

Program Design and Evaluation Services

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# **The Adoption of Menu Labeling by Oregon Health & Science University**

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- A Case Study -

Craig Mosbaek, MPH  
Kathy Pickle, MPH  
Myde Boles, PhD

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Program Design and Evaluation Services  
827 NE Oregon St. Suite 250  
Portland, OR 97232



## Table of Contents

Introduction.....	1
Background on Menu Labeling .....	1
Background on OHSU .....	2
Voluntary Menu Labeling at OHSU .....	3
Implementation Issues .....	5
The Impact of Menu Labeling .....	5
Advice for Other Health Systems - Making the Business Case.....	6
Future Efforts at OHSU .....	7
Conclusion .....	7
Appendix A: List of People Interviewed .....	8
Appendix B: Article on It's All Good.....	9
Appendix C: Healthy Food in Health Care Pledge .....	10
Appendix D: Op-ed of OHSU's Endorsement of Menu Labeling.....	14

## **Introduction**

In June 2009 Oregon's governor signed HB 2726, which requires chain restaurants with 15 or more outlets to post calorie information on menus and menu boards. This legislation included a "preemption" clause which forbids local jurisdictions from enforcing any local requirements for menu labeling in restaurants. Therefore, at this point in time, for restaurants that are not part of a chain of 15 or more, efforts need to focus on voluntary menu labeling.

Oregon Health & Science University (OHSU) has made a voluntary decision to implement menu labeling in its retail food establishments. OHSU plans to implement menu labeling in the summer of 2010.

Program Design and Evaluation Services received a grant from the Northwest Health Foundation to conduct a case study of OHSU's decision to implement menu labeling. As part of this project, we interviewed OHSU staff and outside experts who have been involved in menu labeling efforts in Oregon. A list of people interviewed can be found in Appendix A.

This report summarizes the findings from these interviews, including discussion of the business case for menu labeling at OHSU. We include recommendations for other health systems that may be interested in pursuing menu labeling. These findings may also be of interest to people advocating for voluntary implementation of other public health measures in similar institutions.

## **Background on Menu Labeling**

As early as 2000, Center for Science in the Public Interest has been advocating for policies that require chain restaurants to place calorie information on menus and menu boards. From 2003 to 2006 several states introduced, but did not succeed in passing, menu labeling legislation. The New York City Board of Health was the first jurisdiction to pass menu labeling in 2006. The New York Restaurant Association filed a successful lawsuit to overturn this menu labeling policy. However, the Board of Health passed an amended menu labeling policy and became the first jurisdiction to fully implement menu labeling in July 2008. Seattle/King County, Washington was the second jurisdiction to pass menu labeling, followed by a few local jurisdictions in California and Multnomah County, Oregon.

The Chronic Disease Prevention Program of the Multnomah County Health Department has an on-going process of identifying possible actions that the Board of Commissioners can take to promote the health of county residents. Given the emerging research related to menu labeling and spurred on by actions taken by Seattle/King County, the Chronic Disease Prevention Program began to carefully consider the health impacts of menu labeling and implementation issues.

The political process of passing menu labeling in Multnomah County started in January 2007, when the Board of Commissioners considered a proposal to ban the use of trans fat in foods. The proposal was amended to delete the trans fat ban and to require the Multnomah County Health Department to report on possible educational efforts around trans fat. Through a stakeholder involvement process, the health department found support for strategies that would enable the public to make informed choices (through menu labeling, for example) as opposed to banning a

single item such as trans fat. After the community engagement process, the health department reported to the commission in March 2007. The health department report included a recommendation to "...explore...the feasibility of 'point of purchase' menu nutrition information."

After the health department gave further presentations to the Board, Commissioner Jeff Cogen became the political champion for menu labeling. The health department convened public health advocates and food service and restaurant industry representatives to develop menu labeling recommendations. The public health advocates organized to push the county commission to adopt the health department's recommendations.

Acting as the county's Board of Health, the commission passed menu labeling in July 2008. The County Health Department sought input from a diverse group of stakeholders to write the administrative rules for menu labeling, which were approved in February 2009. Full implementation and enforcement of menu labeling was set for January 2010.

Passage of the county policy made it politically feasible for public health advocates and others to work toward passage of a statewide menu labeling law. Oregon became the third state to pass menu labeling in June 2009, after California and Massachusetts. Both the Multnomah County and Oregon policies apply to chain restaurants with 15 or more outlets nationwide. The Oregon law, however, "preempts" local jurisdictions from enforcing local menu labeling laws in restaurants. Therefore, Multnomah County's menu labeling order was never fully implemented. The state law requires calorie and other nutrition information to be available in printed form by January 2010, and to be posted on menus and menu boards by January 2011.

