FARM TO HOSPITAL:
Promoting Health and Supporting Local Agriculture

Center for Food and Justice
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Introduction

A number of hospitals throughout the country are exploring innovative “farm to hospital” linkages that bring fresh, healthy food to medical facilities and offer new markets for local farmers. In Billings, Montana, the Community Food Campaign urged a local hospital to procure food locally. The medical facility, Billings Deaconess Clinic, amended the contract with their food provider and now procures locally raised turkey. Sutter Maternity and Surgery Center in Santa Cruz, California, buys almost 20 percent of their produce from trainee farmers working the Agriculture and Land-Based Training Association farm in nearby Salinas, CA. Duke University in Durham, North Carolina, holds a weekly farmers’ market between the clinic and the hospital. Vendors sell fresh fruits and vegetables and “Healthy Lunches,” sponsored by Duke University’s LIVE FOR LIFE® Program. The establishment of farmers’ markets at ten Kaiser Permanente hospitals in California has sparked discussions about the need for a company-wide food policy to bring fresh food to patients, visitors and surrounding communities.

Given the increasing popularity of direct marketing ventures like farm to school, as well as heightened concern about hospital food quality, the time is right for the development of farm to hospital programs. Linking local farms and hospitals can improve the freshness, quality and nutritional value of hospital food while opening a new institutional market to small farmers. This working paper discusses the opportunities and challenges involved in creating and enhancing farm-hospital connections. Drawing lessons from existing farm to hospital programs and a burgeoning farm to school movement, it provides a snapshot of current hospital food conditions and a vision of a healthier hospital food environment based, in part, on local, farm-fresh food.

Hospitals and Health, Farms and Food

The nation’s hospitals have a mission to promote both the health of their patients and the communities in which they are located. To meet this goal, they employ skilled staff and utilize the world’s most advanced medical technologies. But step away from operating rooms and labs into hospital cafeterias and kitchens, and the health mission can often seem less clearly reflected. Even as the nation faces an epidemic of obesity and diet-related illness such as diabetes and heart disease, many hospitals, searching for ways to cut costs, are offering fast food meals and junk food-filled vending machines.

Obesity and overweight are rapidly becoming the leading causes of preventable death in the United States.\(^1\) A variety of factors, including unhealthy eating habits and a chronic lack of exercise, have left two-thirds of American adults overweight\(^2\) with a particularly dramatic increase in obesity among children and adolescents. The percentage of children 6-11 years old that are overweight has more than doubled between the late 1970s and 2000, from 6.5 percent to 15.3 percent.\(^3\) Rates of type II diabetes and other diet-related illnesses have risen along with the nation’s weight problems. One in three people born in the U.S. today are expected to develop diabetes at some point in their lives.\(^4\)
Due to the strong link between obesity and poor health, one would expect the nation’s hospitals to model healthy eating as part of their preventative health care strategies. Ironically, many hospitals perpetuate the epidemic of poor nutrition in America by vending unhealthy food on the premises. While meals served to patients by hospital food services are designed to meet their health needs, the choices offered in the cafeteria for visitors and hospital staff are far from health promoting. McDonalds, Wendy’s, Panda Express and pizza shops abound within medical facilities. Patients and visitors receive a mixed message: adopt a healthy diet for lifelong good health; but while you are here, have a donut or a burger.

Hospitals do not need to look far to improve their food environments. Partnering with local farms can help bring food services in tune with the institution’s overall health mission. Procuring locally grown produce can enhance patient and cafeteria meals and provide a market for small farms. Hosting a farmers’ market on hospital grounds gives staff, visitors and community members a chance to buy fresh, healthy food. Hospital gardens can be places of calm and healing.

In addition to the health benefits, connections between hospitals and local farms can also provide a boost to small farmers. America’s small, family farms have struggled for decades in the face of trade liberalization, consolidation in the food processing and transportation sectors, government farm programs that reward large-scale producers, and other trends and policies that have favored large agribusiness. Since 1950, the total number of farms in the United States has decreased by 60 percent. Large family farms and corporate farms account for 68 percent of America’s agricultural production, despite the fact that more than 90 percent of U.S. farms are small, family farms. These large and corporate farms also receive the majority of consumer dollars and federal commodity payments. To survive, many small farmers have taken second jobs and tried to establish links with consumers through direct marketing ventures such as farmers’ markets and community supported agriculture programs.

