



Farm Fresh Healthcare Project

How-To Guide

Spring 2014

The Farm Fresh Healthcare Project is the result of a collaboration between the Community Alliance with Family Farmers (CAFF) and Health Care Without Harm (HCWH).

This How-To Guide presents insights from the Farm Fresh Healthcare Project in hopes of providing guidance for other farm-to-institution initiatives. It is written as lessons learned rather than as a set of direct instructions since all local purchasing initiatives are unique based on the region they are located in and on the partners involved. This guide is based on a series of eleven interviews with project participants conducted by Health Care Without Harm, quantitative data reflecting the project's progress, and the expertise of the coordinating staff.

For a detailed evaluation of the project, see Klein and Michas (Forthcoming). The Farm Fresh Healthcare Project: Analysis of a Hybrid Values-based Supply Chain. *Journal of Agriculture, Food Systems, and Community Development*.

Acknowledgements

Report Author: Kendra Klein, Health Care Without Harm
Report Editors: Diana Abellera, Community Alliance with Family Farmers
Ariane Michas, Community Alliance with Family Farmers
Lucia Sayre, Health Care Without Harm
Report Design: Winking Fish

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Health Care Without Harm's Healthy Food in Health Care Program harnesses the purchasing power and expertise of the health care sector to advance the development of a sustainable food system. Over 700 hospitals participate nationwide, either through signing the Healthy Food in Health Care Pledge or by taking the Healthier Food Challenge of the Healthier Hospitals Initiative. San Francisco Bay Area Physicians for Social Responsibility coordinates the Healthy Food in Health Care Program in California.
www.healthyfoodinhealthcare.org • www.CAhealthyfoodinhealthcare.org

Community Alliance with Family Farmers (CAFF) is a non-profit organization whose mission is to advocate for California family farmers and sustainable agriculture. By working on the ground in six focal regions, we make it easy for community members and businesses to find and choose local food, and help farmers increase their income and sustainability. CAFF runs programs in Farm to School/Hospital, Farm to Market, Biological Agriculture, and Policy.
www.caff.org



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Abbreviations:

BFBL	Buy Fresh, Buy Local
CAFF	Community Alliance with Family Farmers
FFHP	Farm Fresh Healthcare Project
HCWH	Health Care Without Harm
HFHC	Healthy Food in Health Care
SF PSR	San Francisco Bay Area Physicians for Social Responsibility

The Farm Fresh Healthcare Project

In 2011, a team of hospitals in the San Francisco Bay Area launched the Farm Fresh Healthcare Project (FFHP) to increase sourcing of local and organic produce from family farmers. As a result of the FFHP, ten family farmers have sold nearly 67,000 pounds of produce to six Bay Area hospitals to date. All of the farmers are small to mid-scale, grow a diverse variety of crops, and are either certified organic or use pesticide-reduction techniques such as integrated pest management.

Through innovative purchasing strategies, FFHP hospitals are making food a fundamental part of prevention-based health care and are modeling healthy, sustainable food choices for patients, staff, and communities. By purchasing local food, hospitals can help support farmers, preserve farmland, bolster the local economy, and connect hospital patients, staff, and visitors to the origins of their food.¹ By prioritizing organic food, hospitals support agricultural methods that are healthier for the land, farm workers, rural communities, and eaters.²

In addition to goals of supporting local family farmers, protecting the environment, and bringing the freshest, healthiest food to hospitals, the Farm Fresh Healthcare Project seeks to address three important challenges regarding how local food gets from the farm to the patient tray and cafeteria line. The FFHP:

1. **Retrofits the existing supply chain to become shorter, more flexible, and more transparent.** Rather than reinvent the wheel by creating an alternative distribution system, the FFHP engages the produce distributors with whom hospitals are already working. This means they can take advantage of existing infrastructure (warehouses, trucks, and refrigeration and processing capacity), know-how (food safety assurances), and efficiencies (using existing distribution routes and approved hospital vendors).
2. **Supplies hospitals with fresh-cut produce from local farmers.** This is a tough nut that many farm-to-institution projects have yet to crack. Most initiatives focus on the low-hanging fruit of whole products, but hospitals, like schools and other institutions serving hundreds or thousands of meals every day, depend on the convenience of fresh-cut produce. The time and labor needed to prepare all ingredients from scratch is typically not an expense they can afford.^{3,4} Some of the hospitals participating in the FFHP source up to ninety percent of their fruits and vegetables in fresh-cut form. The project shifted some of those purchases and created a model to apply to other crops by supplying cubed butternut squash, sliced summer squash, and trimmed green beans (2-inch and ¼ -inch).
3. **Increases transparency in the supply chain.** Knowing the origins of the food we eat is one of the benefits of creating local food systems. At farmers' markets, we can "shake the hand of the farmer who grew our food." Yet, that type of direct-purchasing doesn't work for most hospitals and schools because of the logistics of feeding hundreds of people daily. The FFHP aims to ensure that the story of the food (who grew it and how and where it was grown) stays intact when it passes through the distributor - at point of sale, on invoices, and on packaging. This is central to hospitals' ability to pull products through the system by prioritizing a specific farm when they're ordering, to track their purchasing progress, and to know when the product is in-house so they can tell the story to patients, staff, and visitors.

"We have a responsibility to model the best type of nutrition for our patients. That means the whole process from the field to the plate. It includes being stewards of the community our patients live in."

Kimberlee Alvari,
Director of Food and
Nutrition Services,
Washington Hospital



Alvari goes straight to the source of her hospital's green beans on a Dwelley Farm tour.

10 FAMILY FARMS

Coke Farm	Dwelley Farms
Durst Organic Growers	Zuckerman's Farm
Capay Valley Farm	Casteneda Brothers
Las Hermanas Farm	Gowan Orchards
GreenSolar Farm	
Greene & Hemly	

2 PRODUCE DISTRIBUTORS

Bay Cities Produce
FreshPoint San Francisco

6 HOSPITALS

University of California at San Francisco Medical Center
John Muir Health (3 campuses)
San Francisco VA Medical Center
Washington Hospital

*Stanford Hospital and Lucile Packard Children's Hospital joined the FFHP in January of 2014

1. Build a Team of Stakeholders

Lesson: *Building the right team of stakeholders required understanding the local scene in terms of existing local purchasing efforts and potential partners including: institutional purchasers, distributors, farmers, funders, and project facilitators.*

The first step for any farm-to-institution initiative is finding out about ongoing projects in the region and learning about the capacity and expertise of potential stakeholders. Survey the scene by contacting local organizations working in the fields of sustainable agriculture, health care, education, and the environment. Find out whether the local government has a food policy council and whether your department of public health supports any local food initiatives. Contact hospitals and schools directly to learn about their sustainable purchasing efforts and interests.

Hospital community benefits programs can be a source of project funding. Community benefit investments, which are required for all nonprofit hospitals as a condition of their federal tax-exempt status, are a growing source of support for farm-to-institution programs. Thanks to recent changes to IRS codes aimed at supporting Community Building Activities, hospitals are finding new tools and motivation to use community benefit funds to improve access to healthier foods and to support regional food systems. The FFHP, for example, was funded by a grant from the Kaiser Permanente Community Benefits Program.

2. Create Common Goals And Definitions

Lesson: *Bringing all stakeholders together to generate common definitions created a baseline to discuss project goals and challenges.*

Words like *healthy*, *local*, and *sustainable* can often mean different things to different supply chain members. There was a good deal of attention paid during the planning phase of the FFHP to ensure that everyone was in agreement about the definitions of these terms and was committed to a set of common goals. All the stakeholders participated in discussions up front about the challenges and potential obstacles to implementation and how to overcome challenges.

Defining Local Food: Beyond Food Miles

Many definitions of local food focus on *food miles*, or the geographic distance a food travels from farm to plate. Due to the nature of California's agricultural sector, many farms that would be considered local by this definition are highly industrialized and are owned by off-site landlords or corporations. In order to define local food in as meaningful a way as possible, the FFHP hospitals and nonprofit partners included criteria on farm scale, ownership, and production methods:

- Tier 1 - Locally grown on small to mid-scale family farms; Produced and processed within a 250-mile radius of hospital facility.
- Tier 2 - Sustainably grown: Grown on farms with diversified production; carries one or more independent third-party certification focused on sustainable production practices such as Organic, Food Alliance, Non-GMO Project Verified; In transition to achieving certification; and/or Uses integrated pest management as a method of pesticide reduction.