## **Background on OHSU**

OHSU's vision is "...improving the health and quality of life for all Oregonians through excellence, innovation and leadership in health care, education and research." OHSU is Portland's largest employer and the fourth largest employer in the state with more than 12,000 employees. In addition to serving food to patients in over 500 hospital beds, OHSU has 13 eateries and cafes serving meals to staff, students, visitors, and the public. OHSU serves over 60,000 meals every week.

Both the patient meals and retail food outlets are managed by OHSU's Food and Nutrition Services department, which has a long history of working on improving the nutritional quality of foods and other sustainability issues:

- About eight years ago, the amount of sodium in retail foods at OHSU was reduced by 25%. This sodium reduction was done without notifying cafe customers, and no complaints were received about this change.
- OHSU is now serving organic, fair-trade coffee from Kobos. This switch was done after customer taste tests indicated a strong preference for Kobos coffee over Starbucks. Coffee sales increased after this change.

- About a year ago, 32 ounce cups were removed for soft drinks and the price of bottled water was reduced. This led to an increase in water purchase.
- A farmers market has been located on the OHSU campus since 2007. The market currently operates on Tuesdays from May through October. Some OHSU cafes serve specials on Wednesdays made from ingredients purchased at the farmers market, and sometimes the produce is used for patient food as well as in the cafes.
- The food served at the Nucleus Global Café at the OHSU Student Center is mostly designed to meet specified nutrition guidelines.
- The cafes have moved away from using Styrofoam and are using more tableware that is either compostable or recyclable.
- It's All Good, a convenience store opened in early 2008, sells foods that meet nutrition guidelines based on the guidelines for schools foods in HB 2650. Jennifer Chastain, RD, former Inpatient Clinical Dietitian, came up with this idea when the OHSU campus went smokefree. Chastain wanted to have healthy snacks available for those trying to quit smoking. An article about this store can be found in Appendix B.
- OHSU has taken the Healthy Food in Health Care Pledge, which is a program of Health Care Without Harm (see Appendix C). As part of this program, OHSU is seeking to reduce the amount of animal protein served by 20%. The reduction in animal protein will improve health and reduce carbon emissions.

Other wellness initiatives have occurred at OHSU outside of Food and Nutrition Services, such as financial incentives for staff and students to bike to work.

Members of the OHSU community were involved in the advocacy efforts to pass menu labeling in Multnomah County and later in the state legislature. The Multnomah County menu labeling order was endorsed by two sections of OHSU: Food and Nutrition Services and the Center for the Study of Weight Regulation and Associated Disorders. Later, during the campaign to pass a statewide measure, OHSU as an entire institution endorsed menu labeling. An op-ed outlining OHSU's support of menu labeling, both the statewide measure and their voluntary efforts, is included in Appendix D.

## **Voluntary Menu Labeling at OHSU**

OHSU was not required to implement menu labeling by either the Multnomah County order or the state law because its cafes are not part of a chain of 15 or more restaurants and because OHSU is an educational and health care facility. However, the idea of having nutrition information available for foods sold has been around for years, as customers have periodically asked for this information.

### **The People Involved**

In 2008 Margaret Vattiat, RD, Food Safety Coordinator, talked with Steve Hiatt, Food and Nutrition Services Director, about the idea of instituting menu labeling at OHSU. Vattiat had

been involved with the Multnomah County menu labeling advocacy efforts. Hiatt was familiar with the proposed menu labeling policy because of his work on the Portland/Multnomah Food Policy Council. Both Vattiat and Hiatt wanted to pursue menu labeling at OHSU. Hiatt went to his supervisor, Scott Turner (Associate Hospital Administrator), and found Turner to be supportive as well.

Eecole Copen, RD, Sustainable Food Programs Coordinator, helped push the idea of OHSU implementing menu labeling. Vattiat and Copen were members of Oregon Dietetic Association's Policy Team, which endorsed the menu labeling legislative efforts in Oregon. Three other members of the OHSU community, Dr. Monica Hunsberger, Assistant Professor, Dr. Catherine Livingston, Clinician Teacher, and Dr. Adriana Voss-Andreae, public health policy researcher, were involved in both the policy advocacy in Oregon as well as supporting OHSU's voluntary menu labeling.