Many large public and community institutions, including hospitals, remain untapped as a direct market for local farmers. Like most institutions, hospitals tend to buy from brokers and distributors who source food from across the country and throughout the world. Food service staff may not be aware of the availability of local produce, while farmers are not sure how to tap into hospitals’ procurement channels. Even if a connection is made between the two, logistical issues such as transportation, storage and quantity can pose challenges to a successful and lasting business relationship.

However, the links can be made and maintained if both parties are committed. The recent success of farm to school programs throughout the country provides evidence that local farmers can sell to large, bureaucratic institutions, overcoming some of the same logistical hurdles that exist in the hospital food service market. The holistic farm to school model connects schools with local farms with the objectives of serving fresh, healthy meals in school cafeterias, improving student nutrition, providing hands-on health and nutrition education, and supporting local or regional small to medium-scale farmers. One of the early farm to school projects was launched
in a single school in Santa Monica, California, in 1997. By 2000, every school in the district had a farmers’ market salad bar, and the concept had begun to spread throughout the state and across the nation, tailored to each area’s needs and growing season. Assessments of farm to school programs have documented increased participation in school meal programs, increased consumption of fruits and vegetables7 and enhanced awareness of nutrition information.8

Hospitals, with their health promotion and prevention objectives and strong community ties, represent the obvious opportunity to expand farm to institution connections.

The Hospital Food Environment

Hospitals in the United States bought $3.3 billion worth of food in 2004.9 Cumulatively, these expenditures rank the industry as the nation’s third largest institutional purchaser of food items behind K-12 schools and colleges/universities. Hospital food service is a bifurcated service. Food is prepared and delivered to patients, many of whom have special dietary needs. Hospitals also sell food to staff and visitors in cafeterias, food courts and other venues. A 2000 survey of hospitals with two hundred or more beds revealed that these facilities followed a standard model of food service. Ninety-one percent operated a cafeteria. Eighty-one percent had a main, hot tray line. Ninety-six percent conducted on-site catering.10 Facing budgetary pressures, an increasing number of hospitals expect food operations to earn a profit, rather than to be subsidized from the general budget.11

In response, many medical centers have made two interconnected changes to their food services in recent years. First, a growing percentage of hospitals outsource their food functions, contracting with private companies that operate part or all of the facility’s food procurement, service and sales. In 2003, eight of the fifteen hospitals with the largest food budgets in the country contracted out their food services, while seven operated their own food departments. The same year, the top 50 “contracted-out” hospitals spent more than $96 million on food purchases and served more than 60 million meals. The top 50 “self-op” hospitals spent $103 million and served nearly 60 million meals.12 While outsourcing does not always change the nature or quality of the food served, it does add another layer of decision-making that must be accounted for by those seeking to improve hospital food.

The second trend in hospital food has been a diversification of the types of food service venues and menu of available items. To attract consumer dollars, hospitals have transformed cafeterias into miniature food courts, added coffee carts and additional vending machines, and otherwise moved away from a standard institutional model of food service towards a more commercial approach. Many facilities sell branded items or lease space to privately operated kiosks or restaurants. Providing a range of food choices accommodates staff and visitors who are in hospitals at all hours. However, food service practices begin to conflict with the institution’s health mission when the business model relies too heavily on unhealthy meals, fast food and unhealthy snacks. More than a third of the top ranked hospitals in the United States (in terms of
quality of care) have a fast food restaurant located within their walls. In an article written for the trade publication Food Services Director, Karen Weisberg provides a slogan for this trend with the phrase “If you fry it, they will come.” Weisberg comments, “In healthcare cafeterias across the country, deep fat is the route to achieving customer satisfaction, more often than not.”

Hospitals serving the youngest and most vulnerable patients are not exempt from these developments. Given that children’s hospitals are treatment centers for the sickest children in the nation, it is surprising to see McDonalds, Dairy Queen, Pizza Hut and other fast food establishments housed within the hospital facilities. Our survey of children’s hospitals found that, of the top 29 in the country as ranked by US News and World Report, seven have national fast food chain restaurants inside the facility, and another four sell unbranded fast food in the cafeteria. Hospital administrators say that a familiar fast food meal is a real treat for a sick child and parents appreciate the familiar “comfort food” served at these establishments. It is arguably one of the roles of health care institutions to help redefine “comfort food.” By offering patients and parents freshly picked local fruits instead of hamburgers and french-fries, hospitals can demonstrate how comforting food can also be nutritious, and, in this way, positively influence the long-term health of their patients.

