

Food and Food Purchasing A Role for Health Care

“We have to set an example with the food we serve our patients and employees.”

Dr. Toby Cosgrove, heart surgeon and current CEO, The Cleveland Clinic on NBC’s *Today Show*, December 16, 2004.

“What could be more closely related to health than what we eat?”

Dr. Preston Maring, a Kaiser Permanente Cardiologist, writing in the Spring 2004 issue of the *Permanente Journal*.

Food is sustenance. But what we eat and how we eat can also contribute to death, disease and rising health care costs. Obesity, the leading health concern of the day, is a symptom of poor eating habits and sedentary behavior. Poor nutrition is a risk factor for four of the six leading causes of death in the United States—heart disease, stroke, diabetes and cancer.¹ Nutrition-related chronic diseases are placing new demands on an already overburdened health care system and taking their toll on human productivity and quality of life.

Rather than fresh fruits and vegetables, whole grains, and other high fiber foods important for health, our current food system favors the production of animal products and highly-refined, calorie-dense foods. It is a food system misaligned with the U.S. dietary guidelines.² Hidden behind these nutritional imbalances, is a food system largely reliant on methods of production and distribution that hurt us and the environment in which we live.

Hospitals and health systems have opportunities to help prevent these food-related health concerns by modeling good nutrition in their institutions and by influencing how food is produced and distributed. Through its food purchasing decisions,

Ecological Thinking

Ecological thinking means looking at things in their whole context, while seeking to also understand the interconnections between parts. It recognizes that nothing exists in isolation; everything is part of a larger system. This approach is important for health care food decision making, because the production and distribution of food has a multitude of health related impacts often removed from the immediate hospital environment.

the U.S. health care industry can promote health by providing more fresh, good tasting, nutritious food choices for patients, staff, and the community. And by supporting food production that is local, humane and protective of the environment and health, health care providers can lead the way to more sustainable agricultural practices.

Health Care Without Harm (HCWH) is an international coalition of more than 430 organizations in 52 countries. We are working with hospitals to define and develop food purchasing practices that are consistent with these principles.

St. Luke's Hospital in Duluth, MN has introduced organic foods in their cafeteria and to patients. Hospital coffee is Fair Trade certified, that is, bought from small coffee producers guaranteed a just return on their labor. Despite a challenging climate, St. Luke's also will begin to pilot introduction of local, sustainably grown produce.

Dominican Hospital, in Santa Cruz, CA buys produce from a nonprofit, community-based organic farm program as part of their commitment to investing in their local community as well as healing the sick. An onsite garden provides produce and flowers for the facility.

Food System and Health: The Problem

Major shifts in the U.S. food system in the last century are having negative impacts on human health. While total farm acreage has declined, farm size has increased and is more focused on the production of a single crop or animal, contributing to the decline in production of diverse food crops necessary to meet nutritional needs. In the United States, the typical food item now travels from 1,500 to 2,400 miles from farm to plate. This system disconnects the growers from the consumers and increases opportunities for food contamination and loss of nutrients during transportation. While this industrial food system initially contributed to higher yields, productivity has declined, and serious long-term impacts on human and environmental health have become apparent. These include:

Nutrition

Compared to the early 1900s, the U.S. food supply has more calories, fat, salt, sweeteners, and meat and dairy products per person and less vegetables and grains.³ High-sugar or high-fat foods including soft drinks, salty snacks, sweets and desserts comprise almost 30 percent of all calories consumed by Americans.⁴ An emerging body of research suggests that soda and fast food consumption may be linked to increased risk of weight gain and diabetes.^{5,6,7}

Antibiotic Resistance

Each year 20 to 30 million pounds of antibiotics (including related antimicrobials) are used in agriculture—by volume, about 7-10 times the total antibiotics used in human medicine.⁸ Industrialized food systems that produce poultry, swine, beef, and farmed fish routinely use antibiotics as growth promoters rather than to treat identified disease. Routinely feeding antibiotics to animals that are not even sick worsens antibiotic resistance among bacteria that cause human infections.⁹

Air and Water Pollution

Pesticide drift, field dust, waste burning, toxic gases from degrading manure, and diesel exhaust from transporting food long distances are all factors of food production that contribute to air pollution. These types of pollution can lead to asthma and other respiratory illnesses, cardiovascular disease and lung cancer. Commercial fertilizers and pesticides contaminate ground water in many locales. Large-scale animal feedlot operations contribute to water pollution with biologically active hormones, nitrates and other breakdown products of untreated animal waste.