Dr. Roger Cone and Joan Randall at OHSU's Center for the Study of Weight Regulation and Associated Disorders were early supporters of the Multnomah County menu labeling effort. Other OHSU support for legislative efforts came from Sonja Connor, RD, who testified at the Multnomah County Commission in favor of menu labeling and the late Dr. William Connor.

There appears to have been no formal effort from outside of OHSU to encourage OHSU to implement menu labeling. However, the policy efforts in Multnomah County and then statewide helped create momentum and educated many people in the OHSU community about the potential benefits of menu labeling. In particular, Nancy Becker, RD is a leader of the Oregon Dietetic Association's Policy Team and is Chair of the Oregon Nutrition Policy Alliance, the lead group supporting the menu labeling legislative campaigns. In this role, Becker was in a position to influence other dietitians to consider the benefits of menu labeling.

### **The Rationale for Menu Labeling at OHSU**

In contrast to the politics surrounding menu labeling legislation, the path to OHSU's voluntary decision to implement menu labeling appears to be relatively smooth. Food and Nutrition Services is well managed and in good financial shape, allowing them to consider new and innovative initiatives. Staff at Food and Nutrition Services want to offer the best food and service to its customers and believe that menu labeling helps achieve that goal. Customer input over the years reveals that there are customers who want nutrition information. Food and Nutrition Services believe that providing such information is the right thing to do. OHSU has an increasing focus on wellness, and previous health promoting efforts, as described above, fit into that focus. As an institution, OHSU is encouraging sustainable practices in many areas. Part of sustainability is transparency and accountability. Giving customers nutrition information furthers the goals of transparency and accountability.

Lastly, OHSU strives to be a leader. Menu labeling policies have only been around a few years, and only a few organizations around the country are instituting menu labeling on a voluntary basis. Since OHSU is instituting this policy on a voluntary basis, it has flexibility in implementation and is interested in designing the policy to be most effective. As Urbano Salvati, Executive Chef says, "We want to be a role model."

## **Implementation Issues**

OHSU has made the decision to implement menu labeling at its campus eateries and cafes. Due to a major restructuring of patient food delivery, placement of nutrition information on menu boards scheduled for the summer of 2010. Though the effort to institute menu labeling at OHSU was internally driven, Food and Nutrition Services is very open to outside input on the details of implementation.

OHSU is likely to stagger the implementation of menu labeling across its 13 eateries and cafes. Menu labeling may first be implemented in the Marquam Cafe since it is the largest retail food outlet in the hospital and is open 24 hours. All cafes will eventually implement menu labeling.

Resources will be needed for implementation, but OHSU does not believe the costs will be high. There is no line item in the budget for menu labeling, and resources will be needed for training existing staff, outreach and education, and recipe analysis. Staff at Food and Nutrition Services currently do recipe analysis for patient food and foods served at It's All Good and the Nucleus Global Café. Analysis is done using commercial software, C-Bord Nutrition Services Suite. The analysis for menu labeling is likely to be done by Vattiat, with possible assistance from OHSU's Dietetic Intern program. Decisions about how to display nutrition information have not been made yet, but the cost of modifying menu boards and other signage is not expected to be high.

There are some challenges in implementing menu labeling at OHSU that are not relevant to most restaurants affected by the county or state laws. OHSU's cafe foods are made in a "scratch kitchen." Kitchen staff have few pre-made items or pre-formed ingredients. Cooks and servers will need to be trained to ensure consistent recipe formulation and portion sizes. Many of OHSU's cafes have menus that are on four week rotations, which increases the total number of menu items available throughout the year. While intention is to apply menu labeling to all foods served, exceptions may be made for feasibility reasons. For example, there are many specials that may be served only one day or a few days in a year, and OHSU may decide to forgo nutritional analysis on some of these short-term specials.

Food and Nutrition Services staff emphasized that menu labeling is much easier because almost all the food service at OHSU is managed internally and not contracted out. This may not be the case in other health care or educational institutions. OHSU also has much experience with doing nutrition analysis because this is currently required for patient food. In addition, training protocols, recipe adherence, and consistent portion sizes are required for patient foods, and this experience will help with implementing menu labeling on the retail food side. Assistance from the Registered Dietitians on staff will help with outreach to customers around menu labeling, including education on appropriate levels of calorie consumption.