Farm to Hospital Case Studies

Not all hospitals are moving in the direction of fast food. Some are embracing fresh, local food as a healthy alternative to standard cafeteria fare. The following case studies illustrate ways that hospitals are forging links with small farmers and developing a healthy food, healthy communities model.

Santa Cruz: Whole Facility Approach

Sutter Maternity and Surgery Center is a small (30 bed), non-profit medical center located in Santa Cruz, California. The facility takes an innovative approach to patient care and health. Their philosophy is that patients should feel like they are in a hotel, not an institution, with the physical environment, service and food all contributing to the healing process. Patients order meals like hotel guests ordering room service. Sutter is committed to serving as much locally grown, fresh, and organic food as is feasible within their food service budget. The hospital currently spends approximately 17 percent of its produce budget on fruits and vegetables from the Agriculture and Land-Based Training Association (ALBA), a non-profit, community-based organization that operates a 110-acre farm in Salinas, CA, approximately 15 miles from Santa Cruz.

Through ALBA, farm workers and other low income residents are given access to land, equipment, water, and training to allow them to develop their skills as small farmers. ALBA sells some of the trainee farmers’ produce to local residents and institutions. Sutter’s relationship with ALBA began when Dina Izzo, Alba’s marketing director, visited the hospital to see a friend who was a patient. Noticing that day’s menu was
featuring organic chicken, Ms. Izzo introduced herself to the food services staff and proposed the possibility of Sutter purchasing organic produce from ALBA’s farmers.

In March 2004, the hospital began buying produce from ALBA. ALBA established purchasing and delivery logistics that make it easy for Sutter to do business with the farm. Every week, ALBA faxes a price list of available items. The hospital places an order and ALBA delivers the fruits and vegetables in the farm’s refrigerated truck. Because ALBA is a non-profit farm, their prices are affordable, comparable with other produce brokers. Meals prepared with produce from ALBA are sometimes promoted as such on Sutter’s menus and in their on-site café.15

**Maine: Connections and Barriers**

Maine Farm Fresh Connection (MFFC) was organized in 2002 to promote local agriculture and identify new markets for small farmers in South-Central Maine. After making initial inquiries with large institutions (colleges, hospitals, etc.) a local farmer discovered that such institutions did not want to buy farm produce from multiple, small growers. Maine Farm Fresh Connection was created to provide the link between local farmers and these institutional buyers. MFFC works with approximately 35 to 40 farmers each growing season and acts as their connection to large institutional buyers such as schools and hospitals. The target institutions included two private colleges in the area and two local hospitals.

Although MFFC was able to broker some sales of processed potatoes to one of the hospitals, the relationship was difficult to sustain. The hospital was receptive to the idea of local purchasing, but its food procurement procedures and institutional culture was not compatible with MFFC’s current capacity. MFFC did not have access to a refrigerated truck, so the potatoes being delivered were not always within the temperature range specified by Hazard Analysis and Critical Control Points (HACCP) safe food handling standards. In addition, the hospital did not show pricing flexibility. MFFC stopped selling to the hospitals, focusing instead on the target colleges, where students interested in local, healthy food formed a constituency for farm to college procurement. Farm Fresh Connection also began selling to local restaurants, whose chefs appreciated the quality of the fresh offerings.16

**North Carolina: Healthy Lifestyles**

Duke University in North Carolina established its “LIVE FOR LIFE” program as the institution’s employee health promotion program. LIVE FOR LIFE® provides a variety of resources such as fitness programs, smoking-cessation assistance, and health education to support employees’ pursuit of healthy lifestyles. After a LIVE FOR LIFE® health risk assessment revealed that Duke employees did not get the daily recommended amount of fruits, vegetables, and fiber, the University began hosting a farmers’ market between the hospital and the clinic. For the past four years, each Friday during the spring and every other Friday during the summer, staff, faculty, patients, and students shop for local fruits, vegetables, and food items at the
market. Between nine and twelve farmers sell to up to 600 shoppers. Duke was one of the first hospitals in the country to host a farmers’ market and has since inspired others to use their facilities to promote fruit and vegetable consumption through on-site markets.\textsuperscript{17}