FARM FRESH HEALTHCARE PROJECT GOALS

1. Support small and mid-scale family farmers
2. Support sustainable production techniques, including organic and integrated pest management
3. Engage hospitals' existing produce distributors as part of the solution
4. Increase transparency in the supply chain by tracking farmer-identified products from farm to hospital
5. Increase capacity of local and sustainable farmers to meet the needs of institutional procurement
6. Source fresh-cut local produce

Defining Family Farmer: Scale and Ownership

While acreage or gross annual sales can help determine what counts as a family farm, CAFF and the project participants are primarily interested in farm size as an issue of market and ownership structure. This project engages independent family farms where farming is the primary occupation and family members are actively engaged in the day-to-day operation of the farm. We sought farms of modest to mid-range acreage (10 – 1000 acres) and focused our efforts on farms that require assistance to enter the institutional market or expand their sales within it.

Defining Healthy Food: Environmental Nutrition

The way our food is grown, processed, and distributed can either degrade or help protect the public's health as well as the air, water, soil, and climate regulation on which all life depends. The FFHP hospitals, along with hundreds of their peers across the country participating in the Healthy Food in Health Care program, are redefining healthy food based on an *environmental nutrition* approach that understands that our health is not only determined by the quantity and quality of the food we eat, but must also come from a food system that conserves natural resources, advances social justice and animal welfare, builds community wealth, and fulfills the food and nutrition needs of all eaters now and in the future.⁵

“We are particularly interested in organic produce like strawberries, which are listed on the Environmental Working Group’s *Dirty Dozen*, signifying products that retain the highest levels of pesticide residues. By reducing the amount of pesticides and chemicals in the environment, we can in turn reduce our risk of associated health problems, like cancers and neurodevelopmental disorders.”

Sandra Rigney, Director of Food and Nutrition Services, John Muir Health



Hospital Leadership Team members learn about challenges facing family-scale farms from Ariane Michas of CAFF on a visit to Dwelley Farms.

3. Leverage Community Partners

Lesson: *Nonprofit partners provided a network of existing relationships and expertise and served as ‘social brokers’ by facilitating a high degree of communication between all stakeholders and driving the project forward when challenges arose.*

Because farm-to-institution projects represent a departure from business as usual, they require the development of new relationships, systems, and mechanisms of coordination. Nonprofit organizations can offer expertise in this regard and can be the grease to keep the wheels moving. CAFF played a crucial role in the FFHP as a ‘social broker,’ recruiting and connecting appropriate farmers with distributors and facilitating both communication and product along the supply chain. CAFF also designed a marketing campaign and materials to promote the intent of the work and the farmers involved to patients, staff, and guests. This project grew out of the ongoing sustainable food work that SF PSR coordinates in California including facilitation of the Bay Area Hospital Leadership Team whose members were the drivers of the FFHP. SF PSR organizes conference calls and in-person meetings where hospitals can share best practices, address challenges collectively, and combine their purchasing power to increase access to local and sustainable products.

4. Identify Foodservice Champions

Lesson: *Internal foodservice champions are necessary to take on the extra effort involved in new purchasing initiatives.*

One or two individuals within an institution can make an incredible difference. FFHP hospital champions included food and nutrition services directors, purchasing directors, and executive chefs. These individuals went the extra mile to revolutionize foodservice in their facilities, create new systems of operation, publicize the benefits of the project to staff and patients, and institutionalize the goals of local and sustainable purchasing through Green Teams, Wellness Committees, and Sustainable Food Committees. Nonprofit partners can support foodservice champions by providing information on the benefits of local and organic food, helping them to rally hospital administration and staff behind project goals, and organizing educational events like farm field trips.



Luis Vargas, Procurement Manager for Nutrition and Food Services at UCSF Medical Center, receives a shipment of organic Satsuma mandarins from Capay Organic.