## **The Impact of Menu Labeling**

Food and Nutrition Services staff think that most customers will react positively to menu labeling at OHSU. Reactions could vary between the different types of customers (e.g. health professionals, other OHSU staff, students, patients, and visitors). Customer reaction could be

different for each café because the customer mix (e.g., staff, visitors) varies among cafes. Display of nutrition information may create customer demand for changes in menu offerings.

OHSU is not worried about losing sales with the implementation of menu labeling. Food and Nutrition Services has not seen reduced sales with other initiatives, and has often seen increased sales. Also, OHSU has somewhat of a “captive audience” for food services, as there are few other eatery choices in the geographic vicinity. One benefit of menu labeling would be a reduction of food waste, as customers will be making more informed choices. There will be better cost control through recipe adherence and consistent portion sizing.

Menu labeling at OHSU will be monitored and evaluated over time. Data on specific items purchased are tracked electronically and will be analyzed for any changes after menu labeling. OHSU will conduct customer surveys in pre- and post- implementation time periods.

OHSU plans to use this case report and the evaluation data they collect in their collaborative work with other health systems in the Pacific Northwest. A goal of this health system collaboration is to identify any potential obstacles and practical challenges to menu labeling implementation. These potential obstacles will be carefully examined and evaluated in the OHSU test case. The evaluation results and lessons learned will be shared with other health systems in order to encourage and help inform their decision-making in creating healthy food environments.

### **Advice for Other Health Systems - Making the Business Case**

A key piece of advice for encouraging health systems to implement menu labeling is to make the business case, which includes looking at the costs and benefits of menu labeling. Although OHSU did not conduct a formal business case analysis, a summary of the elements of the business case for menu labeling that were considered at OHSU is shown in the box below.

<b>Elements of the Business Case Considered for Menu Labeling at OHSU</b>		
<b>Costs*</b>	<b>Operational Benefits</b>	<b>Strategic Benefits</b>
<ul style="list-style-type: none"> <li>• Implementation               <ul style="list-style-type: none"> <li>• staff training</li> <li>• recipe analysis</li> <li>• menu and signage changes</li> <li>• outreach and education</li> </ul> </li> <li>• Evaluation</li> </ul>	<ul style="list-style-type: none"> <li>• Not likely to hurt sales, possibly increase sales</li> <li>• Reduce food waste</li> <li>• Better cost control through recipe adherence and consistent portion sizing</li> </ul>	<ul style="list-style-type: none"> <li>• Good customer service</li> <li>• Furthers OHSU’s values and mission</li> </ul>

\* minimal

OHSU staff had additional advice for those who might wish to encourage other organizations to implement menu labeling:

- Have a few champions – at least some of these champions need to be internal to the organization

- Obtain support from management
- Be positive and talk it up – each organization has protocols for making decisions, but informal communication can play a big role.
- Understand that menu labeling may take some time to implement
- Think about any restrictions from current food contracts that may pose challenges to menu labeling
- Start small so it is doable
- Train staff on standardizing recipes so that nutrition information is accurate
- Communicate with other health systems so that organizations can learn from each other

## **Future Efforts at OHSU**

Menu labeling is likely not the last effort at OHSU to improve nutrition or to promote sustainable practices. Food and Nutrition Services staff brought up a number of ideas that could be considered in the future. OHSU has worked on increasing the local sourcing of foods and is likely to do more in the future. OHSU may also move toward using more whole foods and less processed foods. It's All Good, the convenience store that sells healthier foods, may open outlets in more campus locations. Nutrition guidelines may also be considered at other retail food outlets, as are currently implemented in It's All Good and the Nucleus Global Café.

## **Conclusion**

OHSU's desire to improve nutrition and the political momentum for menu labeling in Oregon were both important factors in influencing OHSU's decision to voluntarily implement menu labeling.

Food and Nutrition Services at OHSU has a long history of implementing programs to improve nutrition. OHSU deserves much credit for their menu labeling decision, as around the country very few organizations have voluntarily implemented menu labeling. OHSU strives to continue to be a leader on similar health-promotion issues in the future.

Although public health advocates made no specific effort to encourage OHSU to implement menu labeling, the awareness, education, and advocacy surrounding the menu labeling campaigns in Multnomah County and statewide helped create the environment for OHSU's decision. Menu labeling proponents can encourage other restaurants that are exempt from the menu labeling law to voluntarily implement menu labeling. Advocates should also consider working on voluntary policies concerning other health issues. Adoption of voluntary policies can be a sign of growing momentum for a public health issue and can help increase the momentum for legislated policies.

## **Appendix A: List of People Interviewed**

Nancy Becker, MS RD LD  
Adjunct Professor, Portland State University  
Chair, Oregon Nutrition Policy Alliance

Jennifer Chastain, MS RD CDE LD  
Sacred Heart Medical Center  
former Inpatient Clinical Dietitian, Food and Nutrition Services, OHSU

Eccole Copen MS, RD, LD  
OHSU Sustainable Food Programs Coordinator  
Food and Nutrition Services

Crista Hawkins, RD  
Food and Nutrition Educator  
Chronic Disease Prevention Program, Multnomah County Health Department

Steven Hiatt, MBA FMP  
Food & Nutrition Services Director, OHSU

Monica Hunsberger, PhD MPH RD LD  
Assistant Professor, OHSU

Catherine Livingston, MD MPH  
Clinician Teacher in Family Medicine, OHSU

Urbano Salvati, CEC  
Executive Chef  
Food & Nutrition Services, OHSU

Margaret (Margey) Vattiat, RD LD  
Food Safety Coordinator, OHSU

Adriana Voss Andrae, MD PhD  
Public Health Policy Researcher, OHSU

## Appendix B: Article on It's All Good

August 15, 2008 • FOODSERVICE DIRECTOR • FSDmag.com

# 'It's All Good'

## Oregon Health & Science finds that a dedicated C-store makes perfect sense.

**B**y encouraging its registered dietitians to become more involved in the retail side of the business, the department of food and nutrition services at 550-bed Oregon Health and Science University Hospital in Portland has succeeded in providing healthy options for its employees and

guests in a quirky—and very profitable—convenience store.

Last January, "It's All Good" opened in 430 square feet of space on the ninth floor of the main hospital. (The main cafeteria serves approximately 4,000 guests daily with 7,000 served in 13 hospital sites overall.)

Open to staff and visitors from 8 a.m. to 8 p.m. weekdays, the c-store is on target to exceed projected sales of \$500,000 by year's end. "Success has been fantastic, to the point where we're opening two more locations this summer," Foodservice Director Steven Hiatt reports. "One is about 175 square feet and is located in the Casey Eye Clinic right behind the hospital, and a second will be at Mac Hall on the university side of campus. There, we'll take over a small section with wall-mounted shelving within a fairly large cafeteria."

*Continued on p. 56*

## 'It's All Good'

**Setting parameters:** "It's All Good" offers nutritious snacks, beverages and meal options, with the hospital subsidizing the cost of some products.

Hiatt credits Jennifer Chastain, one of several staff dietitians, with suggesting the creation of a healthy c-store concept about two years ago. Chastain and dietitian Jessica Gutsell, now the store's supervisor, developed the product list based on fairly rigorous guidelines. (Gutsell operates the store with a total of five employees who have been cross-trained.) "Then, Joy Petterson, another staff dietitian, and I toured most of the natural food stores in downtown Portland," Gutsell explains. "All products here meet our guidelines, such as no more than 35% sugar by weight, no more than 480 milligrams of sodium per serving, no trans fat and no high fructose corn syrup."

Because Gutsell also tries to provide options for those customers suffering from celiac disease, she finds she must occasionally be more lenient in drawing nutritional parameters. "If we found product that fit the celiac diet but was a bit high in one aspect, perhaps sodium, we'd go with it any-

way as offering the next best option," she explains.

Colored tags, affixed to the shelves alongside the price, are used to identify the nature of the product; for example, a purple tag indicates gluten-free products. There are also separate sheets available that list low sodium and fat-free or low-fat products.

The first "It's All Good" location was designed and built for \$60,000. That cost covered the services of a consulting firm along with the purchase of one reach-in refrigerator, one freezer, one beverage cooler, one refrigerator for storage and two cash registers.

**Pacific NW mix:** Today, about half of the location's approximately \$2,500 daily sales (on about 450 daily transactions) are sandwiches and salads. "Many are made in house," Gutsell says. "Some of the pre-made salads are from Charlie's Produce, a Seattle-based company that's a familiar brand around here. We also provide some frozen meals from Amy's—they're natural and organic as well as offering many gluten-free and low-sodium options—and we're able to carry them at a lower price point than outside grocery stores."—KW

## Appendix C: Healthy Food in Health Care Pledge

[http://www.noharm.org/lib/downloads/food/Healthy\\_Food\\_in\\_Health\\_Care.pdf](http://www.noharm.org/lib/downloads/food/Healthy_Food_in_Health_Care.pdf)

# Healthy Food in Health Care



## A Pledge for Fresh, Local, Sustainable Food

**N**utrition-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. Our current large scale, industrial food system favors animal products and highly-refined, preservative laden, calorie-dense foods, rather than fresh fruits and vegetables, whole grains, and other high fiber foods important for health. It is a system misaligned with dietary guidelines. Moreover, the way our food is produced and distributed impacts our health and the environment in which we live. For example:

### **Antibiotic Resistance**

The routine use of antibiotics contributes to growing antibiotic resistant bacteria. 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. Industrialized food systems that produce poultry, pork, 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 increases antibiotic resistance among bacteria that cause human infections. Injecting dairy cows with recombinant bovine growth hormone (rBGH or rBST) increases udder infections, requiring more antibiotics and a higher likelihood of increased antibiotic resistant bacteria in milk.

### **Air and Water Pollution**

Pesticide drift, field dust, waste burning, and toxic gases from degrading manure are all factors of food production that contribute to air pollution. Such air pollution can lead to asthma and other respiratory illnesses, cardiovascular disease, and lung cancer. In the U.S., food is trans-

ported an average of 1,500 miles to reach its destination. Through the use of diesel and other fossil fuels, vehicles unnecessarily contribute to global warming. Fertilizers and pesticides contaminate ground water in many locales and some pesticides have been found regularly in rainfall. Large-scale animal feedlot operations contribute to water pollution when untreated animal waste releases biologically active hormones, nitrates and other toxic breakdown products into waterways.

### **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. 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.

### **Healthy Food in Health Care**

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, 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 help create food systems that promote the well being of the whole community.

## What Is the Health Care Industry Doing?

Across the country, hospitals and health care systems are beginning to adopt policies and practices to support incorporation of more local, sustainably produced food into their practices. Because of its size and purchasing power, this market leadership is creating 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.

- In Oregon, hospital dietitians at Good Shepherd gave the hospital menu a makeover, banishing most canned and packaged foods and replacing them with organic vegetables and fruit, whole grain breads and meats produced without antibiotics and hormones.
- In Northern Minnesota, St. Luke's Hospital has introduced Fair Trade coffee, rBGH free milk, and a selection of organic fruit and vegetables. They also held an all-staff holiday event where all the food provided was local and/or organic.
- To service the growing demand of its member hospitals, MedAssets, a leading group purchasing organization is rolling out a new contract with United Natural Food Inc. (UNFI), a distributor of natural and organic foods.
- Health care systems Catholic Healthcare West and Kaiser Permanente have adopted sustainable food policies. These programs support procurement of local food produced without pesticides and hormones or non-therapeutic antibiotics and promote the health and safety of farm workers and sound agricultural practices.
- A Madison based health insurance company encourages its 95,000 members to join the community supported agriculture (CSA) movement by subsidizing CSA memberships. CSA is a method for small-scale commercial farmers to have a successful, closed market by selling produce directly to consumer members through a system of regular local delivery or pick-up of fruits and vegetables.
- 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.
- Across the country hospitals such as Allen Memorial Hospital in Waterloo, IA and Duke University Medical Center in Durham, NC have initiated onsite farmers' markets to increase their community's access to fresh produce. Kaiser Permanente, headquartered in Oakland, CA, has embraced farmers' markets as a way to achieve their overall mission and improve the health of the communities they serve.

## What Your Hospital Can Do: Take the Healthy Food in Health Care Pledge

Taking the pledge to support procurement of local, nutritious, sustainably produced food demonstrates a commitment to "first, do no harm" as part of a whole hospital approach to preventive medicine that protects the health of patients, staff, and communities.

Review the pledge and submit yours by completing the bottom and mailing or faxing it to HCWH.



For additional resources, visit us on the Web at  
[www.hcwh.org/us/food/issue](http://www.hcwh.org/us/food/issue)

# Healthy Food in Health Care Pledge

This Healthy Food in Health Care Pledge is a framework that outlines steps to be taken by the health care industry to improve the health of patients, communities and the environment.

As a responsible provider of health care services, we are committed to the health of our patients, our staff and the local and global community. We are aware that food production and distribution methods can have adverse impacts on public environmental health. As a result, we recognize that for the consumers who eat it, the workers who produce it and the ecosystems that sustain us, healthy food must be defined not only by nutritional quality, but equally by a food system that is economically viable, environmentally sustainable, and supportive of human dignity and justice. We are committed to the goal of providing local, nutritious and sustainable food.

Specifically, we are committed to the following healthy food in health care measures for our institution. We pledge to:

**Increase** our offering of fruit and vegetables, nutritionally dense and minimally processed, unrefined foods and reduce unhealthy (trans and saturated) fats and sweetened foods.

**Implement** a stepwise program to identify and adopt sustainable food procurement. Begin where fewer barriers exist and immediate steps can be taken, such as the adoption of rBGH free milk, fair trade coffee, or selections of organic and/or local fresh produce in the cafeteria.

**Work** with local farmers, community-based organizations and food suppliers to increase the availability of fresh, locally-produced food.

**Encourage** our vendors and/or food management companies to supply us with food that is produced in systems that, among other attributes, eliminate the use of toxic pesticides, prohibit the use of hormones and non-therapeutic antibiotics, support farmer and farm worker health and welfare, and use ecologically protective and restorative agriculture.

**Communicate** to our Group Purchasing Organizations our interest in foods whose source and production practices (i.e. protect biodiversity, antibiotic and hormone use, local, pesticide use, etc) are identified, so that we may have informed consent and choice about the foods we purchase.

**Develop** a program to promote and source from producers and processors which uphold the dignity of family, farmers, workers and their communities and support sustainable and humane agriculture systems.

**Educate** and communicate within our system and with our patients and community about our nutritious, socially just and ecologically sustainable healthy food practices and procedures.

**Minimize** and beneficially reuse food waste and support the use of food packaging and products that are ecologically protective.

**Report** annually on implementation of this Pledge.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

On behalf of (indicate your department, facility or system): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send me a clean copy of the pledge with signature line only. We would like to have it framed and displayed.

To submit your pledge this form should be faxed or mailed to Health Care Without Harm:  
HCWH • Healthy Food in Health Care Pledge • 1901 N. Moore Street, Suite 509 • Arlington, VA 22209  
Phone: 703-243-0056 • Fax: 703-243-4008 • www.NoHarm.org



# Resources

Available at the HCWH Healthy Food in Health Care Website: [www.noharm.org/us/food/issue](http://www.noharm.org/us/food/issue)

## Fact Sheets

### Food and Food Purchasing: A Role for Health Care

As places of healing, hospitals have a natural incentive to provide food that is healthy for people and the environment in which we live. Food supply can be met in a variety of ways which have consequences in terms of nutrition, disease risk, public health, environmental health, and social and economic well being.

### Healthy Food In Health Care: A Menu of Options

Many health care institutions have begun to adopt practices and policies to support a healthy food system. Following on their model, your facility can improve the quality of food choices by choosing among the recommendations offered in this Menu of Options.

### Antibiotic Resistance and the Agricultural Overuse of Antibiotics

Because antibiotic resistance is caused in part by overuse of antibiotics in agriculture, health care food systems can help by establishing a procurement policy under which they seek to purchase meat, poultry, dairy, and seafood products produced with fewer antibiotics.

### Farmers' Markets on Hospital Grounds

Increasingly, hospitals are demonstrating leadership in health promotion by hosting farmers' markets and farm stands on site as a way to make farm fresh, locally grown produce and other foods more readily available. Hospital-based farmers' markets are one way for hospitals to help realize a number of health goals related to patients, staff and their community.

### A Purchasing Guide to Sourcing Dairy Products Produced Without rBGH

A short guide with background, sample letter, and survey to help assess your dairy supply.

### Health Care Without Harm Position Statement on rBGH

This document includes background and scientific rationale for position opposing the use of rBGH.

## Health Care Case Studies and Reports

### "Farm to Hospital: Promoting Health and Supporting Local Agriculture." 2004.

by the Center for Food and Justice. Seven case studies highlight hospitals that have incorporated farm to hospital program components, including local food purchasing, hosting on-site farmers' markets, and establishing community gardens.

### Healthy Food, Healthy Hospitals, Healthy Communities May 2005 report by Institute for Agriculture and Trade

Policy's Food and Health Program documenting stories of health care leaders bringing fresher, healthier food choices to their patients, staff, and communities.

### Cultivating Common Ground: Linking Health and Sustainable Agriculture

Sustainable agriculture practices are rarely seen as viable solutions for improving nutrition and health. In this report by the Prevention Institute we learn compelling reasons to link sustainable agriculture and health sectors.

