

Straight from the farm to the hospital tray

Benefits of integrating more local food into public-sector institutions are abundant

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SPECIAL TO THE STAR

Why is so much hospital food unappetizing?

Most people appreciate that fresh, healthy food could speed the recovery of hospital patients, or improve quality of life for those in long-term care facilities. Yet we've come to accept that most hospital food is unappealing and unhealthy. A disconnect exists between promoting nutrition for better health and providing reheated, highly processed foods in hospital.

Part of the problem is that food is typically categorized alongside cleaning fluid and toilet paper — just another administration cost.

"(Hospitals) are told to cut admin costs or at least not have an increase, and that is not necessarily good for food," says Kathy Macpherson, vice-president of strategy and programs with the Greenbelt Fund and vice-president of research and policy with Friends of the Greenbelt Foundation.

The Greenbelt Fund has been working for more than six years to promote local food within public-sector institutions, and while there are champions in the health-care sector, "it's an uneven story for both hospitals and long-term care," Macpherson adds.

A poll conducted by Environics Research Group in 2014, on behalf of My Sustainable Canada showed that 91 per cent of Ontarians believe the province should ensure more local food is on the menus of publicly funded institutions, including long-term care homes. Most respondents expected daily spending on food to be more than \$25 per patient. The actual figure is \$7.87, stretched to cover three meals a day, plus snacks.

Furthermore, according to a 2007 report by the Harvard T.H. Center for Health and the Global Environment, food that spends significant time in transit loses nutrients before reaching the marketplace.

"In direct and local marketing strategies, produce is usually sold within 24 hours after harvest, at its peak freshness and ripeness, making consuming them a more attractive prospect," says the report, adding that minimizing transportation and processing helps to ensure maximum freshness and nutrient retention.

While serving healthy, local food seems like a no-brainer, there are several obstacles to overcome: from tight budgets and continuous budget cuts to the availability of kitchen staff and proper equipment to prepare meals from scratch.

There's a perception that local food costs more, but depending on the season, that's not always the case. "There's also an assumption that they can't get the supply," Macpherson says. "We would argue that probably isn't the case unless you're in parts of northern Ontario where it's an issue for everyone."

Marianne Katusin, manager of food services at Halton Healthcare — comprised of three hospitals located in the Greater Toronto Area and a grantee of the Greenbelt Fund — says it's now using local food where it can. This goes beyond produce and includes dairy products and proteins, such as Ontario pork and turkey.

In 2015, Halton Healthcare got onboard with Ontario's Local Food Act and created a local food procurement statement to promote the use of local food in its hospitals. This included a cost-benefit analysis to make sure the organization would save money or, at the very least, stay cost neutral.

There were some areas where it could save, Katusin says. Halton Healthcare was bringing in frozen vegetables from the U.S., for example, but four of those vegetables grown in Ontario were found to be cheaper. It has also added seasonal items onto its menus, such as Niaga-



AARON HARRIS FOR THE TORONTO STAR

Carrie Chong prepares orders in the pantry at Oakville Trafalgar Memorial Hospital, part of Halton Healthcare, which now uses local food when it can.



Gillian Flies, who runs the New Farm, says part of the problem with poor quality hospital food is that hospitals prioritize budgets over nutrition.

> A FARMER'S STORY

When it comes to providing field-to-table meals in hospitals, it all starts with local farmers. Gillian Flies and Brent Preston run the New Farm near Creemore, Ont., which produces organic vegetables for restaurants, retail stores and wholesale customers.

They've been working to educate the health-care sector on the benefits of local, organic food, but it's been tough to get into the system. They've sold a small amount to SickKids Hospital, but have never been a regular supplier.

In some cases, local food is cheaper than imported food, typically when it's in season. But that's not always the case, particularly when it's organic.

"It comes down to price," Flies says. "The problem is hospitals not placing the emphasis on nutrition but placing it on budget."