\textit{Iowa: Purchasing Strategies}

University of Northern Iowa (UNI) Local Food Project links institutional food buyers to nearby farms and processors. The goal is to expand local markets for local agricultural products. In 1997, with a grant from the Leopold Center for Sustainable Agriculture, UNI started working with three institutions. They currently work with twenty-four institutions, five of which are health care facilities. Two hospitals and three retirement homes around the Waterloo/Cedar Falls metro area have been buying fruits, vegetables, baked good and meats. Bartels Lutheran Retirement Community in Waverly, Iowa is the leading purchasing institution. In 2003, they purchased $37,208 in local food (14\% of their total food budget), including one to two cows a month from a local farmer who uses no antibiotics or hormones, and processes and stores the meat at local facilities.\textsuperscript{18}

\textit{Kaiser: Fresh Food Access as Prevention}

Kaiser Permanente is the largest non-profit health organization in the United States with 8.2 million members in nine states. Two years ago, Kaiser Medical Center in Oakland, California began hosting a farmers’ market. Today, ten Kaiser hospitals host weekly markets where staff, patients, and community members buy local and organic foods. These markets provide access to fresh foods in underserved communities and are popular among employees, who save time by doing their shopping while at work. Kaiser Permanente staff members in Richmond, CA and Honolulu, HI also get new meal ideas through the weekly recipes emailed out by hospital staff members who choose recipes based on the seasonal produce available in the market. Local farmers, who can face 1-2 year waiting lists for a vending stall at farmers’ markets, are eager to participate in each new market that opens. Some patients even purposefully schedule their doctor appointments on market day so they can benefit from the convenience of shopping at Kaiser.\textsuperscript{19}

Due in part to the success of the farmers’ market program, Kaiser is expanding their community food involvement. They are currently drafting a set of food policies designed to address the organization’s role in increasing fresh food access in the community and incorporating local purchasing into the hospitals’ purchasing practices. Included in the development of this food policy are ways to enhance nutrition education and incorporate fresh local produce in the cafeteria, vending machines, and work with local schools. Kaiser’s vision is that their markets and food policies will help to change the food culture of their hospitals and encourage staff and patients to enjoy fresh, seasonal, and local foods and enjoy good health through good eating. Adoption of the policy by Kaiser and expansion of their prevention activities to include increasing local fresh food access and enhancing nutrition education programs has the potential to make Kaiser a leader in food access-based preventative health care.\textsuperscript{20}
Montana: Constituency Support and Insurance Concern

In 2000, the Community Food Campaign of Billings, Montana, began to focus on encouraging community institutions to buy local food. The campaign’s first objective was to get Billings Deaconess Hospital to reinstate a local turkey supplier. Historically, Seder Ridge Turkeys, a 45-year-old local commercial turkey producing and processing business, sold a large number of turkeys to local restaurants, grocery chains, hospitals, retirement homes, and the school system. In the last 10-15 years, most of the institutional business dried up as local facilities contracted their food service operations out to large companies such as Sodexho and Aramark. When Sodexho terminated Seder Ridge Turkeys’ contract, business owner Pat Seder wrote a letter to the hospital board, and with the help of the Community Food Campaign, generated nearly 400 postcards in support of reinstatement. The board then directed the kitchen staff and hospital management to attempt to achieve reinstatement.

The Community Food Campaign was successful, and the hospital still serves Seder Ridge Turkey in its cafeteria and to patients. Before reinstatement as a supplier, Sodexho required Seders to undergo a pricey independent inspection and obtain an additional $2 million in product liability insurance at a cost of $2,000 per year. This additional cost significantly reduces the revenues generated from selling to the hospital. The Community Food Campaign is now seeking to address the issue of exorbitant insurance premiums required for local food producers who contract with institutions or food service contractors. The coalition hopes to minimize this significant barrier through insurance pools or legislative action to encourage local vendor and institution relationships.21

Los Angeles: A Garden as a Community Focus

Proyecto Jardin is a community garden located on a piece of land adjacent to and owned by White Memorial Hospital in East Los Angeles. Dr. Robert Krochmal, a part-time resident at White Memorial, convinced hospital authorities to make the vacant property available for a community garden. Dr. Krochmal has engaged a group of community members to design, construct and manage the vegetable and medicinal herb garden. These community participants serve as a core constituency for health promotion activities in the urban Boyle Heights neighborhood where the garden is located. Proyecto Jardin has become a community space that hosts seasonal and community events and children’s activities, in addition to planting and harvesting activities. The garden occasionally serves as an open-air classroom for a nearby school. Unlike most community gardens, Proyecto Jardin does not have individual plots. Planting and harvesting of the entire garden is open to everyone.
Institutional and Policy Change: Next Steps