### Does It Have Artificial Hormones? Know Your Milk

An excellent eight page educational overview booklet with references produced by HCWH member organization Oregon Physicians for Social Responsibility. Also available at <http://oregonpsr.org/csf/BrochureFinal.pdf>.

## Other Reading and Resources

**Civic Agriculture: Reconnecting Farm, Food, and Community.** Thomas A. Lyson, University Press of New England, 2004. Explains how we got to where we are now with industrial, globalized agriculture, and how we might find our way back to more wholesome food through the civic agriculture movement.

**The Hunger and Environmental Nutrition Dietetic Practice Group** promotes optimal nutrition and well-being for all people, now and in the future, acknowledging the interdependence of food and water security, health, agriculture and the environment. <http://www.hendpg.org>.

### Journal of Hunger & Environmental Nutrition

This peer-reviewed professional quarterly examines factors that govern how people produce, procure, and consume food and the implications for nutrition and health. It examines hunger and environmental nutrition issues including sustainable food systems, poverty, social justice, and human values. <http://www.haworthpress.com/web/JHEN/>.

### National Catholic Rural Life Conference

NCRLC is a partner with many diverse organizations around the country united by the common vision of a more sustainable agriculture and food system for the United States. <http://www.ncrlc.com/Agric-and-Food-Issues.html>.



1901 North Moore Street, Suite 509  
Arlington, VA 22209 U.S.A.  
Phone: 703-243-0056  
Fax: 703-243-4008  
[www.noharm.org](http://www.noharm.org)

## **Appendix D: Op-ed of OHSU's Endorsement of Menu Labeling**

The Oregonian - Saturday, April 25, 2009

**MENU LABELING** An easy step toward a healthier Oregon

Most health experts agree: One of the best ways to fight the growing obesity epidemic is to urge quick implementation of preventive measures that work. Menu labeling is proving to be just that.

The Oregonian's recent editorial on the topic ("Building the case for menu labels," April 13) recommended that Oregonians wait and see how menu labeling pans out in Multnomah County before moving forward statewide. But obesity is costing this state's taxpayers nearly \$1.6 billion per biennium in direct medical costs, so we can no longer afford a wait-and-see approach. We need to act now and act fast to curb the obesity epidemic.

Although there are many obesity prevention measures, menu labeling is the easiest, least expensive tool at our fingertips, with clear benefits for consumers. By posting calorie counts on menus, we can give customers the information they need to make informed choices when ordering a meal.

A recent study shows menu labeling is eight times more effective in getting important nutrition information to customers than brochures, posters or online postings, which are often not visible to the public or are difficult to find. ([http://cspinet.org/new/pdf/nyc\\_study\\_08.pdf](http://cspinet.org/new/pdf/nyc_study_08.pdf)). The researchers also found that seeing calorie counts on menus influenced behavior. According to the study, consumers who reported seeing the information ordered 99 fewer calories than those who did not, which, if repeated over time, is enough to make a real dent in the obesity epidemic. Consumers who reported seeing the calories but claimed it had no effect on them still ordered 52 fewer calories on average than those who reported not seeing it. Knowing this, why would we wait to share information that we know can help us make healthier choices?

Oregon Health & Science University employs 12,700 Oregonians. Our Food & Nutrition Services Department is also implementing menu labeling at the point of decision-making in each of our 13 eateries, which serve 60,000 meals per week. We are neither affected by the current Multnomah County law, nor would be affected by the statewide legislation proposed in House Bill 2726. However, as the state's fourth-largest employer and an institution whose mission is to improve the health of all Oregonians, OHSU believes its faculty, staff, visitors and patients deserve to have this information about the food they eat so they can make healthful choices.

OHSU is not alone in this. Nike, which employs 7,000 Oregonians, also voluntarily provides nutrition information for the food served in its campus restaurant.

This is not just an issue for Multnomah County. Nearly 70 percent of Oregonians, in a recent poll conducted by Davis, Hibbitts and Midghall, an independent, nonpartisan public opinion research firm, overwhelmingly favored having calories posted on menus.

The need is there. The time to act is now. Giving customers the calorie information they want and need is an easy and effective way to improve the health of all Oregonians.

Margaret Vattiat is food safety coordinator for Oregon Health & Science University. Daniel Marks is associate professor of pediatric endocrinology, a scientist at OHSU's Center for the Study of Weight Regulation and director of the Oregon Child Health Research Center at OHSU.