ Food sampling
☒ Other promotions
-

19.a.a Please describe other strategies utilized to promote healthy/sustainable food options:

20. Does the facility include **sustainability information** (reference eco-labels and foods grown locally/regionally) on **menu labeling** for **meals served** in retail or patient service?

- ☐ Yes
☐ No
-

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

- ☒ Yes
☐ No
-

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

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

21.a.a Please describe other strategies used to educate on healthier/sustainable food:

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 creating healthy vending criteria, reducing advertising of unhealthy beverages, increasing access and signage for public drinking water on hospital grounds, and shifting pricing structures to encourage healthy beverage choices.

22. Has the facility **increased healthy beverage options** in at least 3 of the following: cafeteria/retail, patient, vending and catering?

Yes ▼

Please answer these questions to help us calculate the facility's **% spend on healthy beverages**.

22.a \$ spent on **healthy beverages** in 2017.

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).

22.b \$ spent on **all beverages** in 2017

22.c This is your facility's **% spend on Healthy Beverage** purchases for 2017:

23. Which of the following activities has the facility implemented to increase access and **promote the use of tap water**?

- ☐ Provided and promoted reusable beverage containers
- ☐ 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
- ☐ Changed the relative price of healthy vs. unhealthy beverages to make healthy choices more affordable and desirable
- ☒ Other
- ☐ None of these have been implemented

23.a Please describe other activities to promote the use of tap water:

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**

24. Is the facility purchasing reusable food service ware for cafeteria/retail and patient meals wherever possible?

Yes ▼

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

24.a Please indicate which type(s) of reusable service ware are used:

- ☐ In-house
☐ To-go

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

Yes ▼

25.a Please indicate if any of the following types of **diversion** are being used for compostable service ware:

- ☐ Onsite digestion
☐ Onsite compost
☐ Offsite digestion
☐ Offsite compost
☒ Other

25.a.a Please describe other diversion method for compostable service ware:

26. Does the facility purchase and use **recyclable to-go containers**?

Yes ▼

26.a Does the facility offer the option to **recycle to-go containers onsite** (as part of commingled or other **recycling** program)?

- ☐ Yes
☐ No

27. 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.

Procurement guidelines and a preferred hierarchy for food serviceware selection are provided in **Choosing Environmentally Preferable Food Service Ware** and **EPP Specifications and Resources Guide**

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 reduction/prevention** 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.

28. Is the facility working on the **reduction of food waste**?

Yes ▼

28.a Has the facility taken on the **Less Food to Landfill Goal**?

- ☐ Yes
☐ No

28.b Does the facility have a **food waste reduction plan/policy** that is implemented and tracked?

Yes ▼

28.b.a Please attach food waste reduction plan/policy:

28.c Please describe any food waste prevention efforts:

Food Waste Prevention

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

Number of **Meals Served**

Please enter this data in Question 4 above. The data will automatically be pulled into the metric calculation below.

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 **both Baseline Year and Current Year** columns, leaving **Previous Year** blank. This table will show your facility's **pounds of food waste generated per meal served**.

28.d Please enter **Baseline Year** for food waste reduction work:

Pounds of Food Waste per Meal Served

Food Waste	Baseline Year	Previous Year	Current Year
Pounds of Food Waste	<u>28.e</u> <input type="text"/>	<u>28.f</u> <input type="text"/>	<u>28.g</u> <input type="text"/>
Number of Meals Served	<u>28.h</u> <input type="text"/>	<u>28.i</u> <input type="text"/>	<u>28.j</u> <input type="text" value="0"/>
Pounds of Food Waste per Meal Served	<u>28.k</u> <input type="text" value="0"/>	<u>28.l</u> <input type="text" value="0"/>	<u>28.m</u> <input type="text" value="0"/>

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
<u>28.n</u> <input type="text" value="0"/>	<u>28.o</u> <input type="text" value="0"/>

28.p Please indicate which **categories** of food waste were included in the table above for 2017. Check all that apply:

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

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

Yes ▼

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

- ☒ Composting
☒ Digestion
☒ Donation
☒ Animal Feed
☒ Other

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

You may 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 serveware, etc.

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

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

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

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

Yes ▼

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

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

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

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

Note: Incineration is not considered a form of diversion under Practice Greenhealth guidelines.

Food Waste Diversion from Landfill Metrics

Total Tons of Food Waste Diverted from Landfill	Pounds of Food Waste Diverted from Landfill per Meal Served	Percent of Total Food Waste Diverted from Landfill
29.b	29.c	29.d
0	0	0

Supporting Local Farms And Increasing Healthy Food Access

30. 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 garden
- ☐ Supported off-site community garden or farm
- ☐ Developed and offered a fruit & vegetable prescription program

- ☐ Conduct food insecurity screenings
- ☒ Other

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

31. Please use this space to describe any of the **food access programs** in greater detail, if appropriate:

32. 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.

Other Food Program Successes

Please describe any innovative food programs or successes at the facility in 2017 that you would like to share in the spaces below.

33. Food Success 1: Please describe

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

35. Food Success 2: Please describe

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

37. Food Success 3: Please describe

38. Please attach any additional documentation (optional) for Food Success 3:
