The quality of hospital food has long been the butt of comedians’ jokes. More recently, hospitals have also been criticized for serving fast food. One recent U.S. survey, for example, found that 38% of top U.S. hospitals—six of the 16 “Honor Roll” hospitals listed by US News & World Report’s 2001 ranking of “America’s Best Hospitals”—have fast-food franchises on site (<www.med.umich.edu/opm/newspage/2002/fastfood.htm, June 12, 2002>). Gottlieb and Shaffer found that more than 25% of 47 U.S. children’s hospitals had fast-food franchises within them (<http://csf.colorado.edu/archive/2002/food_security/msg00896.html>). Meanwhile, a 1997 report from Toronto’s Food Policy Council entitled “If the Health Care System Believed You Are What You Eat,” suggested that we need to transform hospital food service systems into facilities providing healthy food choices and local food (<www.city.toronto.on.ca/health/tfpc_health.pdf>).

In response to these criticisms, as well as out of a genuine concern for the welfare of their patients, a growing number of hospitals have started to focus more on the healthfulness of the food they serve. For example, Planetree hospitals, which are committed to creating healing environments for their patients and healthy workplaces for their staff (www.Planetree.org) pay particular attention not only to the quality of the food they serve but the nurturing role of food “as a source of pleasure, comfort and familiarity” during a stressful period of hospitalization. Many Planetree hospitals, for example, have small kitchens on each floor where family members can cook favourite foods for their loved ones and nutritionists can demonstrate healthy food preparation, while volunteers fill the halls with the smell of fresh baked goods every morning.

In the U.K., two Scottish hospitals recently won the Healthy Choices Award from Scotland’s Health Education Board, while in Wales a hospital in Powys, working with the Soil Association, now provides organic milk for its patients in spite of the difficulties imposed by World Trade Organization regulations that prevent organizations from specifying local produce. This latter example begins to show the links between healthy food and food that is produced in an environmentally sustainable manner—and the challenges involved in being environmentally and socially responsible!

Given the growing concern with the potential health impacts of pesticide residues, particularly for children, and the fact that as a result of eco-toxicity and the contamination of food chains, we get 75 to 90% of our daily dose of persistent organic pollutants such as dioxins from food, serving organic food as much as possible makes sense. Of course, there are many important environmental benefits from producing food organically. Perhaps the most advanced example of organic food service in hospitals is found in Vienna, where currently about 20% of the food served in the hospitals is organic. There, studies have shown that a move from 0 to 30% organic food results in a 17% increase in the cost of food, which only translates into a 0.1% increase in the overall costs of care; a move to 50% organic food results in a 30% increase, or less than 0.2% of overall costs of care. In addition, there are significant energy benefits for society as a whole from not having to practice energy-intensive agriculture or move food over long distances (Klausbruckner 2001).

Environmentally-friendly food service not only includes serving organically grown food whenever possible, it also means paying attention to the environmental impact of food preparation and service, and the disposal of food wastes. The U.S. Environmental Protection Association has produced a guide to operating a green cafeteria. Among the key points are the following:

• using permanent china and stainless steel service-ware to minimize generation of waste;
• offering monetary discounts for those who bring their own reusable coffee mugs;
• using starch-based cafeteria-ware, which has several beneficial environmental characteristics: it is compostable, biodegradable, and uses less energy to produce than paper or polystyrene containers;
• using 100% recycled unbleached napkins, which are compostable;
• recycling plastic and glass bottles and aluminum cans (<www.h2e-online.org/tools/gmbldg.htm>);

Such an approach is compatible with modern hospital operations, as can be seen in the case of the Itasca Medical Center in Grand Rapids, MI. This 108-bed community hospital switched from single-use to re-useable salad plates and dessert bowls for a net savings of $3,500 per year (Canadian Centre for Pollution Prevention 1996).

Food waste forms a significant proportion of a hospital’s waste stream, as shown by a 1990 environmental audit of the Ottawa General Hospital, which found that it formed 17% by weight of hospital waste (Canadian Centre for Pollution Prevention 1996). Guidance on management of food wastes
can be found at the website of the California Integrated Waste Management Board (www.ciwmb.ca.gov/FoodWaste/), which suggests the following order for food scraps management: (1) prevent food waste, (2) feed people, (3) convert to animal feed and/or rendering, and (4) compost.

Food scrap management can even be turned into organic produce at little or no cost to a hospital, as illustrated by The Medical Center Hospital of Vermont. This hospital prepares 3,000 meals a day. And every day, it trucks hundreds of kilograms of kitchen waste (not food from anyone’s plates) to a compost site managed by a non-profit group dedicated to organic food production (thus avoiding landfill charges). The 80 tonnes of food wastes that the hospital sent to compost in 1993 was transformed into 40 tonnes of compost and in return the hospital received 10 tonnes of fresh organic produce at a wholesale price of $6,000 (Raver 1994).

Finally, a comprehensive approach to sustainable food services in hospitals is provided by the U.K. government’s Sustainable Development Commission which has recently produced a comprehensive report on sustainable food procurement for the NHS. The interim report proposes that “in the NHS, procurement policies should promote health. Trusts should be required to procure food in a way that impacts positively on long-term health outcomes” (www.sd-commission.gov.uk/pubs/sfphns/).

References

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