

LOCAL FOOD AND ONTARIO'S LONG- TERM CARE SECTOR



7/1/15

Opportunities, barriers and creative approaches

This report documents the current state of local food usage in Ontario's long-term care sector. Most of the 600+ homes in Ontario do not track local food usage and many report barriers to adding these items to their menus. With an estimated annual raw food spend in excess of \$210 million, Ontario's long-term care sector represents a significant opportunity for local producers.

Ontario has robust and resilient local food systems: a highly productive agricultural land base, a favourable climate and water supply, efficient transportation and distribution systems, and knowledgeable, innovative farmers, food processors, distributors, retailers and restaurateurs. These resources help ensure that local food systems thrive throughout the province, allowing the people of Ontario to know where their food comes from and connect with those who produce it.

The variety of food produced, harvested and made in Ontario reflects the diversity of its people. This variety is something to be celebrated, cherished and supported. Strong local and regional food systems deliver economic benefits and build strong communities.

Maintaining and growing Ontario's local and regional food systems requires a shared vision and a collaborative approach that includes working with public sector organizations. The process of setting goals and targets to which the people of Ontario can aspire provides an opportunity to work with industry, the public sector and other partners to promote local food and to develop a shared understanding of what needs to be done to support local food in Ontario.

Preamble, Local Food Act, 2013

Local food and Ontario's long-term care sector

OPPORTUNITIES, BARRIERS AND CREATIVE APPROACHES

Lily Chan has a dream.

"If it were up to me, I would get rid of all the canned fruit. Every bit of it," she says. "That would be my dream. But the way things are now..."

Lily¹ is the foodservice manager for a mid-sized long-term care home in suburban Toronto. With just \$7.87 to spend per resident per day, Lily has to be creative with her spending.

"It's not just the cost of food, it's really the labour," explains Lily. "Even if I buy local produce in season, I don't have anyone to wash it or cut it up. And I know the residents would appreciate it. Whenever we're able to get fresh fruit on the menu—like strawberries—people are so excited. You should see their faces."

Even though fresh strawberries and watermelon are a rare treat here, Lily is extremely proud of what she's able to achieve for her residents. Her kitchen gleams; fridges are spotless and supplies are neatly stacked. The fresh produce section of her fridge is woefully small, however – celery, a few English cucumbers and some tomatoes that will be sliced up for sandwiches or garnish.

"We work hard to make it nice, like they might have at home," says Lily. "And we get really good feedback on the food from the residents." Lily is especially proud of her soups – over a seven-day period, three or four of the seven soups served to residents are made in house using pre-made stock as the starting point. But the canned fruit really bothers her.

"I would never serve that to my family at home. I wish I didn't have to serve it here."

When asked about how much local food she uses, her priorities become crystal clear. "I can't really worry about where the food comes from at this point. My focus is getting the best quality I can with my budget."

A quick audit of her recent fruit and vegetable purchases suggests that only the applesauce is from Ontario, with the majority of her produce originating in the U.S. All her proteins are frozen, however most of them do come from Canada.

Lily's story neatly captures the challenges faced by foodservices staff in Ontario's long-term care sector. Almost 80,000 Ontarians live in long-term care facilities. With the exception of the odd trip out enjoyed

¹ Not her real name.

by a few residents who are physically able to accompany friends or family members on excursions, all of the meals are eaten in the home – three meals a day, seven days a week, 365 days a year.

To ensure that meals don't become repetitive, the *Long-Term Care Homes Act, 2007*, details the menu planning requirements – menu cycles must be a minimum of 21 days, and alternative choices of entrees, vegetables and desserts must be offered at lunch and dinner. The residents' council—the existence of which is also required by the Act—must also approve the menu in advance.

Every licensee of a long-term care home shall ensure that the home's menu cycle provides for a variety of foods, including fresh seasonal foods, each day from all food groups in keeping with Canada's Food Guide.²

While the Act suggests that fresh, seasonal food should be included in the menu cycle, budgets and the rigidity of the menu planning process makes it difficult. Unlike restaurants, where the chef can plan daily specials based on what she finds at the market; long-term care foodservice managers have to plan the menus well in advance and then attempt to find the food that fits the menu.

WHAT IS LONG-TERM CARE?

Long-term care homes (LTC homes) provide care, services and accommodation to people who require the availability of 24-hour nursing care, supervision in a secure setting, or frequent assistance with activities of daily living such as dressing and bathing. LTC homes are sometimes referred to as nursing homes or homes for the aged. They may be for-profit, not-for-profit, or municipally run organizations, and often have waiting lists for their beds.³

The ownership structure varies from home to home. They may be owned by privately held companies, non-profit/charitable organizations or municipalities. Many homes are run by large, multi-home operators.

Regardless of the ownership structure, all long-term care homes in Ontario are granted licenses (and provincial funding) to operate these homes.

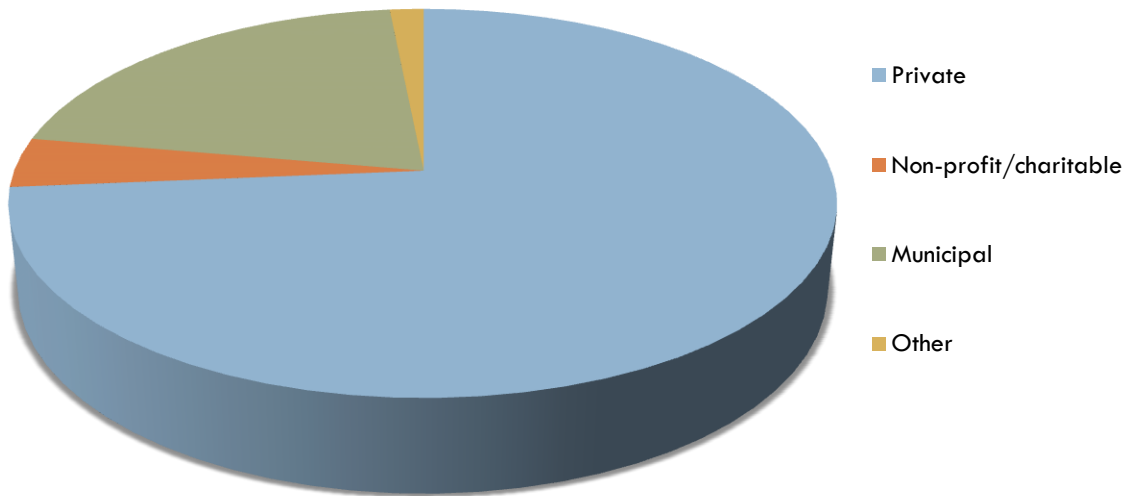


² Long-term Care Homes Act, 2007, 71(1)

³ 2012 Annual Report, Office of the Auditor General of Ontario

While long-term care homes are provincially funded, the funding does not cover the full costs and residents are expected to pay a portion of their “room and board”. Residents pay \$1,731.62 a month for basic (shared) accommodation, \$2,066.21 for a semi-private room and \$2,438.81 for a private room.⁴ Rates are set by the Ministry of Health and Long-Term Care and are identical across the province. Seniors with demonstrable financial need can apply for a rate reduction.

