Food

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.

Several questions seek to assess the impact of the COVID-19 pandemic on food service operations in the past year.

1.* Did the facility **shut down any food service areas** for any period of time in the past year due to the COVID-19 pandemic?

- (●) Yes
- ( ) No
- ( ) Not Applicable

1.a* Please indicate the **length of time** food service areas were shutdown or unavailable in the past year:

- ( ) 0-2 weeks
- ( ) 2-4 weeks
- ( ) 4-6 weeks
- (●) Longer than 6 weeks total

1.a.a* How many weeks were food service areas **unavailable/shutdown**:

1.b* Please describe which areas were shutdown:

2.* Did the facility **change any of its food and nutrition services protocols in 2021** as a result of the COVID-19 pandemic?

- (●) Yes
- ( ) No
- ( ) Not Applicable

Changes could include no dine-in services and/or takeout only, a temporary discontinuation of reusable dishware, or other cooking or food handling protocols.

2.a* Please describe **changes to food and nutrition services protocols in the past year** as a result of pandemic:

3.* Did your facility **work with the community in the past year** to address increased food insecurity as a result of the pandemic?

- (●) Yes
- ( ) No
- ( ) Not Applicable

3.a* Please describe efforts to **work with the community** on food insecurity in the past year:

Policy and Plans

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

4.*
Name of person responsible for Food Services:

5.
Title of person responsible for Food Services:

6.
Email of person responsible for Food Services:

7.* 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

8.* Please enter the total spend ($) on **all food and beverages** in 2021. (No exclusions.)

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

9.* Please enter the total pounds of **meat and poultry** purchased in 2021. (No exclusions.)

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

10.* From which areas of Food Service operations is the facility reporting data for the food metrics below? (Please select all that apply.)

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

Note: If the facility is reporting different food service areas for different metrics, it is **very important** that you use the comment box for that metric to indicate if metric data is for a subset of the areas indicated above.

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

- ◉ Yes
- ○ No

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

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

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

12. Which broadline distributor does the facility use?

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

☑ Other

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

13.* 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**.

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

14.* 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

15.* 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

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).

16.* 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

16.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
16.b*	**16.c***	**16.d***	**16.e***	**16.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.

16.g* This is the facility's metric for **Pounds of meat/poultry per food dollar spend**:

0

16.h* Is the facility tracking their meat/poultry purchases by **category** (beef, poultry, pork, etc.)?

◉ Yes
○ No

16.h.a* Please enter the baseline year for measuring meat **by category**.

Baseline year can be different than baseline year for overall meat reduction work.

Please enter meat /poultry purchases (in lbs) in Table B. below to calculate GHG emissions and percent reduction in GHG emissions from reducing **meat and poultry** purchases. For mixed meat items such as meatballs, assign percentages based on the estimated proportion of the food item that falls under each category and multiply this by the total weight of the food item (Ex: 200 lbs. of a beef and pork meatball that is comprised of approximately 80% beef and 20% pork would contribute 160 lbs. to the "beef" category and 40 lbs. to the "pork" category). If the percentage of a mixed meat item is not known, assign the total weight to the first meat ingredient on the label. Do not count convenience foods (e.g., pre-made lasagna, casseroles).

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, bison and game meat (elk, venison, etc.)	16.h.b*	16.h.c* 0	16.h.d*	16.h.e* 0	16.h.f*	16.h.g* 0
Poultry (Chicken and turkey)	16.h.h*	16.h.i* 0	16.h.j*	16.h.k* 0	16.h.l*	16.h.m* 0
Lamb/Goat	16.h.n*	16.h.o* 0	16.h.p*	16.h.q* 0	16.h.r*	16.h.s* 0
Pork	16.h.t*	16.h.u* 0	16.h.v*	16.h.w* 0	16.h.x*	16.h.y* 0
Total	16.h.z* 0	16.h.aa* 0	16.h.ab* 0	16.h.ac* 0	16.h.ad* 0	16.h.ae* 0

Please Note: Chicken and turkey have been combined into one category due to a common GHG emission factor. Please add pounds of chicken and turkey, and provide them in the combined field.

The total GHG emissions from meat/poultry for baseline, previous and current years above contribute to **Scope 3** GHG emissions from Purchased Goods and Services. The emissions are automatically included in the totals in Table A3 (**Scope 3** GHG Emissions) on the Climate page.