Worker Health and Safety

Widespread pesticide use in industrial-scale food production exposes farm workers and their families to dangerous chemicals, often at levels that exceed established “safety” limits. Longer-term, low-level pesticide exposure has been linked to an array of chronic health problems including: cancer, birth defects, neurological, reproductive, and behavioral effects, and impaired immune system function.^{10,11} Industrialized meat packing is recognized as one of the most dangerous occupations: every year, over one quarter of all workers needs medical attention beyond first aid.¹²

Food Supply and Health: The Solution

Hospitals and health care institutions can help improve health outcomes by supporting the transition to a more sustainable food system. A sustainable agriculture and food system protects the environment and human health. It meets needs for food and fiber while

supporting the economic viability of communities. Through their purchasing practices, health care institutions can help achieve the following:

Promote Nutrition

By offering a range of healthy foods and beverages on patient trays, in cafeterias, vending machines, and through onsite farmers markets, health care systems can support good eating habits and model a healthy food environment.

Reduce Antibiotic Resistance

By buying meat produced without the routine use of antibiotics, health care can help ensure that existing antibiotics remain effective for treating human disease.

Reduce air and water pollution

By providing fresh, locally grown foods whenever possible, health care supports local food systems that avoid the long-distance travel and disconnection between rural and urban centers that typifies our current fossil-fuel intensive food production and distribution.¹³ By developing a preference for hormone-free, humanely raised meats from facilities in compliance with environmental regulations, hospitals can help protect clean air and clean water.

Support Farm and Worker Health and Safety

Health care can purchase meats from processors who protect worker health and safety. Facilities can also buy and serve foods grown without pesticides, such as certified organic foods, and reduce exposure to harmful pesticides for those who eat and grow their food, and create a market for healthier growing practices.

Farmers Markets & Health

Many Kaiser Permanente facilities feature on-site farmers markets or produce stands. These markets are one sign of Kaiser’s commitment to protecting the environment by supporting sustainable agriculture while improving access to healthy, affordable food in and around Kaiser facilities.

Less Local Control of Food Production

In recent decades, much less of every food dollar has gone to food producers in the community where it is spent, and more has gone to food processing, packaging, shipping and retailing, all typically controlled by distant corporations. Six cents of every dollar spent on a loaf of bread goes to the wheat farmer—about as much as is spent on the plastic, petroleum-based wrapper. Control of the food supply has become increasingly concentrated. Two firms, Cargill and Archer Daniels Midland, control about three quarters of the global market for cereal grains.¹⁵

Support the Local Community

A hospital's long-term vitality depends in large part on the economic health of the broader community serving as home to its staff and patients. Every step of the food chain where ownership falls outside the community is a potential drain on the health and vitality of the local community. Every

time a hospital chooses to buy locally, the community benefits from that choice.¹⁴ By institutionalizing a preference for the purchase of foods produced, processed, and distributed locally, under local ownership, hospitals can use their immense purchasing power to support socio-economic health.

The Ethics of Eating

In Minnesota, Catholic leadership has emphasized that the buying and eating of food involves decisions that are inherently moral.

“...Minnesota's web of life is threatened. Our clean air, fresh water and rich soil are being tainted. Thousands of farmers on small- and medium-size farms are forced to leave the land, no longer receiving an adequate income to compensate them for labor and cost of production. Some of our rural communities are dying. These changes have moral and ethical implications, which cannot be ignored....”¹⁶

Minnesota Bishops' Statement on the Farm Crisis

Model for Wellness: The Role for Health Care

Because of its size and purchasing power, the health care industry can provide **market leadership** by adopting food purchasing policies and practices that steer the entire food system in more positive directions. Hospitals and health care systems can buy and provide food in their facilities in ways that help create a model for wellness at the individual, community, and national levels.

Providing access to healthier food promotes wellness among patients, visitors and staff. Buying food produced in ways that are ecologically sound, economically viable, and socially responsible also supports a food system that ultimately benefits healthier individuals and communities.

What Can Health Care Do?

Hospitals can adopt food procurement policies that provide nutritionally improved food for patients, staff, visitors, and the general public, and support and help create food systems that promote the well being of the whole community. Institutions can establish food purchasing guidelines and set target goals that are realistic for their institution and geographic area.