5. Assess Distribution Networks

Lesson: *Sourcing through existing produce distributors helped hospitals meet many of the logistical constraints of their foodservice operations.*

Farm-to-institution projects need to answer the question of how local food will get from the farm to the patient tray or cafeteria line. While creating a new food hub may be the best solution in some regions, project participants should first understand the distribution options available. The FFHP chose to work with hospitals’ existing produce vendors. This decision was based on prior experience of the challenges of a California food hub coordinated by CAFF called the Growers’ Collaborative.⁶

The existing produce distributors helped the hospitals meet many of the logistical constraints of their foodservice operations including the need for large and consistent volumes and pre-processed products. They offered extensive aggregation and distribution systems, storage and refrigeration

capacity, and the ability to respond to shortages in the availability of targeted local products with other products from their warehouses. In addition, hospitals benefitted by avoiding the transaction costs associated with setting up a new vendor, which can take weeks of working through bureaucratic systems and ongoing labor required to manage ordering systems for multiple vendors.

Both companies also offered food safety assurances. Food safety is a central concern for hospitals due to the immune-compromised patient population they serve and because they must adhere to strict foodservice guidelines and inspections administered by the state. Bay Cities Produce and FreshPoint SF require the majority of their farms and products to be third-party food safety certified. Bay Cities Produce has also developed state of the art food safety systems in their processing facility and warehouse, including microbe testing of each batch of cut product.

6. Pool Purchasing Power

Lesson: Combining hospitals' purchasing power improved their ability to access new products.

Institutions can pull new products through the supply chain by creating collective demand. This can also help lower costs for buyers by creating economies of scale. The FFHP hospitals coordinated their collective demand through the Bay Area Hospital Leadership Team which SF PSR coordinates as part of the California Healthy Food in Health Care program.

"If everyone is independent, no one is going to be able to drive this huge system forward, but if we have three or four hospitals working together, that's a game changer."

Luis Vargas, Procurement Manager, Nutrition and Food Services, UCSF Medical Center

7. Identify Crops

Lesson: The FFHP identified local crops that met hospitals' needs and that family farmers could supply at a competitive price. Choosing multiple crops meant that at least one was available during every season.

With the aim of combining hospital demand, the FFHP began by identifying a set of ten crops that were locally available and that the majority of participating hospitals could use. The project focused on *flavor crops* rather than commodity crops like onions or potatoes because family farmers are more likely to be able to offer competitive pricing for them. By identifying a variety of crops with different growing seasons, the FFHP was able to supply hospitals with at least one crop each season. Finally, the project balanced the easier to reach goal of sourcing seven whole products with the more challenging ambition of choosing three crops that hospitals needed in fresh-cut form.

Farm Fresh Healthcare Project Purchasing for six health care facilities June 2012 – January 2014

Crop	Amount
Organic strawberries	40,072 lbs
Green beans Trimmed & cleaned, 2-inch cut and ¼ -inch cut	10,615 lbs
Organic butternut squash 1-inch cubed	5,860 lbs
Organic summer squash Sliced	3,500 lbs
Asparagus	2,832 lbs
Organic mandarins	1,900 lbs
Apples and pears	440 lbs
Organic cherry tomatoes	10 lbs
Total	66,669 lbs

"We like to work with area hospitals because it allows us to plan crops specifically suited to their needs and to sustainably expand local sales."

Christine Coke, Co-owner, Coke Farm



Hospital Leadership Team members learn about the wide range of crops Dwelley Farms grows, from tree fruit to sweet corn.

8. Incorporate Seasonal Produce Into Menus

Lesson: Extensive menu planning is necessary to incorporate seasonal produce into hospital foodservice.

For hospitals, changes in food procurement hinge on menu planning and coordination between menu changes and systems of food purchasing. Menu planning involves a team of dietitians developing targeted diets for all of a hospital's patients; changes can take weeks or months of planning and paperwork. The FFHP benefited from a great deal of Leadership Team hospitals' prior learning and changes to systems of operation, especially in relation to incorporating local, seasonal foods into their foodservice. For example, one hospital synchronized cafeteria menus with order guides; when the executive chef changes the menus based on seasonality, it automatically triggers a change for the staff member coordinating online ordering. Another hospital installed a new computer system that makes real-time changes to menus.