Ontario's Long-Term Care Homes, Ownership Structure



There are 627 long-term care homes in Ontario, with a total of 76,535 beds. Occupancy rates typically run about 97 per cent, and waiting lists, depending on the home, can be long. As of May 2014, almost 21,000 Ontarians were on a wait list for long-term care.⁵ The average wait time for placement is 89 days.

Most of Ontario's long-term care home residents are seniors. In 2011/12, about 85 per cent of the people placed in long-term care were aged 75 or older. According to a report by the Dietitians of Canada,⁶ the average age in today's long-term care home is 83, and residents are, on average, much frailer, requiring much more care to deal with their multiple health challenges. According to the Ontario Long-Term Care Association, 60 per cent of current long-term care residents are living with Alzheimer's or some form of dementia.⁷

All homes in Ontario, regardless of the ownership structure, are governed by the *Long-term Care Homes Act, 2007* and the provincial budget allocation and fee structure is identical.

Since 2005, the number of Ontarians aged 75 and over has increased by more than 20 per cent. Ontario's population of people aged 75 and up is expected to grow by almost 30 per cent between

⁴ September 2014

⁵ OLTCA, *This is Long-Term Care*, 2014

⁶ *Advocating for Increased Food Handling Staff Hours in Long Term Care Homes in Ontario*, May, 2009

⁷ Interview, Heather Cooper, OLTCA, November 2014

2012 and 2021, creating additional demand for long-term care. As well, beginning in 2021, the first of the baby boomer generation—those born between 1946 and 1964—will start to turn 75 at which point the demand for long-term care is expected to become even greater.

Long-term care homes differ from retirement residences or assisted living residences. Long-term care homes are provincially funded and can only be accessed through one of the province’s 14 Community Care Access Centres or CCACs. Access is prioritized based on need. They offer 24-hour nursing support and other medical care.

Retirement homes are privately owned rental accommodations for seniors who are able to manage and pay for their own care. Generally, retirement homes are designed for seniors who need minimal to moderate support with their daily living activities but may provide higher levels of care as long as government standards are met.

Anyone can apply to a retirement home; residents do not need to provide medical evidence that they need a minimum level of care.⁸

Long-term care	Retirement home
<ul style="list-style-type: none">• Also known as nursing homes, homes for the aged• Provincially funded, residents pay part of costs• Fees paid by residents standardized at all 627 Ontario LTC homes• Can be privately or publicly owned• Can be operated by private companies, non-profit organizations or municipalities• Subject to the Long-Term Care Homes Act, 2007• Provide assistance with daily living tasks such as meals, dressing• Provide primary health care and 24-hour nursing care• Accessed through one of Ontario's 14 CCACs; must demonstrate medical need• Health-based criteria determines access	<ul style="list-style-type: none">• Also known as a retirement residence• No provincial funding, residents pay all costs• Fees vary from home to home• All privately owned• Operated by private companies• Long-Term Care Homes Act does not apply• Provide varying levels of assistance depending on the home• Level of healthcare available varies• CCACs are not involved• Prospective residents do not need to demonstrate a health-based need

⁸ Ministry of Health and Long-Term Care website.

The changing face of long-term care

According to a recent (October 2014) report by the Ontario Long Term Care Association, the resident profile for long-term care in Ontario is undergoing a dramatic and rapid change.

In recent years, the Ontario government has invested significant funds in “aging at home” strategies such as home care, allowing seniors to stay in their own homes longer. As part of this shift, the entrance criteria for long-term care changed too. Today, the admission criteria focus on residents who have high or very high cognitive and/or physical challenges.

The results is that a system that was originally established and funded to provide the elderly with a safe, comfortable place to stay with some assistance is now caring for a population that is more frail and have more complex conditions than just five years ago.⁹ In addition to the high percentage of residents with Alzheimer's, 93 per cent of residents also have two or more chronic diseases such as arthritis and heart disease.

HOW DOES FOOD SERVICE WORK IN LONG-TERM CARE?

The Long-Term Care Homes Act, 2007, sets out detailed requirements for menu planning and meal service.

As per the requirements, each resident must be offered a minimum of three meals a day plus a between-meal beverage in the morning and afternoon and a beverage in the evening after dinner. Snacks must be offered in the afternoon and evening. A full breakfast must be available to residents up to at least 8:30 a.m. and the evening meal cannot be served before 5 p.m.

The Act sets out very specific requirements for menu planning. According to the Act, every long-term care home must ensure that the home's menu cycle:

- Is a minimum of 21 days in duration;
- Includes menus for regular, therapeutic and texture modified diets for both meals and snacks;
- Includes alternative choices of entrees, vegetables and desserts at lunch and dinner;
- Includes alternative beverage choices at meals and snacks;
- Is approved by a registered dietitian who is a member of the staff of the home;
- Is reviewed by the Residents' Council for the home; and
- Is reviewed and updated at least annually.

Any substitutions/changes that did not go through the review process (Resident's Council, registered dietitian) must be clearly communicated to residents and staff and carefully documented.

⁹ OLTC, *This is Long-Term Care*, 2014



STORIES FROM THE FRONT LINE: JIM GINN

Jim Ginn first heard about the local food movement at a conference in Kitchener-Waterloo a few years ago.

Since then, the Huron County politician and beef farmer has had an idea knocking about his brain that he just can't shake loose: what if local long-term care facilities served apples picked from an orchard just outside of Goderich, strawberries plucked fresh from the rows of plants on a farm north of Clinton, or beets pulled from a patch of farmland a little ways past Exeter?

Such a plan would benefit local farmers, but more importantly, he is convinced that the medley of fresh food would be more appetizing and more nutritious for the 180 seniors who live in the two county-run long-term care facilities in Huron County: Huronview and Huronlea.

"It's not just about trying to support local farmers but local food is so much more nutritious because it's had more time to ripen on the vine rather than being green and ripening en route," he said.

"Particularly when you get into a seniors home, sometimes the problem is just getting them to eat enough. I don't have to worry about finding enough food that tastes good but they do."

He admits introducing local produce to the kitchens in long-term care facilities creates issues related to supply consistency he thinks it's worth pressing the pause button on the usual supplier in order to provide vegetables and fruits in the brief window of time they're available.

In fact, he envisions a system where farmers may add in processing or freezing in order to lengthen the timeframe for local supply, even if it does raise the cost.

"I never went as far as to get the cost breakdown on what those extra costs would be. I just go back to the same argument that it's more about nutrition than it is about cost. If it's better for somebody's health and we're in the business of protecting their health, maybe you need to go that extra mile," he said.

Ginn lives by a philosophy of local stewardship and sustainability. For the past 30 years, he has farmed a 320-acre parcel nestled between a provincial highway and the Maitland River in Southwestern Ontario. The farm once operated as a dairy farm and now yields purebred Red Angus beef cattle, with a mix of cash crops such as soybeans and wheat grown on land where he practices conservation tillage and crop rotation in order to be a good steward. He has received the Countryside Canada National Award 2004 and the Ministry of Natural Resource's Glen Hodgkin Memorial Award and has involvement and founding membership in a number of local stewardship initiatives.

And yet he's never been able to turn the ear of his fellow politicians at the Huron County Council table.

Now, he's taking a different tact. He's joined Huron County's local sustainable food group, which is promoting local food through advocacy for change to municipal bylaws to allow farm fresh sales and promote farmers' market, and to change purchasing policies in hospitals, schools and other public places in the hopes of strengthening the farm base and improving the health of the county's residents.

"Sometimes it's easier to make progress if there's a groundswell of support behind you than a lone voice in the wilderness," Ginn said.

Food service staff must also prepare and serve a variety of meals and snacks in addition to those considered "regular". These might include texture-modified diets, renal diets, diabetic diets, gluten-free, vegetarian, Kosher and Halal. Depending on the home and the profile of the residents, 30 to 75 per cent of residents may require a menu that is not "regular".

Menus are typically planned in the home and are usually adjusted in the spring/summer and fall/winter. The menus are usually planned based on residents' preferences (which are captured upon admission) and previous menus are usually used as a guide, as creating a new menu from scratch can be very time consuming.

In addition to the written requirements in the Act, foodservice managers report that there are a number of unwritten requirements that are usually explained to staff during compliance inspections. This includes a rule that there can't be a meal repetition for five days unless it is requested by residents and that request must be thoroughly documented.

The Ministry's guidelines around portion sizes are derived from Canada's Food Guide. In a recent study of long-term care facilities,¹⁰ many nutrition managers and/or registered dietitians complained that these portions are too large for residents that are 70 years or older, leading to significant waste. Accommodating residents with special dietary needs based on religion or culture can also be a challenge. Kosher and Halal meals in particular can be costly or difficult to obtain especially outside of large, urban centres.

¹⁰ Ducak, K. Menu planning in long-term care, 2011.

Raw food procurement

Ontario's long-term care homes purchase the majority of their food through medium and large-sized vendors. Their preference for dealing with these organizations stems from a desire for efficiencies in delivery, reliable supplies and the perception that these organizations are more capable of providing food that is affordable and meets food safety regulations. In the past, these vendors often did not indicate which foods were local but in recent years, with the increased demand for local food, vendors are stocking more local products and clearly identifying them as such for their customers.

As many long-term care homes are operated by large, multi-home operators, the contract for food is often awarded to one company over multiple homes for years at a time. Additionally, some homes contract food service operators to run their entire food service function; handing over responsibility for all of the processes associated with procuring, preparing, and cooking food. As a result, the home may lose direct control over food procurement, including decisions about the products they purchase and where they purchase them from. This can limit the ability of the facility to purchase local food unless provisions were made in the original agreements.

Unlike acute care hospitals, where meals are sometimes made entirely off site and merely re-heated in the kitchens, long-term care homes typically do much more cooking on site due to the full-time cook that is required by regulation. Dairy products and proteins are usually from Canada, whereas produce (canned, fresh and frozen) originates in a variety of countries.

In most long-term care homes the staff work diligently to spend exactly \$7.87 per resident, per day on raw food. Dollars that are not spent must be returned to the Ministry, and any spending in excess of \$7.87 must be covered by the operator or funding from another envelope. Long-term care homes are able to fundraise and spend that money on operations (including buying additional food) but this is unusual – most fundraising dollars are used for capital expenditures or to fund specific special programs.

Staffing

Staffing levels for food service workers are also set out in the Act. Each long-term care home, regardless of the size, must employ a full-time cook who works a minimum of 35 hours. Minimum staffing levels for other food service workers are also set out in the Act, using the following formula: weekly staffing hours = beds x 7 x 0.45.¹¹

The duties of the foodservice workers covered by this formula include food preparation, serving three meals and two snacks plus beverages and clean up duties including washing and sanitizing dishes.

Many long-term care home operators suggest that it is the labour budget that is the biggest challenge when it comes adding local foods to the menu.

"Apples are in season now, and I'd like to be able to serve those, but I can't just give the residents a whole apple," explains Daisy Lin, the Food Services Manager at The Wexford Residences. "They would have to be peeled and cut up just before serving, and we don't often have the time for that."

¹¹ Assumes an occupancy rate of at least 97 per cent; if occupancy is below that level actual occupancy numbers should be used.



STORIES FROM THE FRONT LINES: SUNNYSIDE LONG-TERM CARE

The residents have just come from lunch, and yet, they're still lined up outside the door, eager to sample the offerings set up in one of the home's recreation rooms.

Some walk in unassisted, others arrive in wheelchairs or on scooters. Soon, the room is filled with the good-natured buzz of people eating, talking and enjoying themselves.

The event is a food tasting, organized by Sysco, Sunnyside's main food vendor, and Barb Collins, Sunnyside's Food Service Manager.

A dozen vendors have set up tables, and each is offering snack-sized portions of items that could potentially be added to the menu at this 263-bed home. After the tasting, residents are asked to gather at a central table, compare notes and vote on what should (or shouldn't) be added to the roster.

"These kind of events are important," explains Marg Heath, a senior account executive with Sysco. "It gives residents some control over what they'll be eating. And they're fun," she add, glancing around the busy room.

Collins is a local food champion, and sprinkled in amongst some of the larger brands are local companies including Deanco Meats, Don's Produce and Bonduelle North America, which is offering frozen local produce processed in nearby Strathroy. "Everyone loves that we're buying local," explains Collins, who points out that many of the residents in this Kitchener home were once employed in the agriculture sector.

HOW IMPORTANT IS FOOD TO LONG-TERM CARE RESIDENTS?

The importance and recognition of the benefits of a quality nutrition, hydration and pleasurable dining in the “quality of life” and the “quality of care” for residents in LTC is steadily increasing. Many homes take a holistic approach to dining, by recognizing that food, beverages and pleasurable dining influence residents’ psychological and social well-being as well as their physical well-being. This approach must be provided by knowledgeable and well trained staff that can address residents’ individual needs.

*However, for today’s frailer residents with increasingly complex needs, the provision of the quality care is becoming more of a challenge. The recent increase in articles on malnutrition and dehydration in Long-Term Care settings speaks to the gravity of the situation. Providing a pleasant and supportive environment with tasty and attractive meals encourages residents to eat better and remained better nourished.*¹²

Study after study has demonstrated that food plays a central role in the well-being of long-term care residents, both physically and emotionally.

Studies in the US, Canada and in Europe point to malnutrition in hospitals and long-term care facilities as a significant concern. A recent study (2007)¹³ suggests that 37 per cent of Canadian long-term care residents are at risk for malnutrition.

While there are many studies that highlight the link between poor nutritional intake and the negative health implications for seniors, few of these consider the role that resident satisfaction with the food itself might play in the process.

At this point in their lives, many of our residents have lost so much. Food is often one of the few things they still have and can enjoy, so it has a big impact on their lives.

“Although there are many reasons for inadequate food intake, food choice and satisfaction have not been adequately studied in a nursing home,” concluded a 2006 study in the Journal of Gerontological Nursing. A 2001 study of nursing home patients in the Netherlands concluded—not surprisingly—that “changes in dietary intake at the cooked meal are likely to be the result of an increased enjoyment of food.” In other words, residents tend to eat more when they like the food.

The American Dietetic Association reached much the same conclusion in a position paper released in 2005: “food is an essential component of quality of life; an unacceptable or unpalatable diet can lead to poor food and fluid intake, resulting in weight loss and under nutrition and a spiral of negative health effects.” Their solution? A “liberalization” of the diet – in other words, if you let residents eat what they like, nutritional intake is likely to be improved.

¹² Advocating for Increased Food Handling Staff Hours in Long Term Care Homes In Ontario, Long Term Care Action Group, Dieticians of Canada, May 2009

¹³ Nursing home food services linked with risk of malnutrition, 2007.

Dr. Heather Keller, a registered dietician whose research focuses on nutrition and aging, says that much of the malnutrition that occurs in long term care is preventable, attributed to the eating environment, food quality and the ability to access food.

“Often, mealtime in long term care is not socially driven, it’s task driven. Dining rooms are closed off so family members can’t join in, and for staff, the meal service is a “task driven” process, not a social one,” explains Keller, who is in the midst of a research project looking at factors that contribute to malnutrition amongst long-term care residents.

Keller would like to see a model for food service that involves residents having more choice, and, where possible, actively participating in the process through projects, such as gardens where herbs and vegetables destined for the dinner table can be grown.

Like Keller, many long-term care staff members also appreciate the importance of food to the residents.

“At this point in their lives, many of our residents have lost so much,” explain Trevor Noseworthy, a Registered Dietician with Sunnyside Home Long-Term Care in Kitchener. “Friends, family, independence – a lot of that is gone. Food is often one of the few things they still have and can enjoy, so it has a big impact on their lives. For some of our residents, their whole day centres around meal times.”

“Let’s put it this way,” explains Anthony Rizzo, a chef at Viva, a private retirement residence, when asked about the importance of the food. “We have lifestyle managers that carefully plan enjoyable activities, but only a small percentage of residents take part. Meals, on the other hand, are important to everyone. When the dining room opens, there are usually people waiting to get in.”

Viva is a company that runs a number of retirement residences in Ontario. Operating in what has become a very competitive marketplace, Viva understands the importance of good food (which, at Viva, includes local) when marketing their communities to prospective residents and their family members. And, as Keller suggested, Viva has incorporated what they call a “Victory Garden” program into their communities, where residents who want to take part can grow organic herbs and vegetables that become part of the menu.

HOW IMPORTANT IS LOCAL FOOD TO CANADIANS?

Local food continues to grow in popularity across Canada.

In Ontario, farm-to-table and locavore restaurants are extremely popular, spearheaded by some of the country’s leading (and best-known) chefs, and traditional grocery retailers are planning on stocking more and more local food.

Loblaws has made local food a key part of their competitive strategy as it competes with Costco and Walmart for Canadians’ grocery buying budgets.¹⁴ Store officials say consumers are demanding more local produce, and they’ve seen double-digit sales increases each year during the store’s annual “Grown Close to Home” campaign.

¹⁴ *Buying local key to Loblaw’s food plan*, Herald Business, April 24, 2014.



A recent (2011) survey conducted by Léger Marketing, in partnership with Equiterre, found that three out of four Canadians (78 per cent) say they prefer to buy local. Of the Canadians that prefer buying local, 94 per cent are motivated by encouraging the local economy. The survey also found that Canadians would rather buy national products, even from a far-away province, than buy products from the United States.

Will today's consumers who are demanding local food from their restaurateurs and grocery retailers in growing numbers soon be demanding the same from their long-term care facilities?

THE ECONOMIC IMPORTANCE OF LOCAL FOOD

Local food involves more than just farmers – local processors, distributors, retailers and food preparation workers all benefit.

In Ontario, the agri-food sector is one of the leading economic engines, contributing \$34 billion to our province's GDP each year and providing almost 740,000 jobs. Ontario is also home to Canada's largest food-processing sector, accounting for 3,000 businesses that employ more than 95,000 people across the province.

In 2013, Ontario's agro-foods exports hit a record high, surpassing \$11 billion for the first time.

Various studies in Canada, the US and other jurisdictions have attempted to calculate "the multiplier effect" of purchasing local food. One study suggests that if every household in Ontario were to spend \$10 a week on local food we'd have an additional \$2.4 billion in our local economy at the end of the year. Keeping that money circulating would then grow those dollars to \$3.6 billion and create 10,000 new jobs.¹⁵

¹⁵ The Ontario Table, <http://www.ontariotable.com/10-challenge-billion-dollar-impact/>



STORIES FROM THE FRONT LINES: ISOBEL STURDY

In the late afternoon, Isabel Study makes her way from a corner apartment to the main dining room for dinner with residents from the 20 units in the seniors' residence attached to Huronview Home for the Aged.

The bounty on the tables, from the same kitchen that serves 118 residents in long-term care, includes a selection of juices, soup, three types of salads, a choice of shepherd's pie or lamb chop with vegetables, and chocolate pie. It's more variety than Isabel ever had while living alone in Goderich.

"I can't complain. If you're looking for someone to complain, you've come to the wrong person," she said, sitting in her corner unit that looks out to a corn field, a vista she jokingly calls "the lake," referring to Lake Huron, which actually lies about 20 km to the west.

In preparation for this interview, she's polled some of the residents during a fund-raising pancake breakfast. She reports that one elderly fellow said his pants are getting snug since moving here, a woman noted that staff are very helpful when it comes to feeding her mother who is in the long-term care facility, and another offered that the menu can become repetitive.

Isabel grew up in rural southwestern Ontario, and recalls a time when there was no hydro to the homes and barns. Her mother preserved fruit and vegetables at harvest time and even canned meat when it was plentiful.

Isabel boarded in nearby Goderich during the school year because there were no buses or snow removal to make travel easy on the rural roads. After a few years of high school, she completed business college and took a job in town working for a local lawyer, sharing an apartment with a girlfriend and living on fried egg sandwiches.

When she married and moved back to a farm to raise two boys and a girl, food preparation became serious business.

"I learned by trial and error. Now that I look back, I didn't realize how healthy we ate," said Isabel.

Dinner – a full meal served at noon – could be a challenge for the women, who sometimes prepared for as many as 20 working men.

As well, she carefully watched the fruit trees and garden, preserving plums, apples, pears, raspberries, strawberries and pickles when the time was right.

"If I canned 50 or 52 jars of pickles, then I knew I had enough for one a week for a year," she said.

Her children eventually grew up and left home, her husband died in 1998, and as the years passed it became a struggle to grocery shop and to prepare meals. Three years ago, she moved into the apartments attached to Huronview Home for the Aged after being on the waiting list for four years.

"I am satisfied. One of the reasons I moved here is because I wanted to come where I could get my food. It was difficult to get out. It was difficult to get my meals," she said.

From the window at her kitchen table, she has a view of the main driveway and sees the trucks coming in to make deliveries to the kitchen. She sees trucks from Metzger Meat Products Inc. in Hensall and Fairholme Dairy Ltd. in Clinton and appreciates the local food that they bring.

"For two nights this summer, we had beautiful corn on the cob," she said. "I think they try to divide out the food supply so we get local food."

She praised the staff, saying they will always go the extra mile to ensure that residents are well fed.

BARRIERS TO SERVING LOCAL FOOD IN LONG-TERM CARE FACILITIES

While local food is becoming increasingly popular across the province, it remains the exception rather than the rule in the long-term care sector. While there are some homes that have committed to local food and are setting local food targets, these are often time-bound projects (sometimes associated with a specific grant) and these initiatives may or may not be sustained in the long run.

There are a number of barriers that prevent long-term care food managers from purchasing, preparing and serving local food, and some of these are as follows:

Limited food budget

Long term care operators receive \$7.87 per resident per day to purchase food.

“Operators have to work within that budget, and it’s very hard to purchase quality, nutrient dense-foods,” says Registered Dietician Heather Keller. “Cost becomes the deciding factor, not quality.”

“That \$7.87 is definitely a barrier – there’s only so much you can do with that,” says Marg Heath of Sysco.

While home operators can elect to spend more than the \$7.87, it would need to come from another area of the budget, so few do. The \$7.87 is part of the provincial funding envelope, and any unspent funds must be returned. The result is that most long-term care homes spend exactly \$7.87 per resident per day on food.

In a recent study (2009) of 35 long-term care homes, many food service managers and dietitians stated that the Ministry’s raw food funding simply wasn’t enough to meet residents’ needs. Finding culturally or religiously appropriate food choices within that budget was especially challenging, especially for homes outside of large urban centres.

“There hasn’t been a good study done yet to determine what the right amount is,” says Keller. “But it’s easy to imagine that with just a little bit more to work with, long-term care homes could do a much better job.”

Limited labour budget

Each long-term care home is required to have a full time cook who works a minimum of 35 hours. In addition to this key position, food service workers provide support in the kitchen and dining room.

The staffing hours for food service workers is also set out in the Long-Term Care Homes Act, using the following formula:

Weekly staffing hours = beds x 7 x 0.45

The duties of these food service workers includes the following:

- Assisting in the production of meals, beverages and snacks;
- Providing and ensuring all residents are offered a choice at meals and snacks;
- Plating and serving meals;

What can you buy for \$7.87?

Long-term care operators are provided with a budget of \$7.87 per resident per day for food. With that money you could purchase any ONE of the following:



A hamburger, fries and soft drink



¾ lb. of sliced corned beef



two small boneless chicken breasts
(\$8.99 lb.)



A small box of cereal and a small carton
of milk

- Following the residents' dining care binder/roster so each resident has his/her specific dining care needs met;
- Following the home dining guidelines and policies and procedures to provide residents with pleasurable dining;
- Ensuring and maintaining a safe, sanitary kitchen, following production, service and dining practices by respecting appropriate guidelines and cleaning schedules.

In the same study of 35 Ontario long-term care homes, most operators stated that the current labour funding was not sufficient to meet residents' needs, and many went on to identify this as the number one problem.

In a May, 2009 paper, the Long Term Care Action Group of the Dieticians of Canada advocated for a 52 per cent increase in food handling staff hours. Without this change, they suggest quality, safety and the overall dining experience for residents could be negatively impacted.

*Homes are often encouraged to buy and serve "locally" grown foods, as long as these foods are coming from approved suppliers. This movement, while admirable, often requires additional time from Food Service Workers in the preparation of these fresh foods versus purchasing foods already prepared. While no one would argue with the benefits of, for example, serving fresh corn on the cob for our Residents or serving fresh peaches or strawberries, it must be recognized that it takes much more time to husk and prepare the corn; peel and slice the peaches or hull the strawberries than to use canned or frozen produce.*¹⁶

Inflexible menu planning process

Restaurants that use a high percentage of local food are flexible when it comes to menu planning, allowing for the incorporation of fresh, local produce at the peak of its freshness. Chefs in these restaurants will often add or subtract items the day before or the day of service, depending on what is available.

Because of the menu planning requirements of the *Long-Term Care Homes Act, 2007*, menus are often set months in advance, making incorporating fresh, local food extremely difficult. Menus must be reviewed by a registered dietician and the residents' council, so to make that process easier, most new menus are based on existing (previous) menus.

A home that wants to serve a local fruit or vegetable with a relatively short peak season has to accurately predict the beginning and the end of the season weeks or months in advance, or face the onerous process of notifying residents and documenting any changes to the set menu.

Concerns regarding food safety

Due to cost constraints and organizational efficiencies, most long-term care homes purchase their food from large distributors. Some homes are "self-op" where the manager and all the staff are employees of the home, while others are run by food service operators, where all or some of the staff are employees of the operator.

¹⁶ Dieticians of Canada, 2009.



STORIES FROM THE FRONT LINES: FIRMLY ROOTED

Tamara McMullen and Brian Wiley of Firmly Rooted are working on the east side of their small acreage today, securing the last of three plastic tunnels that will protect hardy greens even as winter sets in.

Tamara, 27, looks out across what's left after a summertime of greens, herbs and some flowers destined for local farmers markets, households that purchased shares before the start of the season, and a local butcher shop. Even as the soil becomes mucky from heavy fall rains and they prepare to rip up the irrigation system, there are rows of lush purple kale, green tops of rainbow carrots and candy cane beets and an overabundance of leeks, which will continue to be harvested as long as they can be found under the snow and delivered to the butcher shop and a weekly indoor market that runs through the winter months. People who have enjoyed their produce all summer long are also invited to purchase Harvest Baskets, a box of bulk quantities of vegetables like salad turnips, watermelon radishes, white potatoes and a variety of beets and squash that store well.

This was a second season of growing with organic standards for Tamara and Brian, 26. This summer also brought with it their own special harvest, Jack, who at nine weeks old makes the trek to the fields every day, either in his stroller or in a front baby carrier. One day, he'll be the bean picker, Tamara jokes.

"We do it because we love it. We really love food and we really enjoy working outdoors together for ourselves and doing something we believe in. For us, it's really important to stick to simple things, like food and family and time together – a very simple, sustainable, self-reliant lifestyle," she said.

“Our slogan is ‘dream big, live tiny.’ So we live in a tiny house and live a tiny lifestyle; one that is very local with little impact. It’s not about big dreams of Corvettes and mansions. It’s just about the things that keep us alive and keep us happy,” Tamara said.

The customers who look for Swiss chard, Asian greens, bok choy and other specialty greens from Firmly Rooted at the farmers’ markets are often young families or individuals who want to make a change by eating healthy. They value local food that’s bursting in vitamins and flavour, while being free of chemical residue.

Despite the overwhelming success of Firmly Rooted in its first two years, Tamara would like to see more people eat local produce.

“In general, I would say it’s not an ingrained practice in the general population. Cost and convenience is a huge motivator, so if they can’t get it at the grocery store or it’s more expensive than what’s available at the grocery store, then some people are not going to be motivated to purchase it,” she said.

Tamara is confident that despite cost issues produce from Firmly Rooted can bring health benefits to residents in long-term care facilities, with a bit of work to nail down a purchasing procedure.

Although her farm doesn’t supply long-term care facilities, schools or other public institutions, she thinks there’s opportunity for farmers and administrators to collaborate ahead of the growing season to ensure a supply of vegetables that aren’t labour intensive and therefore don’t carry high costs, such as head lettuce, kale, beets and Swiss chard. The produce could then be delivered by a third party in order to minimize the time farmers spend off-farm.

“I think any progress toward incorporating local food into facilities, into schools into community on a deeper level is a very positive thing. Care facilities should be focusing on good food because that’s what keeps our bodies strong,” she said.

In both models, food is typically purchased from large distributors that meet certain requirements regarding food safety.

“Compass will not work directly with farms,” explains Dahlia Abou El Hassan, Director, Nutrition and Client Programs for Compass, a company that operates food services for a number of hospitals, long-term care homes and other institutions. “Food safety is our number one priority and our suppliers have to meet a number of requirements.” These requirements include that the food must be traceable, there must be insured distribution channels, and the supplier must have the resources to handle recalls and provide support such as issuing bulletins. Additionally, all proteins must be federally inspected.

“A farm would have to use some kind of middleman or hub before we could deal with them,” says Abou El Hassan.

Other homes look for suppliers that meet HACCP requirements. Hazard Analysis Critical Control Point or HACCP is an approach to food safety that is used by many countries around the world. HACCP goes beyond inspecting finished food products and is designed to find, correct, and prevent hazards throughout the production process. These include physical, chemical, and biological hazards.

In 2005, HACCP became mandatory in Canada for federally registered meat and poultry establishments. HACCP is not mandatory in federally registered dairy, processed product, egg, honey, maple and hatchery establishments. Provincially run inspection programs do not require HACCP.

Perception that local foods are more expensive

With a restrictive \$7.87 per resident food budget, many long-term care operators say they do not have the budget to purchase local food.

While a study on long-term care operators' perceptions of local food has not been done, most seem to be operating on the assumption that local food is more expensive than conventional sources.

A 2012 Ontario research study¹⁷ examined this issue and found that there is no evidence that local (Ontario) products were higher priced than their non-Ontario counterparts – in fact, in some cases, the local produce was cheaper. Organic produce, on the other hand, was often more expensive, and consumer confusion between local and local/organic may be feeding this perception.

Efficiency and steady supply

Working with large suppliers simplifies the food purchasing process for long-term care home managers and few have the time or willingness to deal with many small suppliers.

"We don't want our managers having to deal with 50 suppliers – they don't have time for that," explains Dahlia Abou El Hassan, Compass. Other operators cite the need for a steady, reliable stream of products – something they feel could be compromised by an attempt to incorporate local food into operations.

Lack of regulatory support

Through the *Long-Term Care Homes Act, 2007*, Ontario long-term care homes are heavily regulated, with detailed requirements for all areas of operations.