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):
16.h.af* 0	16.h.ag* 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.

16.i* 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

16.j* Please describe meat reduction efforts:

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

16.l 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
- ○ No, I'd like to learn more

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

Local and Sustainable Purchasing

Local Food Purchasing: The health care sector can increase access to healthy, fresh foods while addressing the social and environmental determinants of health in their communities by creating jobs and contributing to a strong and equitable food economy.

Sustainable Food Purchasing: The way a hospital spends its food budget can have a profound impact on the production practices used to grow and produce our food, and support justice for farmworkers and animal welfare economies. Third-party certifications (such as USDA Organic, Global Animal Partnership, Animal Welfare Approved, and others), as well as USDA-approved label claims (such as "No Antibiotics Ever") enable consumers to have confidence in the production practices behind our food. Meaningful certifications and labels can identify sustainable production practices such as regenerative agriculture, antibiotic stewardship, and sustainable fishing.

Practice Greenhealth uses the following definitions: Healthier Food Purchasing Standards.

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

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

- ○ 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.

Local Food and Beverage Purchasing

18.* Has the facility purchased **locally grown and produced foods and beverages** in 2021?

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.

18.a* Please enter the total spend ($) on **local food and beverages** in 2021.

Category exclusions: 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, eggs, dairy (including fluid milk), grocery/dry goods, processed foods including bakery (if the majority of ingredients (>50% by weight) grown/raised and processed within the 250-mile radius), Beverages: 100% juice, non-dairy milk

18.b* Total spend ($) on **all** food and beverages in 2021.

No exclusions-- total food and beverage spend.

0

This number is autopopulated from the entry field above.

18.c* This is your facility's **% spend on local food and beverage purchases** for 2021:

0

18.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

18.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.

18.f* Please attach supporting documentation related to **local food** and beverages, 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

19.* Has the facility purchased **sustainably grown and produced foods and beverages** in 2021?

Yes

19.a* Please enter the total spend ($) on **sustainable food and beverages** in 2021.

Category exclusions: Beverages: bottled water (flat or carbonated), soda

Category inclusions: Food: produce (all forms: fresh, whole or minimally-processed; frozen; canned), meat & poultry, seafood, eggs, dairy (including fluid milk), grocery/dry goods, Beverages: 100% juice, non-dairy milk, coffee, tea

19.b* Please enter the total spend ($) on **all** food and beverages in 2021.

No exclusions-- total food and beverage spend.

0

This number is autopopulated from the entry field above.

19.c* This is your facility's **% spend on sustainable food and beverage** purchases in 2021:

0

19.d* Which categories have been prioritized for increasing sustainable purchases in 2021?

- ☐ 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

19.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.

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

Sustainably Produced Meat

Sustainable Produced Meat and Poultry

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.

The definition of Better Meat is **meat and poultry** produced in a sustainable manner that carry one or more certifications or label claims. 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 **Expanding Antibiotic Stewardship**.

20.* Does the facility preferentially purchase **sustainably-produced (better) meat and poultry**?

Yes

20.a* **Pounds of sustainably-produced meat and poultry** purchased in 2021:

20.b* **Total pounds of meat and poultry** purchased in **2021**

0

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

0

20.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
- [x] Other

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

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

20.f* Please attach supporting documentation that demonstrates sustainable meat purchasing and promotion including educational materials, marketing signage, policy, press release, or social media etc.

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.

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

- ○ Yes
- ○ No

22.* Please select all methods used to **educate** on local and sustainable food:

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

23.* Please select all strategies utilized to **market** 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

24.* Please describe the strategies used to market to and educate your eaters on local and sustainable food options:

25.* Please attach supporting documentation related to local and sustainable food options, such as educational materials, marketing signage, policy, press release, social media, etc.

Tap Water Access and Healthy Beverages

Hospitals throughout the country are implementing programming to transform the health and sustainability of their beverage offerings.

Healthy Beverages

They are using strategies like increasing access and signage for public drinking water on hospital grounds, creating healthy vending criteria that promote **healthy beverages**, reducing the number of single-serve bottles entering waste streams, eliminating advertising of unhealthy beverages, and shifting pricing structures to encourage better beverage choices.