"Our mission is 'caring, healing, teaching, discovering.' We have a great opportunity to use that to support local communities and sustainability. We are building relationships with local farms that will serve us well for years to come. At the same time, we can help move our distributor to grow the sustainable programs they need to meet our needs."

Luis Vargas, Procurement Manager, Nutrition and Food Services, UCSF Medical Center

9. Identify Farmers

Lesson: Mid-scale farmers were more likely to meet the volume, pack and grade standards, and food safety criteria required by distributors and hospitals.

The FFHP relied on CAFF's expertise and broad membership base in the farm sector to identify farmers. CAFF found that mid-scale farmers were more likely to be able to meet the volume, pack and grade standards, and food safety criteria required by distributors and hospitals. This is good news for mid-scale farmers, who are currently the most threatened segment of the farm sector since they are typically too large to survive on direct marketing like farmers' markets but struggle to succeed in highly consolidated commodity markets.⁷



Hospital Leadership Team members learn about food safety practices and the impact of weather on production from Patrick Johnston, son-in-law to Mark Dwelley, who represents the third generation of this family farm.

Farm Fresh Healthcare Project Farms

Farm	Acreage	Miles from San Francisco	Production
Capay Organic	500	90	Organic
Coke Farm	300	92	Organic
Durst Organic Growers	400	90	Organic
Dwellely Farms	800	53	Mixed organic / conventional
GreenSolar Farm	10	90	Organic
Greene & Hemly	1,100	82	Mixed organic / conventional
Las Hermanas Farm	60	97	Organic
Zuckerman's Farm	1,500	80	Integrated pest management
Gowan Orchards	275	120	Mixed organic / conventional
Casteneda Brothers	200	46	Conventional

10. Understand Distribution Constraints

Lesson: The need for efficiency and scalability in distribution routes shaped which farmers could participate in the FFHP. One mid-scale grower acted as an aggregation and marketing conduit for smaller growers to participate in the project.

While many farm-to-institution initiatives aim to support small-scale farmers, this poses challenges for distributors. It can cost a distributor \$80 to \$100 in fuel and labor to stop their truck, so farmers may need to be able to supply a large volume of produce to make a stop worthwhile. The complications of sourcing from multiple small growers also represent costs to distributors in terms of investment in advanced IT systems to manage product categories and inventory, increased space necessary to “slot” several of the same kind of a product in the warehouse, yet keep it segregated by farm for marketing purposes, and the labor and professional development and training necessary to manage both. These are just a few of the reasons distributors tend to rely on fewer large suppliers rather than many small and mid-size ones.

Finding alternative aggregation points can allow more sourcing from small-scale farmers. The FFHP succeeded in sourcing cherry tomatoes from 10-acre GreenSolar Farm and summer squash from 60-acre Las Hermanas Farm as a result of Coke Farm acting as an aggregator with available refrigeration capacity for approximately twenty smaller organic farms in the region. This allowed distributors to source from small operations without making additional trucking runs.

“If I run a truck out for 60 boxes and it holds 1,200, I’m really high on my carbon footprint. Working toward a low carbon footprint is a key criteria for my Green Certificate.”

Steve Del Masso, Vice President, Bay Cities Produce

11. Ensure Food Safety

Lesson: Food safety is a central concern to hospitals due to the immune-compromised population they serve. Small-scale farms may need assistance to become food safety certified.

Mid-scale farmers are more likely to be food safety certified since it is increasingly necessary for entry to wholesale markets. While the cost of becoming third-party food safety certified does not constitute a huge business expense (~\$3,000), the ensuing documentation processes are time and labor intensive, representing many tens of thousands of dollars in farm employee time. Most small farms struggle to afford this additional cost. Both Bay Cities Produce and FreshPoint SF offer scholarship programs to interested farms and CAFF has a food safety expert on staff who works with small farms to implement food safety plans.

12. Increase Supply Chain Transparency

Lesson: FFHP distributors had to overcome significant in-house challenges related to IT systems in order to communicate farm name throughout the supply chain. Conventional distributors can learn from and adopt the technologies developed within the alternative food movement.