As part of the Long-Term Care Home Quality Inspection Program (LQIP) all homes are inspected at least once per year by certified inspectors who will, in addition to examining all aspects of the homes' operations, conduct structured interviews with residents, family members and staff, perform direct observations of how care is being delivered and conduct specifically targeted record reviews. The results of these inspections are posted on the Ministry of Health and Long-Term Care website.

While there are very detailed requirements for menu planning and food service in the Act, there is little mention of food procurement – specifically, there is no requirement to purchase Ontario meat or produce.

Ability to identify Ontario Food

Knowing where fresh food comes from plays an important role in the ability of a long-term care facility or their foodservice operator/distributor to buy Ontario product. Typically, long-term care homes do not track or report their local or overall food purchases, and have no idea how much of the food they eat is Ontario grown.

¹⁷ Donaher, 2012.

Distributor and foodservice operator information databases have not traditionally been designed to record the origin of fresh food products (fruit, vegetables, meat, eggs, dairy, etc.) so they cannot provide that information to their customers either.¹⁸

The issue becomes even more confusing when trying to track processed foods (canned, frozen). There is no industry-wide accepted definition for “Ontario processed food.” In response, Foodland Ontario has recommended the following definition: *Ontario processed food products must be made in Ontario from a majority of Ontario ingredients. More than 80 per cent of the total direct costs of production must return to Ontario. Primary agricultural ingredients will meet the individual Ontario foods definition.*¹⁹

Knowledge/awareness of the importance of local food

While there are some local food champions within the long-term care sector, many food service managers have little knowledge or awareness of local food issues or opportunities. The production of food is strictly regulated by the Long-Term Care Homes Act, and while there is nothing in the act to prevent food service managers making local foods a priority, there is nothing that requires or even suggests that local food should be a consideration.

Disconnect between those buying and making the food

In many long-term care homes, including those located in the heart of Ontario's farming regions, there is little connection between those producing the food (farmers, growers) and the people making the food in the kitchens of the long-term care homes. Raw food arrives frozen or canned and there is little thought given to where that food came from.

The challenge of texture modified meal

Depending on the home and the profile of the residents, 30-75 per cent of residents require a menu that falls outside of the “regular” menu. These modified menus include diabetic and renal diets as well as modified texture foods or MTFs.

Residents may have difficulty chewing or swallowing (dysphagia) for a wide variety of reasons including tooth loss, fatigue or the aftermath of a stroke. To meet their needs, homes will produce a variety of meals in textures that include pureed, mashed, chopped or minced. Studies have shown that some modified texture foods offer very poor nutritional value compared with regular foods. Additionally, these foods have been linked to undernutrition, and residents typically do not find them appetizing or tasty. Additionally, some studies have shown that residents may be embarrassed to eat pureed foods in front of others, leading to social isolation.

Many long-term care facilities use both in-house prepared and commercial available MTF products. The commercial products are usually more costly when compared to in-house produced foods. If the MTFs are produced in house, there is a lack of standardization in the formulation of these. Producing appetizing and nutritious MTFs remains a major challenge for long-term care operators.²⁰

¹⁸ Greenbelt Fund Green Papers -- Volume 3.

¹⁹ Greenbelt Fund Green Papers -- Volume 4.

²⁰ Chambers et al, 2012.

Trade agreements

Canada has signed several agreements that have implications for the procurement of goods and services. However, only two of them place limitations on the ability of the Broader Public Sector (BPS) to show preference for local food. They are the Agreement on Internal Trade (AIT), an intergovernmental agreement between the federal government and the provinces, and the Comprehensive Economic and Trade Agreement (CETA) between Canada and the European Union.

The Ontario Ministry of Finance helps enforce the rules of the AIT through the BPS Procurement Directive. The Procurement Directive applies to all BPS institutions and any organization that procures food on their behalf, including long-term care facilities. The procurement directive contains several non-discrimination rules, one of which has implications for local food procurement. This rule states:

“Organizations must not differentiate between suppliers, or goods or services on the basis of geographic location in Canada. Organizations must not adopt or maintain any forms of discrimination based on the province of origin of goods, services, construction materials or the suppliers of such goods, services or construction materials in their procurement practices.”

This language in the Procurement Directive technically prohibits the BPS from giving preference to local foods in their contracts because that would count as geographic discrimination. Despite this barrier, many organizations have found ways to support local food procurement without breaking any trade rules. Because, for example, the rules in the procurement directive only apply to contracts or purchases with a value of \$100,000 or greater, organizations can opt-out of contracts for individual food items to avoid these restrictions. Additionally, in 2013, the Province of Ontario launched a new local food procurement policy that asks ministries and provincial agencies to consider local food when make purchases under \$25,000.²¹

Trade regulations may present some challenges for BPS institutions purchasing local food, but are not as significant as they are perceived to be.

²¹ Greenbelt Fund Green Papers -- Volume 10.

WHAT'S FOR DINNER?

The following illustrates the difference between a typical evening meal at a publicly funded long-term care home and the menu at a private assisted living facility in Mississauga. Most of the meats, vegetables and fruits prepared in many long-term care facilities are frozen or canned. In this private residence, most of the meats and produce are prepared from fresh.

Long-Term Care Facility

Salisbury Steak
Brown Rice
Glazed Yam
Strawberry Shortcake

OR

Sole Almondine
Broccoli
Mashed Potatoes
Diced Melon

Private Retirement Residence

Daily specials:

Sweet potato puree soup

Vegetable stir-fry with steamed basmati rice

OR

Roasted chicken breast with rosemary roasted mini red potatoes, mixed vegetables and herb chicken gravy

Or residents may choose any one of the following always-available entrees served with daily fresh vegetables and a choice of mashed potatoes, fresh cut fries or the daily side:

- Grilled Ontario corn-fed grilled strip loin steak
 - Certified Angus beef grilled flat iron steak
 - Roasted Ontario rainbow trout
- Sautéed black tiger shrimp with fresh garlic
 - BBQ beef burger
 - A choice of sandwich
- A selection of salads including Greek and Caesar
 - All day breakfast
 - Plain or cheese omelette
 - All-day breakfast

Desserts:

Ice cream, pecan pie, fresh-cut fruit salad, fresh-baked cookies, jello, sugar-free cake

RECOMMENDATIONS FOR INCREASING THE AMOUNT OF LOCAL FOOD USED IN LONG-TERM CARE HOMES

A recent poll conducted by Environics Research Group shows that more than nine out of ten (91 per cent) of Ontarians believe the Province should ensure that more local food is on the menus in publicly funded institutions, including long-term care homes.