What's more, "Crappy food is really depressing," she says.

There's also a misperception that small, local farms — particularly organic farms — don't have the capacity to supply larger customers. "Organic farms are businesses," Flies says. "We're ready. If the market is there, we'll meet it."

Flies, previously a public-sector consultant who worked with SickKids, believes the government needs to make a commitment to healthy food in the health-care system.

"They put money into streamlining practices and drugs, but they need to be a thought leader around food," she says, adding that there's a double standard in telling people they need to eat healthier but feeding them French fries in hospital.

"They need to put their money where their mouth is."

Hospitals are looking for a return on their investment in local food through decreased patient stays. But Preston believes they need to take a broader approach.

"If you're using public dollars to create a healthy local food system, that's going to result in a healthier population, especially when so many people in the hospital are there because of diet-related illness," he says.

"In the long-term, prevention is going to be a more cost-effective strategy than trying to treat all these people, and it starts with a healthy local food system."

It also helps the local economy. "The kind of farming we do is very labour intensive and all of the money we spend on equipment and packaging is spent in the local economy," Preston says. "Food and agriculture are already a huge part of the Ontario economy, but we've got these public dollars flowing right out of the province and out of the country."

And mandating that these dollars be spent locally could lead to change — from field to hospital food tray.

ra peaches in the summertime.

"We've worked with a number of partners to develop ready-to-serve items but making them suitable to serve in a health-care environment," Katusin says. They worked with Ontario turkey farmers, for example, to develop a turkey chili, now one of its most popular menu items. "It met all of our nutritional requirements and costing needs."

Heather Fletcher, director of support services with St. Michael's Hospital in Toronto, says it has started to add local food onto the menu, though she points out "we're still an outsourced facility."

In 2014, the hospital partnered with George Brown College, with support from the Greenbelt Fund. The project saw St. Michael's staff experiment with "from scratch" local food

recipes to reveal skill gaps, while George Brown students tested recipes to understand how the health-care kitchen operates.

"We've tried to embed more scratch cooking into our menu," says Fletcher, citing as examples scalloped potatoes or apple cake. "A fresh peach in the summer while you're in the hospital is a really special thing, but it does require different levels of engagement. You can't passively manage your food services."

While much of St. Michael's menu is still outsourced, the hospital added a few local items into the mix without increasing costs. Says Fletcher, "You have to be smart about how you do it, but it can be done."

Joshna Maharaj agrees. She's a chef and food activist who has worked on several hospital food pilot programs,

including those at the Scarborough Hospital and SickKids Hospital.

"My work has been about finding out why not everybody has a good plate of food in front of them," she says. "Part of that became tackling and addressing hospital food."

In 2011, she worked with the Scarborough Hospital, as part of a grant from the Greenbelt Fund, to get more local food into the hospital. What she found when she arrived was a menu of highly processed food — a "result of 25 years of slashing budgets."

Through processing, "the life and fibre was taken out of these foods," Maharaj says. "This is the problem. We're not serving real food; we're serving resuscitated food." But it's not all doom and gloom. It's an opportunity to get excited, she says, be-

cause "the possibility for reworking this is so great — a small investment can have an exponential impact."

In a one-time experiment, Maharaj sourced everything from Ontario — in February, no less — to create a meal of roast turkey, mushroom consommé, potatoes and beets, pickled vegetables and an apple and cherry crumble. When she crunched the numbers, she had only spent 33 cents more per patient.

"Those budgets are so laser thin, there's no room for innovation — this is where we need the (Ontario Ministry of Health and Long-Term Care) to step in," Maharaj says. "The bottom line is that this is very doable, we can address this, we can make this better in a way that can blow people's minds. We have the capacity to really rethink the hospital."

More local food in hospitals... possible

To learn how the Greenbelt Fund is changing the way we eat and drink local in Ontario visit Greenbeltfund.ca/news



Possibility grows here.