Farm-to-institution projects can provide the impetus for conventional distributors to learn from and adopt technologies developed within the alternative food movement. Chief among these are software systems that track and communicate provenance and production methods throughout the supply chain. Conventional distributor IT systems are built around the assumption that it is not necessary to communicate the farm name or details about production methods on ordering sheets, invoices, and on product packaging. Without access to updated IT systems for the duration of the FFHP, increasing transparency came with high transaction costs, including using manual overrides in computer systems.

“We can now order directly through our produce company for a specific farm, we never had that before, we could only know after the fact on invoices if it was locally sourced, and we didn’t know anything about the farm or the farm practices.”

Alison Negrin, Executive Chef, John Muir Health

CAFF and SF PSR initiated conversations around creating a *Buy Fresh Buy Local* product line to facilitate more efficient tracking. This would allow distributors to create just one new code per product (e.g. BFBL green beans) rather than multiple codes for different farmers. It would also facilitate tracking for product blends (e.g. BFBL stir fry mix).

13. Be Persistent, Flexible, and Creative

Lesson: New purchasing goals can create synergies and easy wins. However, creating new supply relationships and sourcing from local farmers often requires flexibility and persistence on the part of institutional buyers and distributors.

The FFHP’s success rests as much on the collective will of the hospital leaders and their nonprofit partners as on the combined purchasing power they represent to their vendors. While it is meaningful to assess how much volume the hospitals buy together, even these seemingly large amounts of food can be dwarfed by the sheer numbers of accounts held by their vendors. However, by playing the role of the persistent squeaky wheel, albeit one that is eager to learn and co-create workable solutions, the FFHP hospitals wielded the most influence simply by being persistent, flexible, and creative, and by using each season as an opportunity to improve beyond the last.

Look for Synergies

■ Pricing: Organic Satsuma mandarins

Organic produce is not always more expensive. Washington Hospital did a price comparison of the fruit cup they had been serving and organic Satsuma mandarins from Capay Valley Farm supplied through the FFHP. The mandarins came in one penny cheaper. In addition, serving mandarins avoided the cost of labor needed to prepare the fruit cup and the waste it produced.

■ Product sizing: Stone fruit

Hospitals may have size limitations for whole fruit, for example, they may need plums that can fit under the lids used on their patient trays. This can create a market for smaller fruit that conventional retail markets may consider undesirable.

“Our relationships with hospitals and schools really work for us and for them, especially when they’re looking for something that fits under the lid of their food tray or something that’s kid-sized. Those are markets that will take that beautiful half an inch smaller fruit that tastes just as fantastic as the larger one.”

Patrick Johnston, Third generation farmer at Dwelley Farms



Roni Narabut prepares asparagus from Zuckerman's Farm at John Muir Health's Concord Campus.

Try, Try Again

■ Labor: Asparagus

During the spring of 2013, FFHP hospitals were in full swing with asparagus shipments from Zuckerman's Farm. However, due to low rainfall followed by early season hot temperatures, cherries came into production early; because cherry harvesting provides a higher wage than asparagus, farm workers were drawn to the better opportunity. The remainder of the asparagus could not be harvested due to the limited labor supply.

■ Supply & Demand: Cherry tomatoes

Although tomatoes are among California's top crops, the majority of the industry is split between large-scale entities that grow for the canning industry and small-scale farms specializing in high-end or heirloom varieties. This doesn't leave much room for suitable

varieties or price points that meet institutional buyers' needs. One participating hospital pulled a single flat of cherry tomatoes from Green Solar farm, aggregated by Coke Farm and delivered through FreshPoint SF. The hospital committed the extra in-house labor necessary to de-stem the tomatoes. Hospitals often prefer grape tomatoes because they do not require de-stemming labor, however, California growers rarely grow this crop because they cannot compete with the volume and prices coming from Mexico. As a result of the FFHP, hospitals are in conversation with Dwelley Farms around the possibility of contract growing grape tomatoes in future seasons.