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

- ○ Yes
- ○ No

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

- ☐ Provided and promoted reusable beverage containers
- ☐ Eliminated bottled water from patient menus and cafeterias
- ☐ Installed filtered water stations and/or installed water bottle filling stations throughout the facility or in cafeterias
- ☐ Provided free 'spa water' at functions and meetings instead of bottled water
- ☐ Increase the availablity of healthy beverages by fountains and dispensers
- ☐ 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

28.* Please describe efforts to increase access to tap water and **healthy beverages**. Include your measurement strategy for understanding the impact of these changes (e.g., bottles avoided from filration station, or capital funds spent on equipment to decrease the use of single-serve bottled beverages.

29.* Please attach supporting documentation that highlights tap water promotion and healthy beverage work, including educational materials, marketing signage, policy, press releases, 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 cross-departmental work--while creating a positive impact not only within the community but also within staff and leadership. Collaboration between community benefit, food service, employee wellness and even the hospital board of

directors can complement wellness and nutrition efforts. Through collaboration 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**.

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 food-producing garden
- ☐ Supported off-site community garden or farm
- ☐ Developed and offered a fruit & vegetable prescription program
- ☐ Conducted food insecurity screenings
- ☐ Offer medically tailored meal programs
- ☐ Other (Please use narrative box at end of section to highlight other actitivies.)

31. Is the facility a for-profit, non-profit, or federal hospital?

- ○ For-profit
- ○ Non-profit
- ◉ Federal

31.c* For federal facilities, in which ways does your facility provide or promote healthy food access/healthy food systems in your community?

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

32.* Please describe efforts to **increase access to healthy food**:

Efforts could include 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.

33.* Please attach supporting documentation that highlights access to healthy food work including educational materials, marketing signage, policy, press releases, social media, etc.

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 **Suggested Environmental Considerations for Disposable Food Ware**

34.* 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.

35.* 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.

36.* Has the facility removed plastic straws from any of the following areas? (Check all that apply)

- ☐ Retail
- ☐ Catering
- ☐ Patient meals
- ☑ Other

36.a* Please describe other areas where plastic straws have been eliminated.

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

- ○ Yes
- ○ No

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

Yes

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

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

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. As a result, Practice Greenhealth developed resources around **Less Food to Landfill** intended to mobilize the health care community around the opportunity to maximize food as a valuable resource, feed hungry people, and reduce methane gas associated with food breakdown in landfills.

For the purposes of this application, the reduction of wasted food falls into the following categories:

- **Prevention and source reduction**: Purchasing practices that avoid spoilage and expiration, just-in-time preparation, food scrap techniques.
- **Food recovery and donation**: Re-serving and/or donating edible food.
- **Food waste disposition:** Composting, **digestion**, or animal feed.

Applicants may answer the questions in this section on either the Food page or the Waste page and answers will be copied to the other page. The questions will be scored on the Waste page. The aim is to ensure Environmental Services and Food Services are connected around the management and reduction of this important waste stream.

39. Does the facility have a plan or strategy to maximize food as a resource--including reducing wasted food?

- ◉ Yes
- ○ No

39.a Please attach any plan/policy to reduce wasted food.

40. Is the facility working on prevention/source reduction of food waste?

- ◉ Yes
- ○ No

Prevention and source reduction could include purchasing to avoid spoilage and expiration, just-in-time preparation, etc.

40.a Please describe any **prevention/source reduction** efforts for wasted food.

41. Is the facility working on food recovery and donation?

- ◉ Yes
- ○ No

Food recovery and donation includes re-serving and/or donating edible food.

41.a Please enter the tonnage of food **donated**:

41.b Dollar ($) value of food donated:

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

Yes

41.c.a Please attach food waste donation plan/policy:

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

- (●) Yes
- ( ) No

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

- [ ] Composting
- [ ] Digestion
- [ ] Animal Feed
- [x] Other

42.a.d Please describe other **diversion** method for food waste:

42.a.e Please enter tonnage from other **food waste diversion** method:

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

Total Tons of Food Waste Diverted from Landfill
42.b
0

Other Food Program Successes

Please describe any innovative food programs or successes at the facility in 2021 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, fruit & vegetable prescription programs 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.

43.* Food Success 1: Please describe

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

45.* Food Success 2: Please describe

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

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