The food environments at hospitals and clinics represent an important and largely untapped institutional setting for fresh food access and healthy food choices. Similar to schools, the mission of health care institutions should support health promotion that includes modeling and promoting access to healthy food choices, and supporting sustainable communities and food systems. Like school food, hospital food is plagued with the reputation of being unappetizing, unappealing and highly processed. This reputation has been reinforced by the proliferation of fast food outlets and vending machines selling sodas and junk food within hospital facilities. Similar to the emerging farm to school models at a number of school districts around the country, a farm to health care institution approach holds great promise, for patients, community residents and local farmers alike.

Farm to hospital, like farm to school, identifies a paradigm shift in how we access and value our food. The following institutional and policy recommendations are designed to identify next steps and opportunities in this paradigm shift.

**Procurement**

- Hospitals should establish procurement goals that prioritize buying locally to the maximum extent practicable.

- Hospitals should work with farmers, other institutions and community groups to overcome logistical barriers to a farm to institution approach. Farmer co-ops, farmer registries (identifying farmers and their product mix available for direct institutional purchases), and third party intermediaries can help with transportation, storage, quality control and other practical aspects of local food purchasing.

- Hospitals should evaluate opportunities for incorporating locally sourced fresh foods as part of patient food choices.

**Farmers’ Markets**

- Farmers’ markets represent an important opportunity to increase fresh food access in communities. Hospitals should work with farmers, farmers’ market associations and community organizations to establish farmers’ markets on hospital grounds, especially in neighborhoods that lack a local market and where fresh food access is a community concern.

- Hospitals should explore how farmers’ markets can serve as the nucleus for expanded efforts to improve fresh food access in surrounding communities, with satellite food stands, farm subscription programs, community gardens, mobile vendors, and the like.
Reduce Unhealthy Food

- Hospitals should reduce the availability of food items with limited nutritional value such as sodas and junk food in vending machines, cafeterias and restaurants. Hospitals and other health institutions should adopt nutrition standards or goals, following the lead of a number of school districts around the country, such as Los Angeles and Philadelphia.

Gardens

- Hospitals with available space for a garden should work with community groups to create an on-site community garden as a resource for the hospital staff and local residents.
- Hospitals with space might consider becoming a sponsor or collaborator in the development of a nearby community garden.
- Hospitals should explore the potential of adding or developing a medicinal herb garden and evaluate the issues and benefits associated with traditional medicine strategies.

Policy

- Private and non-profit hospitals and health care institutions should create a food policy to strengthen connections with local farms, and to promote fresh food access and nutrition promotion for patients, staff, visitors and the surrounding community.
- Hospitals that outsource food services should amend their contracts where possible to reflect such new priorities.
- Cities, counties and states should adopt food policies for their public hospitals including local purchasing goals and nutrition promotion standards.

Education

- Health care institutions should incorporate promotion of fresh food access directly into nutrition and health counseling programs.
- Health care institutions should establish patient incentives to explore fresh food/healthy food choices (for example, MD’s can write prescriptions and/or supply coupons for fresh produce from local or on-site farmers’ markets).
- Hospitals should design and conduct outreach to patients regarding the institution’s efforts to increase fresh food access through markets and gardens, incorporate local and healthy choices, and include nutrition/environmental education in this outreach.
- Hospitals should incorporate cooking classes and healthy food recipe information as part of patient and outpatient materials and education.
• Hospitals should facilitate and promote tours of farmers’ markets, community gardens, school gardens and farms for patients, staff and community residents, including school children.

Many of these next steps are low-cost, easily available options. Other strategies are more complex and may need to be developed incrementally. However, the shift to a fresh food access/farm to hospital approach has already begun to take place. Strengthening and expanding this new and innovative approach is an important and valuable goal for health institution, farmer, community resident and policymaker alike.
Endnotes


5 Recommendations for restoring our family farms. Missouri Farm Bureau. (October, 1999).


11 As the study cited above concludes, “Increased emphasis will be placed on running a hospital foodservice department as a profit center rather than a cost center.” Ibid.


15 Singer, S. (2004, September). [Interview with the Director of Guest Services, Sutter Maternity & Surgery Center.]

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