Specific solutions that hospitals and health care systems have already instituted or explored include:

- Create weekly farmer's markets on hospital grounds;
- Create hospital gardens to grow fresh produce as well as provide patient exercise opportunities;
- Institute policies to buy only meat/poultry raised without non-therapeutic antibiotics or hormones;
- Set goals and explore new relationships designed to increase the purchase of locally-produced, fresh produce;
- Buy more certified organic food products, or buy from producers who have reduced synthetic pesticide use;
- Turn hospital campuses into “fast-food-free zones;”
- Purchase foods that provide fair prices and living wages to the people who produce them;
- Buy milk produced without the use of synthetic hormones, like recombinant Bovine Growth Hormone (rBGH, also referred to as rBST);
- Buy coffee certified as Fair Trade; and
- Implement sustainable food credits in the *Green Guide for Healthcare* (www.gghc.org).

Notes

1. Anderson RN, Smith BL. (November 7, 2003) "Deaths: Leading Causes for 2001" *National Vital Statistics Reports* 52(9):1-85. Centers for Disease Control & Prevention, National Center for Health Statistics, as summarized online at Fast Stats A-Z: www.cdc.gov/nchs/fastats/lcod.htm
2. *Dietary Guidelines for Americans*. (2005) published jointly by U.S. Department of Health and Human Services and U.S. Department of Agriculture. www.health.gov/dietaryguidelines/dga2005/document/
3. Gerrior S, Bente L. (2002) *Nutrient Content of the U.S. Food Supply, 1909-99: A Summary Report*. U.S. Department of Agriculture, Center for Nutrition Policy and Promotion, Home Economics Research Report No. 55.
4. Block G. "Foods Contributing to Energy Intake in the US: Data From NHANES III and NHANES 1999-2000" (June 2004) *Journal of Food Composition and Analysis* 17(3-4): 439-447.
5. Ludwig DS, Peterson KE, and Gortmaker SL. (2001) "Relation between consumption of sugar-sweetened drinks and childhood obesity: a prospective, observational analysis." *The Lancet* 357: 505-508.
6. Pereira MA, Kartashov AI, Ebbeling CB, and others. (January 1, 2005) "Fast-food habits, weight gain, and insulin resistance (the CARDIA study): 15-year prospective analysis." *The Lancet* 365: 36-42.
7. Schulze MB, Manson JE, Ludwig DS, and others (2004) "Sugar-sweetened beverages, weight gain, and incidence of type 2 diabetes in young and middle-aged women." *Journal of the American Medical Association (JAMA)* 292: 927-934.
8. Mellon et al. *Hogging It: Estimates of Antimicrobial Abuse in Livestock*. Union of Concerned Scientists: Cambridge, MA. 2000.
9. Wegener HC. (2003) "Antibiotics in animal feed and their role in resistance development." *Current Opinion in Microbiology* 6: 439-445.
10. Owens K. (2003) *Healthy Hospitals: Controlling Pests Without Harmful Pesticides*, published jointly by Beyond Pesticides and Health Care Without Harm. www.norharm.org/pesticidescleaners/issue.
11. Sanborn, M, Colle, D., Kerr, K., Vakill, C., and others, "Pesticides Literature Review", The Ontario College of Family Physicians, Toronto, Ontario, April 23, 2004 <http://www.ocfp.on.ca/local/files/Communications/Current%20Issues/Pesticides/Final%20Paper%2023APR2004.pdf>.
12. "Highest incidence rates of total nonfatal occupational injury and illness cases, private industry, 1999." (December 2000). U.S. Department of Labor, Bureau of Labor Statistics, Occupational Safety and Health Administration, Injuries, Illnesses, and Fatalities.
13. Garbarino JR, Bednar AJ, Rutherford DW, and others. (April 15, 2003) "Environmental fate of roxarsone in poultry litter. I. Degradation of roxarsone during composting." *Environmental Science & Technology* 37(8):1509-14.
14. New Economics Foundation. (August 7, 2001) "Local food better for rural economy than supermarket shopping", News Release, Caroline Hill.
15. Halweil B. (2004) *Eat Here: Reclaiming Homegrown Pleasures in a Global Supermarket*. published jointly by W.W. Norton and the Worldwatch Institute, p54.
16. "Minnesota Bishops' Statement on the Farm Crisis." Bishop Statements, online at: www.ncrlc.com/RCS-minn.html.



1901 North Moore St.
Suite 509
Arlington, VA 22209
Phone: 703.243.0056
Fax: 703.243.4008
www.noharm.org
info@hcwh.org

This publication is part of *Going Green: A Resource Kit for Pollution Prevention in Health Care*. For additional copies of this or other publications included in the kit, or to find out how to get a complete kit, visit Health Care Without Harm on the Web at www.noharm.org/goinggreen.



The PCF certification mark and term are the sole property of the Chlorine Free Products Association and are only used by authorized and certified users.