■ Processing: Butternut squash

When the FFHP attempted to supply pre-cut butternut squash from Coke Farm through Bay Cities Produce, the distributor determined that the variety being grown was too small for efficient and cost-effective processing and declined to use it. In the following season, Bay Cities Produce was able to source a larger squash variety from another CAFF grower, Durst Organic Growers. UCSF spearheaded this effort on the demand side, and together, the hospitals purchased 5,860 pounds.

"The most important thing is taking small steps. It's easy to set out a grand vision, and just as easy to fail. It's the small steps that continue to grow our hospital's sustainability efforts."

Luis Vargas, Procurement Manager, Nutrition and Food Services, UCSF Medical Center

14. Balance the Budget

Lesson: Hospital foodservice staff are often tasked with achieving new food goals while maintaining a neutral budget. FFHP hospitals used a variety of creative cost containment strategies.

- Pass some additional costs on to cafeteria customers; use signage to communicate the value of local and organic produce from family farmers to motivate willingness to pay.
- Implement a *menu mix* approach, e.g. incorporate more low-cost items like grains and pasta to accommodate higher-cost items.
- Negotiate discounts with farmers and distributors based on the volume of combined hospital demand.
- Find savings elsewhere in the budget. FFHP hospitals re-evaluated other purchasing categories like linens and paper goods to create savings, asked their group purchasing organizations to identify ways they could save, and switched to cheaper products, for example, one hospital switched to honey packets that cost eight cents each instead of eleven cents.

“When looking for savings, we get down to pennies. All of those pennies can add up to thousands of dollars, and that gives us the money to do the right thing in the food chain.”

Kimberlee Alvari, Director of Food and Nutrition Services, Washington Hospital



15. Tell the Story

Lesson: Hospitals are looked to as experts on health and wellness. They can use their credibility to educate patients, staff, and visitors on the importance of creating a vibrant regional food system.

Hospitals have a tremendous opportunity to model healthy and sustainable food choices for patients, staff, and visitors and to educate them about an *environmental nutrition* approach that understands that healthy food must come from a food system that protects natural resources, farm workers, rural communities, and public health. In order to ensure that the story of the FFHP didn't stop at the plate, CAFF produced posters with farmer profiles for use in cafeterias, tray cards for use on patient trays, and large placards asking and answering the question: *Why Buy Local?* The materials used the Buy Fresh Buy Local branding and included information about FFHP farmers and the motivations behind the project. Some hospitals also included information about local and organic items on their menus and communicated about sustainable food efforts in staff newsletters and on hospital websites. One hospital is developing a mini marketing tool for dietitians to use when meeting with patients to get the word out and educate them about healthy and sustainable food choices.

“We don't want to just say we purchase local, we want to tell stories about great farmers. By telling those stories within a great institution, we can lead; people look up to us and study what we're doing.”

Luis Vargas, Procurement Manager, Nutrition and Food Services, UCSF Medical Center



Participating hospitals used signage in cafeterias and on patient trays to convey the importance of local purchasing.

Endnotes

1. Zigas, E., *Locally Nourished: How a Stronger Regional Food System Improves the Bay Area*, Report prepared for SPUR. San Francisco. May 2013.
2. Sutton, P., et al., Reproductive Health and the Industrialized Food System: A Point of Intervention for Health Policy. *Health Affairs*, 2011. 30(5): 888-897.
3. Klein, K., A New Prescription for the Local Food Movement. *The Nation*. 2012: online. <http://www.thenation.com/article/170526/new-prescription-local-food-movement#>
4. Sachs, E. and G. Feenstra, *Emerging Local Food Purchasing Initiatives in Northern California Hospitals*. 2008, UC Davis Agricultural Sustainability Institute.
5. HEN. *Hunger and Environmental Nutrition Dietetics Practice Group*. Academy of Nutrition and Dietetics. online Accessed April 10 2014; Available from: www.hendpg.org.
6. Michas, A. and D. DelSignore (Forthcoming). *Lessons Learned from The Growers Collaborative and Ten Years in Local Food Systems Distribution Systems*. Community Alliance with Family Farmers. 2014: Oakland, CA.
7. Lyson, T.A., G.W. Stevenson, and R. Welsh, *Food and the mid-level farm: Renewing an agriculture of the middle*. 2008: The MIT Press.