But, as this report reveals, there are many barriers to making that happen. This section contains recommendations for moving forward in four major categories: research, policy, funding, and awareness.

Research

1. Define the terms “quality” and “nutritious” as they apply to food.

The *Long-Term Care Homes Act, 2007*, contains the following regulation:

*...every licensee shall ensure that residents are provided with food and fluids that are safe, adequate in quantity, nutritious and varied.*²²

Food safety is well defined, and refers to the practices of producing, handling and storing food to prevent contamination and food-borne illness. Ensuring safe food is a necessary and important minimum standard.

However, “quality” and “nutritious” are not defined in The Long-Term Care Homes Act, 2007, nor are they well defined in any Canadian regulation.

Canada’s existing food grading systems grades food based on a variety of factors, often related to their salability on the market. Using apples as an example, the grading assesses appearance (size, colour), firmness and the absence of mold when determining if it belongs in the Canada Fancy or Canada Commercial category. A similar system is in effect for meat, where the grading system for beef looks at the age of the cattle, the colour and the marbling (fat content) but again, is silent on the nutritional value. Is Prime beef, for example, more or less nutritious than AA? And how does beef compare to chicken in terms of nutrition?

The dictionary definition of nutritious (providing nourishment, especially to a high degree; nourishing, healthful) provides some general guidance, but again, leaves much up to interpretation. Most long-term care homes in Ontario rely on *The Canada Food Guide* to provide information on what is or isn’t “nutritious” although most agree that the Guide is not ideal for their residents’ needs.

Better guidance on what constitutes “quality” and “nutritious” as these terms apply to food would allow for setting minimum standards for long-term care homes.

2. Support research that examines the relationship between quality food and health outcomes, especially in the long-term care context.

²² <http://health.gov.on.ca/en/common/legislation/litcha/default.aspx>

"Let food be thy medicine and medicine be thy food."

-- Hippocrates

The relationship between food and health is one that continues to be studied on all fronts. It is widely agreed that a healthy diet leads to good health, but the definition of a healthy diet continues to change, and much of the research is focused on disease prevention – i.e. foods to consume or avoid in order to avoid a specific disease or health problem.

There is little research that looks at the role of food in long-term care facilities and how diet may impact health outcomes. Malnutrition among seniors has received some research attention, but there is little to no research that answers a basic question: can health be improved through better food? And, given the increasing cost of medication and other interventions, does better nutrition offer a less expensive alternative? Given the reality of rising healthcare costs, a cost-benefit analysis should be part of any study looking at food in healthcare facilities.

Policy

3. Review the Canada Food Guide; consider creating a guide specifically for older Canadians.

The most recent version of Canada's Food Guide (2012) has been the subject of some controversy²³ but the influence of this document is indisputable. The second most downloaded federal government document, *The Guide* is used extensively by Registered Dietitians and is the basis of most menu planning exercises in Ontario's hospitals and long-term care homes.

Despite its widespread use in long-term care homes, most registered dietitians and home operators agree that the guide recommends too much food and too many servings for their residents, who are frequently frail and sedentary.

The guide recommends lower caloric intakes for older Canadians but is silent on the nutrition density of food. Logic suggests that older Canadians who are eating smaller portions and fewer calories should look for more nutritionally dense foods.

A specific guide for older Canadians could provide better direction to long-term care facilities and could incorporate the latest findings in gerontological research.

4. Review the current (published and unpublished) guidelines for menu planning within long-term care homes to better support the inclusion of fresh, local food.

A recent study (Ducak, 2011) found that the menu planning process used by long-term care homes was inflexible and sometimes cumbersome. These guidelines (many of which are communicated verbally during inspections and do not appear in the act) include the following:

²³ <http://www.cbc.ca/news/health/the-politics-of-food-guides-1.1268575>

- Menus must have input from residents (often through the residents' council) and a registered dietician;
- There must be two menu choices at each meal;
- Menu items cannot be repeated within five days; and
- Menus are based on Canada's Food Guide.

Working with a limited budget, long-term care home operators struggle to meet these guidelines and provide specialized meals for those who require accommodations due to health or religious reasons.

A more flexible process that allows for repetition and substitution during peak seasons might be helpful in supporting operators in their quest to serve healthy, nutritious and delicious food to residents.

5. Allow for more resident input into menu planning; ensure foods purchased reflect resident preferences and consumer behavior before entering the home.

In most long-term care homes, residents' have a say in the menu planning, but this is generally done by presenting limited options and allowing residents' to confirm or veto those limited selections. Instead, residents should be involved from the ground up, suggesting new menu items and ingredients and tasting various options at the planning stage.

According to a recent study, 89 per cent of Ontarians prefer to buy food grown or raised in Ontario. This stated preference should be reflected in long-term care food buying strategies.

Funding

6. Re-examine the per-patient the raw food budget for long-term care homes.

When asked, 83 per cent of Ontarians estimated that the Province spends in excess of \$15 a day per patient on raw food in the long-term care home sector and 54 per cent believed that figure exceeded \$25 – a far cry from the \$7.87 per patient, per day that is actually spent.

The current budget - \$7.87 per patient, per day – is based on historical data, with regular, modest increases. No one is quite sure how that figure was determined, but it is used consistently in all of Ontario's long-term care facilities.

A study to determine exactly how much should it cost to feed residents healthy and nutritious meals in Ontario's long term care homes would be a valuable exercise and serve as an aspirational goal for the future. Differences between patient populations should also be considered. For example, patients requiring feeding supplements or a special diet based on religious needs may require a different level of funding. Additionally, the issue of ensuring that the food is palatable – something residents actually want to eat and enjoy – should be a priority.

Awareness

7. Audit current usage of local food within Ontario's long-term care homes.
8. Set targets for increased use of local food and track progress.
9. Increase awareness of local food initiatives and success stories within Ontario's long-term care sector.

The majority of Ontarians (91 per cent) believe the Ontario government should increase the amount of local food used in publicly funded institutions such as long-term care facilities. They also believe that a health diet should include some foods that are fresh and in season (94 per cent) and that buying locally will help the economy (96 per cent).

However, most long-term care home operators have no idea how much local food they are currently using. A study to determine the current usage would allow targets to be set and improvements to be tracked.

While still the exception rather than the norm, there are some long-term facilities that have undertaken local food projects, and many of these have been successful, especially in terms of patient satisfaction. These stories need to be widely shared as best practices so that other homes can consider similar initiatives.

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